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Seth C. Kalichman

# HIV Treatments as Prevention (TasP)

Primer for Behavior-Based Implementation

 Springer

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ISSN 2192-3698 ISSN 2192-3701 (electronic)  
ISBN 978-1-4614-5118-1 ISBN 978-1-4614-5119-8 (eBook)  
DOI 10.1007/978-1-4614-5119-8  
Springer New York Heidelberg Dordrecht London

Library of Congress Control Number: 2012944180

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Printed on acid-free paper

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# Preface

Because HIV is contracted only through a few specific behaviors, AIDS is a completely preventable disease. This simple fact motivates the field of AIDS behavioral research. Ultimately, our efforts are geared toward developing and testing interventions. Unfortunately, our interventions have only had a few tools to leverage against the virus. The good news in HIV prevention is that our toolbox is expanding. But with these new opportunities come new challenges. This Brief offers my perspective on using antiretroviral treatments as the latest tool for prevention. I am specifically interested in how behavioral interventions will be integrated with antiretroviral medications to prevent people living with HIV from transmitting the virus. The same medications can keep uninfected people from becoming infected, but this Brief is not concerned with pre-exposure prophylaxis (PrEP). The opportunities and challenges facing PrEP are different and warrant their own attention.

The idea for this Brief came from nearly a decade of AIDS behavioral research. My research team has been interested in developing interventions to reduce sexual risk behaviors in people living with HIV. Our first attempt demonstrated promising results. That intervention was subsequently packaged by the CDC as *Healthy Relationships*, which has been implemented by hundreds of providers around the USA. *Healthy Relationships* has also been adapted for use in Russia, South Africa, Botswana, and perhaps elsewhere. After completing *Healthy Relationships*, we worked on interventions to improve HIV treatment adherence. It was apparent that the obstacles to medication adherence were the same as those for sexual risk reduction—moods, motivation, stigma, disclosure, social environments, and substance use. In fact, the interventions we developed for medication adherence were based on the same theoretical models as *Healthy Relationships*. It became clear that these interventions could be integrated to simultaneously reduce HIV transmission risks and improve medication adherence. We therefore developed an integrated model for HIV prevention and treatment adherence called *In the Mix*. Our experience with *In the Mix* builds a foundation for this Brief.

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# Acknowledgments

There are many who have contributed to this work. Lisa Eaton at the University of Connecticut fueled many of these ideas. Lisa always knows the right questions to ask and she is the most resourceful person I have known when it comes to finding the right answers. Without Lisa's collaborations I am quite sure my work would have stayed stuck in the 1990s. I am also fortunate to have a team of dedicated researchers working on our interventions; Chauncey Cherry, Demetria Cain, Moira Kalichman, Christina Amaral, Tamar Grebler, Denise White, Mich'l Jones, Megan McNerney, Ginger Hoyt, Cindy Merley, Brandi Welles, Daniel Driffin, Harlan Smith, and Jennie Pellowski. I am also grateful to the National Institutes of Health for supporting our prevention and adherence research. This Brief would never have been completed without the support of Bill Tucker at Springer Science. Bill is everything I could ask for in an Editor. I am forever grateful to him. Finally, this Brief is dedicated to the memory of HIV Treatment Advocate Dan Dunable and to the future of Hannah Kalichman. Both Dan and Hannah remain my most enduring sources of inspiration.





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