The National Addiction & HIV Data Archive Program (NAHDAP) is interested in acquiring addiction and HIV datasets and has preferential interest in datasets with one or more of the characteristics listed under “High-Priority Data Collections” below. NAHDAP is funded by the National Institute on Drug Abuse (NIDA), yet will also consider high-priority collections funded by other sources.

High-Priority Data Collections

- **Longitudinal data** from studies that take place over time, with at least two waves of data collection on the same measurements.
- **Repeated cross-sectional data** from studies with similar measures from independent samples collected over multiple waves, with each sample being representative of the population at that time period.
- **Enhancements to current holdings** are studies that supplement or link to NAHDAP’s current holdings that improve the analyses that may be performed with those datasets.
- **Data on minorities** from studies that focus on or identify detailed ethnic and racial groups.
- **Data from probability samples** from studies that use some form of random selection.
- **International and cross-cultural data** from studies in a variety of countries, cultures, and social contexts.
- **Government- or foundation-funded “high-priority” studies** that are not actively being distributed from another source, in particular prospective research projects.
- **“Window of opportunity” data** from major studies about addiction and HIV during the 20th century, in particular those considered “classic” studies in the field.
- **Intervention studies** from behavioral, prevention, and diagnostic trials.
- **Social science stimulus/executive function studies**, often including videos or computer scripts.

Additional Characteristics of Data

Within these types of high-priority studies, studies also:

- Are large scale
- Ask about risky sex behaviors while using substances versus asking about these behaviors in isolation
- Test participants for HIV and/or STDs versus self-report only
- Provide a geographical identifier even if only at the state level
- Provide demographic information on sexual partner(s)
- Ask about contraceptive behaviors at last sex and on average
Lower-Priority Data Collections

NAHDAP is open to discussions about any dataset which may be of use to the addiction and HIV research field. However, the following types of data are not considered a high priority. If archived, they may be preserved with only minimal processing by NAHDAP staff:

- Data from non-probability samples
- R21 experimental studies (i.e., pilot data)
- Clinical data
- Data without social science content
- Data from non-human subjects (animals)

Data Processing and Release

NAHDAP staff conduct a confidentiality review on all deposited data. From this evaluation, staff recommend a method of data release that protects respondents from re-identification while retaining the analytic utility of the data.

Data release options include:

- Public release and public online analysis
- Restricted release with an approved user agreement
- Enclave-only access with an approved user agreement
- Online access after disclosure protections are applied (may require an approved user agreement)
- Delayed dissemination

A full public release is only warranted when risk of re-identification is minimal or the data are sufficiently transformed to substantially reduce that risk. NAHDAP staff can provide information to depositors about how to release the data as a restricted-use dataset or with delayed dissemination.

Since staff cannot know if the data are fully de-identified until after their review, all data processing tasks are conducted in ICPSR's Secure Data Environment. During data processing, NAHDAP staff add value to data collections by making them easier to use for secondary analysis. See ICPSR: A Case Study on the ICPSR Web site for details.

Informed Consent Services

Contact NAHDAP staff if you are interested in our informed consent services:

- Review of and feedback on informed consent forms relative to data sharing.
- Assistance for researchers in sharing data from older studies that used informed consent language written before data sharing plans were made.