

Sex Workers and PrEP Mythbusting

- Myth 1:

Is there topping (insertive partner) and bottoming (receptive partner) variations for PrEP's impact?

- Answer:

PrEP routines are separated by genders not sexual roles or positions, so e.g. a cis gender woman still should not do on-demand dosing (sometimes called the "211") for receptive anal or frontal sex, but the daily PrEP routine instead. This does not mean taking PrEP for life but a routine of taking a pill each day.

- Myth 2:

Can you taking PrEP 20 mins before sex or giving one pill to a client before sex "better than nothing"?

- Answer:

This myth comes from misunderstanding the On-demand "211" PrEP routine. This routine is only available to cisgender men and people who were born male and not on hormone therapy. The routine is to take 2 PrEP pills between 2-24 hrs before the potential HIV exposure, then taking 1 PrEP pill 24 hours later and then another 24 hrs after that. If more potential HIV exposure is expected then continue the course until 2 days after the latest potential HIV exposure.

If people take PrEP only 20 minutes before HIV exposure, or not the double dose needed, they risk contracting HIV with a resistance to the PrEP formula. And thereby also potentially passing that on. The PrEP formula is a common treatment medication when taken with other HIV medications. This is because the formula in PrEP is tolerated so well, not having the choice of this formula in treatment is not a disaster for the individual but best avoided as more choice is better over a lifetime of HIV management. So taking 1 pill just before sex is not "better than nothing".

- Myth 3:

What about PrEP side effects what is the comparison with the HIV drug: AZT?

- Answer:

AZT's side effects were witnessed rapidly as the drug was in an experimental phase compared to PrEP which first arrived for HIV prophylactic use in 2012, large numbers of people have taken it daily since then without long term impacts. Even before 2012 PrEP's impacts on the body were well observed for many years and the drug levels very well understood. This is because before 2012 many people living with HIV had taken the same formula as part of their HIV treatment routine. Research happened on issue like the rare side effects that occurred. Rarely people have an impact on kidneys and or bone density, both recovered after stopping PrEP. To test the kidneys a simple protein test is needed around once a year for a urine sample. With bone density, there has never been a case of anyone impacted enough that is contributes to a fracture. However the PrEP vaginal ring, PrEP implant or PrEP injections have been studied to avoid these rare cases, alternatively the patient can move

onto a formula called Descovy. This later drug is owned by the original PrEP manufacturer who holds a monopoly on it, as a result it costs more.

At this point hundreds of thousands of people of all genders use PrEP across the world free from side effects but HIV medication as a cultural stigma of toxicity from it's early experimental days.

-Myth 4:

Are sex workers an experiment group for PrEP?

-Answer:

PrEP has had many medical and national affordability trials, participants were consenting public. Members of the public working in a complete variation of ways. The models of different trials vary across the world but western research has not targeted sex workers for PrEP medical trials, nor has it ever used data where/if that has happened. Some countries have governments with regimes that are secretive and may not follow ethical standards, it is hard to know if and where Sex Worker specific PrEP trials have happened. Sex Workers can condemn the governments that do stigmatising actions towards them, without it impacting the sex worker's own choice of PrEP as safety tool.

- Myth 5:

Will PrEP interact with my hormone therapy or other medications that I am on?

- **Answer:** PrEP will not inhibit your hormone therapy, but there can be effects in the other direction. This means only daily PrEP routines are suggested for you. If you are concerned about meds you are taking and PrEP, or other substances, you can check interactions at: www.hiv-druginteractions.org

- Myth 6:

Will getting PrEP (visiting NHS clinics) and get me arrested or deported as a sex worker?

- Answer:

You don't need ID to see the NHS and they cannot tell Police on you for deportation or sex work law breaches.

- Myth 7:

If Sex Workers take PrEP would it undermine the clients using condoms?

-Answer:

Being able to make an informed choice about PrEP is a human Right of the Sex Worker, it is not a right of the client to know if they are. The sex work terms negotiations do not alter this right. Work is in place to further support Sex worker's negotiation power regardless of their safety tool choices. This work is lead by Sex workers and aims to help Sex Workers only offer services that they are happy to offer.

- Myth 8:

Is PrEP part of substance misuse/ChemSex?

-Answer:

PrEP is a tool like the contraceptive pill except PrEP is for preventing HIV, this tool can fit into all parts of life but isn't specific to one area. It isn't considered an illegal substance or a part of a group of substances thought of as ChemSex drugs.

- Myth 9:

If other sex workers use PrEP will they take greater risks and that make me need to offer work with greater risks to stay competitive?

- Answer:

PrEP is risk reduction rather than risk permission and trial results indicate people trend to their own risk levels or less risk when on PrEP. People starting PrEP were found to increase STI testing, be less sexually compulsive, and reduce ChemSex practices in a recent study: <https://www.aidsmap.com/news/aug-2020/sexual-compulsivity-and-harmful-drug-use-decreased-men-who-started-prep-amsterdam>.

In PrEP studies like the Ippergay study the non-PrEP taking group had the same or greater levels of other STI acquisition compared to the PrEP takers.

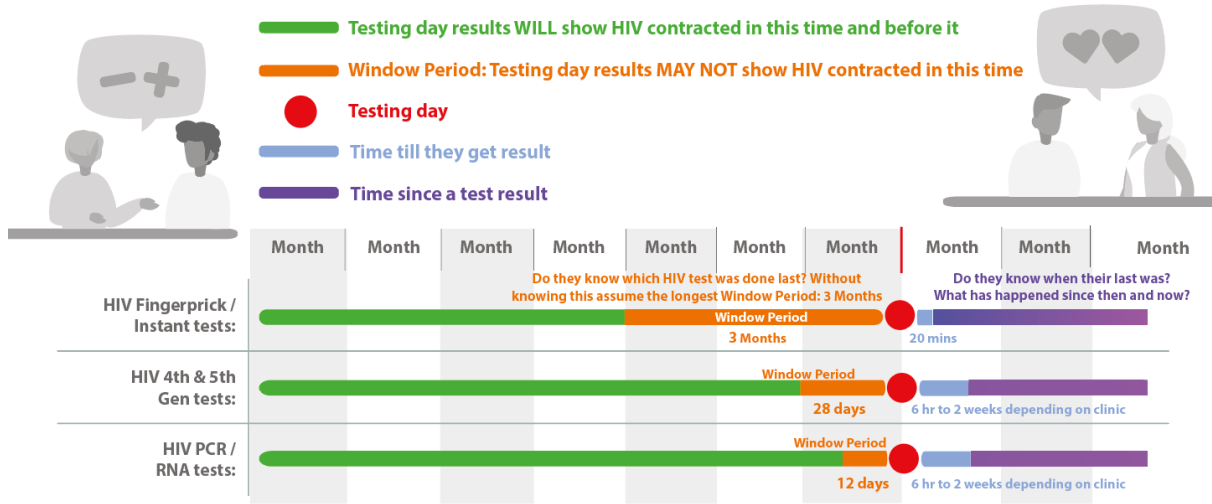
This all combats the idea of PrEP leading to increased STI risk taking. It also links into research on how some societies expect promiscuity from people who take safety precautions. This also opens the door for research on the idea of society expecting negative karma on people for how they have sex, or how much they have, regardless if they take steps to manage risks.

It is also worth pointing out that in some parts of sex work it is already common to have condomless sex, such as on many porn sets, or within the gay male sex work community. As the HIV testing on porn sets often overlooks the 'window period' of HIV tests, it can be argued that PrEP is just a risk reduction for those able and wanting it in these environments.

The window period is a duration prior to an HIV test, this duration varies according to which HIV test is used. In a HIV test's window period, HIV may be acquired and it be too close to the test date for the HIV to show up.

Instant tests have a 3 month window period. Standard NHS tests where they take blood (4th generation tests) have a 28 day window period, PCR tests are not used commonly in the UK, they have a 12 day window period. It is considered a much better investment to educate people about HIV prevention mechanisms rather than introducing PCR testing. This is because overreliance on other's test results can contribute to people not taking their sexual health's safety in their own hands, there are always risks attributed to this.

What to know if somebody tells you they're HIV-negative (no HIV in the body)



The result someone holds can only reflect HIV exposures during, or before, the **GREEN** time sections above

You should not rely on another person's word as a form of HIV prevention, as they may not know whether they have acquired HIV. Even if they show you a HIV negative test result this cannot account for any HIV exposure in the **ORANGE, BLUE** or **PURPLE** time sections in the graphic above. HIV can be contracted and become transmittable in only a few days so the times sections above are important to think about even with the HIV PCR/RNA test result holders, this is also not a standard NHS test. Although some tests may produce results earlier than stated in the above graphic, the times stated above allow for those tests to be highly accurate.

Condoms and PrEP remain the two best ways to prevent you contracting HIV in the situation presented above. PrEP (Pre Exposure Prophylaxis) is a pill routine similar to the contraceptive pill but for HIV prevention speak to your medical practitioner to find out more. If you believe you've been exposed to HIV you should ask for PEP (Post exposure Prophylaxis) at a sexual health clinic or emergency department within 72 hours after the exposure (the sooner the better). PEP is a 1 month course or HIV treatment that can prevent HIV acquisition. An Undetectable partner would present no HIV transmission chance. Someone living with HIV that is virally suppressed by HIV treatment is known as being "Undetectable".

- Myth 10:

Is PrEP being pushed at sex workers relating to sex worker stigma around STIs?

- Answer: PrEP is not pushed on sex workers, but Sex Workers but sex workers have been some of the active community fighting for better PrEP access. Meanwhile there is an understanding that some people prefer avoiding taking pills, for instance only using condoms. Some clients may not like condoms, many people lose erections in them, however femidoms can be successful in some of these case. It is often overlooked that femidoms work for anal and frontal sex.

People not knowing about their ability to choose PrEP, is pushing one choice onto those people. There is a human Right to know about choices like this, if they are to make informed choice of it.

- Myth 11:

Can PrEP be used as evidence against you to show you as a sex worker or living with HIV (where HIV or sex work laws are in place)?

- Answer:

Some countries may make it difficult travelling with PrEP on you for this, and what to be aware or etc.

(Good advice is to contact your embassy before travel. check with them calling with an artificial name so that you're not necessarily giving away personal details. Some of these countries have conflicting information so be prepared that it might take a while for them to give you a specific answer about the country's treatment to people travelling with PrEP. A map of countries and their relationships to HIV meds is below. https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/june/20190627_hiv-related-travel-restrictions)

- Myth 12:

Once PrEP is available then all sex workers will have safe access to it?

- Answer:

This is not true, without full decriminalisation some parts of the sex work industry will have barriers to visit medical staff, instead relying on non medical staff for their access to safety information. This is a reason PrEP and sex work decriminalisation are linked.