



SCALING UP PrEP  
IMPLEMENTATION



**PUBLIC HEALTH MORALITY AND ANOTHER  
PANDEMIC: HIV-NEGATIVE SEXUAL MINORITY  
MEN'S SEXUAL AND PRE-EXPOSURE  
PROPHYLAXIS (PREP) DECISION-MAKING  
DURING THE FIRST WAVE OF COVID-19**

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# BACKGROUND, OBJECTIVES AND METHODS

## Background:

- COVID-19 control measures may be worsening pre-existing health inequities among gay, bisexual, queer, and other men who have sex with men (GBM) (i.e. mental health, substance use, STIs, HIV, loneliness) ([Brennan et al., 2020](#)).
- COVID-19 protocols may be disrupting access and adherence to HIV pre-exposure prophylaxis (PrEP) ([Newman & Guta, 2020](#)).

## Objectives:

- To better understand how COVID-19 control measures have been affecting GBM's PrEP use and sexual decision-making in the first wave of the COVID-19 pandemic

## Methods:

- 25 in-depth interviews were conducted with HIV-negative GBM living in Ontario, including both PrEP users and non-PrEP users
- Participants were recruited as part of the PRIMP Study
- The interviews were conducted between March 13<sup>th</sup> to July 21<sup>st</sup> 2020: Stages 1 and 2 of 'COVID-19 Lockdown' in Ontario
- Interviews were coded in NVivo Software using thematic analysis
- The participant names used here are pseudonyms



PRIMP is a mixed-methods implementation science study operating in Ontario and British Columbia. PRIMP is examining PrEP access among GBM: <https://primpstudy.weebly.com/>

## Socio-Demographics of Sample

Age		n=25
20-29	10	40%
30-39	10	40%
40-59	4	16%
>50	1	4%
Race		
White	10	40%
Black	5	20%
East Asian	4	16%
Middle-Eastern	3	12%
South Asian	2	8%
Latino	1	4%
Gender		
Cis Man	21	84%
Trans Man	4	16%
Sexual Identity		
Gay	20	80%
Bisexual	3	12%
Queer	1	4%
Pansexual	1	4%
PrEP Use (Prior to COVID-19)		
Taking or Have Taken PrEP	17	68%
Have Never Taken PrEP	8	32%
Location		
Toronto and the GTA	17	68%
Ottawa	8	32%

# RESULTS

- Participants discussed the challenges of being a ‘responsible’ sexual citizen during the COVID-19 pandemic. Some described the situation as ‘confusing.’
- This **public health morality** (*how to determine ethically right vs. wrong behaviour in the pandemic*) was shaped by several factors, including:
  - Self-concern (of getting COVID-19) versus COVID-19 risks posed to others
  - Decreasing anxiety and becoming COVID-19 weary over time
  - The limits of shaming people for their public health non-compliance
  - Making comparisons between how society has responded to the HIV epidemic versus the COVID-19 pandemic

‘In the very beginning, I was stressed because everything **was so unknown, so it was, it was very stressful at first with all the anxiety. But now I’m not too concerned.** I don’t think I’ve ever been concerned about myself getting it because I know that I’m healthy enough to like get it, fight it, and then it goes away. But I don’t want it because of how easily spread it could be.’

Hugh (PrEP User, 20s)

‘I think the vibe is **like people are kind of confused about what to do during this time, or whether they can have sex, or should have sex. [...] So I don’t know, it’s kind of a weird time. I feel like people don’t really know what to do or they’re maybe not clear on whether they should have sex.**’

Min (PrEP User, 20s)

‘A reactionary backlash kind of stuff happening, you know with people who aren’t observing correct social distance stuff, the snitch line and that kind of desire to regulate and police these things and people—well, I’m just going to call that line, and that kind of stuff. [...] **Lots of judgements and that reminds me also of what the AIDS epidemic was like in its worst years. There were kind of pissy, pissy queens that were thinking they were all smug because they didn’t get HIV because they were somehow morally superior in the choices that they made.**’

Zack (Non-PrEP User, 60s)

# RESULTS

- Many GBM changed their sexual practices significantly to avoid COVID-19, with most stopping sex with individuals not living with them.
- Some participants' sexual practices countered public health messaging to avoid all 'non-essential' contact with people outside of one's household.
  - However, these participants often still reduced the number of sexual partners they had, avoided new hook-ups, and evaluated their sexual partners' '**common-sense**'.
  - These practices mirror the *negotiated safety* (i.e. seroadaptation) strategies earlier developed by GBM to mitigate HIV transmission ([Kippax & Race, 2003](#)).
- As a consequence of changes in their sexual practices, some GBM halted, some continued, and some stockpiled their PrEP.
- Some restarted taking PrEP again in anticipation of reduced COVID-19 control measures.
- Many participants who continued to use PrEP said they preferred online appointments with their PrEP prescriber.

'Yea, so from a sexual perspective [I] totally became inactive because **I was panicking and I care a lot about my health**. So, I'm like, I'm going to isolate myself, I'm not going to meet anyone. I'm going to social distance.'

Ramy (PrEP User, 20s)

'I am [having sex], but I don't go on Grindr looking for anything new, I have a few people, guys who I trust to have **common sense**. I have a **regular fuck buddy**, I've known him for years.'

Sanjay (PrEP User, 40s)

'I mean **there's no point in me taking a pill daily [i.e. PrEP] if I don't see myself having sex within three weeks, you know what I mean?**'

Christian (PrEP User, 30s)

Online and Tele-health appointments: '**Oh [its] very straightforward [...]** it's even simpler now because I don't have to go to [my doctor's] office to get a requisition because he's in this clinic and all of the family doctor in this clinic do telephone.'

Cham (PrEP User, 30s)

## RESULTS

- Some GBM may still be having sex with casual partners, but there are multiple ways in which they aim to mitigate COVID-19 risks to their social networks.

‘There’s sort of an intersection of my bipolar disorder with my sexual health. So, I was actively looking for a while during the height of the pandemic for sex. So, I continued to do that but not as much. I haven’t really sought sex as much recently. **But I continue to do it regardless, despite the fact that they’re highly recommending social distancing and keeping to your family circle or your little bubble.**’

Cham (PrEP User, 30s)

\*Though having sex with casual partners, Cham refused to meet indoors with friends and socially distanced and wore masks around family.

## DISCUSSION

- Health promotion efforts must acknowledge the complex ways in which GBM are mitigating COVID-19 risks in their sexual practices in order to avoid further stigmatizing GBM sex, amplifying anxiety, and potentially increasing COVID-19 transmission by neglecting practical harm reduction measures.
- PrEP use among the sample was often more episodic than continuous (i.e., going on and off for variable periods of time, rather than taking it ‘on-demand’ in response to a specific upcoming sexual event), though it is not often prescribed or discussed this way in Ontario.
- More work can be done to educate GBM about episodic PrEP patterns. Some GBM were making their own decisions on this issue without consulting a physician first.
- To increase accessibility, the option for online PrEP appointments should be kept even after COVID-19 control measures are over. However, STI testing will still require GBM to come in person to clinics and/or labs periodically.