

Renaissance and/or Baroque?

Let's say that this issue of HAART is on drugs and how to use drugs at the best. It is for HIV infection as well as for HCV. We know that every virus tells its story, but some similarities could be found, especially if you think about the process of drug discovery and the knowledge spread about it use. The impact of having efficient drugs in HIV and HCV is similar: we have to face epidemics on a global scale, to prevent the contagious, to reduce the burden to the disease and to cure the infection. Ideally, we would end the epidemic.

All of this needs drugs and we do have antivirals: we call HAART the combination of them to treat HIV infection; we call DAA the new compounds that address directly HCV the process of replication. It is a impressive condition that was unthinkable only some years ago, making improvements day by day. Drug are thought as the main surrogate of health, "the" solution to restore a condition that is not balanced, the answer you can swallow in order to face a threat.

A substance becomes a drug when there is a person who intake it for some expected effect that the above mentioned substance should have –either if it's supposed to have, either it has demonstrated to have. A substance without a person cannot be a drug. It remains a powerful substance, but not a drug. Drugs –pharmaceuticals- are at the heart of the story of HIV infection. Drugs, the quest for an antiretroviral was the first question that was made by people that were in need. Because to our culture drug –a pill- could be the answer: it reflects a specific cultural approach to formulate and to think a problem a in a specific way that includes -at some extent- in itself the answer. If we understands how it works, then we can built the solution. HIV was the first big challenge to this. I'm referring, for instance, to the too much optimistic statement made during a memorable press conference in April 1984 by Margaret Heckler, US Health and Human Services Secretary, after -may be- having had a conversation with the virus's co-discoverer Robert Gallo: "We hope to have a vaccine ready for testing in about two years". Now, 30 year after, we don't have any licensed vaccine (we have only some people claiming that have got it). But we have drugs and HAART, and it impact on prevention.

As said last year during the IAS conference in Rome the director of the US National Institute of Allergy and Infectious Diseases (NIAID) Anthony Fauci "I've never seen something explode like this", commenting the results of HPTN052: earlier ARV treatment of HIV-infected individuals leads to a dramatic 96% decrease in HIV transmission. And the results of Partners PrEP and TDF2 showed that pre-exposure prophylaxis (PrEP)— ARVs to HIV-uninfected individuals— resulted in a 62%-73% reduction in HIV transmission among heterosexual men and women. Also without a vaccine we could stop the epidemic, may be, but Adherence appears to be a critical factor for PrEP protection against HIV.

How we were able to be here? We cannot forget the tremendous role played by activist on making pressure on R&D department in Pharma as well as in public health sectors. At the very beginning of the epidemic we have seen a contradictory behavior: those who were afraid by toxicity and by the medicalisation –including anxieties for the growing-up role of pharmaceutical companies-, saying that there is any link between medical sciences and society, and those who were claiming -writing it on their panels- "make tomorrow happen today" and "drugs into our body", a sort of utopist republic of anti HIV drugs.

Pharmaceutical drugs represent a unique opportunity to study the relationship between symbol and political economy,



considering drugs as commodities with their distinctive biographies – considering in this case biography as metaphor: “people give these substance a history. As powerful technical devices and status symbols, medicine acquire a status and force in society” (2). “Following the transaction of these object reveals biographical order –and a gendered technical order- to their social life. Pharmaceuticals may profoundly *transform* social relations, thus rendering useful a consideration of politics –understood as various struggles shaped by power and its operations” (3).

HIV field with its antiretroviral access programs – especially in middle income countries- considering aspects like adherence to treatments and perspective for the future, point to innovative forms of socio-political identification and participation focused on the concept of the therapeutic or biological citizenship (including the right to health care) (4).

We know that every virus tell us a different story, but the history of HIV and the history of drugs development could be useful for those who are working in Hepatitis field –both for physicians and activists. As explanation of the reason why we have a huge number of compound that are now in the HCV pipe line, Markus Peck-Radosavljevic, associate professor of medicine at the Department of Gastroenterology and Hepatology at the Medizinische Universität Wien, told us that “hepatitis C research is really tremendously benefitting from HIV research because a lot of what is known

about viral kinetics and so on was learned from the HIV community. The second and really major breakthrough for hepatitis C research was the so-called “replicon system” at the turn of the century, developed in 1999 actually, before that it was not able to grow the virus in culture, so it was not able to test targeted agents in a culture system which made drug development incredibly difficult because you could only grow the virus in chimpanzees outside the human beings and that was very difficult. Now, with the replicon system, out of a sudden you could test drugs in a petri dish and that’s what started the revolution”. (see his interview at pag XX).

We have getting solution for HCV infection, in a short period also without interferon. And In HIV field we are in the privileged position to define new strategy, because we have so many efficient ARVs. “I think we need to start thinking about novel ways of treating patients. I think what is going on is that we have all become rather routine prescribers just writing out our favorite prescription for the majority of patients- says in a very passionate way Mark Nelson, Director for the HIV Directorate and Deputy Director of Research, Chelsea and Westminster Hospital:- so we need to think about the necessity to individualize per patient: we need to consider the pros and cons for the individual patient”. (see his interview at pag XX).

Now a fully trust on drugs now arise also from some of those who were critics against the “republic of Pharma”. And at the same time we can listen that people who were in favour of early use of drugs are now claiming against PrEP. It is all too new in order to solve the puzzle, in which stands the FDA decision to approve the first drug to prevent HIV infection. We need to the bate all these issues related to the non conventional use of ARV.

Somebody suggested that we are living may be in a sort of antiviral Renaissance. I think it could be a nice definition of the very recent period, until now. With the PrEP revolution we are entering a in new phase, may be: let’s call the Baroque. If Renaissance means in art and philosophy the use of the geometrical perspective and the human being as measure of everything, fully trust in human mind and its ability, Baroque –that comes against Reform as the need to reaffirm the supremacy of Catholic Church as prescriptive core behavior and values- means emphasis for “decoration” and expression of the power. Today it’s seem that the (wonderful) power of the drugs is founding a new one-way rationality of behavior, that must be based on adherence. Let’s ask in a provocative way: is it the beginning of the era in which pharmacopeia will represent the only accepted manners and etiquette? We are open to publish all the answers you have.

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- (1) Interview Larry Kramer, <http://www.pbs.org/wgbh/pages/frontline/aids/interviews/kramer.html>
- (2) Sjaak van der Geest, Susan Reynolds Whyte and Anita Hardon, “The anthropology of pharmaceuticals: a biographical approach”, *Annual Review of Anthropology*, (25), vol 1, 1996, pp 153-78
- (3) Monica J. Casper and Laura M. Carpenter “Sex, drugs, and politics: the HPV vaccine for cervical cancer”, in Simon J. Williams, Jonathan Gabe and Peter Davis Eds, “Pharmaceuticals and Society: Critical Discourses and Debates”, Wiley-Blackwell 2009, pp.71-84
- (4) Cfr. Nikolas Rose, “The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century”, Princeton University Press, 2006. Adriana Petryna, Andrew Lakoff and Arthur Kleinman (eds), “Global Pharmaceuticals: Ethics, Markets, Practices”, Duke University Press Books, 2006