

Absence, presence, and engagement in the endgame of hepatitis C (HCV) elimination: mobilising care for people who inject drugs through a peer- and nurse-driven van

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Background: The possibilities for provision of HCV care for people who inject drugs have shifted with the advent of direct-acting antiviral treatment. In the 'endgame' of HCV's elimination, healthcare professionals no longer act as gatekeepers but rather seek to engage as many people as possible in HCV care. To increase engagement, mobile clinics are innovating HCV treatment models. By meeting people where they are at, mobile clinics purport to dissolve the binary logics of care as accessible/inaccessible relative to the recipients' stable/unstable circumstances regarding drug use, housing and/or criminalised status.

Methods: Drawing on ethnographic observations and in-depth interviews with patients and those implementing a peer- and nurse-led mobile HCV clinic across Melbourne Australia, we examine how peer-led outreach works to identify and engage people living with HCV who have 'slipped through the cracks' elsewhere.

Results: Firm advocates for HCV treatment, interviewees disregard drug use as a barrier to cure as they mitigate factors of 'instability' through patient-centred care. Sustained engagement of most identified patients is achieved through intensive, extended follow-up that is contingent on collaborative capacity between nurse, peers and secondary contacts, and triangulation made possible by digital technologies.

While patient and provider interviews characterise these opportunistic 'point-of-care' encounters as contingent on the van's presence, field observations and secondary contacts point to opportunities emerging from the urgency of its pending departure.

Conclusion: We observe how the van's potential absence, as much as its presence, is consequential. The van's wheels mobilise a clinic in which HCV is often overshadowed by the presence of poverty, homelessness, domestic violence, child protection and looming incarceration. Through our analysis, we ask questions about who and what is being made absent or present from this mobile clinic, and whether dissolving the binaries underpinning healthcare access for people who use drugs might create possibilities for re-imagining 'engagement' in other ways.

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