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DoxyPEP: Thinking towards implementation

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DoxyPEP: Thinking towards implementation

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DoxyPEP: Thinking towards implementation

The recent rise in sexually transmitted infection (STI) rates has renewed discussions about innovative approaches to prevention. Among these, doxycycline post-exposure prophylaxis (DoxyPEP) has emerged as a promising intervention (1). While debates continue regarding its broader application, DoxyPEP is already here, with individuals independently adopting its use (2). This underscores the need for thoughtful, equity-driven implementation strategies that draw lessons from the rollout of HIV pre-exposure prophylaxis (PrEP) (3). To reflect on this, on December 2024, researchers at the University of Edinburgh held an expert roundtable to discuss hopes and concerns about DoxyPEP implementation in the UK. This article presents these conversations from clinical, activist, user, and academic contexts. The successful implementation of DoxyPEP requires addressing structural inequities, dismantling stigma, and recognizing the holistic benefits of sexual health interventions.

Beyond the Biomedical

STIs are not merely biomedical problems; they are deeply entwined with issues of shame, stigma, and social relations (4). DoxyPEP, therefore, offers more than risk management and reduction. As with HIV PrEP, DoxyPEP has the potential to enhance sexual well-being, reduce anxiety, and support sexual pleasure (5). These benefits align with calls to improve sexual health interventions using holistic strategies, including the psychological and emotional dimensions of wellbeing, beyond a primary focus on disease metrics.

Such an approach requires framing DoxyPEP as a tool that supports sexual health and autonomy, moving away from narratives that narrowly define success through epidemiological outcomes. Public health messaging should highlight the intervention’s role in fostering confidence and well-being.

Equity as a cornerstone

The implementation of HIV PrEP has taught us lessons about health equity. PrEP’s rollout revealed significant disparities, particularly regarding access for women, Black and ethnic minorities, and communities in low-resource settings (3). Similarly, DoxyPEP implementation must prioritise understanding which communities need and, just as importantly, want this intervention, addressing potential inequities. To date,

To date, research has focused on cisgender gay and bisexual men, with some initiatives inclusive of transgender women. It is imperative to increase the evidence base for people with vaginas and communities outwit high income countries, ensuring that they are not overlooked in efforts to expand access.

Rethinking Antimicrobial Resistance (AMR)

Antimicrobial resistance is a critical concern in discussions about DoxyPEP (1). However, as the panel discussed, AMR risks are sometimes overemphasized within sexual health and for queer-centered technologies like DoxyPEP whilst at the same time they are generally minimized for other uses of the same antibiotics, including treating acne or malaria (6). This double standard underscores the need for balanced, evidence-based conversations about AMR that avoid disproportionately stigmatizing interventions benefiting queer communities (7). Health promotion on AMR must situate DoxyPEP within a broader context, addressing the substantial antibiotic burden from industrial farming and environmental sources. Additionally, AMR itself should be recognized as an equity issue, given its disparate impact on resource-limited settings (8).

Community-Driven Models

Flexibility and community involvement are essential for equitable DoxyPEP implementation. Community-prescribing models, successful in addressing barriers during the mpox outbreak, could similarly enhance DoxyPEP accessibility (9). Such models empower users, reduce dependency on overburdened clinical systems, and foster trust. The involvement of infectious disease specialists, sexual health experts, community leaders, and social scientists is crucial to co-create frameworks that respect user autonomy and address the needs of different populations.

Avoiding Stigma and Responsibilization

Like HIV PrEP, DoxyPEP can be deeply stigmatized. During PrEP's rollout, its users were often positioned as "good gay citizens," a narrative that obscured inequities in access and overlooked the systemic barriers many faced (10). W must resist framing DoxyPEP within moralizing discourses or expectations of universal adherence. Instead, discussions should challenge stigma and support diverse experiences, recognizing that not all users will approach DoxyPEP in the same way. A user-centered approach that values autonomy and individual needs will be key to fostering equitable uptake.

DoxyPEP is not a Silver Bullet

STIs reflect systemic gaps in sexual health service provision, including clinic closures and limited testing accessibility. While a valuable tool, DoxyPEP is not the answer to structural and social problems. In fact, if not carefully integrated, its implementation could exacerbate pressures on already-strained health systems. DoxyPEP should be part of a broader suite of interventions, including vaccinations, home testing kits, and structural reforms. Framing DoxyPEP as one component of a comprehensive approach will ensure its benefits are maximized without overburdening existing infrastructures.

Conclusion

DoxyPEP offers potential for STI prevention but requires equity-driven implementation that addresses stigma, antimicrobial resistance, and systemic gaps in sexual health services. This involves centering community voices, ensuring investments in sexual health, and embracing interdisciplinary collaboration.

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