



## 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!

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webpage

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### Upcoming Events

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#### **I-SURC Early Stage Investigator Spotlight Seminar**

The Inter-CFAR Substance Use Research Community (I-SURC) will host an Early Stage Investigator Spotlight Seminar featuring Dr. Jessica Jaiswal (University of Alabama at Birmingham) and Dr. Colleen Mistler (Yale School of Medicine). Register [here](#) to join us on **Tuesday, April 8th from 12-1pm ET / 9-10am PT.**

#### **International URBAN ARCH Center Visiting Scholar Research-in-Progress Webinar**

Join us to hear Drs. Sylvie Naar and Karen MacDonell present progress and emerging results from the [Self-Management of HIV and Alcohol Reaching Emerging Adults \(SHARE\)](#) P01 program. Register [here](#) to join the webinar on **Wednesday, February 26 from 11-12pm ET / 10-11am CT / 8-9am PT.**

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### Recent Funding Announcements

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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!

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### New Publications

**Effects of optimism and stage of change on alcohol use and problems among sexual minority men with HIV participating in a brief motivational interviewing intervention.** *J Subst Use Addict Treat*. 2025 Feb;169:209599. Epub 2024 Dec 11. PMID: PMC11769729.

Berey BL, Mastroleo NR, Pantalone DW, Mayer KH, **Monti PM**, **Kahler CW**.

**Introduction:** Disseminating effective alcohol interventions for sexual minority men (SMM) with HIV remains a crucial public health endeavor. Motivational interviewing (MI) interventions are an established approach to reducing alcohol use, yet more research is needed to determine predictors of MI treatment outcomes and underlying mechanisms related to sustained behavior change among SMM with HIV. This pre-registered secondary analysis tested whether action-related stage of change mediated effects of a MI intervention on future alcohol use and problems among SMM with HIV, and whether individual differences in trait optimism moderated these associations.

**Methods:** SMM with HIV who engaged in frequent alcohol use (N = 180) were randomized to MI or assessment-only treatment as usual (TAU). Participants completed a semi-structured Timeline Follow-Back interview to measure past-month alcohol use as well as self-reports assessing stage of change, trait optimism, and alcohol problems at baseline and 3- and 12-months post-baseline.

**Results:** Structural equation models controlling for baseline alcohol use and stage of change indicated that 3-month action significantly mediated effects of MI on 12-month drinks per week. Likewise, the indirect effect of 3-month action was moderated by higher levels of trait optimism. When employment status, education level, and annual family/household income were included as covariates in the model, being employed significantly predicted 12-month alcohol use, and mediation and moderated mediation effects were no longer statistically significant. Stage of change did not mediate effects of MI on 12-month alcohol problems, and this indirect effect was not moderated by trait optimism.

**Conclusions:** The present study provides further evidence supporting action-related stage of change as a mechanism linking MI to alcohol use reductions. Results demonstrated that SMM with HIV who were more optimistic tended to take more action towards reducing their alcohol use and suggest that MI-based interventions may benefit from integrating components aimed at augmenting patients' optimism. Yet, covarying for current economic status substantially impacted findings and underscores the need to critically consider how broader socioecological contexts can impact treatment outcomes.

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**HIV pre-exposure prophylaxis prescription initiation and maintenance among homeless-experienced people who use drugs.** *J Acquir Immune Defic Syndr*. 2025 Mar 1;98(3):234-241.

Eger WH, Shaw LC, **Biello KB**, Lopez C, Brody JK, Bazzi AR.

**Background:** HIV pre-exposure prophylaxis (PrEP) remains particularly underused among homeless-experienced people who use drugs (PWUD).

**Setting:** Boston Health Care for the Homeless Program, a Federally Qualified Health Center serving homeless-experienced individuals in Boston, Massachusetts.

**Methods:** To identify determinants of PrEP prescription initiation and continuation, we analyzed electronic medical records and pharmacy data between April 2018 and March 2022. Participants were HIV-negative and reported sexual, drug, or community-related HIV exposures. Adjusted multinomial logistic regression explored associations between sociodemographics, social vulnerabilities, behavioral factors (eg, injection drug use), and mental health and substance use disorder diagnoses with filling of 1 and more than 1 PrEP prescription.

**Results:** Among 509 participants, mean age was 38 years, 28% were women, 19% were Black, and 24% were Hispanic/Latino. At program enrollment, most were experiencing homelessness (92%), injecting drugs (78%), and living with a mental health disorder (71%). In multivariable-adjusted models, injection drug use was positively associated with filling 1 and more than 1 PrEP prescription (adjusted odds ratio [AOR]: 2.88, 95% confidence interval [CI]: 1.33 to 6.26; and AOR: 3.60, 95% CI: 2.02 to 6.42, respectively). Participants with opioid use disorder and generalized anxiety disorder were more likely to fill 1 and more than 1 prescription, whereas those with bipolar disorder were less likely to fill 1 prescription. No sociodemographic characteristics, sexual behaviors, or other mental

health or substance use disorders were associated with study outcomes.

**Conclusions:** A low-threshold, harm reduction-oriented PrEP program supported prescription initiation and continuation for homeless-experienced PWUD. Implementation research is needed to facilitate scale-up of this approach.

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**Pain severity and experiences with pain management predict alcohol use among men who have sex with men living with HIV.** *AIDS Behav.* 2025 Feb 10.

Ferguson E, Pantalone DW, **Monti PM**, Mayer KH, **Kahler CW**.

Unhealthy alcohol use is prevalent among people with HIV, particularly among men who have sex with men (MSM). Pain frequently co-occurs with unhealthy alcohol use and is associated with suboptimal HIV care outcomes. The present study examined the effects of pain severity and experiences with pain management care (i.e., satisfied, dissatisfied, managing pain on own) on alcohol use. Participants were MSM with HIV reporting heavy alcohol use and pain in the past 30 days who were enrolled in a clinical trial targeting alcohol use (N = 125, 78.4% White, M<sub>age</sub>=41.2). Participants completed measures of unhealthy alcohol use [alcohol-related problems, heavy drinking days, drinks per week, drinking to manage pain (yes/no)], pain severity, and pain management care experiences. An analysis of variance examined differences in pain severity by pain management experience. Regression analyses examined the associations of pain severity and pain management experience with unhealthy alcohol use. Pain severity was significantly associated with drinking to manage pain and heavy drinking days, but not drinks per week or alcohol-related problems. MSM with HIV who were dissatisfied with pain care reported significantly greater pain severity compared to those who were satisfied or managing pain on their own. Compared to satisfaction, dissatisfaction with pain care was also associated with significantly higher odds of drinking to manage pain, although the inclusion of pain severity attenuated this association. Results highlight pain severity as a key factor related to pain management experience and unhealthy alcohol use among MSM with HIV. Future studies should prioritize pain-alcohol integrated intervention development.

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**Is there an association between cigarette smoking and advanced liver fibrosis in smokers with HIV, heavy drinking and high prevalence of HCV?** *J Clin Med.* 2025 Feb 11; 14(4):1169.

Fuster D, **So-Armah K**, Cheng DM, Blokhina E, Patts G, Lioznov D, Gnatienko N, Long MT, Freiberg MS, Tindle H, **Samet JH**.

**Background:** Cigarette smoking has been associated with liver fibrosis in the setting of hepatitis C virus (HCV) infection but has not been studied among people with HIV (PWH) who consume alcohol.

**Methods:** This is a cross-sectional study of PWH with heavy drinking and daily smoking in St. Petersburg, Russia. The primary independent variable was past 30-day cigarettes per day (cpd), and the secondary independent variable was pack-years at study entry.

Advanced liver fibrosis was defined as FIB-4 > 3.25. Analyses were adjusted for gender, body mass index (BMI), past 30-day number of heavy drinking days, HCV and CD4 count.

**Results:** Participants (n = 400) were two-thirds male (67.3%), young (median age 38 years), lean (median BMI 22), HCV antibody positive (84.5%) and not severely immune suppressed (median CD4 count 351). The median number of past-month cpd was 20 (IQR: 15–25), and the median pack-years was 24 (IQR: 17–31.8). The prevalence of advanced liver fibrosis was 11.3% (45/400). In the adjusted logistic regression analyses, we did not observe a significant association between cpd [middle (10.1–20 cigarettes) vs. lowest (5–10 cigarettes) category (adjusted odds ratio [aOR] (95% confidence interval [CI]): 1.06 (0.40–2.83), highest (>20.0 cigarettes) vs. lowest category aOR (95% CI): 0.65 (0.21–1.99), global p-value = 0.62]. The secondary analysis with pack-years yielded similar results [middle (20.1–30 pack-years) vs. lowest category (≤20 pack-years) aOR (95% CI): 0.81 (0.33–1.99), highest category (>30 pack-years) vs. lowest category aOR (95% CI): 0.91 (0.38–2.19); global p-value = 0.58].

**Conclusions:** In this Russian cohort of PWH, we did not detect an association between recent cigarette use or mean pack-years and advanced liver fibrosis.

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**Lessons learned through adaptation of a model successful during the COVID pandemic: expanding HIV self-testing for persons who use drugs.** [\*J Addict Med.\*](#)

2024 Dec 12.

Huerta A, Salim E, Bonilla HV, Miller SE, **Assoumou SA.**

The US overdose crisis is driving a surge in HIV diagnoses among persons who inject drugs (PWID). Innovative approaches are needed to address this increase in cases. Although HIV self-testing (HIVST) was hailed as a potential "game-changer" upon initial approval by the Food and Drug Administration over a decade ago, this convenient testing modality has not reached its full potential to impact the HIV epidemic. Nevertheless, lessons regarding self-testing for infectious diseases from the COVID-19 pandemic present an opportunity to increase HIVST uptake and reach current US goals of Ending the HIV Epidemic (EHE) by 2030. In this commentary, we first discuss facilitators and barriers of HIVST for PWID. We then explore how lessons regarding self-testing during the COVID-19 pandemic can allow us to realize the potential of HIVST for PWID. We conclude by suggesting the future utilization of HIVST to address 2 EHE pillars, rapid diagnosis of HIV cases and cluster identification.

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