
Structural Interventions for HIV Prevention among Gay Men/Men Who Have Sex With Men (MSM)

What are structural interventions?

Structural interventions for HIV prevention aim at modifying the social, economic, and political structures and systems in which we live. These interventions may affect technology, legislation, media, healthcare, and the marketplace. Structural interventions may also directly alter the physical environments in which people live, work, play, or take risks to help reduce HIV transmission. Rather than attempting to change individual behaviors, structural interventions aim to change environments. [1-5]

Why do we need structural interventions for gay men/MSM?

Many behavioral interventions have successfully recruited individuals from their environment into individual or group interventions to reduce their risk behavior. Afterwards, however, individuals return to environments which may work against the interventions' effects. Structural interventions aim to build environments that may support efforts to reduce transmission, often without relying on continued and sustained public health resources and involvement.

Many behavioral interventions for gay men/MSM do not attract those at the very highest risk for HIV and sexually transmitted disease (STD) transmission. Structural interventions may help reduce transmission in a community without many of its members even being aware of the intervention, similar to the way many people benefit from protection against injuries, such as freeway curves being banked. [6-8]

Many community-level interventions require collective involvement through volunteerism. Particularly in cities heavily affected by HIV for more than 20 years, with treatments making HIV a less severe threat, sustaining volunteerism for prevention has been difficult. [9] Structural interventions complement the structures and

norm changes generated by Mpowerment and similar community-level HIV prevention intervention models. They can also free up community members' time and resources for use in other community-building activities.

What are examples of structural interventions for gay men/MSM?

Some interventions, such as policies regarding antidiscrimination and equal rights, have aimed to address many of the social factors that contribute to high rates of risk behavior among gay men, including homophobia and racism.

Other interventions focus on venues which facilitate gay men/MSM meeting new sexual partners. These interventions are particularly important because these sites are where men who occasionally take risks may come into contact with those who have the highest numbers of unprotected partners of different/unknown HIV status. [10]

Internet: Some internet sites have already implemented structural interventions. [11] Manhunt.net, for example, has added "No pnp" (No party and play, meaning "no methamphetamine use") to its profile screen to enable men who are not interested in a partner who uses speed to easily find each other. While private entrepreneurs have created sites that cater to high-risk men (such as bareback.com), others have recently created sites that cater to low-risk men (safesex-city.com). The development of an anonymous partner notification system also facilitates STD control efforts. [12]

Bathhouses and sex clubs: San Francisco sex club owners worked with AIDS educators to encourage clubs to remain open, while prohibiting unprotected anal sex and removing private doors to allow peer and staff enforcement. A study of men who reported going to bathhouses and sex clubs in New York, Chicago, San Francisco, and Los Angeles found that while sex club patrons in all four cities

reported similar rates of unprotected sex, men in San Francisco were less likely to report having unprotected sex in commercial sex venues. Los Angeles has recently established a "no-barebacking" rule and allows private doors. No evaluation of this rule has yet taken place. [13]

Methamphetamine prevention and treatment are very expensive, and few evaluation data that demonstrate prevention's effectiveness exist today. Some major retailers have already taken the initiative to keep behind the counter those types of cold medicine that are easily converted into methamphetamine. Laws requiring other stores to do the same have been passed in several states. Other states are currently proposing to do the same. Restrictions on precursors have been seen to have a temporary but important effect in reducing methamphetamine abuse, potency, hospitalizations, number of methamphetamine labs, and methamphetamine-related arrests. [14-16].

Some producers of gay adult films have taken the initiative to promote healthy sexual behavior and to reduce the risk of STD/HIV transmission among their actors by refusing to hire actors who have previously starred in bareback films and/or by requiring condoms. [17]

Many states have legalized sales of syringes without a prescription. This allows gay men/MSM and heterosexual injection drug users more access to syringes. These have been correlated with a decrease in needle sharing and street purchase [18] [19], and have not been found to increase many of the problems feared by opponents of the legislation (fights with pharmacists or increase in discarded syringes or needles. [20]

ENDNOTES

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