



CREATING DESIRE FOR MICROBICIDES

CONSUMER PREFERENCES IN THE MSM COMMUNITY

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Reasons I Volunteered For This Trial:

- I have an altruistic attitude.
- Everyone likes some extra money.
- I take pride in maintaining a safe sexually active lifestyle.
- I am honored to be involved in cutting edge research regarding HIV/AIDS.

What My Trial Experience Was Like:

- The staff was helpful and prompt with any questions I had.
- The clinic setting had a warm, clean and inviting atmosphere.
- The time invested (entire study) was long (4-5 months). Although it worked for me, I could see others losing interest over time, even if enthusiastic at the start.

Preconceived Notion of Different Application Stages:

Applicators

- I was not sure how my anal cavity would react to the medicine (applicator only applications).
- Would I suffer leakage throughout the day?
- During insertion when sexually active, I was concerned with partner's reaction (mostly positive).

Pill

- I predicted it would be the easiest and most compatible with my lifestyle.
- I was nervous about the week following the last dosage. Would my body react negatively or go through withdrawal?

Consumer Feedback After Use of All Applications:

Applicators

- Time consuming, annoying and tedious steps with both phases (situational, daily)
- There was a learning curve to be sure it was inserted enough to reduce leakage



Pill

- Easiest form that actually reminded me to EAT something in the morning instead of just drinking coffee
- I became curious if it was causing me to gain a little weight, but concluded its my lack of exercise/diet



Which Application Type Did I Prefer?

Pill

- Most conducive with my lifestyle
- Consumption of a simple pill became a part of my morning routine
- There were no physical side effects*

**Applicator also did not have side effects*

How Could We Make This More Desirable?

ACCESSIBILITY!!!

If made accessible like condoms or Advil (via a 24 hour drug store), people could purchase discretely along with their lube and condoms.

Combat the Stigma

There is a stigma of terms such as Truvada being a “cocktail drug” or those on it being called a “Truvada Whore.” In time and with education, I believe the negative stigma can change.

Education

With GSA’s becoming more prominent in schools, I believe this could be a conversation included with “safe sex” education for kids who are coming out at earlier ages.

“Ideally”, How Can People Access and Use Microbicides?

Again, ACCESSIBILITY!!!

Through non-profit outreach, free clinics, bars, PRIDE events, their culturally competent PCP

Education

As a pill taken (like birth control for women), it becomes a part of the routine and accepted culture for sexually active men (even those that resist the use of condoms).

Creativity

Continue creating variable forms of application:
Chewable tablets, powder for a drink

Roadblocks: Why People Might Stop Using Microbicides:

- With terms like “Truvada Whore,” many believe this is a band-aid to a bigger problem. *There will always be critics.*
- If used when engaging in a sexual act, you may run into the same issues as those who choose to “go raw”/not to use a condom. The passion (combined with potential use of drugs and alcohol) can deter sound judgment.

Feedback From Sexual Partners

- “Wow! That’s cool, but I am weird about taking another pill.”
- “What are the side effects?”
- “Sure, it’s free because of the study, but how expensive would it be as a prescription?”
- “You inserted what, where? That is too invasive.”
- “I don’t like hospitals, so yea.. Ummm.. No.”

Feedback From Friends/Family:

- “Wow! That’s cool, but I am weird about taking MORE pills.”
- “What are the side effects? Is this safe?”
- “Sure, it’s free because of the study, but how expensive would it be as a prescription?”
- “You inserted what, where? That is too invasive and complicated.”
- “I don’t like hospitals, so yea.. Umm.. No.”
- “Would it be covered by most insurance plans?”



QUESTIONS?

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**I GRADUATE JUNE 2014*