Moving Forward with PrEP:
Findings from Community-Based Research with Queer Men in Metro Vancouver
Executive Summary

Between July 2018 and March 2019, we conducted qualitative semi-structured interviews with queer men to understand their experiences accessing and using HIV pre-exposure prophylaxis (PrEP) in Metro Vancouver. We used community-based approaches that engaged young queer men at every step of the research process, and partnered with university researchers who provided mentorship and academic support along the way. We use illustrative de-identified quotes to present the findings from our research in the words of our participants.

Our analyses explored a range of themes and experiences across the PrEP pathway, including: where queer men seek information about PrEP, interactions with healthcare providers, how PrEP affects sexual decision making and harm reduction practices, stigma and HIV-related anxiety, and reasons for stopping PrEP. In doing so, we identified strengths in the current system of care, as well as many important barriers that continue to impede access to this HIV prevention option.

Participants noted that the public program which provides PrEP at no cost to clients was highly significant in decision making behind using PrEP. Participants also expressed preferences for accessing PrEP at specialized sexual health centres, such as Health Initiative for Men (HIM), which were considered highly culturally competent and convenient.

On the other hand, some participants experienced challenges navigating the public PrEP program, as it was unlike accessing other prescription medications or HIV prevention options. One clinical screening tool used to assess clients for eligibility in the public program was viewed by participants as stigmatizing and disempowering. Participants also noted important challenges when discussing PrEP with their existing healthcare providers, who were sometimes unfamiliar with PrEP or perpetuated stigma in healthcare settings.

When using PrEP, participants described a range of benefits to their mental health and sex lives. In particular, PrEP enabled some participants to have the sex they want and alleviate HIV-related anxiety that may have informed their sexual decision making before PrEP or contributed to HIV-stigma. Some participants also described lower condom use and increased number of sexual partners while using PrEP, although increased testing for HIV and other sexually transmitted infections. Reasons for stopping PrEP included concerns about side effects, entering into a monogamous relationship, or if it were no longer free.

Our report concludes with actionable policy recommendations to improve the system of care for queer men. We call on decision makers to simplify the enrollment process for the public program, to keep PrEP free for queer men in British Columbia and expand access to publicly-funded PrEP across Canada. We call on healthcare providers to address stigma in healthcare settings and to increase awareness about PrEP among primary care providers. This report was written by members of Vancouver’s Investigaytors program, a community-based participatory research program for young queer men.

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To learn more about Investigaytors, visit: www.cbrc.net/investigaytors

We respectfully acknowledge that the Investigaytors are privileged to work on the traditional, ancestral, and unceded territories of the Musqueam, Squamish, and Tsleil-Waututh peoples.
This report was written by members of a community-based participatory research group known as the Investigaytors. Together, in partnership with the Community-Based Research Centre (CBRC), BC Centre on Substance Use (BCCSU), University of Victoria, and Health Initiative for Men (HIM), we conducted qualitative interviews with queer men\(^1\) to learn about their experiences accessing and using HIV Pre-Exposure Prophylaxis (PrEP). We also inquired about our participants’ interactions with the healthcare system, their sexual health and wellbeing, and their decision-making behind using this HIV prevention option.

PrEP is a daily oral medication\(^2\) that is highly effective at preventing HIV. Used alone, PrEP does not prevent other sexually transmitted infections (STIs) such as chlamydia or syphilis. In British Columbia (BC), Canada, PrEP is available free through a public PrEP program for people at increased risk of acquiring HIV, including queer men\(^3,4\). Despite being free for queer men in BC, we know that many important barriers still exist to accessing this medication.

Accessing PrEP is not like other prescription medications, and involves several appointments with a healthcare provider, laboratory tests, and picking up the medication at a central location or arranging it to be sent to a medical office outside of Vancouver. In addition to navigating a complicated healthcare system, queer men may also experience anticipated and enacted stigma related to sexual orientation or behaviours from healthcare providers, friends, or family. Finally, because PrEP is relatively new (PrEP was approved by Health Canada in 2016), some healthcare providers may still be unaware of this HIV prevention option. By interviewing queer men accessing PrEP through the public program in BC, we have identified barriers in the system of care in order to reduce sexual health inequities and improve access to PrEP for those who want it.

\(^1\) We use the term “queer men” to describe ourselves, our participants, and members of our community. This includes gay, bisexual, queer, non-binary, trans, and Two-Spirit people.

\(^2\) HIV PrEP is a combination of two antiretroviral medications (Tenofovir and Emtricitabine).

\(^3\) Eligibility for publicly-funded PrEP is determined by meeting one of several criteria associated with an increased risk of acquiring HIV. One tool used to determine eligibility is a brief questionnaire known as the HIV Incidence Risk Index for Men who have Sex with Men (HIRI-MSM) (see page 27 to view the HIRI-MSM, and page 13 to read an analysis about participants’ experiences with the HIRI-MSM).

\(^4\) As of January 1st, 2018, PrEP has been available at no cost to clients through the BC Centre for Excellence in HIV/AIDS’s Drug Treatment Program. For years previously, PrEP was available for some Indigenous people through the Federal Non-Insured Health Benefits, although very little was done to make individuals aware of this option.
This research took place in Vancouver, Canada. We purposefully recruited a diverse sample of queer men to participate in this study. Participants were recruited through social media advertisements (e.g., Facebook), study flyers, postcards displayed in HIM sexual health clinics, and through healthcare providers who informed participants of the study. Participants provided written informed consent and were compensated $30 for their time.

Between July 2018 and March 2019, we conducted 28 in-depth qualitative semi-structured interviews that lasted between 30 to 75 minutes. Interviews took place in private spaces in locations across Metro Vancouver, including HIM sexual health centres, a research study office, and a public library. Interviews were led by an experienced qualitative interviewer from the BCCSU or the University of Victoria, and several of the interviews were co-facilitated by a member of the Investigaytors program. Participants were asked about topics related to experiences accessing PrEP through the public PrEP program, discussing PrEP and sexual health with healthcare providers, stigma related to PrEP use, and sexual health information seeking. Participants could skip any questions they did not feel comfortable answering. Participants also completed a brief sociodemographic questionnaire.

Interviews were audio-recorded, transcribed verbatim, and anonymized according to a pseudonym chosen by the participant. Interview transcripts were managed using NVivo 12 qualitative data management software, and an Investigator was hired to code the interview transcripts according to a predetermined coding scheme. Data analysis was led by the Investigaytors using thematic analysis, which is a method of identifying and reporting patterns (themes) within the data. This process involved reading, re-reading, and reflecting on the content of the interviews. Emerging themes were interpreted and refined by the Investigaytors during weekly meetings.
Results: What did we find?

Our participants ranged in age from 20-54 years old. Most of our participants self-identified as white (77%), gay (88%), and cisgender (93%). Complete demographics for our sample are presented in Table 1. Next, we present a series of qualitative thematic analyses, each led by a member of the Investigaytors program on a unique topic chosen by the author. Every analysis is summarized with key takeaways, and the report concludes with actionable recommendations for policy-makers that we believe could improve access to this highly-effective HIV prevention option.

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<th>Participants</th>
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<td>Grey-sexual</td>
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3/4 identified as White

90% had completed at least university

4/5 were under 35 years old
The Ties That Bind Us

**Being born into a traditional immigrant family,** I never had the ability to talk about my sexuality with anyone, let alone my sexual health or PrEP. This changed rapidly after I connected with other queer men in university. Through nights of heated discussion, I discovered that my friends had different avenues for sexual health information seeking, and consequently had different perceptions about subjects such as PrEP. This led me to my research question: How do queer men seek information about PrEP?

**Friends**
Participants cited friends as their main source of information. Their perceptions of PrEP were heavily influenced by their friends’ biases. Participants shared experiences of friends serving as either advocates and detractors for PrEP use, resulting in polarizing opinions of PrEP. Friends clearly served as an important and often positive source of information about PrEP:

“I talked to a friend who was on PrEP before it became covered by the government... it was my first kind of like understanding of like what exactly is PrEP.” (Peter, 28)

Peter’s friends were uniquely positioned to provide tailored and relevant sexual health information. Other participants, however, brought attention to how their friends used negative and stigmatizing language when discussing PrEP:

“I mean, people make jokes. I’ve heard some jokes. But I don’t… I think it was mostly jokes.” (Hector, 29)

While Hector never explicitly states being stigmatized by his friends, his defensive language and pauses indicates a degree of discomfort. To rationalize this stigma, he brushes off his friends’ comments as jokes. Ultimately, Hector may be less open about his PrEP use because of the stigma his friends associated PrEP with.

by Stephen Juwono
Sexual Partners
Sexual partners were another way that participants reported seeking information about PrEP.

“Um, I found out about it [PrEP] through [my partner] actually. When I was dating – he’s positive so the topic came up.” (Patrick, 25)

His decision-making around using PrEP was informed by his partner who is HIV-positive. However, other participants noted the role that PrEP plays in choosing a sexual partner.

“Mm… well, on Grindr it says, right? Like, negative and on PrEP. So yeah, I think I do look for it. Yeah.” (Paul, 26)

As Paul referenced, several dating apps display “PrEP status” which encourages discussion about PrEP with potential sexual partners, often in advance of meeting up. Sexual partners are not only an important source of information for learning about PrEP, but that “PrEP status” has become something that queer guys may consider when meeting potential sexual partners.

Family
Unlike friends and sexual partners, family was not viewed by participants as an appropriate source to seek information or discuss PrEP. Participants frequently referenced coming out to family as a barrier to discussing PrEP.

“…your parents, it’s like yeah, I don’t want to tell you about my sex life. But also, my parents aren’t fully accepting of the fact that I’m gay, so it’s like, I don’t want to add more fuel to the fire. And they probably don’t even know what this [PrEP] is, so like what’s the point, type thing.” (Tom, 24)

Key Takeaways
- Friends act as an important source of information and can both negatively and positively impact perceptions and uptake of PrEP.
- Sexual partners and dating apps help facilitate how some queer guys choose their sexual partners and negotiate sexual decision-making (particularly online).
- Family is seen as an inappropriate part of one’s network for discussing or seeking information about PrEP.

“I talked to a friend who was on PrEP before it became covered by the government.. It was my first kind of understanding of like what exactly is PrEP”

~Peter, 28
PrEP! It's Here! It's Great for Many Queers - But it’s Not As Accessible as it Could Be

When PrEP became available in BC, sexual health clinics, such as Health Initiative for Men (HIM), experienced significant demand with clients wanting to access PrEP. While many people in BC do not have an existing clinician, some do and I wished to investigate why participants with a clinician would utilize specialized sexual health clinics and potentially wait for weeks because of limited capacity over seeing their existing clinician. Understanding why a client would avoid seeing their clinician could identify gaps and improve primary care for queer men.

Participant Fear of Judgement

Many participants cited anticipated homophobia, stigma, and queer cultural competency as reasons to not access PrEP through their existing clinician. Accessing PrEP requires disclosure of sexual orientation or behaviours, which causes immense stress for some participants and can even deter them from utilizing their existing clinician for PrEP or sexual healthcare.

“HIM was like the sort of easier alternative. Like I have my family doctor here. I don’t know how he’s going to.. I don’t know how he’s going to react. Now I can just go to HIM and it’s, you know, you don’t have to worry about that.”

(Hector, 29)

Utilizing sexual health clinics for PrEP access results in potentially having to wait for weeks for an appointment instead of accessing PrEP through their own clinician. This fear results in a client’s existing clinician to be an underutilized resource.

MSM Healthcare Competency Concerns

Participants also expressed concern that their clinician would lack awareness of PrEP or knowledge on queer healthcare. Participants worried clinicians would not understand how accessing PrEP works in BC as the PrEP process is different than other prescriptions.

by Scott MacLaren

Investigaytors: Moving Forward with PrEP 6
“I don’t know how [my GP’s] going to react. Now I can just go to HIM and it’s, you know, you don’t have to worry about that.”

~Hector, 29

“I guess one downside is like, I’m educating my family doctor on this. But like there might be information that I don’t know about that, you know, these doctors here at the HIM clinic might have. So it’d be nice to have that kind of conversation with them rather than like “here sign my form. I need you to do this.” (Patrick, 25)

Clients are looking for an authentic experience with the healthcare system. They are not looking to walk into an office, acquire a prescription and walk out. They are looking to build a relationship with clinicians they feel are engaged and up-to-date on PrEP. Without this rapport, many could continue to rely on sexual health clinics.

Protecting Your GP from being Uncomfortable

Some participants also took into consideration their clinician’s comfort-level speaking about sexual health and PrEP. These participants did not want to make their clinician feel uncomfortable by presenting them with queer healthcare needs.

“[Doctors are] used to seeing like families with babies and elderly people talking about their arthritis and then all of a sudden you’re throwing this PrEP gauntlet at them.” (Chase, 40)

Participants understood PrEP or queer health issues were not typical clinical topics for some clinicians and did not want to burden their clinician. It is unreasonable to expect queer men to feel that their health concerns are lesser than a clinician’s comfort.

Until our healthcare system can address stigma and clients’ fear of judgement, increase queer specific healthcare competency, and make queer men healthcare needs feel valued, clinicians will be underutilized and will further the burden on sexual health clinics.

Key Takeaways

• Queer men anticipate homophobia and discrimination in mainstream healthcare settings, so many prefer specialized healthcare over seeing their clinician.
• Lack of knowledge on queer healthcare is a significant concern for the queer community.
• Queer men want a more engaged and ongoing relationship with their clinician but have concerns about stigma and judgement from their clinician, and making their clinician uncomfortable by bringing up queer specific issues.
Drivers of Queer Men’s Preference of Model of Care for Accessing PrEP

In BC, many queer men choose to access PrEP through HIM, which is limited in their capacity to meet these growing needs. Others access it through their Family Physicians, General Practitioners at walk-in clinics, or Nurse Practitioners. Understanding what factors contribute to queer men preferred model of care for PrEP can contribute to improving these services for those who need PrEP.

“Safe and convenient space”: Specialized Sexual Health Clinics
Several participants reported feeling more comfortable discussing sexual health and PrEP as a strategy for HIV prevention in specialty sexual health clinics.

“Being in the HIM clinic, you’re getting tested anyway for STIs, that’s kind of the right opportunity to talk about that sort of stuff (accessing PrEP).” (Chase, 40)

Participants felt that their encounters with healthcare providers were unbiased, which contributed to their sense of safety.

“I still had the decision, I could say no. It felt comfortable.” (Robbie, 29)

Overall, the majority of queer men regarded specialized sexual health clinics as a safe space for discussing the potential use of PrEP. Participants also found that HIM clinics were equipped with resources to support them through the decision-making and subsequent enrollment process.
“Not always in the know”: Family Physicians

Some participants reported that they were hesitant to discuss the potential use of PrEP with clinicians due to perceived lack of queer competency and familiarity with PrEP.

“I probably wouldn’t go to a Cis het [heterosexual] GP. Because they tend to not be up to date about queer health needs.” (Blake)

However, some participants recalled positive experiences with their regular clinicians/GPs.

“He was very cooperative and he could relate to why I would need to be for PrEP”….“not negative or judgmental.” (DJ, 30)

In terms of preference between accessing PrEP from their GP/clinician and walk-in clinic, respondents generally preferred discussing such matters with their existing clinicians, due to the familiarity they have. However, a majority preferred accessing PrEP through specialized health services. This highlights the importance of expanding the current capacity for sexual health clinics like HIM clinic to provide PrEP, and adopting characteristics from these specialized sexual health clinics into clinician offices and walk-in clinics. This could include cultural queer sexual health competency, offering regular sexual health testing, and flexible appointments.

Key Takeaways

• While the majority of participants preferred services that specialized in providing care for queer men (e.g., HIM clinics), a notable subset of participants wanted or needed to access PrEP through other means.
• Participants who accessed PrEP through their clinicians preferred it to walk-in clinics due to familiarity built up over time.
• These findings highlight the urgent need for clinicians to become proficient in the provision of PrEP-related care and cultural competency.

“Being in the HIM clinic, you’re getting tested anyway for STIs, that’s kind of the right opportunity to talk about that sort of stuff (accessing PrEP).”

~Chase, 40
As PrEP use continues to increase among queer men in BC, particularly outside of Vancouver’s Lower Mainland, differences between healthcare provider knowledge and awareness of PrEP may exist. The potential for incomplete information to translate onto clients accessing PrEP through various outlets can be provider dependent. As a future clinician myself I was interested in those knowledge gaps that clients may have experienced when accessing PrEP.

**Flow & Access**

Participants in the study understood the general outlined procedure for accessing PrEP in BC. However, some participants were confused about the follow-up procedures after enrolling in the PrEP program.

“And I think, because I don’t know the flow… does it go to the doctor and then… so that type of stuff, you know what I mean?” (Rahim, 48)

**Risk Stratification Using the HIRI Score**

The majority of the participants recognized the HIV Incidence Risk Index for men who have sex with men (HIRI-MSM) and the questions that were asked during their PrEP enrollment process. However, participants were confused as to why they were being assessed for risk at all.

“It was like WTF, you know, my first reaction was like, what does it matter in the end, you know, if you’re high risk or low risk? That was my initial reaction and I thought, well what kind of decision – are you fastening up the process if I’m high risk of getting me PrEP? Or if I’m low and it takes four months? What is the purpose of this?” (DJ, 30)
“And I think, because I don’t know the flow… does it go to the doctor and then… so that type of stuff, you know what I mean?”

~Rahim, 48

Understanding the Side Effects of taking PrEP

Like many medications, there is a possibility for side effects to occur. However, one participant was concerned about being unable to identify abnormal symptomologies while on PrEP. His anxiety around experiencing side effects related to PrEP stemmed from his personal need for more PrEP education.

“Well. I didn’t have any of that so is something wrong, you know, what’s going on? I would have liked a bit more education of what I was meant to expect and a likelihood of having a side-effect because it’s been an absolutely painless process for me. So at one point I thought, well is it working because I don’t know what’s happening right now?” (Jose, 23)

Discussion

The onboarding process for PrEP and maintaining eligibility for refills is a more complex process compared to other medications. Therefore it is critical to have the resources for clients to access that summarizes the steps clients should take when accessing PrEP for the first time, refills and follow-up diagnostics. While many queer men PrEP users are familiar with the HIRI-MSM score, not all PrEP users understand the dimensions of HIV-risk assessed through each question on the HIRI-MSM. Clinicians have the unique opportunity to use each question on the HIRI-MSM as a guiding point for further client-centered engagement in risk reduction strategies. PrEP users are mostly familiar with the side effect profile of taking PrEP. Clinical interactions should engage PrEP users on early signs of side-effects and potential therapeutic agents to help mitigate symptoms in order to promote adherence.

Key Takeaways

• Accessing PrEP is not a straightforward process, some PrEP users are still confused about how to start the PrEP program and stay enrolled.
• The HIRI-MSM is used to measure HIV risk but the HIRI-MSM can also be used to start broader conversations around harm reduction.
• PrEP has a common side-effect profile, and some respondents were anxious about experiencing side-effects for the first time.
Queer Men’s Perceptions of the HIRI Score: Opportunities for Improvement

Queer men are disproportionately affected by HIV and are a key population poised to benefit from PrEP. The uptake of PrEP by the queer community has put increased pressure on healthcare providers and practitioners on how to best serve queer communities.

The HIRI Score was created as a validated measurement tool in assessing an individual’s risk of acquiring HIV. The questionnaire asks highly sensitive questions about an individual’s experiences regarding drugs and sex. Participants’ perspective could provide valuable insight into how practitioners can optimize the risk assessment process.

Responses from participants generally fell into two categories: with one being *Indifferent*, and the other being *Understanding but Discontent*.

**Indifferent**

A subset of participants seemed indifferent in their responses, which indicate that they did not feel strongly about the HIRI Score one way or another.

“My doctor didn’t really ask about my sexual history or anything. I just told him like, ‘Oh, I have sex with men. I did that risk stratification thing myself and I’m high risk, so if you could fill it out for me.’ Overall, no. There wasn’t any issues with it.” (Tom, 24)

It seems that their compliance saw the HIRI Score as a justifiable means of measuring their own risk.

“I filled [the HIRI] out, yeah... I wasn’t surprised by anything... I think I was like, the lower-risk... spectrum of things... It didn’t make... it didn’t--I didn’t feel like bad or anything. (Paul, 26)

“I kind of understand why they need to ask those questions, to sort of gauge, like, how beneficial is PrEP going to be for you. Like I said, like-- in my--when I was like 100 percent monogamous and didn’t see anyone else, there was no really a point for me to be on PrEP, right?” (Hector, 29)

*by Kevin Estrada*
“...the fact that I have had sex with somebody who was HIV positive made my—like my rate like super high...I think there still needs to be [more] work done around educating people, that, you know, if folks are positive and undetectable, it's untransmittable.”

~Rudy, 28

Understanding but Discontent
Conversely, there were participants who are understanding of the PrEP intake process, however, they expressed discontent with the HIRI Score, as it produced negative externalities.

“...the fact that I have had sex with somebody who was HIV positive made my - like my rate like super high or whatever, I think this chart. It made it seem - and so[,] therefore[,] I was like, ‘I need to get on this pill fast.’ Like, you know? I think there still needs to be work done around educating people, that, you know, if folks are positive and undetectable, it’s untransmittable.”

(Rudy, 28)

“I did think it was a little ageist, in the sense that if you are below the age of 25, I think, or 30, they automatically put you at high-risk... Even though at the time, like I went, you know, three whole years with only having one sex partner...”

(Kevin, 23)

Discussion
While the HIRI Score has provided insight into identifying individuals who would benefit the most from PrEP, these data underscore the extent to which practitioners should clearly communicate why a HIRI score is used. This may include engaging clients in sensitive conversations about some of the risk behaviors in which they engage, including substance use-related risks and sexual health-related risks.

Key Takeaways
• Despite the validation of the HIRI Score, healthcare providers and practitioners must be critical and mindful of how such tools can create unintended adverse effects in the communities they serve.
• As PrEP delivery continues to scale up, perhaps new HIV risk screening tools could be developed to best identify candidates who would benefit from it without producing unintended adverse effects.
• Uncomfortable experiences between healthcare providers, practitioners, and patients may occur when communicating about sexual health and substance use related risks. But it is also important for patients to advocate for themselves and be heard.
Community Attitudes Towards PrEP Use

Many queer men who may benefit from PrEP do not take it. Examining attitudes towards PrEP among queer men may help us to successfully promote BC’s PrEP program and increase uptake. The participants described PrEP as: A source of pride; A source of shame; Tailored risk-management; and Population risk-management.

PrEP use as a Source of Pride
This theme describes PrEP’s social capital and the moral arguments for its use. Participants ascribed a moral imperative to good sexual health, describing controlling HIV as a “responsibility issue” (Rick, 46) and testing as “the responsible thing” (Jose, 23).

PrEP use as a Source of Shame
This theme describes the stigmatization of PrEP users. Promiscuity was cited by participants as motivation for taking PrEP. “Slut” and “Whore” were commonly used to refer to these individuals.

PrEP use was also associated with condomless sex. Rahim imagined the typical PrEP-user as someone who “wants to be able to have unprotected sex”. His use of the word “unprotected” is interesting, because PrEP - like condom use - is by definition a protection strategy to facilitate safer sex.

PrEP use as Tailored Risk Management
This theme framed PrEP use as a risk-informed decision. Dexter recounted completing the HIRI.

“It [the HIRI] was objective truth, so I just answered. Like… I know that I am at risk for HIV” (Dexter, 23)
Risk-assessing in line with mainstream healthcare may alleviate stigma when being questioned about sexual practices. Juan further emphasised making informed choices,

“I would really think it would be best if they had the same experience as I did, where it’s not ‘this is a good idea’ or ‘this is a bad idea’, it’s ‘why do you think you need?’” (Juan, 22)

PrEP use as Community Risk Management
This theme advocated for PrEP use for all queer men. Peter was a particularly strong advocate for widespread PrEP use:

“People who are not on PrEP these days, who are in Vancouver or in B.C., really, I just don’t understand… sometimes, I have a discussion with someone, it’s like, ‘Why aren’t you on PrEP? It’s free, it’s accessible’.” (Peter, 28)

Similarly, Rick recounts using dating apps while not taking PrEP,

“If people ask if you’re on PrEP and you say ‘no’ then it’s like, ‘what, are you stupid?’” (Rick, 46)

Akin to serosorting, wherein HIV status is used to deny sexual access, PrEP use is being used in a similar fashion.

Discussion
The diverse descriptions of PrEP and PrEP-users among Vancouver’s queer community make effectively promoting this health initiative a complex issue. Prosocial health narratives, sexual stigma, connection to mainstream healthcare, and social stratification are all implicated, and, together, point towards a need to take diverse approaches to understanding and improving queer men’s health.

Key Takeaways
• Despite the measured medical communications about PrEP, queer men’s attitudes towards PrEP can lack nuance.
• Interventions and initiatives that encourage PrEP use must be sensitive to these community understandings.
• Healthcare providers should continue to engage on the topic of HIV risk while being mindful of continuing stigma and shame among queer men.

“It’s my badge of honor walking out with that band aid on my arm”

~Rick, 46
Since becoming publicly funded in BC, PrEP has been an integral part of conversations among queer men socially, sexually and medically. While the potential of PrEP to greatly reduce HIV transmission is well documented, I wondered what effect PrEP was having on fears and condom use of queer men. This analysis revealed two central themes: fears and behaviours before PrEP; and fears and behaviours after PrEP.

Fear and behaviours before PrEP

Many participants reported significant fear and anxiety related to acquiring HIV prior to initiating PrEP. One participant described the daily and recurrent sense of fear that swept over him since he was a teen:

“I got like a flu, and I was like “Well, this it. This is the seroconversion. I’m dying. This is the end” So I’m glad I’m on PrEP so that I can be just like “Wait. Reflect. It’s impossible”.” (Dexter, 23)

Participants described their sexual health behaviours prior to PrEP as being highly centered around condoms. It was a rigid behaviour they implemented as one of the only HIV-transmission prevention strategies they readily had access to. One such participant noted:

“I wouldn’t even consider having [unprotected sex]... you’re gonna roll the dice really by not having protected sex” (Rahim, 48)

Another participant shows the extreme thoughts he would have prior to beginning PrEP. He then goes on to indulge in how PrEP has affected this thought process:

“Honestly from... the first time I had sex which was in my late teens... I was thinking about the possibility of being infected with HIV probably on a daily basis and now I don’t really think about it. So there’s definitely a mental load that’s been lifted.” (Salvador, 32)

by Nick Gagliano
Fear and behaviours after PrEP
Participants noted changes to sexual behaviours they have experienced personally and seen in the community after starting PrEP. Most notably, participants noted changes in attitudes towards condomless sex. These behaviours seemed to be informed by a shift away from fear-based thinking as PrEP’s sexual health efficacy allowed them to rationalize fears.

“I have yet to meet a single guy who’s on PrEP and has wanted to use a condom…” Like I went … from birth to maybe about 22 not having sex unprotected once.” (Kevin, 23)

This dramatic behavioural shift was echoed by several participants, noting their sexual behaviours were no longer informed by anxiety.

Why does this matter?
Beyond reducing the risk of acquiring HIV, there is emerging evidence that PrEP plays a role in mediating queer men’s mental health. Participants noted increased quality of life and sexual health with elimination of profound anxieties.

Participants emphatically noted the importance that they now place on PrEP in their daily and sexual lives. Almost universally, strong opinions were expressed by participants and potential fears that government funding may come to a halt. One participant described the benefit as:

“Definitely, it’s a punctuation point in my life. So being able to access it for free has been like, monumental is the word I would use” (Salvador, 32)

Key Takeaways
• Queer men previously had huge fears of HIV transmission informing their condom use.
• PrEP has allowed some guys to engage in new sexual behaviours not informed by fears.
• Public funding and access to PrEP is highly significant, and considered by some to be a “punctuating point in [their] life.”
“I Feel Invincible”: The impacts of PrEP use on the sexual harm reduction strategies of young queer men

PrEP is a viable option for queer men at increased risk of acquiring HIV. However, PrEP does not offer protection against other STIs, so it is recommended to supplement it with safer sex practices. This analysis seeks to explore the changing sexual harm reduction landscape of young queer men in the context of PrEP, including how queer men mitigate exposure to STI risks.

PrEP use and Condomless Sex
The use of PrEP was seen by most participants as an extra preventive measure with condoms, since PrEP cannot prevent them from contracting other STIs. Yet, some participants mentioned that the use of PrEP had increased their likelihood of condomless sexual encounters. Olodum explained that he takes PrEP to enjoy the pleasures of having condomless sex:

“Once you’re on it you can have unprotected sex with reduced risks” (Olodum, 23)

For some participants, PrEP allowed for more flexibility and negotiation with regards to condom use. They may prefer not to use condoms depending on the level of familiarity with their sexual partner(s). For example, Kevin mentioned that he chooses to have condomless sex with intimate partners.

PrEP use and Number of Sexual Partners
Few participants mentioned that PrEP provided them with opportunities to have more than one sexual partner. Kevin shared that his number of sexual partners had increased after using PrEP.

“Before taking PrEP, you know, condoms all the time, limiting my partners with just one or two guys a year. Like preferably just one person.” (Kevin, 23)
Some participants also stated that having a monogamous relationship is the main reason why they will stop using PrEP and will continue to use PrEP as a safety precaution until they are in one.

PrEP Use and HIV Testing
Most participants mentioned that their frequency of HIV testing increased after taking PrEP, since HIV testing every three months is a mandatory part of PrEP program. Chase reported that an increase in the number of HIV testing has been an additional sexual harm reduction strategy.

“I guess there’s still that safeguard in there that every three months you have to get your blood work done, get you swabs and all of that, pee in a cup.” (Chase, 40)

PrEP Use and Serosorting
A few participants mentioned that PrEP use made them more willing to have sexual interactions with guys living with HIV. Clark stated that PrEP use caused a decrease in the stigma against people living with HIV, wherein more PrEP users are interested in dating HIV positive people:

“Acceptance and willingness to date people who are positive, and so I’ve heard them [guys who use PrEP] talk a lot about that” (Clark, 26)

Discussion
PrEP is changing the way young queer men approach sexual harm reduction strategies in diverse ways. Some may use PrEP as their only sexual harm reduction strategy, wherein increases in unprotected sex and multiple concurrent sexual partners have been observed among PrEP users. Others describe using PrEP as an extra sexual harm reduction strategy on top of their safe sex practices. Others described that they continue to use condoms and other safe sex measures while limiting their sexual partners. These diverse reasons and strategies of PrEP use among young queer men should be taken into consideration within clinical encounters.

Key Takeaways
- PrEP is changing the sexual harm reduction landscape for queer men.
- PrEP has both additive and reductive impacts on the sexual harm reduction strategies of young queer men.
- PrEP should include other safe sex practices like condoms or regular testing, as it does not prevent other STIs (like, chlamydia, gonorrhea, syphilis).
How does stigma influence perspectives about PrEP?

I chose this topic about the relationship between PrEP and stigma because I wanted to understand more about our participants’ perspectives on PrEP and its effects on the queer community. In doing so, we can better understand how stigma can affect PrEP usage and respond with public health strategies to improve access for queer men.

PrEP reduces HIV stigma and poz-phobia

With the greater access to PrEP, many men described being more open to having conversation about and/or having sex with men living with HIV. As such, PrEP was described as a means to reduce anxiety among men who are HIV negative, and possibly reducing HIV stigma or poz-phobia (stigma against HIV-positive people).

“I think PrEP definitely gives people a certain piece of mind if they’re considering having sex with someone they know to be HIV positive, and will make them less likely to be discriminatory or prejudicial in their choices, against positive people” (Salvador, 32)

Although HIV stigma is still here and prevalent in our community, stigma appears to be reducing as PrEP rolls out.

Stigma remains around PrEP usage

Unfortunately, since PrEP is still new, our participants brought up the stigma associated with PrEP use. Much of this stigma was associated with perceived “promiscuity”. Participants expressed frustration about how other people assumed that PrEP is an excuse to just have more sex or not use other means to protect themselves from HIV.

“PrEP doesn’t make you a whore or slut.... It’s literally just take a pill.” (Sky, 24)
“And it removes a piece of the anxiety from our lives. I’ve talked to people who when I tell them I’m on PrEP, they just assume I’m giant slut and having unprotected sex with everybody.” (Chance, 30)

Confusion around PrEP, Treatment as Prevention and Disclosure

Participants discussed how disclosing PrEP use on dating apps made it easier to discuss HIV status with potential partners. However, some described how this was, at times, not always the case. For example, some participants described that they had seen some profiles in which users identified being on both PrEP and TasP (Treatment as Prevention) -- thereby adding to some confusion.

“Like on Scruff where it says sexual health practices, you can choose I think you can choose PrEP or you can choose one which is treatment as prevention which is you’re HIV positive but undetectable, but I’ve encountered a lot of profiles that will have both checked, or will have treatment as prevention checked when they said that they’re on PrEP… I think it does point to a certain level of ignorance around HIV management in general with some people.” (Rahim, 48)

Discussion

PrEP is a game-changer for queer men. It can reduce HIV stigma but may also introduce new forms of stigma for PrEP users. More education on PrEP for health professionals and queer community is a good start. Having an open conversation is crucial and can engage in our ongoing efforts to reduce stigma.

Key Takeaways

- PrEP can help to reduce poz-phobia, although HIV stigma remains in our communities.
- Some people may experience stigma related to PrEP use.
- There may be confusion related to PrEP, Treatment as Prevention, and HIV status.

“PrEP doesn't make you a whore or slut... It's literally just take a pill.”

~Sky, 24
What do queer men identify as reasons for stopping PrEP use?

There has been a considerable effort in BC to roll out PrEP and increase its uptake, as well as a focus on ensuring that those who may benefit continue to use it. To understand what keeps queer men using PrEP, we must also understand why they stop. Throughout our interviews, we posed this precise question to participants. While some participants had stopped using PrEP, most were still using it and thus reflected on why they would stop using PrEP. The following four themes emerged:

Side Effects from PrEP
The most common reason that queer men stopped using PrEP, or said they would, was because of side effects. Many participants had not experienced any significant side effects thus far, but were still concerned about them occurring in the future. Common concerns typically centred on PrEP being associated with liver or kidney issues. A participant said they would stop taking PrEP:

“If I spontaneously developed, you know, side effects or something horrible enough happened that it outweighed the benefits.” (Dexter, 23)

Monogamous Relationship/Less Casual Sex
Most participants said they would stop using PrEP if they were in a monogamous relationship. Additionally, many said that if they were having less casual sex they may stop using PrEP:

“For example, now like the Pride season has gone so it kind of slows down. So, I might just kind of stop using [PrEP], and then if I need it in the future then I can make sure that, you know, make sure that I’m negative and stuff like that, and restart PrEP…” (Esmerelda, 30)
If PrEP Was No Longer Free
For some queer men, finances are less of a concern, and they said they would be willing to pay for PrEP out of pocket. For many, however, if PrEP was no longer publicly funded, they most likely wouldn’t be willing or able to pay for it:

“If it’s no longer free, for whatever reason. Or if it’s ever… it’s more expensive than I can afford, then yeah, then I’ll take it, then I’ll stop taking it.” (Ryley, 20)

Adherence to the PrEP Regimen
The last reason queer men brought up centred on adherence to the PrEP regimen. While it was a less frequent response, concerns varied from having to go in every three months for PrEP renewal, to having to take a pill every day:

“I know this is going to sound bad because it’s a pill you just have to take once a day but it was a little bit of a hassle to take a pill every day because I wasn’t before.” (Hussein, 22)

Why Does This Matter?
Understanding why queer men stop using PrEP is particularly important given that conversations with key stakeholders revealed that a number of recent seroconversions in BC have been among men who recently stopped taking PrEP. Ultimately, it will be important to follow PrEP-use trends over time and re-evaluate the reasons that queer men stop using PrEP, as many of the queer men interviewed had been using PrEP for less than a year. Other reasons for stopping PrEP may emerge in future research once the medication is more established in BC. It will be important to further refine strategies in order to ensure that queer men who would benefit from PrEP continue using it.

“Now like the Pride season has gone it kind of slows down. So, I might just kind of stop”

~Esmerelda, 30

Key Takeaways
• Side effects are a common concern; information about side effects should be up-to-date and accessible.
• BC should have a plan in place to reconnect queer men to PrEP as their ‘risk’ level fluctuates.
• If BC no longer funds PrEP, some queer men will stop taking it.
• Taking a daily pill can be burdensome; many queer men would welcome alternative options.
This research highlights the important and dynamic role that PrEP plays in the sexual health and wellbeing of many queer men. While efforts to make PrEP free and publicly available have been critically important for increasing access in BC, our participants noted several challenges to accessing PrEP that remain. We call on policy makers and healthcare providers to address these barriers, or risk perpetuating health inequities within our communities.

1. **Increase queer competency and address stigma in healthcare settings.**
   Many of our participants felt that their existing healthcare provider had limited awareness of PrEP and felt uncomfortable discussing their sexual health in these settings. Healthcare providers should inform themselves about PrEP and other queer men’s health issues, ask about their client’s sexual orientation and behaviours in a non-judgemental way, and make an increased effort to communicate to their clients that it is safe to discuss sexual health in these spaces.

2. **Simplify the process of accessing PrEP in BC.**
   Many of our participants found the process of accessing HIV PrEP overly complicated. This resulted in some misinformation and confusion among our participants. Efforts should be made to reduce the number of steps and appointments that are required to initiate and maintain PrEP enrollment and prescriptions. For example, for folks living in Vancouver, PrEP should be dispensed at pharmacies and locations beyond St. Paul’s Hospital.

3. **Rethink the HIRI score.**
   Many of our participants felt that the HIRI score was stigmatizing and judgemental, particularly towards people living with HIV. Healthcare providers should find more tailored, culturally competent, and safe ways of speaking to clients about sex and HIV. Risk is dynamic, and clients should be offered PrEP if they feel it is right for them, not because of their HIRI score.
“We call on policy makers and healthcare providers to address these barriers, or risk perpetuating health inequities within our communities.”

4. Improve access to PrEP for queer men beyond Vancouver.
Although it was not presented in these findings, several of our participants noted it is more difficult to access PrEP outside of Vancouver. For example, there may be fewer (or no) specialized sexual health services and finding a healthcare provider that will prescribe PrEP may be a challenge. Campaigns are needed to raise awareness of PrEP among clients and healthcare providers outside Vancouver, and telemedicine should be considered to connect queer guys with a healthcare provider when necessary.

5. Keep PrEP publicly funded, and make it free for queer men outside of BC.
Participants in our study repeatedly expressed how important the public program was in making PrEP accessible. Many participants noted that they would no longer use PrEP if it was not free. It is critical that provinces beyond BC make PrEP free for those who are at increased risk of acquiring HIV. Without free PrEP for those who want it, its use will be limited to those who can afford it.
This research draws attention to the important ways that publicly funded PrEP promotes the sexual health and wellbeing of many queer men in BC, and the ongoing social and structural barriers that impede access for our communities. Through a participatory, community-based study design, we have highlighted the importance of assessing the impact of PrEP, particularly as access continues to expand in Canada.

We also look forward to addressing noticeable gaps in the demographics of our sample, particularly in the lack of people of colour and Indigenous people, in order to assess how experiences of racism and colonialism intersect with access to PrEP and sexual health care for queer men.

Furthermore, our qualitative research findings would be complemented by quantitative studies to understand use of and access to PrEP among a larger number of queer men. PrEP use among queer men in Canada may change throughout one’s life, and longitudinal studies that follow people over time would help us better understand PrEP within changing life and health systems contexts. Finally, in order to improve access to PrEP in BC, we must go beyond identifying barriers, and move towards addressing them. This can only be accomplished through actively engaging policy makers and healthcare providers in addressing barriers to health and wellness for our queer communities. We hope these stories help accomplish this change.
### HIRI-MSM Risk Index Calculator (Score > 10 Suggests HIV Incidence of 2% in Vancouver)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  How old are you today?</td>
<td>If &lt;18 years, score 0</td>
<td></td>
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<tr>
<td></td>
<td>If 18-28 years, score 8</td>
<td></td>
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<tr>
<td></td>
<td>If 29-40 years, score 5</td>
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<td></td>
<td>If 41-48 years, score 2</td>
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<td></td>
<td>If 49 years or more, score 0</td>
<td></td>
</tr>
<tr>
<td>2  In the last 6 months, how many men have you had sex with?</td>
<td>If &gt;10 male partners, score 7</td>
<td></td>
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<tr>
<td></td>
<td>If 6-10 male partners, score 4</td>
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<tr>
<td></td>
<td>If 0-5 male partners, score 0</td>
<td></td>
</tr>
<tr>
<td>3  In the last 6 months how many times did you have receptive anal sex (you were the bottom) with a man without a condom?</td>
<td>If 1 or more times, score 10</td>
<td></td>
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<tr>
<td></td>
<td>If 0 times, score 0</td>
<td></td>
</tr>
<tr>
<td>4  In the last 6 months, how many of your male sex partners were HIV-positive?</td>
<td>If &gt;1 positive partners, score 8</td>
<td></td>
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<tr>
<td></td>
<td>If 1 positive partner, score 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If 0 positive partner, score 0</td>
<td></td>
</tr>
<tr>
<td>5  In the last 6 months, how many times id you have insertive anal sex (you were the top) without a condom with a man who was HIV-positive?</td>
<td>If 5 or more times, score 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If 0 times, score 0</td>
<td></td>
</tr>
<tr>
<td>6  In the last 6 months, have you used methamphetamines such as crystal or speed?</td>
<td>If yes, score 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If no, score 0</td>
<td></td>
</tr>
</tbody>
</table>

Add down entries in right to calculate total score:

**Total Score**

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This research was conducted by members of the Investigaytors program, in collaboration with university researchers (Drs. Knight, Lachowsky, and Hull). Investigaytors is a community-based research and capacity building program of the CBRC for young queer men. Together, we gain research and knowledge translation skills, and meaningfully participate at every step of the research process. Importantly, no academic or previous research experience is required to volunteer with the program.

For this qualitative research project, Investigaytors were involved with developing the research proposal, identifying research objectives, constructing the qualitative interview guide, participating in primary data collection, coding the transcribed interview transcripts, analyzing the data, sharing results, and drafting this report.

To learn more about investigaytors, please visit: cbrc.net/investigaytors
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This report was thoughtfully designed by Keith Reynolds, with input from the Investigaytors.