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Blood testing following criminal incidents where there is a risk of infection: Proposals for Legislation

I am writing to express our concerns and objections to the proposals contained in the Consultation Document. Those concerns and objections are broadly reflected and set out in the detailed submission already made to you by **HIV Scotland**.

We fully understand and support the concern of the Scottish Executive and the Scottish Police Federation to protect police officers from risk of BBV infection in general and HIV infection in particular in the course of fulfilling their public duties. Indeed we would extend that concern to other emergency and ancillary workers who might face similar risks. We do not underestimate both the physical and psychological concerns of a possible HIV infection, both for the individual, as well as their partner or family.

However, we do not see contained in the proposed legislation either clear evidence of the need for the kind of measures outlined, nor any evidence that those measures have actually been proved to work elsewhere. The measures do seem to be quite out of proportion and appear to contradict the principle of individuals being "innocent until proven guilty", both in respect to the alleged offence and the alleged risk of infection. If introduced, these proposals could well have a reverse effect by heightening police officers' fears and concerns that HIV and other BBVs are more prevalent than the evidence suggests. In addition they are likely to further stigmatise certain individuals and groups perceived as being more 'at risk', criminalising them and so adding to discrimination against all those already living with HIV in the community.

Rather than introduce legislation which may be flawed, we would prefer to see the Executive support measures to improve training and education for police and other emergency workers around public health issues in general and HIV in particular. My personal experience working for an HIV voluntary organisation in the English Midlands some years ago was that we were regularly asked by police forces, council departments and others to give basic HIV training. Within Scotland, in both the voluntary and statutory sector, there are agencies able to deliver such training. Its efficacy I have to rate on just two instances where I was personally involved with HIV positive

clients (and known to be such), who had cut their wrists in suicide attempts. In the one case the police officers in attendance had received appropriate training. They responded professionally, calmly and with compassion. In the other case, we had cause as an organisation to lodge a complaint at their inappropriate behaviour and fearful response to the situation.

Our argument then is that with appropriate training (backed up by resources) to enable a balanced perception of risk factors, there is no need for any measure to introduce compulsory blood testing.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Nigel Pounce', with a long horizontal line extending to the right.

Nigel Pounce
HIV/AIDS Project Co-ordinator