High engagement in dried-blood-spot (DBS) testing among clients of a supervised- consumption-site in Vancouver, Canada: An opportunity to scale up STI testing for people who use drugs

EVIDENCE BRIEF

The Problem

- People who use drugs (PWUD) are reported to be at higher risk of sexually transmitted and blood-borne infection(s) (STBBIs) including, hepatitis C (HCV), human immunodeficiency virus (HIV) and syphilis(1,2). Despite the high prevalence of STBBIs; screening rates among PWUD are often lower than expected(3).PWUD often face barriers to STBBI testing due to intersecting factors including stigma, discrimination(4–7).

The Opportunity

- Recommendations to improve STBBI testing uptake in priority populations consider the need to focus on improving accessibility, inclusivity, convenience and confidentiality of testing services(8).
- Harm reduction sites are designed specifically to embrace and support the needs of PWUD and may be well positioned to expand their scope to offer STBBI testing methods such as DBS.
- Offering DBS testing in the low-barrier context of a supervised-consumption-site can enhance testing engagement among PWUD and can serve not only to reduce harms associated with substance use, but also substantially impact linkage-to-care and reduction of loss to follow-up(9).

Lessons from our own pilot project:

In a study started in 2024, we evaluated the implementation of a STBBI DBS testing strategy at a low-barrier harm reduction service in the downtown eastside of Vancouver.

- **The large majority of participants 258/299(86%) chose to engage in DBS testing**
- **There was no significant variation of engagement in DBS based on key sociodemographic factors such as age and gender.**
- **Almost a quarter of the study participants that engaged in DBS testing returned an Ab+ syphilis result – 60/258(23%)**
- **Of the 39 participants that returned HCV RNA+ results, almost half were unattached to care – 18/39(46%)**
- **STBBI and harm reduction knowledge was high among the *Health Connect* cohort results indicated a median score of 7/10 correct responses**

DBS is still not widely available in BC – so what needs to happen?

- We are proposing the assembly and development of a BC DBS alliance in which trusted and equitable partnerships are fostered between community organizations, and other contributors working with DBS, in order to implement a strategy for DBS testing scale up in community and non-clinical settings for PWUD in BC.
- Testing needs to be made more equitably available for PWUD and align with the recommendations to focus on accessibility, inclusivity, convenience and confidentiality to increase STBBI testing among this population.
- Continued monitoring and evaluation of the facilitation of DBS testing to ensure understanding and adaptation regarding patient and provider feedback on barriers and facilitators to this practice.

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Contact: Alannah Hannigan
ahannigan@bccfe.ca

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