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Scottish Executive Justice Department
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**Blood Testing Following Criminal Incidents:
Proposals for Legislation**

Scottish Drugs Forum (SDF) welcomes the opportunity to comment on and respond to this consultation process being conducted by the Scottish Executive. We have consulted our membership and what follows represents a summary of their views.

Generally the proposal to legislate in this area has been considered unnecessary and in particular has been viewed as a disproportionate response to the level of risk faced by police officers and others from occupational exposure to HIV and HCV. Put simply it has been seen as a "sledgehammer to crack a nut" and not a particularly effective means through which to respond to the genuine concerns of police officers in respect of the risks of exposure to HIV/HCV.

SDF considers that compulsory testing after the event, because of the time such a procedure would take, would be ineffective and crucially does not afford police officers with protection from HIV or HCV infection. Improving current practice, in terms police procedures when dealing with needle stick risks and incidents where blood or body fluid contact might occur, would appear a much more positive step in terms of preventing infection. Furthermore SDF's understanding is that Post-Exposure Prophylaxis (PEP), to be effective, must be administered relatively quickly after any exposure and certainly within 24-36 hours. Therefore compulsory testing of individuals would not help in the process of deciding whether PEP was appropriate given that the testing process could not be completed in that timescale.

SDF was also concerned that there appeared to be a presumption in the consultation document that certain groups posed a greater risk (e.g. drug

users). While this might indeed be the case given, however, that the HIV/HCV status of most members of the public is likely to be unknown would it not be more effective to adopt practices that apply universally to optimise the protection of police officers in terms of risk from infection. In our view it would be dangerous to do otherwise indeed it might lead to a false sense of security and a degree of complacency if risk was focussed narrowly on particular groups.

I hope you find these comments helpful and we would be happy to expand on them or provide further information if that would be useful.

Yours sincerely

David Liddell
Director