Key factors in the acceptability of TasP in Scotland: an exploratory qualitative study with communities affected by HIV

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Background

While the effectiveness of Treatment as Prevention (TasP) as an HIV-prevention intervention at the population-level continues to be debated, little evidence is currently available on the acceptability of TasP amongst those affected by HIV **[1]**.

Aim

This qualitative study explores the acceptability of, and the practical and ethical issues surrounding, TasP for two of the groups most affected by HIV in Scotland: gay, bisexual and/or men who have sex with men (MSM) and men & women from African communities (African).

Postcards used to recruit participants.

Methods

Participants recruited through community & clinical settings across Scotland (Glasgow, Lothian, Grampian, Lanarkshire, Borders).

- **7 Exploratory Focus groups** (FGs) (n=33)
  - HIV+: 4 FGs (n= 22, 3 MSM FGs , 1 African FG)
  - HIV-: 3 FGs (n=11, 2 MSM FGs, 1 African FG)
- **34 In-depth Interviews** (IDIs)
  - HIV+: 10 MSM, 7 African (6 women, 1 man)
  - HIV- : 10 MSM, 7 African (4 women, 3 men)

Results

TasP awareness

Participants expressed very limited knowledge of TasP as an HIV prevention strategy. A minority of participants reported some awareness of the link between an undetectable viral load and levels of infectiousness.

I mean even in publications in the present, like Baseline, there is the suggestion from time-to-time by people in the medical profession that you're not as infectious if your viral load is negligible. I don't know about the CD4 count I can't be sure about that, but, it does make me think, 'yes', I mean if I'm not infectious there may not be anything to worry about, why have I been in hibernation? (HIV+MSM, IDI)

Awareness of TasP across both FGs and IDIs was generally patterned by proximity to HIV, as well as sexuality and ethnicity: participants who were HIV+ were more likely to report an awareness of TasP, and of these participants, most were likely to be Scottish MSM.

Cards used to explain how TasP works.

Barriers to TasP

Discussions about the potential use of TasP were strongly shaped by social concerns and constraints.

HIV+ participants expressed anxieties around TasP and:

- the criminalisation of HIV transmission
- risk of STIs
- the physical and psychological burden of treatment
- the pressures to start treatment/loss of choice

R1: If you're having unprotected sex without a condom, you're leaving yourself open to prosecution.
I: Even if your viral load is undetectable?
R1: That's irrelevant.
R2: Aye. You're still putting the guy at risk.
R1: It's irrelevant, coz you're still, even though you're undetectable, you've still got HIV and you possibly could pass it on. (HIV+ MSM, FG)

In contrast, *HIV- participants* felt TasP was something people living with HIV *should* take and were largely uncritical of potential social barriers.

If I was HIV and they gave me those drugs I would take them every day because I know obviously, it is a drug, eventually you're gonna be taking drugs all the way through your life 'cause you know it's helping you. So I don't think it would be a problem for them to be taking a drug that's helping them. (HIV- African FG)

Integrating TasP into risk management strategies

Most *HIV- participants* were unwilling to consider TasP as a prevention strategy in a sero-discordant sexual relationship, describing it as *'a bit risky'* (HIV- African Woman, IDI) and *'like Russian roulette'* (HIV- MSM, IDI).

HIV+ participants did not universally accept TasP as a prevention strategy, but described the circumstances in which they would consider it.

HIV+ participants not yet on treatment were reluctant to start taking ARVs because of:

- the perceived burden of taking ARVs
- the low perception of risk of HIV transmission due to existing HIV risk management strategies

I was getting a sort of spate of sort of infections then they said "maybe think about starting you on treatment to prevent other people from getting it". I said no, it's because I was barebacking with sort of other positive guys I'm getting a lot more infections from them. I'm, whenever I was with negative guys I always used condoms so the risk of me passing it onto an HIV negative guy's like very, very, very low because I use condoms. (HIV+MSM, IDI)

Most *HIV+ participants* described TasP as a prevention strategy suitable *only* for long-term sexual partners in trusting relationships.

I don't think I would start using it just for, like, anybody, I think, but if it was sort of a, someone, a very long term thing and, you know, we'd discussed everything. (HIV-positive MSM, IDI)

However, most *HIV+ participants*, including those on treatment and with undetectable viral loads did not feel they were in a position to introduce and/or negotiate TasP within their sexual relationships.

It's up to him as well isn't it? To be convinced to say "yeah, it's safe now." (HIV+ African woman, IDI)

Conclusion

In order to ensure informed, effective and ethical uptake of TasP, findings from this study highlight the need for:

- tailored information and support which addresses the low levels of and inequalities in TasP awareness
- a focus on how uptake and management of TasP will be contingent on the dynamics of existing and socially acceptable risk management strategies, especially in relation to long-term sero-discordant relationships

References

[1] Young, I., and McDaid, L. (2014) *How acceptable are antiretrovirals for the prevention of sexually transmitted HIV? A review of research on the acceptability of oral pre-exposure prophylaxis and treatment as prevention.* AIDS and Behavior, 18(2):195-216

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