An Analysis of Pre-Exposure Prophylaxis and its Use and Abuse within the Gay Community

James Andrascik
Weis College House
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James Andrascik is a Biochemistry & Molecular Biology major and French minor from Pittsburgh Pennsylvania. Apart from academics at F&M he has been active in queer life at the college. After graduation he will be working for Eurofins Lancaster Laboratories eventually pursuing postgraduate work seeking to improve queer healthcare.
As I sat down to write this paper I racked my brain thinking of parts of my F&M experience from which I could draw ideas. There were a multitude of suitable topics close to my field of study however none which I desired to expand into an entire presentation. Then I remembered a quote I had read some time ago: “Don’t waste your time on obvious things. Write about what disturbs you; particularly if it seems to bother no one else.” (Stockett, 2009, p.83). For those of you who recognize this quote from The Help, you’ll agree that Elaine Stein was correct in her advice to Skeeter Phelan—especially when it comes to writing something worth talking about. So I took Ms. Stein’s advice as well, and I decided to write about something that many people have never heard of: PrEP and the disturbing trends associated with its use and application in the gay community.

Before explaining PrEP and defining a few other gay culture-related terms I would like to address the fact that the content of this paper, for many of you, is probably something you’ve never heard of or considered before. There are elements within this discussion, which may become inherently uncomfortable at times. However, it must be said. To begin, the history of PrEP must be explored.

The purpose and intent of this work is to elucidate the origins of PrEP, its use as a preventative measure, its efficacy, and the attitudes that surround its use. Also explored are the problems with PrEP based on its use and misuse in respect to its intent. Effective analysis of the problems with PrEP stems from historical and cultural stigmas surrounding HIV and AIDS as well as promiscuous sexual behavior. Solutions to the problems PrEP presents are suggested by supplying positive images in popular cultural and mainstream media and continuing education with regular testing and checkups. Understanding the origin and introduction of PrEP to the pharmaceutical market begins with the initial synthesis and intended usage of the drug.

PrEP (that’s capital P, lower case r, capital E-R) is the term for Pre-Exposure Prophylaxis. PrEP is a small blue pill branded Truvada (“U.S FDA Approves Gilead’s Truvada…”, 2004, p.1). Produced by Gilead Sciences, the drug is a fixed-dose combination retroantiviral medication composed of Emtriva (emtricitabine) and Viread (tenofovir disoproxil fumarate) (Perrone, 2012). August of 2004 marked the initial approval of Truvada by the U.S. Food and Drug Administration (“U.S FDA Approves Gilead’s Truvada…”, 2004, p.1). Both drugs in Truvada were initially used separately for a number of years in treating HIV-1 infection (“U.S FDA Approves Gilead’s Truvada…”, 2004, p.1). However, due to the complex nature of HIV treatment, combination regimens of multiple drug types are often required. Combining more than one drug into a single daily-dose pill increases the patient’s ability to adhere to the most beneficial therapy. Resistance to certain drugs and the necessary amounts of medication are dependent upon each treatment case and take into account multiple factors such as the patient’s viral load, HIV strain identity, and HIV type. There are six different HIV drug classes: non-nucleoside reverse transcriptase inhibitors (NNRTIs), nucleoside reverse transcriptase inhibitors (NRTIs), protease inhibitors (PIs), fusion inhibitors, CCR5 antagonists (CCR5s/entry inhibitors), and integrase strand transfer inhibitors (INSTIs) (AIDS.gov, 2015). Each drug class serves a different function and any number may be used in combination based on a patient’s individual needs. For the majority of this work, HIV-1 is addressed. HIV-2 is a different strain of the virus, which does not respond (and may gain resistance-associated viral mutations) to certain types of antiretroviral medications such as NNRTIs, PIs, and INSTIs (AIDSinfo, 2015). HIV-2 serves as a constant threat to those who take PrEP because it was designed to treat (and prevent) acquiring only HIV-1 (McCormack et al., 2016, p.53). After examining the history and initial intended use
of Truvada, moving forward in time to 2012 PrEP got a new U.S. Food and Drug Administration designation.

The NRTI Truvada was approved as PrEP in high-risk individuals who are likely to contract HIV on July 16, 2012 (“FDA Approves Truvada for Reducing…”, 2012, p.1). This was a new comprehensive approach to the prevention of HIV transmission in high-risk groups. The pharmaceutical trial of a standard PrEP regimen included a daily dose of Truvada as well as education on utilizing safe sex practices (condoms), risk reduction counseling, and regular HIV and STI testing (“FDA Approves First Medication to Reduce HIV Risk”, 2012, p.2). In order to be prescribed PrEP individuals must fall into a number of categories. At risk individuals include: HIV-1 negative men and transgender women who have sex with men and do not use condoms or know the HIV-1 status of their partner, have history of sexually transmitted infections, exchange sex for commodities, and use illicit IV drugs (“What is Truvada for PrEP?”, 2016). PrEP is also approved for individuals in hetero- and homosexual serodiscordant relationships (“What is Truvada for PrEP?”, 2016). This includes instances where one partner is HIV positive and the other is HIV negative (“What is Truvada for PrEP?”, 2016). When searching online for information on the efficacy of Truvada as PrEP there are numerous articles about how a daily dose has been shown to be 100% effective in preventing HIV-1 transmission. However these articles gloss over the fact that Truvada only prevents HIV-1 infection and HIV-2 and drug resistant mutant strains are a very real possibility (McCormack et al., 2016, p.53). But overall PrEP seems like a definite solution to a large component of HIV transmission—this is considering that HIV-1 is the main strain of HIV. However as initial trials progressed a major drawback and flaw to this apparent wonder drug became evident.

What the pharmaceutical designers and physicians did not anticipate was the unfortunately high rate of non-compliance with a portion of the recommended regimen of Truvada and the PrEP program. The largest portion of current PrEP users are termed MSM (men who have sex with men), this group also includes trans-women as well (“What is Truvada for PrEP?”, 2016). Beginning in 2012 the PROUD study was conducted on 544 participants in two groups—one group which received immediate treatment and a second group which was deferred for a year (McCormack et al., 2016, p.53). The study reported that there were three individuals who contracted HIV in the immediate treatment group of 265 participants and 20 individuals who contracted HIV in the deferred group of 247 participants (McCormack et al., 2016, p.53). These statistics are not surprising in their support for the efficacy of PrEP. Overall the contraction of HIV when PrEP is used in a compliant manner are significantly lower than when the participants were not taking PrEP despite the same high-risk behaviors and sex practices. However the rates at which both groups contracted other sexually transmitted infections gives pause.

Within the immediate test group, 152 of the 265 participants (57%) contracted another bacterial STI (McCormack et al., 2016, p.58). The most common were gonorrhea and chlamydia. Further, within the deferred group 124 of the 247 participants (50%) also contracted a bacterial STI (McCormack et al., 2016, p.58). Unfortunately, what this means is that there is no statistical significance between the two trial groups—because PrEP was never intended to prevent other infections. However, there is social significance to the high rates of STIs.

Consider the numbers. Both groups were composed of MSM individuals who had admitted to engaging to intentional unprotected sex in the past 90 days prior to beginning the trial (McCormack et al., 2016, p.53). There was absolutely no indication that their sexual habits
would change in the following year. Despite the continuing and persistent education for safe sex practices and STI prevention the high-risk men would not likely change any habits. These individuals were already engaging in risk taking behavior in terms of their sexual lives. The PrEP they were given was not seen as an additional method of prophylaxis and prevention to be used in conjunction with other safer sex practices. What PrEP was treated as, was a complete sexual liberation from the dreaded condom—essentially it was viewed as a free pass to stop worrying and fretting over contracting HIV. The rates of other STI infection serve as a sobering reminder of the flaws in the use and adherence of the original PrEP intent. Gay men face not only increased rates of chlamydia and gonorrhea but syphilis as well.

There is a significant indication that the rates of syphilis within the gay community are also increasing. This increase has been traced geographically and shows a disproportionate increase especially in gay men. Based on the current national trends in syphilis from the Centers for Disease Control, there has been an increase in infection among the MSM population (Syphilis, 2015). The trend has been relatively consistent for the past ten years with a more drastic increase in 2014 alone (Syphilis, 2015). This is alarming because in terms of the overall population that contracted syphilis, 89.2% were men who reported having male sexual partners (Syphilis, 2015, Fig. 41). The rates of syphilitic infection among men who have sex with women and women alone were relatively stable and significantly lower than the MSM population (Syphilis, 2015, Fig. 32). Even more startling is that these studies did not take into account the rate of infection with other viral STIs. Rates of HSV (herpes simplex II) and HPV (human papilloma virus) were not reported.

Gay liberation occurred from 1960 to the mid 1980’s. Gay sex was not stigmatized and shunned in the same way it had been prior. However in the early 1980’s HIV and AIDS swept through the newly liberated gay communities in major cities across the United States.

Drawing on cultural references, the reasons for unsafe gay sex have a basis in the initial movements advocating queer liberation. Sex between men was, for a very long time, a dirty act only tolerated out of public sight. One pointed example of the pride in open gay sex is made in the film The Normal Heart. The plot of the film is based in fact and real experiences of its author and playwright Larry Kramer. It focuses on the initial breakout of HIV/AIDS in the early 1980’s in New York City (The Normal Heart, 2014). One by one characters fall to the disease. The infection and mortality rate for gay men was portrayed as roughly 50%. Essentially one man (if not both men) from every couple in the film is infected and dies from HIV. Frenzy takes New York and “gay cancer” is a deemed a plague sent upon homosexuals. Heterosexual culture at this time viewed the gay population as sick and unstable, often gays were ostracized and made to feel like second-class citizens—especially those who had contracted HIV (Mill et al., 2010, p.1473). However no one believes it is transmitted by sexual contact with other men and condom use is universally refused. One scene focuses on the initial meeting at the main character’s (Ned) house with Dr. Emma Brookner. While there she suggests that gay men must protect themselves many walk out citing that they fought for their freedom to have and enjoy sex (The Normal Heart, 2014). While this example may seem dated and contrived there is a significance behind it that cannot be denied. This was the past. The frightening concept that half the men one may know might die is something that scared many men for good—usually for the rest of their lives. That’s where the discrepancies between the gay men who fought for equal rights to love who they wanted and they gay men of today occur.
History is history for a reason—it is to be learned from so as not to repeat it. However what more than half of Truvada users are doing involves blatantly ignoring history. What the AIDS epidemic ultimately taught gay men was to protect themselves. Those who avoided HIV infection during the 1980’s became careful advocates of safe sex and many still have not contracted HIV. David Halperin presents many cases and reasons gay men forego condoms in his essay: “What Do Gay Men Want?”. Halperin quotes the narrator of a memoir by Kirk Read:

I grew up post-AIDS, where I wasn’t privy to some generational collective memory of what it was like before the epidemic. I knew it felt better. I mean, that’s the dirty little secret of bareback sex, the thing nobody ever says out loud. It feels better. You feel more connected to the person you’re with, the friction is smoother, there’s a sort of abandon that’s intoxicating.

The Centers for Disease Control never includes that basic, obvious truth in press releases. It feels better (Halperin, 2007, p.25).

This excerpt shows several attitudes of the younger gay generation that did not live through the initial AIDS epidemic. There is no connection to the original events and ravages of AIDS. The loss of the collective memory and bond that binds gay men together was broken for an entire time period. In addition to this, the subsequent advent of medications for its treatment, HIV was not the death sentence it had been—simply pop a pill for treatment and there is no consequence. Read also brings up the dirty little secret of bareback: it just feels better (Halperin, 2007, p.25). With sex people often get lost in the moment. There is no reason that anyone should be expected to become more rational in the moment of coitus. This is not a matter of shame—it is often simply sex and getting caught in the emotions. The acceptance of one another for gay men often does revolve around sex and physical intimacy, and bare sex can be seen as presenting a greater level of intimacy in a culture that may be vain and centralized on pleasure and immediate gratification. However, the concept of bareback sex does have two definitions. The first instance occurs as Read implies, in the moment. The second definition involves deliberate, intentional, and unprotected sex between partners who may not know or disclose their serostatus.

In terms of the second type of bareback, sex men give any number of reasons for abstaining from condoms. Kane Race has conducted a vast amount of research on gay men and attitudes towards unsafe sex. Halperin aptly summarizes Race’s studies in his essay citing the most common reasons men give for unsafe sex. Those reasons include the above as well as “erectile difficulty or frustration with condoms; [...] ; slipping up; mistaken assumptions about one’s partner’s HIV status; [...] ; not knowing how to introduce a condom; being drunk or out of it on drugs; forgetting; an accident” and this list is not exhaustive (Halperin, 2007, p.52). Many men who plan barebacking in this way explain their rationale based on the fact that they are taking PrEP. It becomes the catchall excuse that justifies the means for having reckless sex without though of any number of other STIs. Unsafe sex is a choice and acknowledgement of risk on the part of anyone who should decide to take it. However to employ PrEP as the only means of protection is foolish and an attribution of invincibility that many gay men make once on the drug. Further, medically, once an individual (homo- or heterosexual) has contracted an STI of any kind there is an increased chance to contract another—this essentially creates a revolving door in the gay community where casual sex is often the norm Holt et al. drew these conclusions as well and cautioned presented gay men as a demographic that would approach the use of PrEP with caution (Holt, 2012, p.258). However the existence of circuit parties and other club scene events also take place and become a breeding ground for bareback sex as well as
heavy drug use. White and Black Parties (these are two different examples of the circuit parties mentioned above that are notorious for very heavy drug use) serve as a constant source of risky choices and often provide environments where decision-making may be impaired. Men who have frequented either of these parties often joke about taking two weeks to recover because they do not or cannot remember what happened during the event. Shockingly, there are even subsets of gay culture where HIV transmission is a fetish.

A small subpopulation of the gay community does actually participate in fetish play involving intentional and hyper sexualized transmission of HIV from an infected to an uninfected partner. Halperin comments on certain fetishes called bug chasing and gift giving (Halperin, 2007, p.33). Bug chasers are individuals who are HIV negative and seek to be “infected” by an HIV positive individual. Gift givers play the opposite role where an HIV positive individual “infects” an HIV negative individual (Halperin, 2007, p.33). This activity is usually consensual and the HIV negative partner may be utilizing PrEP in order to avoid the actual infection while still getting the thrill of being “injected” with toxic sperm. This behavior is largely seen as a deviant portion of fetish culture however, for those that participate in it, it is a lifestyle and is often accompanied by signal tattoos (such as the biohazard waste symbol) and other methods of branding (hanky code) to notify others of the specific interests in high-risk fetish play. This may seem like severe self-deprecating behavior and extremely risky—it is. Fetishes cannot always be explained rationally, consider sock, underwear, or furry fetishes, they do not have to make sense. Pleasure and sexual gratification do not have a specific on or off switch, and the actual pleasure can have any number of different triggers. There is even some evidence that states it may simply be the hardwiring of the brain or that there is a certain primal instinct (and thusly natural selection may be working on these members of the population who take increasingly high risks). Again, in no way were these comments to be taken in terms of shaming any group of individuals. But alarmingly, darker versions of these fetishes do exist.

A further subset of gay men who partake in bug chasing fetish play do participate in “ghosting” which is the deliberate sabotage of a condom or other prophylaxis in order to purposefully infect someone with HIV without their knowledge (Halperin, 2007, p.33). Often the penetrative partner will cut the tip of a condom before having intercourse. This may be done without the knowledge of the receptive partner—in that case knowingly transmitting HIV is illegal. There is relatively little study on this phenomenon—most of the reasoning for these claims come from very deep and very dark portions of the website Tumblr which shuts down illegal depictions of sex frequently. To counteract the responsibility of informing partners of serostatus many gay men will avoid being tested for HIV to create a security blanket of plausible deniability. These practices may be due, at least in part, to the shift of the pornography industry away from condoms.

Barebacking was popular in pornographic films prior to the mid 1970’s and early 1980’s. But with the emergence of HIV, condoms and other prophylactics became the standard attire for pornographic film participants. This trend continued until the late 1990’s. After 2000 several studios such as Treasure Island Media, Lucas Entertainment, Bel Ami, and Sean Cody produced bareback pornography almost exclusively. Some studios tested their models for HIV and others, such as Hot Desert Knights, assumed all their models were HIV positive and did not require disclosure (Adams, 2002). Studios, such as Sean Cody and Bel Ami, require regular STI testing of their models and provide disclaimers at the beginning of each of their films about the risks of bareback sex (BelAmi Video on Demand, 2008). Bel Ami does still produce videos with
condoms depending on the requests of the performers (although pornographic studios do pay more for bareback work). These are only a few historical examples of safe sex policies. There are new studios that are generating bareback pornographic films under a variety of names that seem to have no real protocol for ensuring the safety of their models and even include disclaimer statements that there is no real testing procedure. In searching for, and uncovering, the testing procedures of numerous websites, there was one that stood out amongst the rest—Sketchy Sex. This website provides no information on the testing of their subjects and often involves anonymous sex between multiple men with no indication of any HIV or STI status. This is the disclaimer the website provides:

Me and my roommates are sex addicts. Addicted to big cocks. Our cum dumps are hungry 24/7. So keep your judgements [sic] to yourself. We met while working in the porn biz here in Cali. That's when our addiction got really bad. Now we spend all day cruising the internet [sic] looking for another big dick. None of us have jobs anymore. But were [sic] not stupid. We used our porn business connections to create this website. We regularly post videos of our hookups on the site, so we can make a few bucks. So if you like the vids, try joining the site and help keep our cum dumps full (“Sketchy Sex – About Us”, 2014).

There is no reference to testing here nor is there any reference to testing in the videos themselves. The alarming pattern here is becoming more popular with new studios and websites appearing and gaining momentum on the Internet. Sketchy Sex and other sites like it present images many find alluring and attractive because the subject matter and attitudes are taboo but they are also inherently guilty of normalizing the behavior they depict (“Sketchy Sex – About Us”, 2014). The reviews of this and other sites are generally rated very highly in terms viewer approval and satisfaction irrespective of the blatant unsafe and risky behavior centralized in the films. Despite all the unsafe sex, whether testing is required or not, many well-known pornographic models are also advocates of PrEP.

The pornography produced by bareback studios involves contracted actors who usually work solely for one company. Yet a number of those actors also appear in advertisements for PrEP, which can be seen as propagating the problem of unsafe sex while using Truvada. The most prominent of these performers is JD Phoenix who appears in a Truvada commercial distributed in New York State (Zach, 2015). He is employed by Treasure Island Media and has admitted to an ongoing addiction with crystal meth (Zach, 2015). He even tweeted about his eagerness to be bred in the future. The tweet reads: “Going RAW.. Let’s make a splash! Hopefully a cum filled one. I’m not waiting a moment longer for some other cum whore to take a load of mine.” (Zach, 2015). This is problematic for several reasons. The actual commercial tag line is “I like to party” right before Mr. Phoenix pops his daily dose of Truvada into his mouth. This depicts Truvada as little more than a reactionary party drug to the inevitable end that unsafe gay sex is going to happen to gay men who party. Not to mention the double standard he states at the opening of the commercial declaring that men who sleep with a lot of women are “studs” while men who sleep with a lot of men are “sluts” (Zach, 2015). The commercial also condones slut shaming in a very bold and blatant way. This multifaceted presentation of PrEP reinforces the stereotype that it is simply a party drug used in random hook up culture bent on constantly fucking raw. This irresponsible depiction coincides with the hashtag #TruvadaWhore. While this
is the most widespread advertising campaign, but there are other media outlets that discuss PrEP in a much more positive light.

Both HBO’s Looking, and ABC’s How to Get Away with Murder have plot lines surrounding PrEP and its efficacy. Looking’s character Augustin first learns about PrEP at a Halloween party from his friend Brady—he listens and takes careful note and gains insight about how PrEP prevents HIV transmission. Later on another character, Eddie who is HIV positive, accidentally ejaculates into his eye. This severely disturbs Augustin who believes he is in “crisis mode”. He seeks advice from Dom. Dom’s response: “You’re not in crisis mode, but there is a possibility you may not be equipped to date someone who is HIV-positive. It’s not 1994. Just go on PrEP and get over it.” (Jacobs, 2015). This is a case of treating HIV sexuality with respect, honor, and integrity—something that rarely happens in the media. This is the message of Truvada, that an HIV negative partner can take a stand and ensure the sexual health of himself and the sexual health of his partner. Damon Jacobs, a licensed family and marriage therapist, puts it best as he summarizes the meaning of this chain of events. He asserts that the show’s message is incredibly powerful. Essentially saying that if you are the HIV-negative person experiencing a crisis every time a mistake occurs then you are the half of the partnership with the problem. The HIV-positive partner is not the one with the problem. Their job is not to feed into your crisis drama and coddle or reassure you (Jacobs, 2015). He summarizes it best by saying, “It is your job to educate yourself, take responsibility for your sexual health, and get on PrEP if you’re terrified about getting spooge in your eye, or anywhere else” (Jacobs, 2015).

Continuing in the same vein, ABC’s How to Get Away with Murder was the first primetime network television show to discuss PrEP openly. Shonda Rhime’s characters Connor and Oliver have begun a serious relationship and the couple is serodiscordant. Oliver has contracted HIV and Connor wants to be with him—he loves him. Connor, as a result, decides to use PrEP. Oliver expresses some doubt as to whether or not Connor would want this [indicating himself]. Connor countered simply with “I’m on PrEP” (Vasilic, YouTube, 2015). This representation was groundbreaking. PrEP was exposed to massive numbers of fans. The viewer count for the second season premier was 8.38 million—that’s a great deal of exposure (Kondolojy, 2015). It is critically important that this use of PrEP is shown, perhaps helping to counteract the stigma of ad campaigns like that of JD Phoenix. These shows take on the stigma of HIV by providing human dignity to people who have HIV—this is groundbreaking mainstream media and television. This was another case of appropriate treatment and an invaluable moment of education for a large group of people who may know little to nothing about PrEP or the realities of living with HIV. Regardless of media portrayal, the stigma of PrEP is real, and the gay community remains polarized on its use.

Many members of the gay community use social apps in order to hook up and have sex. Grindr and Scruff are two examples. Many individuals will post on one or both that they are on PrEP. Often Grindr profile bios will include “On PrEP (#TruvadaWhore)” in order to convey that these men are both on PrEP and looking to have “no-strings-attached” bareback sex. Scruff actually has a pre-selectable option for the “My sex preferences & safety practices” section where PrEP a choice. Just take a moment to consider the risk of bareback sex with someone you have never met who you may have just started to talk to minutes, hours, or days ago. Their rationale for unsafe sex is “Oh it’s ok, I’m on PrEP”. This is alarming because it automatically brands and labels visible PrEP users and shows them in a controversial and promiscuous light. If they are the only visible PrEP users then PrEP subsequently gets a bad reputation because of
their visible use (and abuse). Often when other gay men discover someone is on PrEP they are labeled an immediate whore, no further questions asked.

This phenomenon happened during a phone call to a friend after mentioning the subject of this work. He immediately took the stance that if your partner doesn’t have HIV you shouldn’t need to be on PrEP. He further expounded this by stating that unless that were the case, you are a whore. It was shocking to see firsthand the harshness that some gay men have towards one another and casual sex. Despite this, when used as intended—as an extra line of defense—the efficacy of PrEP is unbeatable. But the minute condoms are removed from the equation there is a breakdown in its usefulness. There are other STIs besides HIV-1 some of which are incurable. PrEP is not a license to play Russian roulette with sex, but it is another tool of protection, which is invaluable in the preventing the spread of HIV-1. Believing in the importance of protecting oneself is the first step, and following through with careful monitoring and continued education. Unsafe sex in the gay community is absolutely a problem, and PrEP is the beginning of a solution coupled with other prophylactic measures. As Bea Arthur once screamed on prime time television, “Condoms, Rose! Condoms, condoms condoms!” still applies.

I urge all of you to look into PrEP. Tell your friends, tell your colleagues. It doesn’t just work for gay men—it confers protection to heterosexual individuals as well. As Ms. Stein said, “Write about what disturbs you, particularly if it disturbs no one else” (Stockett, 2009, p.83) Hopefully I have brought something to your attention that disturbs you and deserves to be talked about.

References:

Adams J.C. (2002). The Adams Report: The GayVN Awards Show Highlights. Quotes Jackson Price, the then director of casting for HDK, as saying, "we assume everyone is positive," and as implying that HDK did not require disclosure of any model's HIV status. (This report no longer appears to be available online.)


“FDA Approves Truvada for Reducing the Risk of Sexually Acquired HIV Infection.”


PrEP Use and Abuse


