



SCALING UP PrEP
IMPLEMENTATION

**‘WHAT OTHER CHOICES MIGHT I HAVE MADE?’:
SEXUAL MINORITY MEN, THE PREP CASCADE
AND THE SHIFTING SUBJECTIVE DIMENSIONS OF
HIV RISK**

**GASPAR M., WELLS, A., HULL, M., TAN, D., LACHOWSKY, N., &
GRACE, D.**

CAHR

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BACKGROUND AND METHODS

- PrEP uptake among gay, bisexual, queer, and other men who have sex with men (GBM) has been sub-optimal in Canada (Cox et al. 2021)
- The PrEP Cascade is the dominant framework used to help us understand PrEP decision-making and barriers to access
- Completed 25 interviews in Ontario (Toronto and the GTA, and Ottawa Region) and 20 in British Columbia (Vancouver and Victoria) from the spring to fall of 2020 (Part of a longitudinal qualitative series for the PRIMP study)
- Included both PrEP Users and Non PrEP Users
- Conducted Online
- Interviews looked at PrEP decision-making: reasons for starting, stopping and never taking PrEP
- Analyzed using thematic analysis (Braun and Clarke, 2006) in Nvivo software

Ontario			British Columbia			Both Provinces		
Age	n=	25	Age	n=	20	Age	n=	45
20-29	10	40%	20-29	4	20%	20-29	14	31%
30-39	10	40%	30-39	8	40%	30-39	18	40%
40-59	4	16%	40-59	2	10%	40-59	6	13%
>50	1	4%	>50	6	30%	>50	7	16%
Race			Race			Race		
White	10	40%	White	7	35%	White	17	38%
Black	5	20%	Black	1	5%	Black	6	13%
East Asian	4	16%	East Asian	3	15%	East Asian	7	16%
Middle-Eastern	3	12%	Middle-Eastern	1	5%	Middle-Eastern	4	9%
South Asian	2	8%	South Asian	2	10%	South Asian	4	9%
South East Asian	0	0%	South East Asian	1	5%	South East Asian	1	2%
Latino	1	4%	Latino	2	10%	Latino	3	7%
Indigenous	0	0%	Indigenous	3	15%	Indigenous	3	7%
Gender			Gender			Gender		
Cis Man	21	84%	Cis Man	20	100%	Cis Man	41	91%
Trans Man	4	16%	Trans Man	0	0%	Trans Man	4	9%
Sexual Identity			Sexual Identity			Sexual Identity		
Gay	20	80%	Gay	19	76%	Gay	39	87%
Bisexual	3	12%	Bisexual	1	4%	Bisexual	4	9%
Queer	1	4%	Queer	0	0%	Queer	1	2%
Pansexual	1	4%	Pansexual	0	0%	Pansexual	1	2%
PrEP Use			PrEP Use			PrEP Use		
Taking or Have Taken PrEP	17	68%	Taking or Have Taken PrEP	20	100%	Taking or Have Taken PrEP	37	82%
Have Never Taken PrEP	8	32%	Have Never Taken PrEP	0	0%	Have Never Taken PrEP	8	18%
Location			Location			Location		
Toronto and the GTA	17	68%	Vancouver	15	60%	Ontario	32	71%
Ottawa	8	32%	Victoria	6	24%	British Columbia	14	31%

PRAGMATIC AND BIOMEDICAL CONSIDERATIONS

- Access to PrEP considered easier over time : **“I think they’re giving it away like candy.”** (Non-PrEP User)
- Cost reported as the biggest barrier to accessing PrEP in Ontario. Those in the ‘gig economy’ and in jobs without private insurance could not afford it despite being at risk: **“Honestly, I feel no [I am not going to try PrEP] because I’m trying to save, so it’s gonna be expensive. Like \$100 and I know I’m not at high risk.”** (Non-PrEP user)
- There were no concerns expressed regarding the efficacy of PrEP
- Concerns with longer-term side-effects were significant deterrents to trying PrEP: **“I don’t have a concern with [immediate, short-term] side effects. I just haven’t seen what it does to the body. We have to see what it does to the body after five to ten years, or three years, you know?”** (Non-PrEP User)
- Concerns with sexually transmitted infections (STIs) reported as significant deterrents to trying PrEP:
“Yes, [I am concerned with] side effects and also what’s the ... if I still need to wear a condom – so a condom is supposed to prevent HIV and other STIs. If you take PrEP it’s going to protect you against HIV but not everything else. So then taking PrEP and using a condom I think is overdoing it. So just use a condom and get it over with. That’s my simple-minded thinking. And I don’t like condoms. So that’s why I would end up with the unsafe sex situation [on PrEP].” (Non-PrEP User)

SUBJECTIVE CONSIDERATIONS

Generational Cohort and Life Course

Some men older than 30 still reluctant to try PrEP despite HIV related anxieties:

“Particularly [for] my generation, we’ve been raised in that **safe sex discourse which was very draconian and top down and scary**. So sometimes, it’s those remnants where I feel my own reluctance [to try PrEP].” (Non-PrEP User)

Changing Sexual Expectations and Social Pressures

This participant planned to stop taking PrEP once he turned 25 and it was no longer free in Ontario: “I want to finally settle down, and be with someone exclusively and not have to worry about hooking up and stuff.” (PrEP User)

This participant debated the utility of PrEP. But when he stopped it his partner cheated on him:

“To be honest, one might say if you’re taking PrEP you might become more [sexually] active. But in my case, I was feeling like I’m wasting it. Like I’m taking it but I’m still not that active, you know? Because I was still like...I was in a relationship with someone and after a while he was like, ‘Why are you still on PrEP? We’re together. We’re monogamous. You don’t trust me?’ So, it’s like he pressured me to stop it. I trusted him. I stopped it. And then he cheated, which doesn’t make sense at all.” (PrEP User)

Serodifferent Sex

Some participants took PrEP to make things easier for people living with HIV and to combat HIV stigma:

One participant said that taking PrEP was “almost like a political choice” because “the pressure is taken off HIV positive folks to always have to disclose or, you know, for some reason feel as though it’s their responsibility to worry about things like that.” (PrEP User)

DISCUSSION AND IMPLICATIONS

- PrEP decision-making is more complex than a sequential passing through the PrEP Cascade
- Implementation efforts have been successful at shifting PrEP from being a minor, exclusive prevention option for a few well networked GBM to an accepted/normalized prevention strategy
- PrEP must be made free for all groups who meet clinical guidelines across Canada
- More education about the manageability of PrEP side-effects is needed
- More education about how to take PrEP on-demand or how to discontinue PrEP safely is needed
- Sexual health counselling for GBM may be key to facilitating effective implementation of PrEP and reducing risks associated with PrEP, especially from pauses and discontinuation. Many GBM could benefit from opportunities to discuss their changing sexual health needs (including shifts in their romantic and intimate partner relationships) to help make informed decisions about PrEP.
- Community programming aimed at helping GBM navigate potential conflicts caused by a shifting biomedical and sexual landscape could help empower GBM in their PrEP decision-making.