

Over the more than thirty year history of HIV medicine has featured dramatic successes and controversies. While contemporary research continues to break new ground across many different areas, much of the policy and community debate regarding the science of HIV medicine has become focused on when and why to make use of antiretroviral therapy (ART). As outlined in a number of articles in this issue of *HIV Australia*, the details involved in translating clinical trial successes in this area into feasible and acceptable 'real world' practices remain confoundingly complex.

One of the major new features of the changing landscape of HIV medicine is HIV treatment as prevention (TasP). The implementation of TasP is being shaped by the still relatively new evidence from randomised controlled trials that the use of ART to reduce HIV viral load to

undetectable can dramatically reduce the risk of sexual transmission of HIV. Many clinicians, governments and advocacy organisations in Australia and elsewhere have now taken up strong and aligned positions by recommending all people with HIV use ART as early as possible, to prevent the risk of both individual illness and onward transmission posed by 'untreated' HIV infection.¹ Yet the personal and situated insights of those asked to take these medications daily, as prescribed, and for the rest of their lives, have been largely absent from these debates. In particular, little has been heard from the perspective of those who hold concerns regarding the i(hc[(co)5(ne0T2(y co)en)-5(alia3())TJT*(r)-1(ol)-of thdic)-10(atio)5(n

Australian context. Our interviews with members of that group also suggest very few are in conflict with medical providers on the issue of using ART.⁶ Most people with HIV who are not currently using treatment have either been diagnosed only recently, are not able to use these medications for other health reasons, or have a prescribing doctor who is cautious about recommending initiation when not yet deemed essential.⁷ This doesn't mean these individuals don't hold any concerns or fears about the use of ART, but it does mean they are open to the possibility of starting when the time is 'right' despite these doubts.

Along with recognising that most people with HIV are currently using ART, it is also important to appreciate that many feel greatly reassured that effective treatment has been shown to dramatically reduce the risk of inadvertently transmitting HIV to sexual partners⁸, in addition to providing benefits for their own health. However, in our research with non-ART users we observed very high levels of awareness of, yet little support for, the use of ART to prevent transmission to others⁹. Instead, participants expressed a number of recurring concerns about this strategy.

Concerns focused on perceived tensions regarding who would benefit from TasP – the person taking the medication, or the government responsible for reducing infections, for example – and questions

make treatment decisions carefully and based on their own unique circumstances and trajectories, without undue pressure or coercion from peers or prescribers, or the presumption that they needed to simply accept the evidence for commencing ART as clear and uncontroversial.

Opportunities for safe, supported dialogue and the exchange of peer accounts of the experience of treatment can reassure those with doubts, and comfort those who face the challenges and complexities of treatment signifi cant. Thus, encouraging open conversations in clinical, community and policy contexts about these diverse perspectives will be essential in engendering public trust in a new era of treatment and prevention.

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- 1 For comment from Australian community HIV organisations regarding early treatment see: AFAO. (2015). www.afaonline.org.au. AFAO website news [online]. AFAO, Sydney. Retrieved from: <http://ow.ly/NxagF>
- 2 Newman, C., de Wit, J., Persson, A., Holt, M., Slavin, S., Kidd, M., et al. (2015). Understanding concerns about treatment-as-prevention among people with HIV who

- are not using antiretroviral therapy. *AIDS and Health* (5), 821–831. doi: <http://dx.doi.org/10.1007/s10461-014-0959-9>
- 3 Newman, C., Mao, L., Persson, A., Holt, M., Slavin, S., Kidd, M. R., et al. (2015). 'Not Until I'm Absolutely Half-Dead and Have To:' accounting for non-use of antiretroviral therapy in semi-structured interviews with people living with HIV in Australia. *AIDS and Health* (5), 267–278. 275 doi: <http://dx.doi.org/10.1089/apc.2014.0301>
 - 4 Persson, A., Newman, C., Mao, L., de Wit, J. (forthcoming). On the margins of pharmaceutical citizenship: Not taking HIV medication in the 'treatment revolution' era.