

Background

- There is an ongoing outbreak of HIV in people who inject drugs (PWIDs) in NHSGGC
- The incidence of BBV(HCV and HIV) infection in some populations frequently interacting with the criminal justice system, including PWIDs, is high¹.
- DBS is a well established testing modality in harm reduction and prison settings
- Currently opt-out DBS PCR BBV testing is offered to all who are incarcerated in Scottish prisons where treatment and follow up can be arranged
- Many arrested are taken to Police Custody after arrest but may not progress to prison - this may be a missed opportunity for BBV testing and engaging into care

Methods

- In response to this unmet testing need police custody health services undertook trial testing of DBS PCR BBV testing
- Between 25/9/2021 - 10/12/2021 DBS PCR BBV testing was offered to all detainees referred to healthcare teams in police custody.
- Nursing teams were trained in testing and informed consent obtained

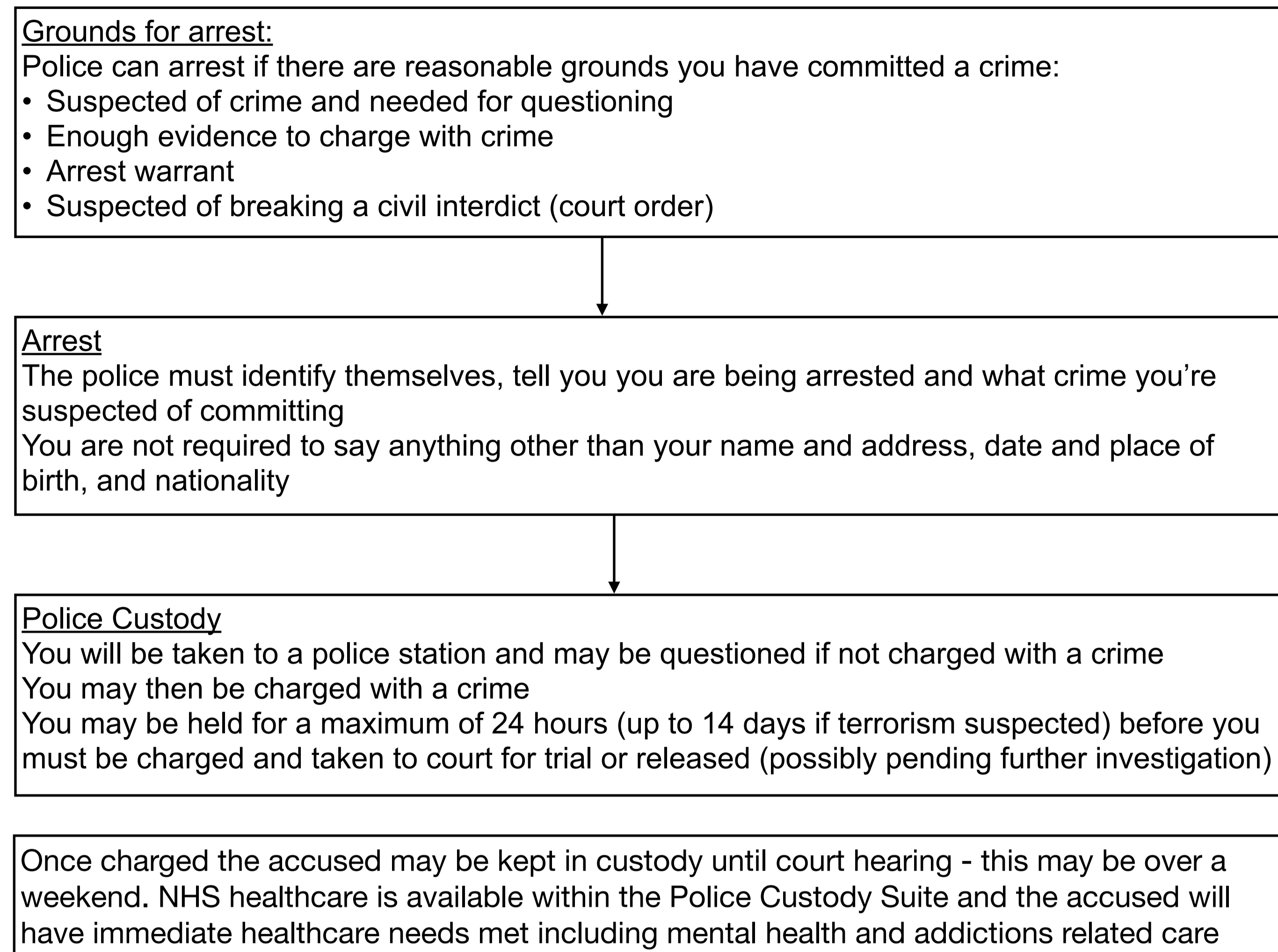
Results

- 4/117 patients offered DBS PCR BBV testing accepted. 0/117 detected a new diagnosis of BBV.

	Offered DBS PCR Testing	Accepted DBS PCR Testing	Declined DBS PCR Testing
Number of patients	117	4/117 (3.4%)	113/117 (96.5%)

	Number declining treatment
Refused without reason given	47/113 (41.3%)
Declined by patient - self assessed as no risk	20/113 (17.9%)
Recent BBV testing through other service	14/113 (12.4%)
Intoxication	13/113 (11.5%)
No reason for declining testing recorded	9/113 (7.9%)
Known hepatitis C in follow up or treatment	6/113 (5.3%)
Physical injury	3/113 (2.6%)
Released from custody before testing	2/113 (1.76%)
Non-English speaker	2/113 (1.76%)

Process of Arrest (Scotland)



Challenges in Deployment

- The uptake of testing was low. A number of reasons were considered in addition to the direct reason for declining testing:
 - Cross purposes to other services
 - Staff/detainees not considering this their current health priority
 - Poor training and low awareness of service - felt less likely as training team familiar with process and no staff involved without training

Conclusion and Next Steps

- Police Custody testing remains challenging to roll out and it may be a group of at risk people are not being well served by testing in this setting
- Police Custody after arrest remains a complex, uncertain, transient, and challenging time for those detained and chronic health care concerns may not be immediately pressing - to detainees or staff
- Mental health crises, substance intoxication, injury, and communication challenges remained significant barrier to testing in this setting
- A significant proportion of patients declined testing without a specific clear reason
 - Other priorities
 - Fear of consequences
 - Uncertainty around testing/resulting procedure
- Has highlighted the challenges of feeding back testing results to people who are not attending other healthcare settings
- Other approaches may be as appropriate
 - Proportion of patients known to other services
 - Signposting, harm reduction, and acute healthcare support may be the best way to support testing of these patients in other settings

References