Treatment as Prevention (TasP): Who Knows About It?

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What is Treatment as Prevention (TasP)?

- TasP means testing and treating people who are living with HIV with antiretroviral therapy.

- The prevention goal is to decrease onward transmission of the virus by reducing viral load in blood and in genital fluids.

- It works! Studies show that people with very low amounts of HIV in their bodies do not transmit HIV.
Engage Study Participants

- Participants were younger (Median Age: 34):
  - In Toronto it was a bit younger, at 33 years
- About 27% of the men self-identified as non-White
  - In Toronto, 34% of men self-identified as non-White
- Almost half (49%) reported having a college degree
  - In Toronto, it was higher, at 62%
- 16% were HIV-pos
  - In Toronto, it was higher, at 18%
Who Knows About TasP?

- We asked men in the Engage Study:
  - Before today, had you ever heard of the term “treatment as prevention”?
- About half (53%) of the men reported of hearing about TasP
  - In Toronto it was a bit higher, at 73% of men
- It is good that most men know the term
  - However, some guys might know the concept but the term “Treatment as Prevention” was new to them.
Where Did They Find Out About It?

**HEARD ABOUT TASP FROM**

- Toronto
- Vancouver
- Montreal

![Bar chart showing sources of hearing about TASP](chart.png)
Where Did They Find Out About It?

HEARD ABOUT TASP FROM

- Toronto
- Vancouver
- Montreal

<table>
<thead>
<tr>
<th>Source</th>
<th>Toronto (%)</th>
<th>Vancouver (%)</th>
<th>Montreal (%)</th>
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<tbody>
<tr>
<td>LGBT Media</td>
<td></td>
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<tr>
<td>Other Media</td>
<td></td>
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<tr>
<td>Personal Research</td>
<td>30</td>
<td>20</td>
<td>10</td>
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<tr>
<td>Others</td>
<td></td>
<td>5</td>
<td>10</td>
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</tbody>
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Who Did Guys Talk to About TasP?

- Among men who reported knowledge of TasP
  - 66% discussed TasP with friends or sex partners in the past 6 months
    - The percentage was similar in Toronto, at 64% of men
- This suggests that if you know about TasP, you are likely to be talking about it
What Did They Think About it?

- 86% considered TasP to be moderately to completely effective
  - Similar percentage in Toronto, at 85% of men
- This means that a lot of men are not that confident that TasP would work for them
  - Men who don’t believe it is completely effective *might* not rely on an HIV-positive guy’s viral load when deciding on what to do sexually (e.g., using condoms or not)
Breaking Down the Numbers

**TASP Effectiveness**

- Toronto
- Vancouver
- Montreal

- Not effective at all
- A little effective
- I don't have an opinion
- Moderately effective
- Very effective
- Completely effective

%
Take Home Points

- Most guys know about TasP
- They are learning about it from their own research and from friends
  - It is good that we are taking care of ourselves, but where is the health care system in this?
- Guys are not sure if TasP is effective
  - We should all make our own decisions as to what to do sexually
    - But TasP does work
What Do You Think?

- What strikes you about what we learned?
- What questions should we be asking about TasP in the future?
- Questions?
What are we learning from interviewing our participants?

REFLECTIONS FROM THE ENGAGE QUALITATIVE STUDIES

October 17, 2018

Mark Gaspar
Daniel Grace

Dalla Lana School of Public Health, University of Toronto
2 studies where we are conducting in-depth interviews

Canadian Blood Services Qualitative Study

Mental Health Qualitative Study
Interviews about Blood Donation

What do our participants think the blood donation process should look like?

Would they donate if they could?

47 interviews in Toronto, Montréal and Vancouver

Complements ongoing Engage Survey

“The blood ban didn’t just come out of nowhere. It wasn’t just this pure safety precaution. It came out of a history of violence against queer bodies and that doesn’t just go away. So I think accountability is really necessary. And yeah, you can’t just erase decades of stigma with one decision.”

(HIV-Negative, Vancouver, 20s)
What do we know about the Mental Health of Sexual and Gender Minority Men?

- Poorer mental health outcomes
- Higher reported usage of mental health services
- Higher reported discontent with mental health services
Interviews about Mental Health

- How are sexual and gender minority men understanding their mental health and their mental health service needs?
- What are their experiences of accessing mental health services in Toronto?

- 24 interviews with diverse Engage participants living in Toronto
- Have had experiences dealing with mental health challenges (severe or less severe, including issues with substances) and/or
- Have accessed or have tried to access services to address mental health needs
Key Areas of Analysis

1. Mental Health and HIV
2. Mental Health Care Access
3. Suicidal Ideation

Main Finding:

Financial concerns (job and income insecurity, debt, insurance benefits, affordable housing) were leading contributors to poorer mental health among the men we interviewed and the biggest barrier to mental health care.
Mental Health and HIV

- Positive implications of PrEP and undetectable viral load on mental health
- But PrEP and undetectable viral load unable to address the social and economic factors influencing mental health and fostering the HIV epidemic

“Well, I don't really talk too much about HIV [with my psychotherapist]. I'm talking more about why I have bad body image, why I, you know, panic at work sometimes, cause I think I'm in trouble and going to lose my job. And just nothing like that's happening and is it more other stuff. .... But like, the HIV thing seems not to be what my main issues are for seeing a psychotherapist. It's the other stuff.”

(PLWH, 40s)
Challenges of Accessing Mental Healthcare

Community-Specific Barriers
- Homophobic and transphobic service providers
- Trauma within mental health systems
- Providers without lived experience or cultural-competency

General Barriers
- **Cost of services**
- Logistical difficulties
- Wait times
- Emphasis on psychiatry and medication
- Conflict with providers
- Inadequacy
Challenges of Accessing Mental Healthcare

“And because at that time a lot of my anxiety was financially related, that became a trigger in and of itself. Like I want this [mental health] care, I feel like I need this care, but I can’t afford this care. And the fact that I can’t afford this care is making me a basket case. So that’s kind of the loop that I felt I was in.”

(HIV-Negative, 30s)
Social and Economic Determinants of Suicidal Thoughts and Attempts

- Economic factors as key contributors to poorer mental health and central accounts of suicidal thoughts and attempts

“Because I said, I’m going to give myself this amount of time to find a job, and if I don’t find a job at that time, at the end of that time, I’m going to commit suicide. And of course, that is what happened, I attempted suicide…”

(HIV-positive, 50s)
Acknowledgements

Community and Public Health Partners

- AIDS Committee of Toronto
- AIDS Community Care Montreal
- Alliance for South Asian AIDS Prevention
- Asian Community AIDS Service
- Black Coalition for AIDS Prevention
- British Columbia Centre for Disease Control
- BC Centre for Excellence in HIV/AIDS
- Centre hospitalier de l’Université de Montreal
- CIUSSS – Quebec
- Community Based Research Centre for Gay Men’s Health
- Gay Men’s Sexual Health Alliance
- Hassle Free Clinic - Toronto
- Health Initiative for Men
- HIV Prevention Lab - Toronto
- Maison Plein Coeur
- McGill University Health Centre
- Positive Living Society of British Columbia
- REZO – Montreal
- Vancouver Coastal Health
- YouthCO HIV and Hep C Society

Academic Partners

- Ryerson University
- McGill University
- University of Toronto
- Simon Fraser University
- University of Victoria
- University of British Columbia
- University of Windsor
- St. Michael’s Hospital

Our Funders

- Canadian Institutes of Health Research
- CIHR Canadian HIV Trials Network
- Canadian Foundation for AIDS Research
- Canadian Blood Services
- Ontario HIV Treatment Network
- Public Health Agency of Canada
- National Institute of Health
Counting serosorting among gbMSM in Canada: Why the numbers matter

Knowledge Translation and Exchange event, October 17th, 2018

What is serosorting?

- Selection of sexual partners based on HIV status

- Studies indicate that gbMSM are more likely to select partners of the same HIV status than of a different HIV status

- Used as a strategy to reduce HIV transmission risk, although findings on the effectiveness of this strategy are mixed
Serosorting involves:

- Knowledge & disclosure of HIV status (theirs and their partner’s)
- Repeated and frequent HIV testing

Now (short-term)

Then (long-term)
Advancing our knowledge

What’s missing?
- Limited studies which look at how common serosorting is among gbMSM
- Lack of Canadian-specific data

Our research questions
- How many gbMSM in Canada know about the HIV status of their sexual partners?
- Do gbMSM in Canada serosort? If so, to what extent?
Why does ‘counting’ serosorting matter?

HIV prevention strategies (e.g., PrEP)

E.g., Is there serosorting?

What could be their impact?

Require information about sexual behaviors

Predict using mathematical models
Who did we study?

1937 gbMSM $\geq 16$ years enrolled in the Engage study
Toronto, Montreal, and Vancouver
Feb 7th 2017–Aug 31st 2018

Excluded: 38 sexually inactive; 117 missing data on partner’s HIV status

1782 gbMSM
Median age 33 years
What did we ask?

Have you ever been tested to find out if you have HIV?

What was the result of your last HIV test?

1782 gbMSM

HIV-negative: 1338 (75%)
HIV-positive: 303 (17%)
Unknown: 141 (8%)
During the PAST 6 MONTHS, with how many guys have you had anal or oral sex with?

- **6 Partners**
  - HIV-negative

- **8 Partners**
  - HIV-positive

- **3 Partners**
  - Unknown
What is the HIV status of sexual partners?

- How many of them were HIV positive?
- How many were HIV negative?
- For how many did not know or were unsure about their HIV status?
Hypothetical: everyone knows partner’s HIV status and no serosorting

What should we observe?
Partnerships available at the population level

Sum up partnerships offered by each respondent

- **HIV-negative partner**: 72%
- **HIV-positive partner**: 24%
- **Unknown partner**: 4%
What did we find in the survey?
Most respondents do not know their partner’s HIV status

- 42% HIV-negative
- 32% HIV-positive
- 46% Unknown
And it depends on when HIV-negative individuals last tested for HIV.
Among those who knew partner’s HIV status:

- 87% HIV-negative
- 34% HIV-positive
- 87% Unknown

Recall: at the population level, about 75% partners are HIV-negative, 25% are HIV positive.
Summary

Most gbMSM do not know partner’s status

Especially those never tested, or tested negative a while ago

Those who do know -> Lots of serosorting
Implications

- **Know your own status** – getting tested frequently for HIV

- **Having a conversation** – talk about HIV status, sexual health, and strategies with your sex partners

- **Use condoms** – if you are uncertain about partner’s HIV status

- **For researchers** - incorporate the serosorting information into mathematical models
Thank you 😊
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Thank you! 😊