



Decision-Making about HIV Prevention among Women in Drug Treatment: *Is PrEP Contextually Relevant?*

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BACKGROUND

- Women with substance use disorders (SUD) experience high HIV risk because they are often:
 - Justice-involved
 - Violence-exposed
 - Engaged in commercial sex work or transactional sex
- Despite demonstrated efficacy of HIV pre-exposure prophylaxis (PrEP), there has been limited uptake among women with SUD.
- Low uptake has been attributed to lack of awareness.
- A more in-depth analysis of *why* there is low PrEP awareness, what structural barriers are at play, and how women with SUD make decisions about health is needed to inform future PrEP implementation efforts.

METHODS

- Semi-structured interviews explored PrEP awareness & broader health-related decision-making practices in:
 - 20 women at drug treatment centers (Key informant; KI)
 - 15 stakeholders
- Interview transcripts were coded using pre-determined nodes based on 2 theoretical models:
 - Information-Motivation-Behavioral Skills (IMB) model for PrEP uptake
 - Beliefs-Goals-Choice Heuristics for Consumer Drivers
- New themes that emerged related to decision-making contexts were organized using the Adapted Bronfenbrenner Model, a socioecological framework that mapped out **competing priorities for women with SUD at multiple levels of society.**

FINDINGS

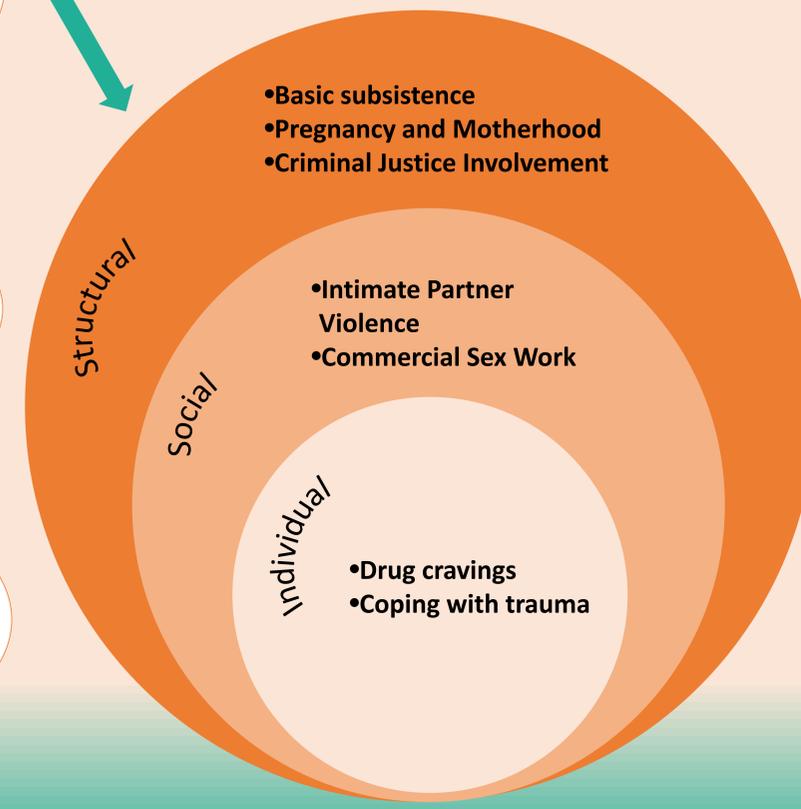
Hypothesized Model of HIV Prevention Decision-Making among Women with SUD



- Although many women were broadly **aware of HIV**, it often did not seem personally relevant.
 - Women were **unfamiliar with PrEP** and providers lacked experience with counseling and prescribing PrEP.
- Women's motivation to engage in health-promoting behaviors was challenged by multiple **competing priorities**, forcing them to make tradeoffs between basic subsistence needs, responsibilities of motherhood/pregnancy, meeting the demands of addiction, and coping with trauma/violence.
 - Other **driving factors** of motivation included pre-formed beliefs such as cognitive biases, health attitudes, and perceived stigma. Women often misestimated their own HIV risk
- Women possessed health-related decision-making skills, including:
 - action-planning skills** to manage doctor's appointments, navigate insurance, obtain sterile injecting equipment, get HIV testing, pay bills, secure housing, and start a career
 - critical thinking skills** to work through hypothetical decisions such as starting a new medication by asking relevant questions, weighing risks/benefits, and analyzing the impact on achieving their goals
- Providers expressed concerns about **impulse control** and whether their clients could realistically engage in long-term goal-directed behavior, especially during early stages of recovery

Quotes from key informants and an administrator:

- "I don't think enough people know [to prevent HIV]. I think it's like, at one point it was like when that Ryan White story was out there and everybody was talkin' about it a lot in the late 80's early 90's."* (KI, 25-39yo)
- "Women with addictions worry about money all the time...They don't wanna go into a program because they're afraid they're gonna lose their house, their apartment. They don't have nobody to help them...How are the bills gonna get paid?"* (KI, 40-60yo)
- "How come people don't know about that? I wanna tell everybody now. I was a flight attendant, and nowhere I went did anybody know about that, and there was a lot of sex goin' on."* (KI, 25-39yo)
- "You don't care about the risk. You just wanna get high...you're not thinking about getting HIV, if you are you don't really give a sh**."* (KI, 40-60yo)
- "[PrEP is] so new to us...It's something that I should probably incorporate more into my repertoire of options to offer people. It would certainly be helpful to have materials handy."* (Counselor)
- "A lot of times, if people continue to perpetuate certain behaviors and they don't see significant consequences or risks, they may continue doing it thinking that they're invincible."* (Administrator)



DISCUSSION

- A combination of information, motivation, and behavioral skills are necessary to engage in HIV prevention. Decision-making practices are driven by key contextual factors that create competing priorities and shape motivation.
- While limited direct-to-consumer marketing and lack of inclusive messaging affect women's PrEP awareness, other issues shape women's health-related decision-making more broadly:
 - Cognitive biases lead to HIV risk misperception among women with SUD.
 - PrEP needs to be offered as part of a program that addresses highly relevant competing priorities generated by high levels of poverty, violence, criminal justice involvement, and gender disparity (e.g. improving childcare availability to increase access to services).

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