

Front sheet

PrEP for people who inject drugs: reconciling community views and biomedical advances

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Abstract

There is widespread agreement that PrEP must be considered as part of a comprehensive HIV prevention strategy for people who inject drugs. We consider two linked questions: how to ensure people have the necessary choices for comprehensive HIV prevention? how can research and scientific communities best support this? Recognising criminalization and human rights, and focusing on community centred, integration oriented research programmes is vital.

The consensus across our commentary [1] and responses [2-4] that PrEP should form part of a comprehensive package of HIV prevention for People Who Inject Drugs (PWID) generates two linked questions: how can we ensure that PWID can access all essential elements of comprehensive HIV prevention and have choices across them[2]? How can the research community best support this effort?

Our central argument is that HIV prevention research and development strategy needs to not only coherently respond to the concerns and needs of affected and vulnerable communities, but also be developed and implemented in partnership with them [1]. We are not condemning PrEP and instead welcome its progress [1]. There is, however, a danger that if we as a scientific community continue research and development of PrEP in isolation we will sideline attention to existing interventions. The appropriate response is not to stop PrEP development, but to ensure our research strategy furthers the strengthening of rights based and comprehensive programming.

Exploring how dominant HIV prevention strategies exclude specific groups is not polarising harm reduction and biomedical interventions [4]. Our argument represents the opposite: the current reality of strategy and provision of care for PWID is already polarized by excluding so many views; our analysis seeks to bring to the fore voices rarely heard and so place biomedical advance in a fuller context. The responses in this debate series suggest this synthesis is possible [2-4].

How then to ensure PWID have the choice of PrEP alongside other HIV prevention interventions that are not yet implemented to scale? The foundation for our response must be recognition of the right to health for all human beings [5] and the increasing futility and collateral damage of the 'war on drugs' and criminalization of PWID [6]. In recognizing the often ignored crucial role of skilled community

advocacy and leadership in battles for service access and harm reduction innovation [2, 7], community driven responses should be the focus for political action.

How can the research and scientific community best support this effort? Theoretically and institutionally, we should work better to ensure community experiences are addressed in the design of research and as a focus for research questions. Bruneau et al suggest [4] a series of implementation questions relating to integration. Responding also to emerging evidence for PrEP's cost-effectiveness in combination with ART and OST [3, 8], we then suggest that future research be developed with integration and combination of interventions as organizing frameworks as a necessary response to concerns about implementation in isolation. To these questions we also add that research should explore how contexts of criminalization and persecution shape implementation and integration of PrEP; operational and health services research must be informed by in-depth critical social and political science.

In conclusion, we seek to build on the community views in the INPUD report [9], in seeking truly comprehensive rights based, community driven HIV prevention and exploring an appropriate role for PrEP within this framework. HIV prevention strategy must emphasise policy issues of decriminalizing drug use, engaging communities in decision making and fostering implementation of evidence-based interventions that remain grossly under-utilized. PrEP belongs in our arsenal but as with other intervention components we should not look to it as the panacea, nor can we afford to ignore legitimate concerns raised by the PWID community.

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