“PrEP tourism” in Bangkok and sexual risk behavior of MSM: A three- and six-month follow up study

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Background
The formal availability of Pre-Exposure Prophylaxis (PrEP) in many countries is limited. An important option for men who have sex with men (MSM) to obtain PrEP is abroad, at MSM travel destinations where PrEP is easily available and affordable, such as Thailand. With PrEP sourced in countries is limited. An important option for men who have sex with men (MSM) to obtain PrEP is abroad, at MSM travel destinations where PrEP is easily available and affordable, such as Thailand. We investigated PrEP use and sexual behavior during a three- (T2) and six-month (T3) follow up compared to baseline (T1).

Methods
MSM clients (n=126) of the Silom Pulse Clinic completed a survey on-site about PrEP use and sexual behavior in February-April 2017 (T1). Surveys at T2 (n=65) and T3 (n=48) were completed online. Mean age was 38 years (range: 22-70). The sample was internationally diverse: 97 participants (77.0%) did not live in Thailand and only four (3.2%) were born in Thailand. At T1, 91 participants are current or past PrEP users, 35 are interested in PrEP or starting PrEP use.

Results

### Adherence problems among event-driven users (T3)

- Four participants (23.5%) used less than four pills per session (insufficient)
- Nine participants (52.9%) did not take two pills 2-24 hours in advance

### PrEP Use

<table>
<thead>
<tr>
<th>PrEP regimen</th>
<th>Daily (%)</th>
<th>Event-driven (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>74 (81.3%)</td>
<td>11 (12.7%)</td>
</tr>
<tr>
<td>T2</td>
<td>91 (86.4%)</td>
<td>9 (13.6%)</td>
</tr>
<tr>
<td>T3</td>
<td>43 (84.3%)</td>
<td>8 (15.7%)</td>
</tr>
</tbody>
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### Sexual and General Health at T1

#### Number of sex partners

Mean = 18, range = 0 - 150

#### HIV test frequency

- Every three months: 72 (57.1%)
- Every six months: 38 (30.2%)
- Once per year or less: 16 (12.7%)

#### Renal function test frequency (PrEP users)

- Every three months: 37 (40.7%)
- Every six months: 27 (29.7%)
- Once per year or less: 17 (18.7%)
- Never: 10 (11.0%)

### Sexual Behavior and Well-being

#### Quality of sex life (T2 and T3)

At T2, since starting PrEP use (n=57), 82.5% felt less anxious when having sex, and the same proportion reported increased quality of sex life. This remained stable between T2 and T3 (repeated measures F=1).

#### Recreational/sex drug use

At T1, recreational drugs were used by 43 participants (34.1%) during sex. At T2, 15.8% reported increased drug use (T3: 23.5%) since starting PrEP.

#### Condom use

At T1, 56.5% used condoms often or always. Lower condom use since starting PrEP was reported by 67.9% at T2 and 72.5% at T3.

### Key findings

- 16% also use antibiotics as bacterial STI prevention.
- Condom use is decreasing under PrEP.
- We define two subgroups:
  1. MSM who use PrEP daily and manage to obtain the necessary medical checks.
  2. MSM who use PrEP event-driven, drop out at T2/T3, and are at increased risk because of suboptimal PrEP use or lack of HIV testing.

Discussion
Despite not having access to formal PrEP care in their home country, the vast majority of participants managed to follow a daily regimen and to obtain necessary medical checks, and reported increased quality of sex life. Despite their relative distance to local health care provision, this specific group of “PrEP tourists” is well aware of how to use PrEP correctly. Special counseling and medical checks are recommended for these PrEP tourists because of their high risk sexual behavior. However, these counseling and medical checks are not always available in the home countries of the PrEP tourists. A limitation is that high dropout between T1-T2 could have led to an overestimation of daily PrEP regimens.