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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 <u>Natalia Gnatienko</u> to include in the next publication digest!
Please remember to cite CFAR support (P30AI042853) on your future publications!
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1 - Poor
2 - Fair Select
3 - Good
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Announcements

The CFAR SURC would like to congratulate faculty members **Sabrina Assoumou, Sara Becker, Richard Saitz**, and **Kaku So-Armah**. Sabrina is the first Louis W Sullivan Professor at BUMC, Sara received a <u>Method to Extend Research in Time (MERIT) Award</u> from NIDA, Richard received the <u>2021 David C. Lewis Award</u> from AMERSA, and Kaku received the <u>Evans Junior Faculty Research Merit Award</u>.





PMC8531371.





New Awards

We are happy to announce that two NIAAA-funded alcohol/HIV P01 Centers have been awarded to SURC investigators!

The International Uganda Russia Boston Alcohol Network for Alcohol Research Collaboration on HIV/AIDS (<u>URBAN ARCH</u>) Center led by Jeffrey Samet will examine the impact of alcohol use on the TB disease continuum among people with HIV in Russia and Uganda. Read more <u>here</u>.

The Boston Alcohol Research Collaboration on HIV/AIDS - Comorbidity Center (<u>Boston</u> <u>ARCH CC</u>) led by Richard Saitz and Michael Stein will implement and assess virtual interventions that address chronic pain and physical inactivity in people with HIV and unhealthy alcohol use.

Christopher Kahler received a COVID-19 supplement to the Brown University Alcohol Research Center on HIV titled "Integrating motivational interviewing and behavioral economics through telehealth to address alcohol misuse during the COVID-19 pandemic among people with HIV".

New Publications

HIV pre-exposure prophylaxis and buprenorphine at a drug detoxification center during the opioid epidemic: Opportunities and challenges. Assoumou SA, Paniagua SM, Gonzalez P, Wang J, Beckwith CG, White LF, Taylor JL, Coogan K, Samet JH, Linas BP. <u>*AIDS Behav*</u>. 2021 Aug;25(8):2591-2598. PMCID:

Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) and buprenorphine decrease HIV acquisition. Between November, 2016 and July, 2017, we surveyed persons

(N = 200) at a drug detoxification center to assess their interest in PrEP and in buprenorphine, and to examine factors associated with such interests. Over the previous 6 months, 58% (117/200) injected drugs, 87% (173/200) used opioids, 50% (85/171) had condomless sex. Only 22% (26/117) of persons who injected drugs were aware of PrEP, yet 74% (86/116) and 72% (84/116) were interested in oral or injectable PrEP, respectively. Thirty-eight percent (47/125) of persons not receiving buprenorphine or methadone expressed interest in buprenorphine. After multivariable adjustment, Latinx ethnicity was associated with interest in PrEP (aOR 3.80; 95% CI 1.37-10.53), while male gender (aOR 2.76; 95% CI 1.21-6.34) was associated with interest in buprenorphine. Opportunities exist to implement PrEP and buprenorphine within drug detoxification centers.

The past, present, and future of PrEP implementation among people who use drugs. Biello KB, Mimiaga MJ, Valente PK, Saxena N, Bazzi AR. <u>*Curr HIV/AIDS Rep.*</u> 2021 Aug;18(4):328-338. PMCID: PMC8286349.

Purpose of review: Recent HIV outbreaks among people who use drugs (PWUD) necessitate additional HIV prevention tools. Pre-exposure prophylaxis (PrEP) is highly efficacious yet uptake among PWUD remains exceedingly low. To address multilevel, complex barriers to PrEP use among PWUD, a range of intervention strategies are needed.

Recent findings: The literature on interventions to optimize PrEP use among PWUD is nascent, comprising small pilots and demonstration projects in early phases of intervention development. Initial studies suggest that structural, healthcare, interpersonal, and individual-level interventions can improve PrEP use for PWUD, and a number of efficacy trials are underway. Future studies are needed to optimize the use of new PrEP modalities (e.g., injectable PrEP), simultaneously target multilevel challenges to PrEP use, and evaluate the integration of PrEP into other service settings and substance use treatment modalities.

Behavioral risk factors for HIV infection in hospitalized persons who co-use stimulants and opioids.

Jawa R, **Stein MD**, Anderson B, Liebschutz JM, Stewart C, Phillips KT, Barocas JA. <u>AIDS</u> <u>Behav</u>. 2021 Sep 12:1–9. PMCID: PMC8435119.

We investigated the association of 90-day opioid and stimulant co-use and HIV risk behaviors in a cross-sectional analysis of hospitalized HIV-negative people who inject drugs (PWID). We compared those injecting opioids alone to two sub-groups who co-used opioids with (1) cocaine, (2) amphetamine-type stimulants (ATS), on sex and injection drug risk behaviors assessed via the Risk Assessment Battery (RAB), where a higher score indicates a higher risk. Of 197 participants who injected opioids, 53% co-used cocaine only, 5% co-used ATS only, 18% co-used both cocaine and ATS, 24% co-used neither stimulant. PWID who injected opioids alone had a mean RAB drug risk score of 5.98 points and sex risk score of 2.16 points. Compared to PWID who injected opioids alone, PWID who co-used stimulants had higher mean drug risk RAB scores: cocaine, b = 2.84 points [95% confidence interval (CI) 1.01; 4.67]; ATS, b = 3.43 points (95% CI 1.29; 5.57). Compared to PWID who injected opioids alone, cocaine co-use was associated with higher sex RAB scores b = 1.06 points (95% CI 0.32; 1.79). Overall, we found a significant association between stimulant co-use and higher HIV sex and drug risk scores.

COVID-19 challenges confronted by smoking cessation clinical trials for people living with HIV: The experience of grantees of the US National Cancer Institute. Schnoll R, Bernstein SL, Kaufman A, Gross R, Catz SL, **Cioe PA**, Hitsman B, Marhefka SL, Pacek LR, Vidrine DJ, Vilardaga R, Edelman EJ, McClure JB, Ashare R, Lockhart E, Crothers K. <u>Nicotine Tob Res</u>. 2021 Aug 18;23(9):1629-1632. PMCID: PMC7989188.