



THE UNIVERSITY OF
CHICAGO
MEDICINE &
BIOLOGICAL
SCIENCES

Be PrEPared!

Using PrEP as Harm Reduction

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Today...

- Game: HIV Myth or Fact?
- HIV 101
- PrEP 101
- PrEP as Harm Reduction
- Using PrEP in your work



HIV: Myth or Fact?

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FACT: At the end of 2015, the World Health Organization estimated that 36.7 million people are currently living with HIV across the globe. Approximately 70% of those living with HIV are in sub-Saharan African nations.

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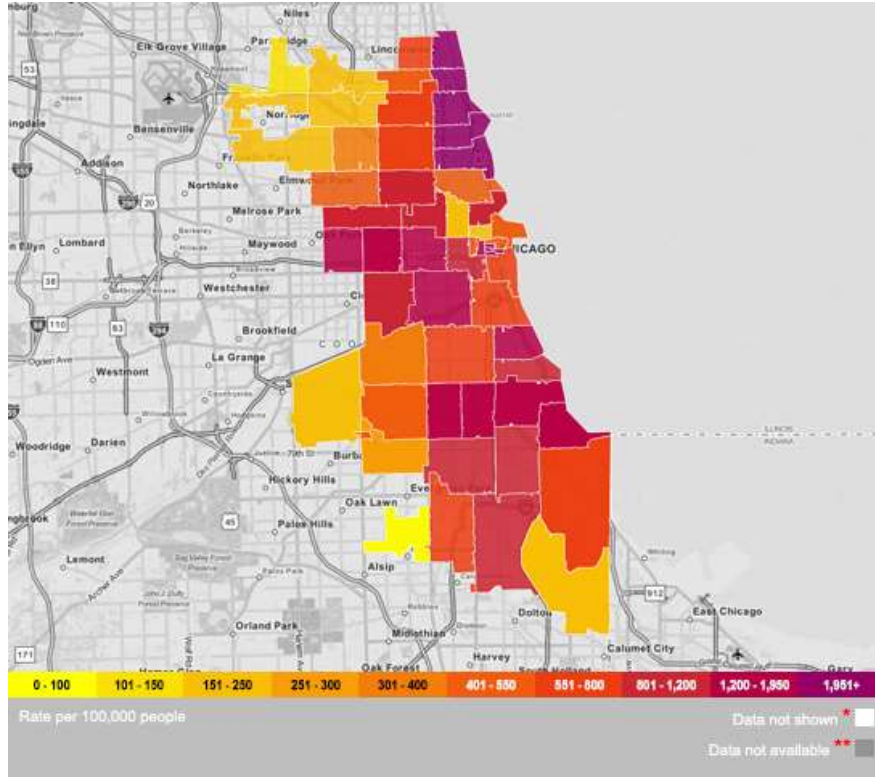
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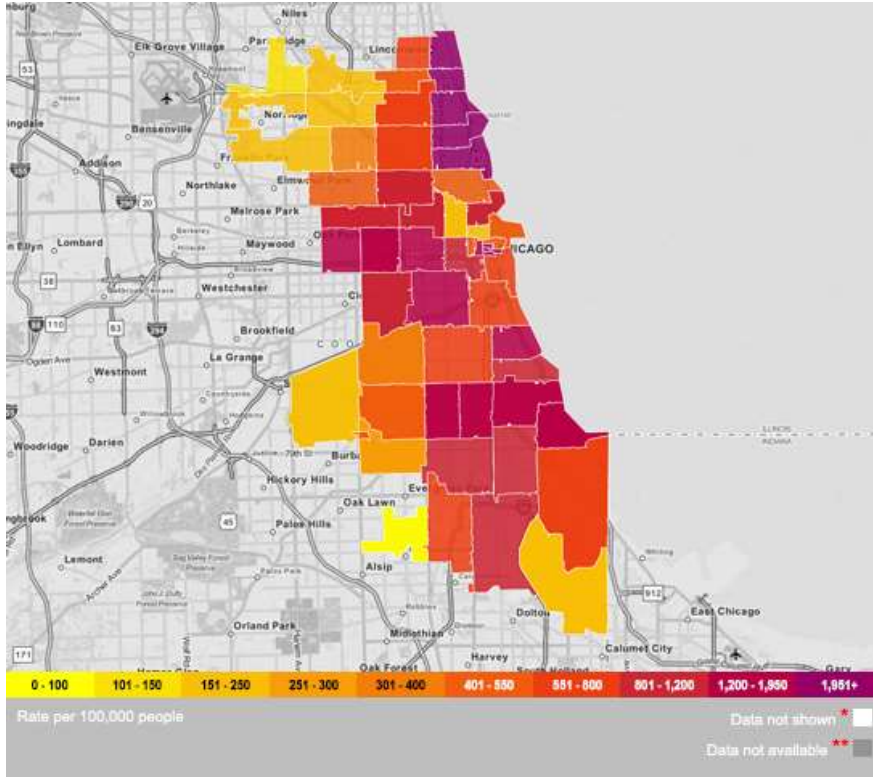
FACT: More than 1.2 million people in the US are living with HIV, and 1 in 8 of them don’t know it. Younger people are the least likely to be aware of their status, with 44% of HIV+ 13 – 24 year olds not knowing they are infected.



HIV in Chicago



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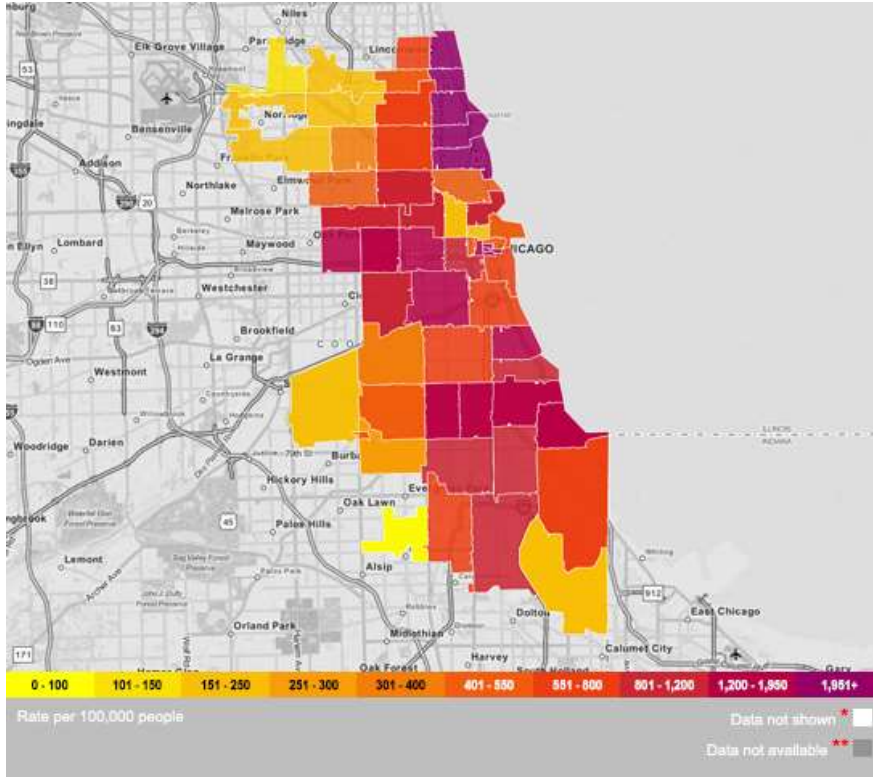


Prevalence

- Number of people living with HIV in 2013: 21,602
- 80% of people living with diagnosed HIV in 2013 were men, 20% were women (numbers DO NOT disaggregate transgender and gender non-conforming people)
- 50% of people living with diagnosed HIV in 2013 were black, 19% were Latinx, 25% were white.



HIV in Chicago

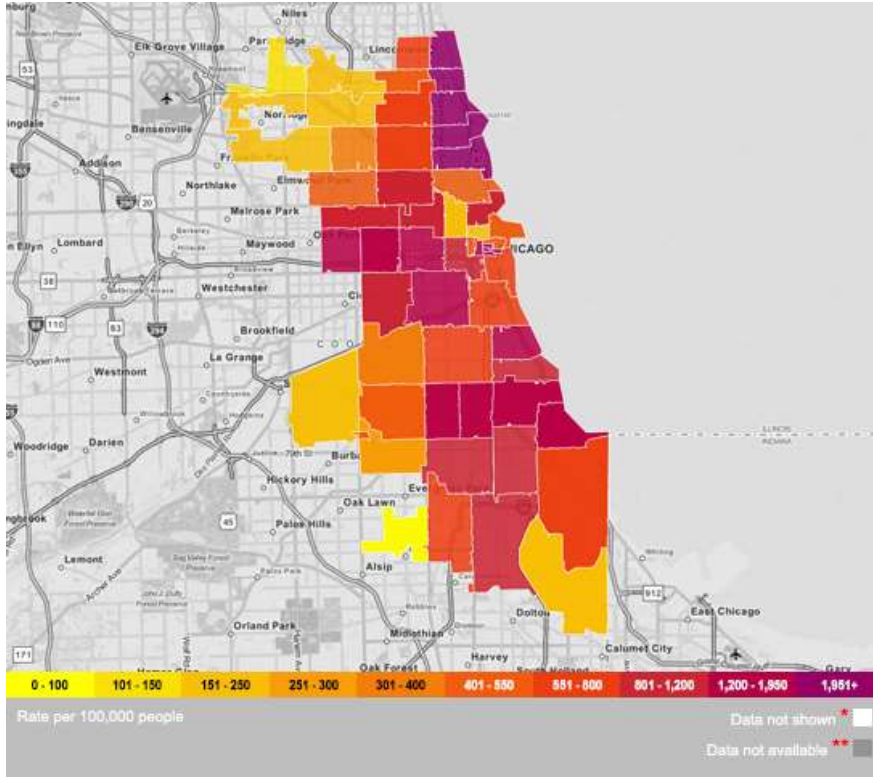


New Diagnoses

- Number of new HIV diagnoses in 2013: 813
- 83% of people newly diagnosed with HIV between 2010 and 2014 were men, and 17% were women (numbers DO NOT disaggregate transgender and gender non-conforming people)
- 54% of people newly diagnosed with HIV between 2010 and 2014 were black, 20% were Latinx, and 19% were white.



HIV in Chicago



Mortality

- Number of deaths of people diagnosed with HIV in 2013: 313



HIV 101

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HIV stands for human immunodeficiency virus, and is the virus that, if left untreated, can develop into acquired immunodeficiency syndrome (AIDS). HIV cannot be completely eliminated from the body, but it can be kept under control with the use of anti-retroviral (ARV) medications. Once you are diagnosed with HIV, though, you have it for life.



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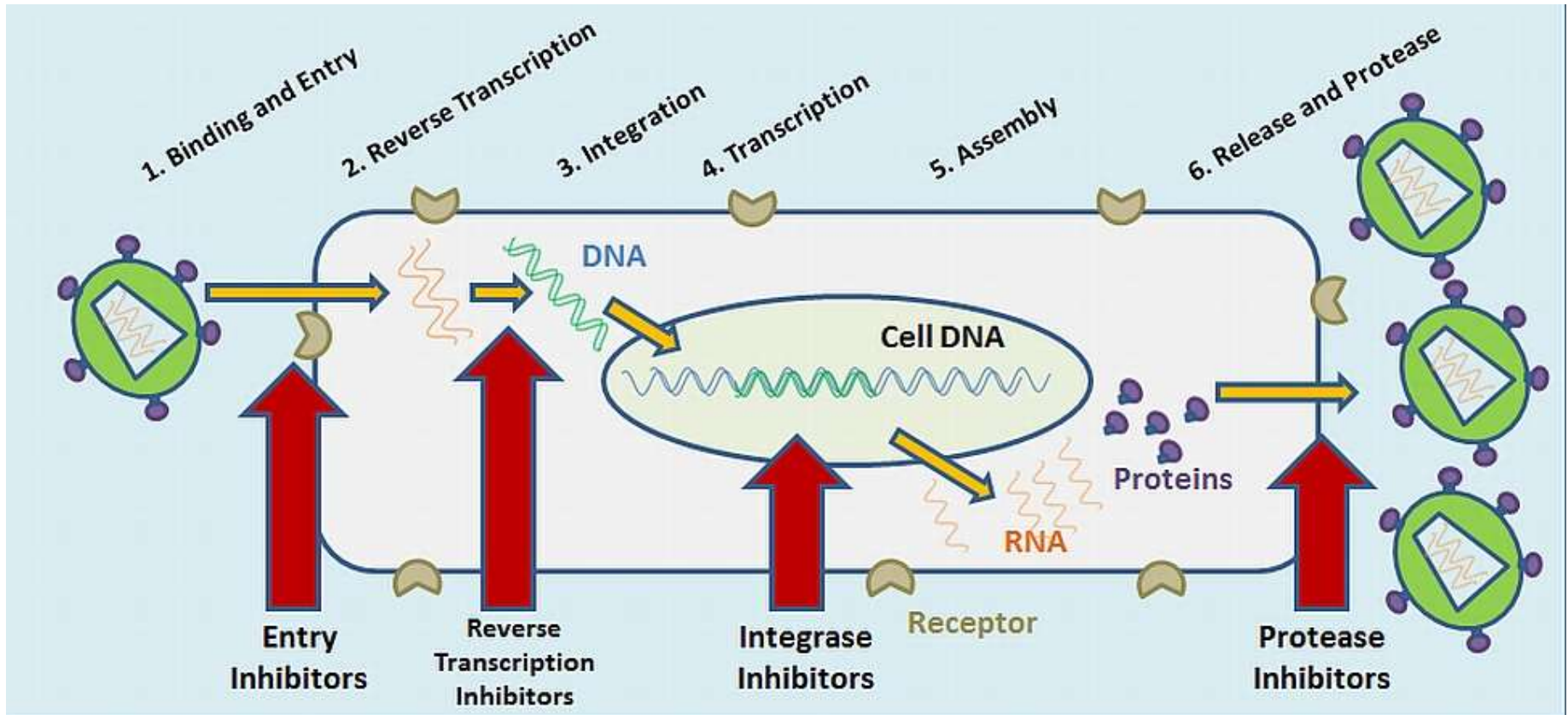
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HIV attacks the body's immune system, specifically CD4 cells (also known as T cells), which help the immune system fight off various infections. If untreated, HIV reduces the number of CD4 cells in the body, making the body less able to fight off infections. A typical CD4 range is between 500 – 1000. Over time, HIV can destroy so many CD4 cells that the body can no longer fight off infections or disease. When there are less than 200 CD4 cells in the body, a person is diagnosed with AIDS.



HIV 101

- HIV Lifecycle



HIV 101

- **How do you treat HIV?**



HIV 101

- **How do you treat HIV?**

There is no current cure for HIV, but with medical care, the virus can be well controlled. Medications used to treat HIV are called ARVs, and using ARVs to treat HIV is called anti-retroviral therapy (ART). If a person is diagnosed with HIV, it is recommended that they begin ART, no matter how long they have had the virus, or how healthy they are. ART helps control and minimize the replication of HIV in a person's body.



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The purpose and goal of ART is to lower HIV levels in a person's body. ART is working when the amount of virus in a person's body drops. Sometimes, the amount of virus in a person's body drops so much that blood tests cannot detect the virus in their system. This is called an "undetectable viral load." When a person's viral load is undetectable, they tend to experience better quality of life, better health related outcomes, AND it is incredibly difficult to transmit HIV to people who are HIV negative.



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There is no one standard ART protocol. People who are HIV positive should work with their health care team to determine which regimen best meets their needs.



HIV 101

- **How do you prevent HIV?**



HIV 101

- **How do you prevent HIV?**

Know your status! Regular HIV *and* STI testing.

Education (comprehensive sex ed, comprehensive harm reduction trainings, etc.)

Safer sex practices (external and internal condoms, other forms of barriers, positioning, etc.)

Safer injection / substance use practices (needle exchange / clean needles *every* time, cleaning spoons, not sharing cotton, vein and wound care, etc.)

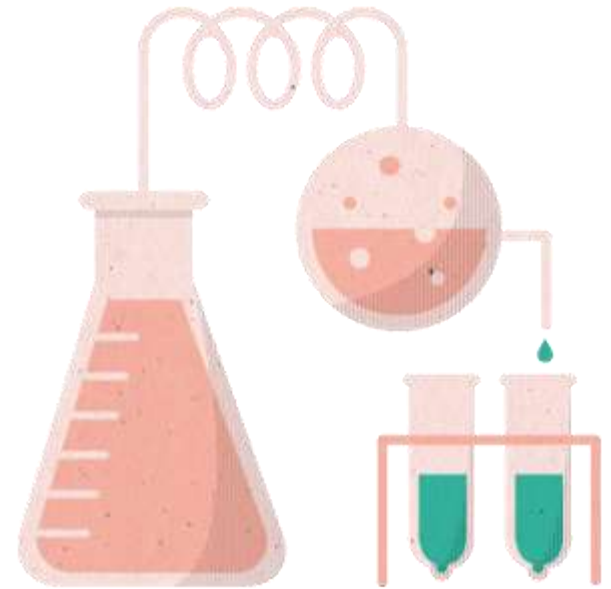
Risk reduction strategies surrounding decision making (about sexual acts and practices, sexual partners, safer sex practices, safer substance use practices)

Biomedical interventions such as TASP (treatment as prevention) and PrEP



What is PrEP?

- PrEP is a once-a-day pill that can help prevent the spread of HIV by more than 90%¹⁻⁴
- “PrEP” stands for Pre-exposure prophylaxis
 - *Pre* = before
 - *Exposure* = coming into contact with HIV
 - *Prophylaxis* = treatment to prevent infection from happening



1 iPrEX: Grant RM, Lama JR, Anderson PL, et al; iPrEx Study Team. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *N Engl J Med* 2010;363(27):2587-99.

2 TDF2: Thigpen MC, Kebaabetswe PM, Paxton LA, et al; TDF2 Study Group. Antiretroviral preexposure prophylaxis for heterosexual HIV transmission in Botswana. *N Engl J Med* 2012;367(5):423-34.

3 Partners PrEP: Baeten JM, Donnell D, Ndase P, et al; Partners PrEP Study Team. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. *N Engl J Med* 2012, 367(5), 399-410

4 Bangkok Tenofovir Study: Choopanya K, Martin M, Suntharasamai P, et al; Bangkok Tenofovir Study Group. Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial. *Lancet* 2013;381(9883):2083-90.

What is PrEP?

- PrEP is one pill called Truvada, which contains two HIV medications—tenofovir and emtricitabine. These medications keep the virus from taking hold in your system if you are exposed to HIV.
- Truvada as PrEP has been proven safe and effective in gay and bisexual cisgender men, transgender women, and IV drug users. Studies suggest efficacy in cisgender women, but more research is needed. Truvada as PrEP is not currently approved for use in pregnant people.
- PrEP was approved by the FDA for HIV prevention in 2012.



PrEP as a Harm Reduction Tool

- HIV Prevention Toolkit
 - Condoms
 - Traditional condoms
 - Internal (female) condoms
 - Treatment as prevention (TasP)
 - Rapid HIV Testing
 - Positioning
 - Needle exchange programs
 - PEP (Post Exposure Prophylaxis)
 - PrEP (Pre Exposure Prophylaxis)
 - What else...?



Barriers to PrEP as Harm Reduction

- Lack of Awareness
 - Black MSM are less likely to have ever heard about PrEP than White MSM
 - 2013 study shows that only 40% of YBMSM had ever heard about PrEP and only 5% had ever taken PrEP on the South Side of Chicago
- Social Determinants of Health
 - Poverty
 - Unemployment
 - Homelessness
 - Structural Racism
 - Education
 - What else...?

Barriers to PrEP as Harm Reduction

- Lack of Access
 - Insurance
 - Only 54% of YBMSM on the South Side have health care coverage
 - Healthcare provider
 - Limited health care for HIV negative persons
- Lack of trust in healthcare systems
- Retention in care
 - Over 50% of YBMSM and Transfeminine clients linked to PrEP are not being retained in care at 12 months
- Perception of risk & social desirability



PrEP as Harm Reduction

- Using the traditional Harm Reduction Principles as it relates to PrEP
 - Accept
 - Understand behaviors are complex
 - Establish quality of individual and community life and well-being
 - Calls for non-judgmental, non-coercive provision of services and resources
 - Ensure they have a real voice
 - Affirmation
 - Recognizing realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities
 - Do not minimize or ignore

Using PrEP in your Work

- Motivational Interviewing
 - Method that is goal-oriented and builds on client's resilience to help resolve ambivalence.
- Trauma – Informed Care/Services
 - Creating a culture of treatment and care based on understanding trauma (on neurological, biological, psychological, and social levels); safety and security; cultural humility and responsiveness; compassion and dependability; collaboration and empowerment; resilience and recovery (whatever recovery in this instance means).
- What other ways...?

Using PrEP in your Work

- In small groups, discuss ways in which PrEP might be used in your work environment.
 - Is it feasible for your clients?
 - Is it not feasible?
 - What steps might be taken institutionally to help break down barriers to PrEP access?

Possible scenarios...



GROUP ACTIVITY

- Scenario #1
 - Michael is a 19 year old unstably housed HIV negative MSM who attends a lot of parties that engage in a lot of risky behaviors including poppers and other party drugs. Along with this Michael exchanges sex for money and is a bottom. His partners do not always use condoms unbeknownst to him. Michael comes to you after being raped at a party and has never heard of PrEP. What do you do?
- Scenario #2
 - Christina is an undocumented and uninsured Transwoman who is in need of hormone therapy. She has not been able to find a doctor in the United States. She typically gets her hormones off the street and shares with other transwomen including needles which puts her at risk for HIV infection. Christina comes to you because she in desperate need of consistent hormone therapy. During your initial session with her Christina informs you that she's taken PEP three times because of fear of HIV transmission from sharing needles with other girls. What do you do?



GROUP ACTIVITY

- Scenario #3
 - Sam is 25 years old. He is a heavy marijuana user. He has expressed interest in PrEP before because of a recurring syphilis infection. You have scheduled him over 10 appointments for PrEP none of which he has been able to attend for various reasons. (He forgot, woke up later, shift changes at work, etc) Sam finally attends his first PrEP appointment and is prescribed PrEP. He fills the prescription but reports not being adherent to the dosage requirements or attending subsequent appointments. What do you do?

