



CFAR Substance Use Research Core (SURC) Faculty Publication and New Awards Digest

New research on HIV and substance use by our SURC faculty.

If you have any other publications or awards, please send them to [Natalia Gnatienco](#) to include in the next publication digest!

Please remember to cite CFAR support (P30AI042853) on your future publications!

Visit the SURC
webpage

Announcements

I-SURC Early Stage Investigator Spotlight Seminar

The I-SURC will host a virtual early stage investigator spotlight seminar on Tuesday, September 24 from 12-1pm ET. The event will feature presentations from two early stage investigators, Dr. Deepika Slawek and Dr. Hannah Yellin, on work related to HIV and substance use. [Register here](#) for this event.

SURC New Investigator Meet-and-Greet

Are you a post-doc, resident, or faculty member new to the Prov/Bos CFAR and work in the field of HIV and substance use research? The Substance Use Research Core (SURC) is organizing a fall virtual meet-and-greet event to connect HIV/substance use researchers across our institutions. New members will have an opportunity to introduce themselves and their research. Stay tuned for additional information regarding this event!

Transdiagnostic CBT-Based Intervention for HIV-Alcohol Comorbidity in Urban Zambia: ZAMBAMA P01

Join the International URBAN ARCH Center on Zoom on Tuesday, September 10 from 10-11am ET to hear Dr. Michael Vinikoor present progress and emerging results from the [Zambia Alabama HIV Alcohol Comorbidities Program](#) (ZAMBAMA) P01. Dr. Vinikoor is one of the PIs of the ZAMBAMA P01 and leads the [CETA HIV Alcohol Reduction Trial in Zambia](#) (CHARTZ) project. [Register here](#) for this event.

Recent Funding Announcements

View NIDA funding opportunities at the intersection of HIV and substance use [here](#).

Please [let us know](#) if you are interested in pursuing these opportunities!

New Publications

Design and rationale for a randomized clinical trial testing the efficacy of a lifestyle physical activity intervention for people with HIV and engaged in unhealthy drinking. [Contemp Clin Trials](#). 2024 Jul 15;144:107632.

Abrantes AM, Ferguson E, **Stein MD**, Magane KM, Fielman S, Karzhevsky S, Flanagan A, Siebers R, Quintiliani LM.

Background: Among people living with HIV (PLWH), unhealthy drinking presents an increased risk for negative outcomes. Physical inactivity and sedentariness raise additional health risks. Despite evidence that physical activity (PA) is associated with improved physical and mental functioning and reduced alcohol cravings, there have been no PA studies conducted with PLWH engaged in unhealthy drinking. We describe a study protocol of a remote lifestyle physical activity (LPA) intervention to increase PA and reduce alcohol consumption among PLWH.

Methods: Using online advertisements, 220 low-active PLWH engaged in unhealthy drinking will be recruited and randomized nationwide. After providing informed consent and completing a baseline interview, participants will receive a Fitbit. Participants will complete 15 days of ecologic momentary assessment through a phone application and up to 15 days of Fitbit wear time. Following this period, participants will be randomly assigned to a Fitbit-only control condition or a LPA and Fitbit intervention condition. Health counselors meet with control participants once (and have 6 subsequent brief check ins on Fitbit use) and with intervention participants 7 times for PA counseling over a 12-week period. Follow-up assessments will be conducted at 3- and 6-months post-randomization. We hypothesize that individuals in the LPA and Fitbit condition will have lower rates of alcohol consumption and higher rates of PA at 6-month follow-up.

Conclusion: The randomized controlled trial described in this paper investigates remote methods to influence multimorbidity among PLWH using a LPA approach for increasing PA and reducing alcohol consumption.

Community-based HIV self-testing for persons who use drugs can contribute to reaching Ending the HIV Epidemic in the US (EHE) Goals. [Open Forum Infect Dis](#). 2024 Jun 17;11(6):ofae189. PMID: PMC11181192.

Assoumou SA, Bonilla HV, Ruiz-Mercado G, Von Lossnitzer M, Baker R, Crawford ND, Bernstein JA.

In a pilot study providing HIV self-testing to persons who use drugs (N = 40), we identified 3 new HIV cases when partnering with a community-based organization. Most (82%) participants were interested in preexposure prophylaxis. HIV self-testing could contribute to efforts to Ending the HIV Epidemic in the United States.

HIV and hepatitis C virus-related misinformation may contribute to rising rates of infection and suboptimal clinical outcomes among persons with substance use. [AIDS Care](#). 2024 Jul 11:1-10.

De La Hoz A, Graves K, Bernstein JA, **Assoumou SA**.

HIV and hepatitis C virus (HCV) infection rates among persons, who use drugs, have risen during the US overdose crisis. We elicited patient perspectives about these interconnected infections to identify the areas of misinformation that might prevent appropriate management. We used in-depth interviews and thematic analysis of coded data collected from patients (N = 24) at detox and from key informants (N = 10). Seventy-one per cent reported injecting drugs. We found that patient narratives included misinformation about HIV and HCV transmission, natural history and treatment. Some participants thought that

activities such as sharing drinkware or food with persons with HIV could lead to infection, while others believed that mainly men who have sex with men were at risk. Despite significant improvements in treatment, some participants still believed that HIV was a fatal condition, while others noted that treatment was only necessary at later stages. Some participants thought that HCV was a common, mild infection that might not need immediate attention, and others stated that individuals who were actively using drugs were ineligible for treatment. The current study exposes a considerable level of misinformation about HIV prevention and about the importance and benefits of HCV therapy. Educational interventions are necessary to counter misinformation identified.

PrEP facilitators and barriers in substance use bridge clinics for women who engage in sex work and who use drugs. *Addict Sci Clin Pract.* 2024 Jun 3;19(1):47. PMID: PMC11145858.

Harris MT, Weinberger E, O'Brien C, Althoff M, Paltrow-Krulwich S, Taylor JL, Judge A, Samet JH, Walley AY, Gunn CM.

Background: Women who engage in sex work and use drugs (WSWUD) experience disproportionate HIV risks. Substance use treatment bridge clinics offer an opportunity to increase HIV pre-exposure prophylaxis (PrEP) delivery to WSWUD, but research on best practices is lacking. Therefore, we explored facilitators and barriers to PrEP across the PrEP care continuum in these settings.

Methods: Bridge clinic and affiliated harm reduction health service providers and WSWUD from Boston were recruited using passive and active outreach between December 2021 and August 2022. Participants were invited to take part in semi-structured phone or in-person interviews to explore HIV prevention and PrEP care experiences overall and within bridge clinic settings. Deductive codes were developed based on HIV risk environment frameworks and the Information-Motivation-Behavioral Skills model and inductive codes were added based on transcript review. Grounded content analysis was used to generate themes organized around the PrEP care continuum.

Results: The sample included 14 providers and 25 WSWUD. Most WSWUD were aware of PrEP and more than half had initiated PrEP at some point. However, most who initiated PrEP did not report success with daily oral adherence. Providers and WSWUD described facilitators and barriers to PrEP across the steps of the care continuum: Awareness, uptake, adherence, and retention. Facilitators for WSWUD included non-stigmatizing communication with providers, rapid wraparound substance use treatment and HIV services, having a PrEP routine, and service structures to support PrEP adherence. Barriers included low HIV risk perceptions and competing drug use and survival priorities. Provider facilitators included clinical note templates prompting HIV risk assessments and training. Barriers included discomfort discussing sex work risks, competing clinical priorities, and a lack of PrEP adherence infrastructure.

Conclusion: WSWUD and bridge clinic providers favored integrated HIV prevention and substance use services in harm reduction and bridge clinic settings. Harm reduction and bridge clinic programs played a key role in HIV prevention and PrEP education for WSWUD. Effective behavioral and structural interventions are still needed to improve PrEP adherence for WSWUD.

"Why not just go on PrEP?": a study to inform implementation of an HIV prevention intervention among Hispanic/Latino men who have sex with men in the northeastern United States. *J Acquir Immune Defic Syndr.* 2024 Sep 1;97(1):26-39.

Rogers BG, Toma E, Harkness A, Arnold T, Nagel K, Bajic J, Maynard M, Almonte A, Nunn A, Chan P.

Background: Preexposure prophylaxis (PrEP) is an effective biological option for HIV prevention yet persistent disparities in PrEP uptake and retention exist among Hispanic/Latino men who have sex with men (MSM). We evaluated barriers and facilitators to PrEP care among Hispanic/Latino MSM at risk for and living with HIV.

Setting: A small urban setting in the Northeastern United States.

Methods: This was a mixed-methods, exploratory, sequential, qualitative and quantitative pilot study among Latino MSM at-risk and/or living with HIV across (1) semistructured qualitative interviews (N = 15) and (2) cross-sectional survey (N = 98).

Results: Participants reported a diverse range of sexual identities, HIV statuses, and

PrEP statuses. Qualitative participants described feelings of isolation in both Hispanic/Latino and queer communities that made it challenging to learn about HIV prevention or PrEP from peers. Participants in the survey indicated that they would be more inclined to uptake PrEP if PrEP were offered in primary care settings (n = 61; 62.2%); there were specific LGBTQ+ affirming medical settings (n = 36; 36.7%); and/or they could meet other people who are currently on PrEP and sharing experiences online (n = 46; 46.9%) or in person (n = 38; 38.8%). Findings were organized to reflect determinants and implementation strategies that could be used to improve PrEP uptake among this population.

Conclusions: This mixed-methods study identified several challenges and opportunities for increasing the reach of PrEP to Hispanic/Latino MSM. These findings should be used to inform tailored implementation strategies to promote PrEP uptake among this at-risk yet currently underserved population.
