

PrEP, Pharmakon, and Ambivalence in the Era of Nordic HIV Prevention

By Tony Sandset

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Abstract

Using Derrida's notion of pharmakon (again from Plato), I bring attention to how we can utilize the notion of pharmakon as an analytical framing device for thinking about the entanglements between pharmaceuticals, historical HIV narratives, and the contemporary landscape of HIV in the Nordic region. This article establishes a disciplinary conjecture by arguing that pharmakon as a framing device might add to our understanding of the, at times, polemical discourses around PrEP in Scandinavia and elsewhere, and also to our understanding of PrEP as a 'reluctant object' in the phrasing of Kane Race. I argue, through a theoretical reading, that PrEP as pharmakon has much to offer as a way of framing PrEP, particularly when it comes to trying to unpack some of the ambivalence that has surrounded PrEP as a preventive drug against HIV. By doing so, this article aims to (i) introduce a new theoretical reading of PrEP which so far has not been attended to in the literature, and (ii) by doing so, connect this way of framing PrEP to the Nordic setting in particular, and the historical development of HIV histories in the Nordic region.

KEYWORDS: HIV; PrEP; pharmakon; Scandinavia; ambivalence

Nordic histories and contemporary formations of HIV/AIDS are stories that cannot be told without the entanglements of biomedical innovations and their cultural, political, and social effects. The ‘biomedical turn’, as some have called it (Kippax & Stephenson 2016), has seen HIV shift from a fatal disease to a chronic and manageable disease for people who adhere to daily antiretroviral treatments (ART). Moreover, the discovery that people living with HIV (PLHIV), who achieve what is called undetectable viral loads, are unable to transmit HIV onwards through sexual contact spurred a paradigm shift from treatment *and* prevention to treatment *as* prevention (Nguyen, O’malley, & Pirkle 2011). This shift has seen a deconstruction of serostatus modulated not only as positive/negative but also as detectable/undetectable (Persson 2013; Persson, Newman, & Ellard 2017). However, the biomedical era within the Nordic history of HIV is not just an era of treatment but, rather, became a time for prophylaxis. This has been the case with the rollout and scale-up of oral HIV pre-exposure prophylaxis (PrEP) as it emerged in the U.S. in 2012 and was subsequently approved in the Scandinavian countries between 2016 and 2018. With the introduction of PrEP in the Nordic countries, another form of biomedical regime signaled a shift in the history of HIV in the Nordic region.

The emergence of PrEP as a tool in the toolbox to ‘end AIDS’ as it is sometimes framed (The Lancet 2015; UNAIDS 2020) has also seen the re-emergence of debates focusing on sexual risk, personal responsibility for health, the policing of LGBTQI sexuality, as well as discussions of fiscal responsibility and how far the state should go to finance preventive drugs (Mowlabocus 2020). As such, the age of prophylaxis, as we might call it, has once again shown us the need to attend to how the HIV epidemic is not only an infectious disease epidemic but more so, that such epidemics are always also epidemics of signification as Paula Treichler noted (Treichler 1999). The rollout of PrEP has reignited polemical discussions, which has meant that as part of the new landscape of HIV in the Nordic countries, we must also account for how biomedical

pharmaceuticals become signifying objects entangled within material-semiotic networks (Law 2009, 2019) of meaning-making, affect, and material effects. Oral HIV PrEP, most well-known as the brand name Truvada, manufactured by Gilead Sciences in California, has in many ways reshaped the HIV topology. On the one hand, it has been heralded as a ‘game changer’, a ‘revolution’, and part of ‘the end of AIDS’ by different health authorities. On the other hand, it has launched a series of debates in the U.S., England, and the Nordic countries on possible side effects, fear of risk compensation amongst its users, moral and fiscal responsibility, and the possible rise of other STIs and subsequent rise in antibiotic-resistant microbes. As Auerbach and Hoppe argue, the discourse on PrEP is often organized along a set of extreme contradictions: “either PrEP holds the promise to ending the HIV pandemic or PrEP is an insidious strategy that will exacerbate HIV epidemics and attendant social ills” (Auerbach & Hoppe 2015, 2). Auerbach and Hoppe go on to note that there seems to be an inherent dialectic concerning PrEP, one which is neither ‘good’ nor ‘bad’, but rather “has both positive and negative potentialities simultaneously and produces something new entirely as a result of the dynamic tension between them” (Auerbach & Hoppe 2015, 2). It is worth noting how the discourse on PrEP is one of ambivalence envisioned through this dialectic. This ambivalence, PrEP as good *and* bad at the same time, can be noted in a longer quote from McClelland, who states that

The barrage of marketing and hype means there has been little room for conversation or dissent about what PrEP means, let alone the decision to take it. The drug has been framed as a polemic: either you are against it, meaning you are sex-negative. Slut-shaming and against gay male liberation, or you aren’t (McClelland 2019).

The issue of ambivalence concerning PrEP has been taken up by Gaspar, Salway, and Grace (Gaspar, Salway, & Grace 2021), who identify several spaces wherein PrEP becomes an ambivalent

socio-material object. As Gaspar et.al states, “something about how the conversation on PrEP was structured left us *ambivalent* – vacillating between accepting and even celebrating PrEP on the one hand, and being deeply concerned over what avid attention to PrEP may be occluding or even perpetuating, on the other” (Gaspar et al. 2021, 172). In this climate of polemics and ambivalence, old tropes of sexual responsibility, moral panic, and freedom have been recast within a new era of HIV prevention. Using Derrida’s notion of *pharmakon* (Derrida 2014a) (again from Plato), I want to bring attention to how we can utilize the notion of *pharmakon* as an analytical framing device for thinking about the entanglements between pharmaceuticals, historical HIV narratives, and the contemporary landscape of HIV in Scandinavia. Moreover, I will argue that the figure of the *pharmakon* is deeply aligned with, and conceptually important for, how PrEP has become such an ambivalent drug in the recent era of HIV prevention.. Indeed, my argument is that some of the ambivalent discourses that can be seen in conjunction with PrEP roll-out globally, and in Scandinavia, are inherently linked to an indeterminate property of PrEP, that is, its capacity for positive and negative potentialities at the same time.

This article establishes a disciplinary conjecture by arguing that *pharmakon* as a framing device might add to our understanding not only of the at-times polemical discourses around PrEP in Scandinavia and elsewhere, but also to our understanding of PrEP as a ‘reluctant object’ in the phrasing of Kane Race (Race 2016). I argue, through a theoretical reading, that PrEP as *pharmakon* has much to offer as a way of framing PrEP, in particular when it comes to trying to unpack some of the ambivalence which has surrounded PrEP as a preventive drug against HIV.

By doing so, this article aims to (i) introduce a new theoretical reading of PrEP which so far has not been attended to in the literature, and (ii) by doing so, I will aim to connect this way of framing PrEP to the Nordic setting in particular and the historical development of HIV histories in the Nordic region.

PrEP: Towards a Brief History of Pre-Exposure Prophylaxis against HIV

In various ways, the history of HIV prevention has been filled with series of controversies and debate over what constitutes safe sex, as well as various debates around responsibility and policing of queer and gay sexualities (Berkowitz and Callan 1983; Patton 1985; Crimp 1987). Since its official FDA approval in the U.S. in 2012, oral HIV PrEP, popularly known by the brand name Truvada, has been a very public topic of discussion about an intimate drug. While a prophylactic drug for HIV might be expected to have a public history told in mostly positive terms, since its approval, Truvada has spurred on several controversies and debates. These debates have oftentimes focused on a set of discursive polemics and have stirred up controversies in the public. The very early debates centered on the real-world effectiveness of PrEP as prophylactic against HIV (Karris, et.al, 2014), however, as more and more evidence emerged, both from open-label trials and epidemiological data on the effectiveness of PrEP in protecting against HIV, other debates arose. One of the most notable debates centered around the fear of ‘risk compensation’ and the reduction of condom use amongst PrEP users (Blumenthal & Haubrich 2014; Blumenthal & Haubrich 2014; Rojas Castro, Delabre, & Molina 2019). The fear around the ‘loss of condom culture’ (Bruan, 2017) spurred on what was later called the ‘Truvada wars’ (Belluz 2014; Cairns 2013) and the moniker of the ‘Truvada whore’ (Calabrese & Underhill 2015; Duran 2012). PrEP has become a symbol on the one hand, of a new sexual revolution, in particular for gay men, which signaled freedom from fear of HIV, the forming of new intimacies, and the deconstruction of serostatus (Montess 2020; Slagstad 2016). On the other hand, for some, it triggered a virulent and moral response. This response played on a discourse wherein the introduction of PrEP was seen as the herald of the loss of personal responsibility for sexual health and the loss of a form of sexual citizenship within society (Dembosky 2016;

Weinmeyer 2014). Moreover, the use of PrEP was labeled as a form of hedonistic and selfish practice, highlighted by discourses framing PrEP as a 'party drug' for users who had abandoned all sense of sexual responsibility (Weinstein 2015). Such discourses were also entangled with discourses around the relationship between personal responsibility for health and the financial cost of rolling out PrEP, a point which became very visible in England through what was called 'the people versus the NHS' (Jones, Young, & Boydell 2020). However, this has also been the case in Norway and Denmark where the discourses played on how much the welfare state should pay for preventive medicines, which became a topic of great concern for some (Jensen 2016; Mansø 2019; Stensbak 2019).

The framing here focused predominantly on who should be responsible for paying for PrEP; the individual or the healthcare system. Within this optic, conservative voices questioned the logic of providing people at risk of HIV with PrEP when condom usage was seen as cheaper and thus would also save the state money. This case was made evident in a response by the then Danish Minister of Health, Sophie Løhde, who expressed reservations regarding PrEP in light of its cost, and in particular when weighed up against the cost of condoms (Pedersen 2016). Ultimately, this framing of PrEP pitted patient groups against each other and played on discourses of austerity and fiscal responsibility (Stensbak 2019). In England, media voices pitted gay men's access to PrEP against children's access to cancer treatment and in Norway, gay men's access to PrEP was pitted against access to migraine medicine for people suffering from debilitating migraines (Spencer 2016; Stensbak 2019).

Tropes of personal responsibility, sexual morality, and fiscal austerity have produced a climate wherein PrEP emerged as a rather polemical drug in the public debate. This polemic is driven in many ways by different positionalities, some arguing strongly for PrEP while others have articulated arguments that are strongly against PrEP. In this polemical landscape, various ambivalent positions have emerged. Prior research has

in many ways focused on the polemical debates that have emerged concerning PrEP. Yet, few have directly focused on using pharmakon as an analytical framing device. A few scholars have used the figure of the pharmakon concerning PrEP, but they have mostly done so through small sections and small analytical pieces (Dean 2015; Gaspar et al. 2021; Preciado 2013). Few have explicitly taken on pharmakon as a theoretical framing device, and as such, drawn explicitly on Derrida and his overarching deconstructive framework. Fewer still have written on PrEP in the Nordic context and while my intervention here is predominantly a theoretical reading of PrEP, it will draw on, and provide relevance for the Nordic setting. As such this article provides a novel take on framing PrEP through the lens of Derrida and the figure of the pharmakon.

Pharmakon and Its Ambivalence

I want to highlight how we can read the material-semiotic object known as PrEP as a form of pharmakon taken from Derrida's work (Derrida 2014), which again is taken from Plato (Plato 1961). As is well known by now, pharmakon is the name given to medicine but which nevertheless invokes critical ambiguity and tension. This ambiguity lies in medicine's ability to be both 'cure and poison' at the same time, and is used to denote a scapegoat. In *Plato's Pharmacy*, Derrida states:

This pharmakon, this "medicine," this philter, which acts as both remedy and poison, already introduces itself into the body of the discourse with all its ambivalence. This charm, this spellbinding virtue, this power of fascination can be – alternatively or simultaneously – beneficent or maleficent (Derrida 2014b).

Within the pharmakon lies an indeterminacy, an ambivalence that is hard if not impossible to solve according to Derrida. It is this ambivalence that I will focus on when it comes to how PrEP can be seen as a pharmakon: the ambivalence between

the beneficent and maleficent; between the positives and the negatives.

For Derrida, the pharmakon cannot 'be ascribed to one pole or the other, because it always harbors within itself the 'complicity of contrary values' (Derrida 2004; Persson 2004). Moreover, as Persson notes, "Having no stable, definitive essence, pharmakon is indeterminate rather than predictable, contextual rather than causal" (Persson 2004, 49). This is also attested to by Bernard Stiegler, who follows up on the analytical point of departure on the ambiguity of the pharmakon by stating that

The pharmakon is at once what enables care to be taken and that of which care must be taken – in the sense that it is necessary to pay attention: its power is curative to the immeasurable extent that it is also destructive (Stiegler 2013, 4).

The pharmakon as medicine is both an object of care, or rather, it enables care to be taken through its healing abilities. Conversely, care must also be taken to avoid the poisonous effects of drugs (side effects, pharmacological interactions between drugs, allergies to active ingredients in drugs, overdose, etc.). Extended to the biopolitics of PrEP and queer sexuality, it is important to note that we should not only read pharmakon as pertaining to biological processes and effects. Rather, since drugs are more than their chemical properties and biological effects, we must also attend to their signifying and symbolic value; their placement within a system of norms and values; of affects and wants, and of ideology and politics. It is worth noting that

...the curative and toxic dimensions cannot be held apart; they are co-constituents. The difficulty for practitioners of pharmacology is to learn to distinguish them in a new way, that is, without opposing them (Piška 2017, 6).

As a material-semiotic object within HIV prevention, we should take note of two things. First of all, PrEP as formulated by its chemical compounds

has pharmacological effects, some of which are benevolent while others can potentially be malevolent. The pharmacological buildup of PrEP is here represented by its chemical building blocks, emtricitabine/tenofovir. Emtricitabine is a nucleoside reverse-transcriptase inhibitor (NRTI) while tenofovir is a nucleotide analog reverse-transcriptase inhibitor. It should be mentioned that PrEP, by the brand Truvada, was indeed first marketed and used as a drug for the treatment of HIV and not as it is now also known, as prophylaxis. As such, while its primary benevolent effect is to offer protection against HIV, it nevertheless also harbors potential side effects. These can include kidney problems, including kidney failure; lactic acidosis; liver problems; bone problems, including bone pain, softening, or thinning leading to fractures; and other side effects such as headache, stomach-area (abdomen) pain, and decreased weight¹. However as noted earlier, the effect of the pharmakon must also be extended and seen in the light of its societal discourse; its ideological placement, and its symbolic meaning, and not only through its biological effects.

The use of pharmakon as an analytical device within scholarship, which has focused on the ambiguous nature of pharmaceuticals or even illicit drugs, is not new (Herlinghaus 2018; McDowell 2017; Meyers 2014; Rinella 2010). Indeed, Asha Persson and Marilou Gagnon have both evoked the figure of the pharmakon to talk about antiretroviral treatment for people living with HIV as a form of pharmakon (Gagnon 2009; Persson 2004). Persson states,

the ambivalent quality of pharmakon is more than purely a matter of 'wrong drug, wrong dose, wrong route of administration, wrong patient. Drugs, as is the case with antiretroviral therapy, can be beneficial and detrimental to the same person at the same time (Persson 2004, 49).

By using pharmakon as an analytical optic in this article, I also move our attention to the role of ambiguity. Pharmakon itself is an ambiguous device as its capacity for either beneficial or harmful effects

is not altogether clear since it can be both at the same time. Indeed, this point has been spelled out by Marent et.al concerning emergent biomedical technology in general (Marent, Henwood, Darking, & Consortium 2018). Ambivalence as an affective state is as Marent et.al states the “oscillation or tension between opposite poles of feeling and thinking” (Marent et al. 2018, 134). It is seen as a state in which conflicting and contrasting feelings and rationales come to bear upon each other and subsequently clash. For our purposes here, this is also an important point; PrEP as pharmakon might instill ambivalence in as much as it also produces tensions between different norms for ‘safe sex’ or various norms for sexual citizenship for instance.

In the case of ART and HIV, we can note that the conflicting duality experienced by PLHIV, who are on ART, shows that the ambivalence towards ‘emergent pharmaceutical technologies is not reducible to their effects on the physical body’ (Gaspar et al. 2021, 174), but is more so shaped by contrasting “cultural ideas about self and body, about illness and health, efficacy and responsibility” (Persson 2004, 46). Indeed, Gaspar et.al in discussing PrEP as an ambivalent socio-material object, notes several times the parallels between ambivalence and the concept of the pharmakon (Gaspar et al. 2021). As Gaspar et.al note, the ambivalence produced by PrEP as pharmakon should not be reduced to its biomedical effects; rather,

the pharmakon’s dual nature as remedy/toxin reminds us that within medicine’s capacity to save lives remains its ability to poison the (social) body. To question medicine’s shortcomings is not to diminish its positive attributes, but is rather to ask for a more comprehensive view of what biopolitical futures are possible (Gaspar et al. 2021, 182).

As a framing device for PrEP, pharmakon allows us to attend to the various ambivalent and indeterminate processes connected to the public life of this intimate drug.

This points to the importance of looking at how PrEP is signified both as a material object with embodied effects, but also how it becomes

an ambiguous semiotic object within the biopolitics of society writ large. Moreover, since one of the traits of pharmakon lies in its ability to always harbor the ‘complicity of contrary values’ within itself, as a framing device to think about PrEP, pharmakon adds a new dimension to the discourse and analysis of PrEP both in the Nordic context and elsewhere.

PrEP as Pharmakon: Ambivalences from Biomedicine and Public Health

From a biomedical and public health point of view, PrEP has been seen as a form of pharmakon, in the Nordic countries and elsewhere. The initial rollout of PrEP triggered debates regarding access to the drug and the structure of the welfare state’s PrEP programs. On the one hand, PrEP was lauded as an important tool in the efforts to decrease the incidence rates of new HIV infections, in particular among people deemed at high risk of acquiring HIV. Such discourses played on the narrative of the end of AIDS and biomedical triumphalism (Kenworthy, Thomann, & Parker 2018; Kippax & Stephenson 2016). This has been both the case in Scandinavia and the U.S. and UK where PrEP has become a story of biomedical triumph. In an article in *Berlingske*, the Director of the Danish AIDS Foundation, Andreas Gylling Æbelø, states that

With this decisive step [the introduction of PrEP], we expect that we can stop the spread of HIV in Denmark in 2025 or 2030 [...]. We can become the first country in the world to stop the spread of HIV within our borders (Berlingske 2017).

The biomedical triumph of PrEP is of course a welcome addition to the drive towards the ‘end of AIDS’. And yet, for scholars working in the critical social sciences and humanities, such discourses of biomedical triumph might sit uneasy with the recognition that the HIV epidemic is driven by, and maintained through, social structures which there is no easy cure for.

As Gaspar et al. note, such biomedical triumphalism sits uneasily with social scientists who rightly point out that at the heart of the HIV epidemic lies structural barriers such as stigma, discrimination, socio-economic inequality, and other issues (Gaspar et al. 2021). This is no different in the Scandinavian setting, particularly when we look at HIV rates amongst immigrants and, especially, ethnic minority men who have sex with men (NIPH 2022). The Norwegian Institute for Public Health highlights the disproportionate number of newly acquired HIV cases amongst ethnic minority men who have sex with men, and explicitly states the need to reach these groups with early testing, and PrEP (NIPH 2022). Barriers such as discrimination, stigma, and lack of targeted services for these groups drive this trend, and as such, biomedical prevention can only be part of the picture.

Here, PrEP as a form of pharmakon could be conceptualized as that ambivalent oscillation between on the one hand, a biomedical triumphalism, and on the other hand, the unease of realizing that PrEP access still is uneven in Scandinavia. Such unevenness indicates an inherent contradiction within PrEP programs in that those who have access to PrEP might not be those that need it the most (Gaspar et al. 2021, 178). For instance, in Norway, there are currently around 2.000 persons on PrEP, most of whom are men who have sex with men (NIPH 2022). Yet, the National Institute of Public Health as well as HIV Norway, and the Norwegian Medical Association amongst others, have noted that there still needs to be an increased focus on expanding HIV services like PrEP, to undocumented migrant MSM, ethnic minority MSM who are not reached through traditional service pathways, and others who are lost to care. The contradiction here is that those who might need PrEP the most, are often the ones who are outside of the healthcare system, as well as being outside traditional pathways to the 'PrEP cascade' (Liu et al. 2012). Whereas many who are on PrEP, in particular early adopters, were often people who knew how to navigate the healthcare system, access care, and in general had the resources to navigate the

healthcare system to get PrEP; pointing to the 'class divide' of the 'Truvada Wars' (Braun 2017).

In addition, as Auerbach notes, there have been fears that with the advent of the success of PrEP, governments might indeed scale down and

shift resources from behavioral counseling, HIV testing, condom promotion, social support, and harm reduction services to PrEP programmes, with negative consequences for certain populations (Auerbach & Hoppe 2015, 3).

PrEP as pharmakon in this setting might be seen as a biomedical success story for many, while conversely and at the same time, this very success might bring with it unintended consequences such as the reduction of funding and program infrastructure for other HIV prevention services. While this has yet to manifest itself, the discursive framing warrants at least the acknowledgment of this fear.

Furthermore, and a point that echoes Gaspar et al. and Martin Holt, is the idea that the 'ideal PrEP' user is also enacted as someone vulnerable to HIV infections due to their 'non-compliance' to other safe sex guidelines, yet suddenly is inscribed and indeed expected to follow PrEP protocols (Gaspar et al. 2021; Holt 2015). The paradox which is pointed out, and which creates a form of ambivalence, is that this user is sometimes seen as 'too high risk' and as such not able to adhere to daily or even intermittent PrEP use, while people with lower risk, are seen as more probable to adhere to a PrEP regime. A case in point here would be "people who use drugs and/or have mental health problems, or who experience instability in their housing situations" (Auerbach & Hoppe 2015) and as has been mentioned in Norway, the case of refugees without papers and other migrants who cannot access healthcare services and subsequently PrEP (Cassidy 2013; Norwegian Medical Association 2013).

This biomedical ambivalence produced through PrEP as pharmakon extends then to the ambivalent discourses on who should be able to access PrEP and subsequently, how much PrEP

should be prescribed in total. A debate that has followed in the wake of this ambivalent position is a debate on the side effects of the over-prescription of PrEP. On the one hand, PrEP has shown high effectiveness in the real-world setting towards protection against HIV. Conversely, for some, PrEP affects bone density and kidney functions, and while these side effects generally are reversible, there is fairly little data on the long-term effects of being on PrEP (Tetteh et al. 2017), although Truvada has been on the market as an HIV *treatment* since 2004. This is a more classical rendering of PrEP as pharmakon where the beneficial and toxic effects are refracted through a lens that focuses solely on the bodily effects of PrEP. Concerning this ambivalent effect of PrEP as pharmakon, Gaspar et al. note that “the Western ontological focus on primary pharmaceutical effects (in this case, HIV prevention) renders bodily harms as “secondary” (Gaspar et al. 2021, 180). While these ambivalent effects of PrEP as pharmakon are important to attend to, I would like to add here that while it is important to critically reflect on the above ambivalences which are the results of PrEP as pharmakon, this does not equate to a position that states that we should ‘embrace’ all the ‘poisonous’ effects of the pharmakon on equal terms. There are beneficial effects to PrEP that far outweigh the harmful effects. But if we extend the meaning of PrEP as pharmakon to also include a lens which sees “pills as not just the accumulation of chemical ingredients, but are the product of convoluted biopolitical forces” (Gaspar et al. 2021, 181; Persson 2004), then PrEP as pharmakon, a drug which is both beneficial and harmful, needs to be seen through different contextual lenses.

Returning to how PrEP as pharmakon raises ambivalences in the current history of HIV in the Nordic region, one of the main debates that emerged in conjunction with the rollout of PrEP in Scandinavia has been the fear of risk compensation. The main debate circulates the issue of whether or not PrEP use will lead to an increase in STIs due to people dropping condoms during sex. While PrEP has, for some time, been framed as a *supplement* to condoms, the debate around risk compensation shows that for some, PrEP figures

as a *dangerous supplement* in that it threatens to overtake the ‘original’ safe sex practice object, the condom. In some ways, this fear and ambivalence regarding risk compensation remind us of another figure from Derrida, namely the supplement (Derrida 2016). The supplement in Derrida shows us how writing, for instance, is a supplement to speech and masturbation is a supplement to sex, meaning that these are supplements to the ‘original’, in these cases, speech and sex. At its core, Derrida states that the supplement must be seen as simultaneously something that completes another thing, and something that may come to replace the ‘original’ thing or object. Moreover, the supplement may then come to substitute for the object, and therefore, be a threat to it and might altogether take its place. For Derrida, the supplement is *both* addition and substitution, which is in many ways similar to how the pharmakon is both cure and poison. The supplement as addition ‘enriches’ and adds to the original whereas the supplement as substitution comes to overtake and overthrow. The guidelines from the Norwegian National Competency Service for Sexually Transmitted Infections (NKSØI), explicitly state that PrEP is a supplement to condoms and should be used in connection with condoms (NKSØI 2015).

This is precisely why PrEP as a pharmakon produces for some, an epidemiological ambivalence in that PrEP threatens to *substitute* the condom and hence becomes what Derrida also described as ‘that dangerous supplement’ (Derrida 1976, 141-165). From an epidemiological standpoint, the debate on the supplementary nature of PrEP concerns whether or not PrEP will lead to an increase in STIs. Some have argued that this is the case while others have argued that it is not. This has been debated thoroughly in the literature on PrEP (Montaño et al. 2019; Quaife et al. 2020) and in the Scandinavian public press (Linnestad 2019; Sanden 2020). As Holt et al. state, this has generated an ambivalence wherein some are highly concerned while others are undisturbed by the perceived threat of risk compensation (Holt et al. 2019). An emergent ambivalence that has added to this discourse is the fear of a rise in STIs that are resistant to antibiotics (AMR), an ambivalence

that also shows the nature of the pharmakon. If PrEP does lead to an increase in STIs, a highly debated topic, then PrEP, as with pharmakon, would offer protection against HIV, and yet, at the same time, it could produce harmful effects such as a rise in AMR STIs. It should be mentioned, as I have alluded to already, that the issue around the increase of STIs due to PrEP is a debated topic and a topic where research itself seems to be divided. Nevertheless, the ambivalence can be summarized in the following quote from a PrEP user in an article in *Ottar*, a Swedish online journal on sex and politics who states that

I've taken more chances to have sex in clubs and bars, and more hookups. But you are only protected against one thing. I think antibiotic-resistant gonorrhea is a deterrent for many. Then you become completely off-limits. A terrible position to be in for a sexually active person (Sanden 2020)

PrEP as pharmakon and as a supplement to condoms thus produces an ambivalent position seen from a biomedical point of view, but these ambivalent positions produced by the pharmakon are also found in the biopolitics of sex and sexuality.

The Pharmakonological Biopolitics of PrEP

PrEP as pharmakon has, in the Nordic context, not only produced ambivalent positions when it comes to biomedical issues and issues about epidemiology, but also ambivalent positions on the biopolitics of sex. Others have noted that the fear of the supplementary nature of PrEP as something that will overtake condoms, is not just about the fear of risk compensation but also a fear of the abandonment of condom culture. From the U.S. we can note the by-now infamous statement made by Larry Kramer who said

Anybody who voluntarily takes an antiviral every day has got to have rocks in their heads. There's something to me cowardly

about taking Truvada instead of using a condom. You're taking a drug that is poison to you, and it has lessened your energy to fight, to get involved, to do anything (POZ Magazine 2014).

PrEP as pharmakon in this framing might protect you against HIV yet it threatens to deprive you of an alleged right to take responsibility for your health, indeed, it seems to be framed as a way of reducing individual responsibility and even willingness to fight as Kramer states. This form of rhetoric was echoed in Danish news media in an article in *Berlingske* where we can read the following quote,

the health care system should do what is possible to help the poor people who are unwittingly affected by such a disease [HIV]. But with state-funded PrEP treatment, we are depriving homosexuals of responsibility, it is to encourage unsafe sex and seems completely absurd (Christiansen 2016).

In a strange form of reversal akin to Kramer's statement, it seems that PrEP is framed as an *irresponsible* thing to do, that to take PrEP in a sense, is a way of *avoiding* responsibility, and of avoiding personal agency. This reversal is a paradoxical, and in many ways, strange reversal of the logic of PrEP, as choosing to start PrEP is by many, seen as a responsible thing to do, a way of taking responsibility for one's health and the health of others.

There is another way in which PrEP produces an ambivalent position if framed through the pharmakon. The fear of the abandonment of condoms is not just the fear of an increase in STIs that might follow, but rather it is for some also a fear of the abandonment of latex technology, which has come to signify safe sex practices as well as a communal responsibility. Kane Race has argued that the attachment to condoms concerning PrEP produces a reluctance to embrace a new safe sex technology, not only due to its pharmaceutical side effects, but also as a sign that it might threaten a habituated and historically mediated safe sex technology in which queer communities have

invested considerably in producing and maintaining (Race 2016, 21). As such, the attachment to condoms is not just practical or material, but semiotic and symbolic and as such, PrEP represents a new norm when it comes to safe sex practices and perhaps to queer sexuality and culture in general. As Kane Race states, PrEP is

an object that may well make a tangible difference to people's lives, but whose promise is so threatening or confronting to enduring habits of getting by in this world that it provokes aversion, avoidance – even condemnation and moralism (Race 2016, 17).

I would argue that the reluctance that Kane Race describes in relation to PrEP is indeed a reluctance based on ambivalence. The reluctance and ambivalence in embracing PrEP might indeed be due to what some might see as a 'threatening or confronting' proposition 'to enduring habits' that it indeed triggers 'aversion, avoidance – even condemnation and moralism'. The long history of safe sex as mediated by the latex barrier of the condom must be seen as part of this symbolic discourse. The 'enduring habit' of condoms as a way of practicing safe sex, and also signifying responsibility for sexual health, is perhaps part of the reason that the propositions that PrEP makes produce a form of ambivalence. I would also argue that it is the indeterminacy of the pharmakon, which allows for ambivalence to emerge through a promise of 'unmediated intimacy' while also threatening decades of condom culture and norms associated with condom usage (Bolton 1992; Gillis 1997). It should be noted that in the early days of the HIV epidemic, parts of the medical establishment stated that condoms and condom usage was not enough to ensure safe sex practices and rather highlighted the need for monogamy, abstinence or partner reductions as key elements in HIV prevention.

The fear of abandonment of condom culture could be seen as linked to the rise of another ambivalent product of PrEP as pharmakon: the moniker of the 'Truvada whore' (Betts 2021; Bruan 2017; Calabrese & Underhill 2015; Duran 2012; Gonzalez 2019) and the rise of the 'Truvada wars'

(Belluz 2014). Early in the launch of Truvada both in the U.S, the UK, and in Scandinavia, PrEP was often framed as a 'party drug' and associated with promiscuity and implicitly in opposition to 'responsible sexual behavior' (Collins 2021; Gonzalez 2019; Mowlabocus 2020). Yet, as PrEP scale-up and roll-out has taken hold in queer communities, PrEP has become more and more of a staple in the biopolitics of gay and queer sexuality. This has led to what some see as an ambivalent position:

With more GBM [gay and bisexual men] deciding to go on PrEP, advertising their PrEP use on social media and framing it as the healthy and the responsible choice, the counter-cultural dimensions of PrEP use have become tenuous. To have sex on PrEP is now no longer counter to mainstream public health dogma. It is public health dogma. Rather than being shamed for being highly sexually active, GBM may be shamed for not being on PrEP (Gaspar et al. 2021, 181).

PrEP as pharmakon, in this instance, pivots between, on the one hand, offering sexual freedom, autonomy, and protection from HIV, while on the other hand, it might produce new sexual hierarchies wherein those who are *not* on PrEP for different reasons become labeled as 'irresponsible', 'irrational' and 'unhealthy'. This shift in norms and cultural prescriptions can be attested to in an online article from Sweden which describes in many ways the point made by Gaspar et.al. In the article, we can read an interview with a doctor who is quoted saying, "Some say 'I had such a bad case of chlamydia so now I don't want to have sex without a condom, but everyone wants to have sex with me without a condom'" (Sanden 2020). The article goes on to note that there is much evidence that PrEP contributes to shifting the norms around condom use. In line with Gaspar et.al., the sexual norms have started to shift around PrEP and subsequently also the norms around condom usage. This is not to say that PrEP is inherently bad, but can attest to the ambivalences that can arise and the tensions that emerge through PrEP when framed as pharmakon. In this sense, PrEP as

pharmakon produces unintended consequences which might reintroduce power relations, new sexual hierarchies, and new ways to pathologize gay and queer communities. The effect of the pharmakon here is that while it truly offers important and, for many, critical tools to both reduce the risk of HIV and to reduce anxieties around HIV and enjoy more freedom, it might become so dominant and so hegemonic that it reinforces power relations between those that are on PrEP and those that are not (Smith et.al. 2021).

There is another way in which we can also read PrEP as a pharmakon in the biopolitics of sex. While PrEP offers in many ways sexual autonomy and freedom, as well as liberation to have sex without a latex barrier, this freedom and newfound intimate sexual politics is paradoxically predicated upon increased control and discipline of the very same sexual practices. The consumption of PrEP is predicated upon regular checkups at healthcare facilities, as well as blood tests done at regular intervals (Orne and Gall 2019). Moreover, it involves routine consumption of pills and as such is contingent upon a disciplinary power (Dean 2009). The freedom that PrEP enables is contingent upon biomedical control and surveillance of sexual behavior, with regular blood tests, and follow-up in the healthcare system. For some, this could be seen as a form of disciplinary power in the vein of Michel Foucault, and indeed, Tim Dean has argued as much. Yet, for others, this form of power still enables care to be given, and care to be taken. Seen through a Foucauldian lens, care is never outside the purview of power, and as such, while care enables freedom and health, it is still not outside the grip of power.

Finally, to gain access to PrEP, at least through the healthcare system, the subject who wants PrEP must also engage in what Nguyen in another context has called 'confessional strategies' within HIV efforts (Nguyen 2009). In the case of Norway, for instance, the 'PrEP cascade' is initialized through precisely a consultation wherein the person seeking PrEP must be evaluated according to various risk calculations done by the doctors, which is followed up with inquiring into the motivation for starting up PrEP, and finally, a description of

adherence protocol to PrEP as told by the doctor to the patient (Norwegian Medical Association 2021). To access PrEP the subject must acknowledge and 'confess' to being 'at risk'. As such, PrEP as pharmakon produces ambivalent positions, which oscillate between freedom and autonomy, and between discipline and control of the other. In light of these statements, part of the reason that PrEP is framed as a reluctant object lies in the fact that

PrEP asks HIV-negative men not only to acknowledge but also take systematic, prescribed, coordinated, and involved action against a risk that one may not be inclined to acknowledge so readily. Or a risk that may be acknowledged at some level, but that is rationalized as not much of a risk (Race 2016, 23).

But can this reluctance be traced back to PrEP as a form of pharmakon? PrEP as pharmakon might produce for some, an ambivalent subject position wherein, to gain access to 'the good effects of PrEP', one must at the same time acknowledge, confess to others, and indeed, come to recognize oneself as a 'subject of risk' (Race 2016, 17). To come to see oneself as 'at risk' might be an uncomfortable and ambivalent proposition for some. Some time back, Rich Juzwiak, also quoted by Tim Dean, illustrates this ambivalence and this acknowledgment of both PrEP's benefits and drawbacks when he stated that

there are plenty of us who occupy a gray area, in which barebacking isn't exactly a lifestyle, and in which contracting HIV doesn't exactly seem like an inevitability. For those of us in that group, the kind of introspection that Truvada requires is hard (Juzwiak 2014).

Kane Race would perhaps argue that this is part of why PrEP, at least in the beginning, and still for some, is a reluctant object. I find that it is also a recognition of how PrEP harbors within itself a promise of freedom, protection against HIV, and as an enabler to take care of one's health, but at

the same time, that promise is only predicated upon realizing and saying out loud in a sense, that one is at risk to begin with. Of course, for many this is not the case; for many who are on PrEP, the beneficial effects of PrEP far outweigh any such ambivalences and oscillations between these affective poles. However, I do think we should attend to these ambivalences for those who still experience and feel these oscillations, if not, we risk losing sight of how triumphalism might obscure important nuances around PrEP. The dialectics of PrEP, which oscillates between the 'good' and the 'bad' that has emerged in connection to PrEP, produces several ambivalent spaces for thinking and acting. Race's 'reluctant object' is also an object that instills a great deal of ambivalence across a multitude of fields and communities. The generation of ambivalence can be connected to, I argue, the basic indeterminacy of PrEP as pharmakon. The reluctance and ambivalent trajectory of PrEP within the history of HIV in the Nordic countries attests to many paradoxes and tensions, many of which go far beyond the economic and medical but which have their roots in the affective.

Conclusion

In the above, I have argued that PrEP can be framed through the analytical device of the pharmakon. In doing so, we can better attend to the production of a set of ambivalent positions that produces a new 'signifying epidemic' within the history of HIV in the Nordic region. Moreover, by attending to PrEP as pharmakon and its subsequent ambivalent biopolitics, I argue that PrEP as pharmakon can give us useful insights into many of the tension-filled spaces in which this intimate drug has figured through its public life in the Nordic setting. Saying this is not the same as being against PrEP. On the contrary, and as Dean reminds us, I am not arguing that gay men should not take Truvada, only that there exist biopolitical side-effects (in addition to physiological ones) to mass compliance with pharmaceutical mandates. We need to take account of these potential side-effects and thus to

consider the full complexity of gay men's relation to drugs (Dean 2015, 234).

By framing PrEP as pharmakon we are better equipped, I argue, in attending to the tensions that now emerge in the age of prophylaxis. In doing so, PrEP as pharmakon allows us to stay with ambivalence and attend to these ambivalent spaces more productively. This is a far cry from saying that we should always hold a balanced position between 'cure' and 'poison', and between 'benefits' and 'harms'. Rather it is a call for considering, with nuances and details, when we should give what elements attention, and how. Indeed, the deconstructive approach I have taken in this article is a strategy that, as Kane Race has stated, allows us to 'engage with biomedical knowledges in a manner that also allows for a critique of biomedicine and its methods' (Race 2009, 93). By framing PrEP as pharmakon I follow a strategy that is in line with the deconstructive work of Preciado (Preciado 2013) and his phrase of 'pharmacopower'. In making this call, I am also drawn to Bernard Stiegler again who states that the pharmakon is

at once what enables care to be taken and that of which care must be taken – in the sense that it is necessary to pay attention: its power is curative to the immeasurable extent that it is also destructive (Stiegler 2013, 4).

We should take care and enable care through PrEP and this, I argue, also implies pointing out the ambivalences produced by 'this philter, which acts as both remedy and poison'; both through its biomedical, epidemiological and biopolitical manifestations. Care must be taken when taking PrEP, but more importantly, care must also be taken so that we do not risk reintroducing old sets of sexual hierarchies and biopolitics of control when it comes to those that, for whatever reason, do not want to, or cannot access PrEP. Moreover, care must also be taken in balancing this biomedical technology as an important triumph while at the same time attending to the deep-rooted inequalities of the HIV epidemic in the Nordic countries. Finally, care must be taken in ensuring that while we can celebrate this pharmakon and the emergence of a new

sexual revolution as many have called it, we need to ensure that this celebration does not

overshadow decades of GBM safer sex cultures and community work done to prevent HIV [...] and in so doing, it can also minimize how mainstream epidemiology directly fostered homophobia and HIV stigma by routinely problematizing GBM's sexual behavior (Gaspar et al. 2021, 181).

By attending to the ambivalent position produced by PrEP as pharmakon, we can attend to the care that needs to be given to HIV prevention, while giving attention to those elements that are messy and tension-filled. Figuring out which elements should be

given attention in this space is political, ethical, and epistemological. The figure of the pharmakon as a framing device for PrEP in the Nordic context allows us to tease out these ambivalent positions, not to say 'anything goes' or to imply that both poisonous elements and curative ones hold equal value. In conclusion, PrEP as pharmakon allows us to, as Gaspar argues, pose questions such as 'how does PrEP foster the lives of some while disallowing and ignoring others? How does PrEP operate to increase form of regulation, power, and surveillance?' (Gaspar et al. 2021, 183). It is to attend to when, and for whom, is PrEP curative and poisonous. What unforeseen and paradoxical discourses emerge? For whom does PrEP offer freedom and autonomy, and for whom does it spell less attention and funding?

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Notes

- ¹ See for instance the package information and full analysis of Truvada by the European Medicines Agency (EMA) here: https://www.ema.europa.eu/en/documents/product-information/truvada-epar-product-information_en.pdf