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 Gnatienko to include in the next publication digest!

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

Visit the SURC webpage

Announcements

2026-2027 CHERISH Pilot Grants - The Center for Health Economics of Treatment Interventions for Substance Use Disorder, HCV, and HIV (CHERISH) is seeking to support the next cohort of pilot grant recipients from 2026-2027. Awarded investigators receive up to $20,000 for 12 months and receive training and support to conduct health economic research in substance use disorders, HCV, and HIV.

In this cycle, we particularly encourage health economic research proposals relating to **co-occurrence of substance use disorder and other health conditions**, such as cancer, chronic pain, heart disease, HIV and other infectious diseases, sleep problems, and mental health (e.g., PTSD).

To apply, submit a Letter of Intent (LOI) no later than Friday, January 9, 2026. Join an informational webinar on Tuesday, December 2, to learn more. Learn more here.

Congratulations to SURC faculty member Mari-Lynn Drainoni, PhD, MEd, who is a recipient of the 2025 Boston University Department of Medicine Research Mentoring Award!

Funding Announcements

PAR-24-329: Development and Testing of Novel Interventions to Improve HIV Prevention, Treatment, and Program Implementation for People Who Use Substances (R34 Clinical Trial Required)

RFA-DA-26-055: Accelerating the Pace of Substance Use Research Using Existing Data (R01 Clinical Trial Not Allowed)

RFA-DA-26-009: Mitochondrial-associated Mechanisms of Neuropathological and Immunodeficient Aging in the Context of HIV and SUD (R01 Clinical Trials Not Allowed)

PAS-25-208: HIV Prevention and Alcohol (R01 Clinical Trials Optional)

RFA-DA-25-024: High Priority HIV and Substance Use Research (R01 Clinical Trial Optional)

View more 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 Grants

Responding to the Increase in Substance Use, HIV, HCV, and Overdose in New England (RISE-NE)
1U01DA063213-01 (Bazzi, Angela; Biello, Katie; Marshall, Brandon)
08/15/2025 – 05/31/2030

Background: Despite the availability of robust substance use prevention and treatment services in some communities, sizable HIV outbreaks are occurring among people who use drugs (PWUD) in New England. High levels of opioid use, early introduction of harmful drug supply contaminants, and increasing polysubstance use involving stimulants have led to intersecting epidemics of HIV, HCV and overdose. Prevention services (e.g., syringe service programs, HIV testing) have been available in parts of New England for decades, yet significant service delivery gaps exist outside of major metropolitan areas and for certain groups of PWUD, who face heightened barriers to accessing services.
Overview of Proposal: In response to RFA-DA-25-003, our highly qualified, interdisciplinary team proposes the “Responding to the Increase in Substance Use, HIV, HCV, and Overdose in New England” or RISE-NE cohort, which will be the first of its kind to systematically examine rapidly evolving HIV and substance use trends in New England. With the ultimate goal of informing the scale-up of evidence-based HIV prevention and treatment services for PWUD, we will leverage our extensive community-research partnerships to recruit a cohort of 1,200 PWUD (including 15% living with HIV) in the New England states of Rhode Island, Massachusetts, and Vermont. Informed by a multilevel framework for HIV, HCV, and substance use outcomes, we will conduct biannual visits over five years involving behavioral assessments and biospecimen collection (e.g, HIV & HCV testing/labs).
Overview of Aims & Approach: Using data from the RISE-NE cohort, we aim to: 1) examine trends in rapidly evolving substance use patterns using multi-state, time-homogeneous Markov models, and evaluate the multilevel determinants (e.g., urbanicity) of substance use trajectories using multilevel growth mixture models; 2) evaluate multilevel determinants of access to and quality of services along the HIV, HCV, and overdose continua of care; 3) evaluate the population-level causal effects of potential policy changes and interventions on our primary HIV, HCV, and outcomes using g-methods; and 4) rapidly address current and emerging research priorities, including the effect of HIV-associated comorbidities (e.g., cognitive functioning, mental health disorders) on care continua outcomes.
Plans for Community Engagement and Supporting NIDA’s HIV Cohorts Program: We have strong support and engagement from numerous community partner agencies

across all three states; additionally, our Community Leadership Council will convene quarterly to advise us on all aspects of our research. Finally, RISE-NE will serve as a critical resource for NIDA's HIV Cohorts Program and an unparalleled training platform for new investigators.

New Publications

Alcohol interventions for persons with HIV: Meta-analysis of randomized controlled trials using phosphatidylethanol and self-report. *Drug Alcohol Depend*. 2025 Sep 12;276:112879.
Hahn JA, Kane JC, Fatch R, Espinosa da Silva C, Emenyonu NI, Scheffler A, Chirayil P, **So-Armah K**, **Kahler CW**, Conroy AA, Edelman EJ, Woolf-King S, Parry CD, Kiene SM, Chamie G, Muyindike WR, Adong J, Go VF, Cook RL, Morojele NK, Fiellin DA, Santos GM, Tahir P, **Samet J**, Krupitsky E, Allen IE.

Background: Interventions are needed to reduce alcohol use for people living with HIV (PWH), but prior randomized controlled trials (RCT) evaluated efficacy by self-reported alcohol use, potentially hampering validity. We aimed to determine alcohol intervention efficacy using the alcohol biomarker, phosphatidylethanol (PEth), combined with self-report, and compare results to each analysed alone.
Methods: We conducted a systematic review of alcohol intervention RCTs to April 2023, followed by an individual participant data meta-analysis (IPD-MA) using two-step random effects modeling. Our primary outcome was unhealthy alcohol use defined as PEth/self-report (binary), i.e., PEth≥ 50ng/mL or Alcohol Use Disorders Identification Test - Consumption (AUDIT-C) ≥ 3 (women) and ≥ 4 (men). We also evaluated PEth and self-report alone.
Results: We screened 280 studies, found 20 eligible, and obtained IPD for 16 (N = 3559, median age=41, 72.8 % male). Participants receiving an alcohol intervention had significantly lower odds of follow-up unhealthy alcohol use by PEth/self-report (OR=0.69, 95 % CI: 0.55-0.86; Cohen's d=0.21; I^2=29.4 %, 95 % CI: 0.0 %-62.8 %). Risk-of-bias assessment indicated low or moderate risk. The certainty of evidence was moderate. Findings for PEth alone (OR=0.81, 95 % CI: 0.69-0.97; Cohen's d=0.12; I^2=5.7 %, 95 % CI: 0.0 %-49.5 %) and self-report alone (OR=0.67, 95 % CI: 0.50-0.89; Cohen's d=0.22; I^2=68.7 %, 95 % CI: 6.6 %-84.5 %) outcomes were similar, but heterogeneity was greater for self-report alone. Findings were robust to higher PEth/self-report cutoffs and continuous measures.
Conclusions: Results confirm prior findings of significant efficacy of alcohol interventions for PWH. Effect sizes were small across measurements, while heterogeneity was high when using self-report alone. Combined PEth/self-report is a useful primary outcome for alcohol intervention studies.

PrEP Use Likelihood Among People Who Use Opioid Drugs: Understanding Clinical Correlates Along the Opioid Use Disorder Treatment Cascade. *AIDS Behav*. 2025 Aug 19.
Sullivan MC, Davis MJ, O'Cleirigh C, **Batchelder AW**.

People with opioid use disorder (PWOUD) are at high risk of HIV infection, yet uptake of PrEP remains low in PWOUD. To understand opportunities to increase PrEP engagement, this cross-sectional study sought to examine clinical correlates of perceived PrEP use likelihood in a sample of PWOUD along the OUD Treatment Cascade. We enrolled 120 PWOUD with past-6-month injection drug use (IDU) or condomless sex in a cross-sectional survey study. Participants were recruited from sites serving PWOUD in the Boston area, including substance use disorder (SUD) treatment programs and harm reduction service providers. PWOUD characterized their substance use and treatment history, perceived risk of acquiring HIV, and likelihood of using oral and long-acting injectable (LAI) PrEP. Ordinal logistic regression and Pearson correlations were used to

examine correlates of likelihood of using oral and LAI-PrEP. Contrary to hypotheses, current MOUD engagement was not associated with perceived likelihood of using oral or LAI-PrEP. More recent IDU was associated with greater likelihood of using both oral PrEP (OR = 0.98, 95% CI: 0.97, 0.99) and LAI-PrEP (OR = 0.99, 95% CI: 0.98, 1.00). PWOUD who received past-year emergency department-based SUD treatment endorsed lower likelihood of using LAI-PrEP (OR = 0.40, 95% CI: 0.19, 0.84). Among PWOUD, a greater number of sex partners was a stronger correlate of perceived risk of acquiring HIV than IDU-related risk behaviors. Results suggest opportunities to engage PWOUD at greatest HIV risk in PrEP care; findings also suggest need for education interventions to inform judgments of HIV risk among PWOUD.