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

Upcoming Events

The Inter-CFAR Substance Use Research Community (I-SURC) will host an Early Stage Investigator Spotlight Seminar this **Friday, May 22 from 1-2pm ET**. The seminar will feature presentations from Dr. Jacqueline Hodges (Duke University) and Dr. Greg Rosen (Brown University).
Join via Microsoft Teams | Add to calendar

Join the SURC for our upcoming Faculty Spotlight Seminar on **Wednesday, May 27 from 1-2pm ET**. Dr. Vanessa Van Doren (Brown University) and Dr. Danielle Haley (Boston University) will present on their work in the field of HIV and substance use research.
Join via Microsoft Teams | Add to calendar

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

PAR-26-092: Pilot and Feasibility Studies in Preparation for Substance Use and HIV Prevention Intervention and Services Research Trials (Forecasted Opportunity)

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 Publications

Intersectional Stigma and Health of People Living with HIV on ART Who Use Alcohol in Southwestern Uganda. AIDS Behav. 2026 Apr 3.
Gutin SA, Atukunda E, Khorassani FS, Fatch R, **So-Armah K**, Tumwegamire A, Emenyonu NI, da Silva CE, Ngabirano C, **Lunze K**, Adong J, Muyindike W, Hahn JA.

HIV, TB, and alcohol use are stigmatized conditions that lead to poor care engagement and health outcomes. Stigmatized traits can operate independently or be intersectional. We examined the relationships between intersectional HIV-, TB-, and alcohol-related stigma on poorer perceived health among people with HIV (PWH) receiving antiretroviral therapy in a study examining TB infection risk among PWH in HIV care in southwestern Uganda (2022-2023). We used proportional odds models to examine associations between high intersectional HIV, TB, and alcohol stigma (defined as above median scores on validated scales) and the outcome of poorer perceived health. Among 379 PWH, 12% described their health status as fair/poor. High intersectional HIV and alcohol stigma was associated with increased odds of poorer perceived health (adjusted odds ratio [aOR] = 1.62; 95% CI: 1.04-2.52), but we found no associations between other HIV, TB, and alcohol stigma intersections and this outcome. We found a significant interaction between intersectional HIV and alcohol stigma and marital status (Wald $\chi 2 = 5.02$, $p = 0.03$), and upon stratification, high intersectional HIV and alcohol stigma was associated with an increased odds of poorer perceived health among unmarried participants (aOR = 2.54; 95% CI: 1.33-4.86; $p < 0.01$) but not among married participants (aOR = 1.05; 95% CI: 0.56-1.95; $p = 0.88$). High intersectional HIV and alcohol stigma was associated with poorer perceived health among PWH in care, particularly among unmarried persons. Given the possible benefits of partner support, interventions that strengthen social support for unmarried persons may help mitigate the negative health impact of intersectional stigma.

Persistent HIV Transmission Misconceptions Among People Who Inject Drugs in Massachusetts, USA. AIDS Behav. 2026 Apr 11.
Shaw LC, Jimenez YS, Sproesser DM, Hayes E, Baumgartner K, Krakower DS, Bordeu M, Mimiaga MJ, Bositis CM, Bazzi AR, **Biello KB**.

Despite the widespread success of combination antiretroviral therapy in reducing overall HIV morbidity and mortality, people who inject drugs (PWID) continue to experience elevated risk of infection and suboptimal care outcomes. Addressing knowledge gaps related to HIV acquisition and transmission is essential for reducing incident cases of HIV. We assessed HIV transmission misconceptions (e.g., HIV can be transmitted through sharing cigarettes, hugging an infected person) among HIV-negative PWIDs recruited through two syringe service programs in Massachusetts between 2020 and 2025. Participants completed 10 items adapted from the International AIDS Questionnaire, with responses categorized into three groups: 'many misconceptions' (0-7 questions answered correctly), 'few misconceptions' (8-9 correct), and 'no misconceptions' (10 correct). Of 185 participants, 79% held at least one misconception. The most common misconception was that HIV could be transmitted through mosquitoes (55% incorrect). The least prevalent misconceptions related to condom use, drug injection "works" (e.g., cookers, cottons), and hugging (≥ 90% answered correctly). We also observed misconceptions related to syringe sharing (13% incorrect) and mother-to-child transmission (17% incorrect; no difference

between women and men). Sociodemographic characteristics did not differ significantly across misconception categories. Participants who reported a recent overdose represented 27% of the full sample but 45% of the 'no misconceptions' subgroup. Misconceptions present since the early era of the HIV epidemic remain prevalent among PWID in this region, despite access to robust harm reduction and HIV prevention services. Findings highlight the importance of dispelling long-standing myths, strengthening education about preventive perinatal transmission, and reinforcing knowledge of injection-specific transmission.

HIV pre-exposure prophylaxis among people initiating buprenorphine for opioid use disorder in the ambulatory setting: A retrospective cohort study. Drug Alcohol Depend. 2026 Apr 20;284:113164.
Tilhou AS, Wang J, George ST, White L, **Assoumou SA**.

Introduction: Buprenorphine (BUP) is an effective treatment for opioid use disorder (OUD) that may create opportunities to expand access to preventive services for patients with OUD. HIV prevention, particularly pre-exposure prophylaxis (PrEP), represents a vital service for persons with OUD due to HIV risk associated with injection drug use and condomless sex. Evaluating the integration of BUP treatment and HIV prevention is an important step to further optimize care for patients with OUD.
Methods: This retrospective cohort study used pharmacy claims from the Merative™ MarketScan® Research Databases, 2014-2022, to examine use of PrEP among new BUP treatment episodes over the first nine weeks of treatment. We excluded BUP episodes from individuals with probable HIV based on diagnosis or medications indicated for HIV in the past 365 days. Clinical indications for PrEP were identified based on past 365-day diagnosis of sexually transmitted infections or serious injection-related infections.
Results: Of 119,863 BUP episodes representing 76,377 individuals, 102 (0.1%) involved PrEP during BUP treatment. Most of these episodes (71%) involved PrEP in the 30 days prior to BUP initiation. Only 6% of the sample exhibited diagnoses indicating risk for HIV. Of these, only 0.2% involved PrEP during the BUP episode.
Conclusions: Findings from this retrospective cohort study identify a major gap in PrEP use for individuals with OUD and documented HIV risk. Aligning HIV prevention and BUP treatment is an important opportunity to enhance health for patients with OUD.