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INTRODUCTION

Substance use and overdose risk remain a significant public health concern, with disparities among people living with HIV (PLWH), sexual and gender minorities (SGM), and intersecting at-risk populations (e.g., racial and/or ethnic minorities). Substance use interventions (e.g., overdose education and naloxone distribution [OEND], medication for opioid use disorder) and providers are critical to effectively reaching at-risk populations to mitigate mortality and morbidity associated with substance use. Yet, factors influencing access to substance use interventions among PLWH, SGM, and intersecting at-risk populations remain critically understudied. Substance use providers similarly need additional resources to stabilize their key role in addressing substance use and overdose risk, but studies centering their perspectives are sparse. Improved understanding of how PLWH, SGM, and intersecting subgroups experience substance use and overdose risk will inform the development of tailored interventions. Similarly, identifying how to better support substance use providers will mitigate burnout and bolster proficiencies in delivering interventions for at-risk populations. My program of research and training thus far has developed expertise in the following domains: 1) substance use and overdose among PLWH, SGM, and intersectional at-risk populations; 2) substance use interventions and services among at-risk populations; and 3) occupational supports for substance use providers. My long-term career goal is to be an independent researcher at the intersection of substance use, HIV, and SGM health at a top-tier research institution. This is driven by my past work as a substance use study clinician among PLWH, many of whom were sexual minority men, where I observed a lack of focus on minority stress, trauma, and structural drivers in substance use interventions.

SUBSTANCE USE AND OVERDOSE AMONG PLWH, SGM, AND INTERSECTIONAL AT-RISK POPULATIONS

Overdose and substance use risk among PLWH, SGM, and intersecting at-risk populations are shaped by multilevel and syndemic factors. My research examines how these factors converge across individual, social, and structural levels. I received an R36 Dissertation Award from the National Institute on Drug Abuse (NIDA) to study overdose risk factors among PLWH at the individual, social, and structural levels. Findings will clarify how these factors interact synergistically to shape overdose risk in this population. I also published a systematic review of substance use risk factors among SGM Latino/a/x youth and young adults in *LGBT Health* (Samora et al., 2026). This was the first published synthesis of risk factors (i.e., violence victimization, bullying, absence of social support, and mental health factors) unique to this intersectional subgroup. In a related study, I used multilevel statistical modeling to examine disparities in coping-motivated substance use among SGM youth. Findings showed that proximal socioemotional distress helped explain these disparities (Samora et al., 2026, presented at *Collaborative Perspectives on Addiction*). Collectively, these studies demonstrate that overdose and substance use risk among PLWH and SGM populations cannot be understood through any

single risk factor. Rather, they require attention to multilevel and syndemic processes operating across individual, social, and structural levels.

Substance Use Interventions and Services Among At-Risk Populations

Improving access to substance use interventions and services for at-risk populations requires identifying populations that are limited in access and what factors limit access. My research addresses this gap across four studies. In a systematic review of harm reduction interventions for opioid use published in *Drugs: Education, Prevention and Policy* (McCormick, Samora et al., 2024), my coauthors and I found that interventions effectively reduce mortality and morbidity, but reviewed studies rarely attended to diversity or disparities among intersectional, at-risk subgroups. A related qualitative study of substance use harm reduction service infrastructure in Texas, published in the *Harm Reduction Journal* (Claborn, Samora et al., 2023), identified minimal agency resources as a key barrier limiting service access for Black individuals, Hispanic individuals, and people experiencing homelessness. I extended this work with two studies centered on distinct at-risk populations. As co-principal investigator of a mixed-methods study published in *Frontiers in Public Health*, I found that college students who use drugs often avoid university-based substance use harm reduction resources out of fear and stigma, amplifying their overdose risk (Samora et al., 2026). In a conference publication to be presented to *AMERSA*, I identified unmet substance use harm reduction needs among SGM who engage in chemsex (i.e., sexualized drug use, often involving psychostimulants and/or sedatives), including education on methamphetamine use and drug interactions (Samora et al., 2026). This body of work demonstrates that generic substance use interventions and harm reduction models are insufficient in reaching marginalized subgroups of people who use drugs. Meaningful gains in access require solutions tailored to the lived experiences of at-risk subpopulations.

Occupational Supports For Substance Use Providers

Sustaining substance use intervention effectiveness requires supporting the providers who deliver interventions. My research considers this need across three linked studies. An earlier study published in the *Harm Reduction Journal* examined substance use outreach provider perspectives during COVID-19 social distancing (Conway, **Samora** et al., 2022). This study found that pandemic restrictions disrupted regular outreach, placed additional burdens on outreach providers, and highlighted the need for remote service and education delivery. Building on this, I authored a manuscript detailing occupational stressors and resilience strategies among substance use outreach providers, including environmental stressors like client aggression and coping strategies (**Samora** et al., under review at *Health and Social Care in the Community*). This study informed an adaptation of Stress First Aid, an evidence-based occupational stress intervention, to the substance use provider context. The implementation pilot of this adapted intervention, published in *BMC Public Health*, demonstrated the adapted materials' acceptability and feasibility (Desai, **Samora** et al., 2026). This research underscores that centering substance use providers' perspectives is essential to developing solutions to promote workforce sustainability and ensure intervention effectiveness.

Future Vision

My future vision is to conduct community-engaged research with providers and agencies across substance use, HIV and sexual wellness, and social services (e.g., housing). The purpose

of this project would be to identify avenues to increase access to substance use services and develop tailored harm reduction and treatment solutions for PLWH, SGM, and intersecting, at-risk subgroups (e.g., individuals engaged in chemsex). Ultimately, my goal is for my program of research to translate into measurable improvements in substance use, overdose prevention, and access to interventions for the communities who bear the greatest burden of these disparities.