

GOOD LIVER

NEWSLETTER OF THE HEPATITIS C COUNCIL OF VICTORIA



Biopsy rule dumped

Faster access to key hepatitis C treatments

A CHANCE TO IMPROVE ACCESS TO TREATMENT?

A SUBSTANTIAL CHANGE TO THE PBS REGULATIONS WILL MEAN BETTER ACCESS TO TREATMENT FOR PEOPLE WITH HEPATITIS C.

The Pharmaceutical Benefits Advisory Committee has recommended that the requirement of a liver biopsy prior to treatment be dropped. This is a significant step toward opening up treatment options to people with hepatitis C and early liver disease. Currently, access to treatment is limited to those patients with the greatest risk of developing progressive liver disease and cirrhosis.

The decision to carry this recommendation through will be made around April 2006, by the federal Health Minister, Tony Abbot and his Department. So all we can do at this stage is wait...and read what Associate Professor, Greg Dore had to say on the issue during a recent interview on HepChat.

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A substantial change to PBS regulations will mean better treatment for hepatitis C sufferers

'Too few' on hep C treatment

Adam Cresswell
health editor

THOUSANDS more people should receive treatment for hepatitis C, costing taxpayers an extra \$56 million a year, if the federal Government drops a recommendation to restrict access to taxpayer-subsidised drugs, a government committee overseeing access to taxpayer-subsidised drug subsidies comes to a decision.

ment of hepatitis C... hospital-based... required to further... therapies." [GPs] are more likely to have an impact on the treatment of hepatitis C. There are currently 249,000 Australians with hepatitis C, with 51,000 having reached the chronic infectious stage. The number of advanced hepatitis C patients is expected to double in the next five years. Previous PBS restrictions on access to those patients with the greatest risk of developing progressive liver disease and cirrhosis have meant that only 1% of patients were being treated.

Associate Professor of the Viral Hepatitis Research Program at the National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, welcomed the PRAC announcement.



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The Good Liver is produced by the Hepatitis C Council of Victoria. The opinions and language expressed in this newsletter are not necessarily those of the Council or the Department of Human Services.

Reader Response

Your comments or experiences in regard to any articles in the Good Liver are welcome. Call, write or email: heather@hepcvic.org.au

news:

NEW PUSH FOR GPs TO INITIATE HEPATITIS C THERAPY

Specially trained GPs should be permitted to initiate antiviral therapy for hepatitis C say leaders of a pilot study investigating community prescribing of highly specialised drugs.

At present only specialists are permitted to start patients on therapy, and the pilot study has found this a major hurdle for patients wishing to commence treatment.

NSW patients in the pilot had to wait up to three months for a liver clinic appointment, Australasian Society for HIV Medicine (ASHM) chief executive officer Levinia Crooks said.

ASHM was conducting pilot programs of GP hepatitis C management in NSW, Victoria and the ACT but even in the pilot specialists must write the first script.

The pilot would be extended until May 2007 following a disappointing 18 months in which fewer than half of the 82 accredited GP prescribers in NSW had referred patients to the treatment programs.

Medical Observer Weekly. 27/1/06

CANADA IN TALKS ON HEPATITIS C COMPENSATION

Thousands of Canadians who contracted hepatitis C from tainted blood transfusions have learned that the previous government overturned a decision not to compensate them.

The tainted blood was provided by the Canadian Red Cross on behalf of the federally financed national healthcare system. But in a controversial decision, the government of former Prime Minister, Jean Chretien agreed in 1998 to compensate only those infected between 1/1/1986 and 1/7/1990 when a test for hepatitis C was available but was not used.

The new Government says it will start talks with representatives of victims infected either before or after previous time limits with the aim of compensating them.

An estimated 5,300 people are expected to qualify from the extension of the benefits.

- AFP

VIRTUAL SUPPORT GROUP

If you can't get to a support group why not try logging onto the internet community forum run by the NSW Hepatitis C Council.

<http://hepatitisc.communityzero.com>

BUSH GIVES MEDAL TO RESEARCHER

President Bush presented science and technology achievement medals to 15 laureates who have done work that has revolutionised organ transplants, led to development of global positioning systems and helped feed millions around the world. The recipients included Gen-Probe Inc. of San Diego, California, for the development and commercialisation of new blood-testing technologies and systems for the direct detection of viral infections, including West Nile virus, HIV-1 and Hepatitis C virus in plasma of human blood and organ donors prior to transfusion.

The Associated Press F13/2/2006

EVERYTHING YOU WANTED TO KNOW ABOUT HEP C BUT DIDN'T KNOW WHO TO ASK!

The Council offers both metro and rural training & education sessions which can be specifically tailored to your organisation.

BLOODY SERIOUS FACTS: AN INTRODUCTION TO HEPATITIS C

Tuesday 18 April or Wednesday 7 June

RSVP is essential - to register call Genevieve at the Council on 9380 4644

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I was delighted to be informed recently that the Hepatitis C Council of Victoria now has 559 members (in 2003 we had just over 100). These members include people with hepatitis C, general practitioners, health care workers, researchers, government workers and a number of different organisational members. This large increase in new members started us thinking that it was time to include 'back to basics' articles in each issue of Good Liver.

There is still so much misinformation about all aspects of hepatitis C in our community. I hope that you find this opportunity to review the basics of hepatitis C over coming issues useful - whether it is the first time you have read the facts, or it is a refresher for you. If you have a particular issue you would like to know more about let me know. In fact, the Council are happy to hear from anyone with any questions about hepatitis C.

Most of the staff here took the opportunity to have a well-earned break in January. We are now all back at our desks (or on the road in the case of our rural workers!) and looking forward to the challenges that we will face in 2006. In each area of work that we do, there are plans not only to maintain the current level of work, but also to do new and innovative work. Just a few of our activities will include:

- Producing a Rural E-newsletter, which aims to strengthen communication and sharing between all involved in working with people with hepatitis C in rural communities
- Completing a pilot project with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), which involves one of our educators being based at VACCHO one day per fortnight for 6 months
- Reviewing and updating the design and content of our website
- Printing a tattooing resource specifically designed for use in prisons

- Working in partnership to deliver a workforce development initiative to health care and community workers in the western suburbs
- Again delivering a Hepatitis C Awareness Week as part of a National Awareness Week

Our work would not be complete if we didn't continue our advocacy and lobbying activities. I am pleased to report that the Minister for Health, the Honourable Bronwyn Pike, has agreed to meet with two Board members and myself in March. This provides us with a first opportunity to sit with the Minister and discuss the hepatitis C epidemic in the Victorian community, and our views on what is needed to more effectively respond. I look forward to reporting back to you on that meeting in our next edition of Good Liver.

There are a large number of individual advocacy issues that we could attempt to tackle this year however the one that we have decided to focus on is pre-employment medical forms. We regularly hear from people that they have been forced to fill in one of these forms, which asks them without any necessity whether they have hepatitis C. Then when it is disclosed that they do, the potential employer is suddenly no longer interested! The only jobs where a persons hepatitis C status is relevant are those where exposure prone procedures are performed (e.g. dentists), or the armed forces. All other workplaces are required to have infection control policies in place that ensure that all employee's are protected. I hope that we can make progress with this issue.

Helen McNeill
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WHERE TO START?

A GUIDE TO RESOURCES AVAILABLE FOR PEOPLE WHO NEED TO START AT THE BEGINNING.

The Hepatitis C Council has a good range of printed resources available to anyone who would like them. Some of them are produced by us, and others by the Australian Hepatitis Council, other State Councils and various government departments and other agencies.

IMPACT

Updated in June 2005, this booklet continues to be our most popular resource. Produced by the Council, it is perfect for people who need to know the basics - fast. It provides a concise and easy-to-understand overview of the virus, treatment and symptom management.

SPECIFIC TOPIC INFO SHEETS

Complementing Impact is a series of information sheets that are continually revised and updated. Presently covering topics such as treatment testing and pregnancy, a new set of sheets are currently being developed. There is a very comprehensive list of info sheets also available on the NSW Hepatitis C Council web site (www.hepatitisc.org.au).

AUSTRALIAN HEPATITIS COUNCIL RESOURCES:

- Thinking about treatment for hepatitis C?
- The Guide to Healthy Eating for People with Hepatitis C
- Contact – A general information booklet for the recently diagnosed
- My Rights: Anti-discrimination and health complaints laws for people with hepatitis C.
- Women and Hepatitis C
- My choice to tell: Disclosure information for people with hep C.

WE HAVE ENCLOSED A COPY OF OUR RESOURCE ORDER FORM FOR YOU TO USE, OR GO TO OUR WEB SITE AT WWW.HEPCVIC.ORG.AU

IMPROVING ACCESS TO TREATMENT

This is an edited extract of an interview conducted by Piergiorgio Moro with Greg Dore, Associate Professor, Viral Hepatitis Clinical Research Program - University of NSW for Hep Chat, the radio program of the Hepatitis C Council of Victoria. The interview went to air on 8/12/05.

Piergiorgio Moro: The Pharmaceutical Board Advisory Committee (PBAC) has recommended removing the requirement for people to have a biopsy before being able to access hepatitis C treatment. What is your opinion of this recommendation?

Greg Dore: I think it is a great move and will potentially increase access to hepatitis C treatment to many more people. In particular, it will be very positive for people who are in settings where it is problematic to get a liver biopsy organised.

For example, I'm referring to people who are in prisons, people who are being seen in primary care settings but find it difficult to go to a tertiary hospital based clinic, or where people are very anxious about having a liver biopsy.

As the liver biopsy was used to provide a staging of the underlying scarring of the liver, it will now mean that the requirement for a significant level of scarring to be present in the liver will now be redundant before being able to access treatment.

PM: Does that mean that treatment will be available to all those who have chronic hepatitis C infection?

GD: It certainly will be as now anyone who has evidence of the virus in the blood will be eligible. If we wind back the clock six months or so, we can see that the requirements were:

- a) to undergo a liver biopsy;
- b) to have moderate scarring or mild scarring with moderate inflammation to the liver; and
- c) elevated liver enzymes levels.

The first thing to be dropped was the elevated liver enzymes levels; evidence now shows that good outcomes can be had by

people with normal liver enzymes, and many people with normal liver enzymes levels have impaired quality of life through their hepatitis C, so access was expanded to include these people.

Secondly, by dropping the requirement of a liver biopsy, access to treatment will be further expanded to people with early liver disease with either evidence of mild or no liver scarring.

So, once you drop both of these requirements, you expand to all people who have circulating virus in their body for at least six months, ie. chronic, which is a huge potential in the number of people who could be treated.

PM: Therefore, are we going to see a huge increase in the number of people who will want treatment?

GD: I think the increase will be gradual. I think that there are other reasons why people are holding back from going on treatment.

The side effects from Pegylated Interferon and Ribavirin can be severe, it may not be an easy process, especially for those on treatment for up to 12 months. So, this will still be a barrier for some people.

Also, we have many people out there who have hep C, who do not have rapidly progressive liver disease, not at risk of developing cirrhosis or liver failure/cancer, but have significant impairment of quality of life through having the hepatitis C virus. For these people the potential to remove the virus, increase their quality of life, and remove any concerns they have about infectiousness, will be a plus.

But I don't think that in the first few months, liver clinics will be flooded by new patients.

PM: Liver biopsies are still the best way to check the level of damage to the liver. Do you think they will still be carried out on a regular basis?

GD: Yes, I think so. A liver biopsy is still an important mechanism to determine prognosis of an individual's underlying liver damage and potential for that to progress.

It will still be used where people are not sure whether to access treatment or where treatment success will be lower.

For example, take genotype one which is more difficult to cure and for which pharmaceutical treatment has a success rate of around 50%. If someone has genotype one and is a bit concerned about these odds, then it is very reasonable to say to this person lets see how much underlying damage there is to the liver and then use this information to help to base a treatment decision. Of course, the person's quality of life would also come into the equation.

So, by using a liver biopsy, a person would know whether they could wait for better treatments to be developed.

PM: Do you think this recommendation will come into effect and if so, when?

GD: I think it almost certainly will. The Department is keen to improve access to hepatitis C treatment and so is the Health Minister. My feeling is that it will be enacted by April 2006.

PM: So, if someone came to you today for treatment, but was unsure about the liver biopsy, would you recommend them to wait?

GD: Absolutely, I'm already doing that. I was aware of the process going through the PBAC assessment, so I was confident; I have already talked to some patients and they will await until later in 2006.

One final thing that needs to happen now is the enhancement of the infrastructure and the development of the workforce involved in the treatment and care of people with hepatitis C.

For instance, the workers involved at a primary care level, the workers involved at methadone clinics and of course there is a huge need in the prison system.

HEP CHAT CAN BE HEAD EVERY THURSDAY MORNING BETWEEN 10.30 AND 11.00AM ON 3CR RADIO.

Don't Panic!!!

Being diagnosed with hepatitis C is often a bewildering and scary time if you don't have good support and information. Hepatitis C is a chronic (long term) illness and like all chronic illnesses there are physical, emotional and relationship issues that come with having it. There is no doubt at all that the virus can impact on your life, your family, your relationships and your work in some way. Many questions may swarm around in your mind and you'll want to - perhaps need to - talk them through with someone. This is a very natural response to being diagnosed with a chronic illness.

Whatever your response, the key thing to do is get informed! People with hepatitis C have a right to current information about the virus; access to well informed and supportive health practitioners; support for the emotional and social issues that may occur as a result of having and living with hepatitis C. If you live in rural Victoria this may not be as readily available as it is for metro counterparts. However there is still ways of obtaining some or part of these things.

Contacting the Hepatitis C Council of Victoria or the Hepatitis Line can be the first step to insuring that you receive the correct information, support and referrals necessary to help you get on with your life.

TAKE A DEEP BREATH...

Hepatitis C is a slow acting virus. For many people, on average, there will be no symptoms for 10 years. So this is a virus you can take your time to find out about, talk to people about and to make choices about. There is no rush.

Everyone with hepatitis C experiences it differently. Some people will have lots of symptoms and no liver damage, others will have some liver damage and no symptoms, some people will know they have hepatitis C and others may never know they have it.

Information, new research and the range of treatments are constantly changing and evolving. There is time to wait and think about your options.

The following information is a snapshot of hepatitis C that may go some way to help inform you about some of the basics. There are also a range of services, organisations, support lines and websites (especially important for rural folk) that you may find of some use.

More detailed information can be found in IMPACT, one of the resources produced by the Hepatitis C Council of Victoria. Impact is free and available by ringing the Hepatitis C Council.

WHAT IS HEPATITIS C?

Hepatitis C is a blood borne virus that can cause inflammation of the liver. About 250,000 Australians are living with the hepatitis C virus. While about 25% of people clear hepatitis C naturally, the virus will persist in the majority of people causing chronic (ongoing) liver disease. Hepatitis C is slow acting and for many people may not result in serious disease. In fact out of 100 people who develop chronic hepatitis C as few as 5% may develop liver failure or liver cancer after 40 years of having the virus.

When first diagnosed with hepatitis C, many people panic, thinking they are going to die. But as we can see from the figures above, what in the beginning seems to be life threatening and insurmountable, actually becomes a long-term condition where very often the focus is more about learning to live with the virus; managing it on a day-to-day basis, and perhaps making choices about treatments. These decisions are influenced by our personal circumstances; our age; our habits; how much hepatitis C and its symptoms are affecting our lives; any new treatment developments and sometimes just simply by where we live (there are more services and options in metro areas compared to rural and regional areas).

HOW IS IT TRANSMITTED?

The hepatitis C virus is only transmitted when blood from a person with hepatitis C enters the bloodstream of another person.

The most common ways that Australians have been infected with Hepatitis C include:

- Sharing injecting drug equipment and non-sterile injecting practices.
- A number of people who contracted hepatitis C in other countries, probably via non-sterile medical or dental injections or other procedures.
- Tattoos, body piercing and skin penetration (where unsafe procedures were used).
- Mother-to-baby transmission.
- Receiving blood transfusions or blood products prior to the commencement of hepatitis C screening by the Blood Bank in 1990.

Hepatitis C is not classified as a sexually transmitted infection (STI). There is only a possible risk of transmission when there is potential for blood-to-blood contact during sex. This risk may increase if genital sores or blisters are present.

SYMPTOMS

During the initial (acute) phase a small number of people may experience flu-like symptoms. Some people may develop nausea, abdominal pain, back pain and extreme tiredness. Most people do not experience any symptoms for the first ten years or more after their initial infection. Symptoms of chronic infection can range from none to severe and may occur continuously, or in bouts. The most common symptoms of chronic hepatitis C infection are:

- Fatigue or tiredness.
- Nausea and discomfort in abdominal area.
- Feeling ill after drinking alcohol or eating fatty food.

Many people have found that some symptoms can be alleviated or better managed by reducing or stopping alcohol consumption, reducing fat in their diet, getting fit, and by using a variety of complementary therapies such as

continued next page

GOT HEP C?...DON'T PANIC!!!

traditional Chinese medicine, acupuncture and vitamin/herbal supplements. Before taking any other medications or herbal preparations, you are strongly advised to discuss them with your doctor.

TREATMENT FOR HEPATITIS C

Treatment is available and it is getting much better. Depending on your genotype, and how well you respond, treatment for hepatitis C lasts for either 24 or 48 weeks. It is important to be well informed about the virus and the available treatments before you begin.

Deciding to start treatment is a very personal decision. Talking to your doctor and/or counsellor can help you decide. In rural Victoria this can be more difficult due to issues of anonymity, confidentiality, and fewer services. However there is a growing awareness of hepatitis C amongst rural community health nurses, drug and alcohol workers and rural GPs.

You also need to have a series of tests done before you begin. These tests generally include:

- A liver function test.
- A liver biopsy is recommended if you have had hepatitis C longer than ten years.
- A blood test to detect the presence and quantity of hepatitis C in your blood and determine the strain of the virus (genotype).

These tests and when they occur over the treatment timeline are described on the Councils' information sheet 'Hepatitis C Treatment Tests'.

COMBINATION THERAPY

The standard treatment currently available is commonly referred to as combination therapy. This is where the drugs pegylated interferon and ribavirin are used together to help boost the body's own immune response to the hepatitis C infection. Treatment may clear the virus or at least lessen the effects of the virus.

The likelihood of clearing the virus through combination therapy is related to your hepatitis C virus genotype (strain), the amount of the virus in your blood and the severity of scarring in the liver (fibrosis). To date, genotypes 2 and 3 have been shown to have a higher response rate (about 80-90%) to combination therapy than genotypes 1 or 4 (about 50%). In people with cirrhosis (scarring of part of the liver) response rates are potentially less.

When a person is still clear of the virus six months after treatment there is a reduction in possible long-term complications such as cirrhosis of the liver. Current treatment research also indicates that there is also a very low likelihood of the virus returning.

It is best to discuss your genotype and likely chance of response to combination treatment with your specialist or GP. You can also ask your GP for a referral to a liver clinic. Throughout rural Victoria more local doctors are providing shared care to patients on treatment with the metropolitan liver clinics. This means making an initial visit to a liver clinic in the city or large regional centre and then getting support and ongoing monitoring with your local doctor.

SIDE EFFECTS

Side effects from combination therapy will vary for each person and may range from mild to severe. Side effects can include: initial fever, chills, muscle aches and headaches. You may also experience tiredness, loss of sleep, loss of appetite, nausea, dry or itchy skin, diarrhoea, dry eyes, a cough and possibly thinning of hair. Irritability, anxiety and depression can also occur. It is essential that you report any changes in mood that concern you to your GP or specialist. Side effects generally subside after treatment has stopped.

Once on treatment, it is essential that any side effects be reported to your specialist or GP so that any necessary adjustments can be made.

LIFESTYLE ISSUES

The main strategies people use to cope with and reduce the symptoms of hepatitis C

are attention to diet, minimising the use of alcohol and illicit drugs, staying fit, decreasing stress and using alternative or complementary medicines. All or some of these strategies may fit in to your lifestyle.

If you are considering going onto treatment you will need to be prepared for the effects it may have on your lifestyle and relationships.

It is important to think through the issues. When is the right time for you to start treatment? Are you thinking of starting a family soon or perhaps starting a new job? If so, then this is probably not the best time to start.

It is important to consider the possible effect of hepatitis C symptoms and/or treatment on your work commitments. You may need to arrange a more flexible workload with your employer (if possible).

It is not uncommon for people with hepatitis C to experience depression (treatment also has the potential to cause depression and other mood disturbances), so personal relationships may come under pressure. It may be valuable to discuss these issues with the important people in your life.

Don't be afraid to seek support. This could be a friend or family member or you could consider seeing a counsellor or joining a support group. Weave a safety net for yourself.

Seeing a counsellor or going to a support group is more difficult for rural Victorians. Such services may not be available in certain areas. So using the Hepatitis Line - a freecall phone counselling service is a good option. Online community chat rooms can also be helpful. (See back pages)

TAKE YOUR TIME..

As hepatitis C is a very slow acting virus in most cases, you have plenty of time to consider when and if treatment is for you. Available treatments change over the years and the health sector is always gaining more awareness and understanding about the emotional and social support often required by people with hepatitis C.

ON THE ROAD AGAIN

Also, over time, priorities around living with hepatitis C may change. After getting the symptoms under control, you may focus on questions like 'should I disclose my hepatitis C status...?' Should I have my family before I have treatment; will I be discriminated against if I tell my employer I need time off; can I still work in the health sector; will I tell my new partner I have hepatitis C?

These issues need time and space to think through and the good news is with hepatitis C you have time to do that.

Linda Connor and
Heather Smith

SOME POSITIVE STEPS:

1. For information on any aspect of hepatitis C, call the Hepatitis C Council of Victoria on 03 9380 4644 or 1800 703 003 if you live outside the metro area.

To receive a free copy of IMPACT or any of our resources listed on the resource order form inserted in this issue - call the above numbers or email info@hepcvic.org.au.
2. To speak to someone confidentially you can ring the Hepatitis Line on 1800 800 241.
3. You can also make an appointment to see a counsellor by calling Positive Counselling on 03 9530 2311.
4. Looking for a service or support group near you? Have a look at the contacts list on the back pages of this Good Liver or go to the 'Information and Resources' page on the Council website at www.hepcvic.org.au.
5. To find out more about treatment talk to your GP, specialist or liver clinic. For more information about specialists or liver clinics in Victoria see the back pages of this Good Liver or contact the Hepatitis C Council of Victoria on 9380 4644 or 1800 703 003.

Well it seems as though we were just wishing you all a merry Christmas and here we are saying 'happy new year'!

We are back on the road for 2006! Refreshed and invigorated, ready for another year of travelling the highways and visiting the wonderful communities that make up rural and regional Victoria.

We have big plans for this year, and you are part of it!

First of all we successfully launched our Rural~e news in December and the feedback has been exceptionally good. Basically, Rural~e news is an electronic newsletter for rural workers which is full of updates about our work; new information about hepatitis C; new websites and current research. Rural~e news will also incorporate information about projects and programs running throughout the state that assist people who are living with hepatitis C in rural Victoria.

The Rural~e news is a great reminder for rural workers that they don't work alone, that in fact there are lots of workers around the state doing similar support and resourcing work for people living with hepatitis C.

If you didn't receive the first edition of Rural~e news and would like a copy just let us know and we will send it to you. The second edition will be sent out at the end of February.

GO BENDIGO!

After lots of hard work and commitment it looks like the new liver clinic will open in Bendigo in 2006. Based at Bendigo Hospital the clinic will offer local access to liver specialists and access to hepatitis C antiviral treatments. to all people living in Loddon. What a great service for the community, no more travelling to Melbourne! Stay tuned to Good Liver for more information about the new Bendigo clinic.

We are also looking forward to working with rural organisations and services (all of you) again this year. We will be focussing on the East Gippsland, Grampians and Hume areas offering hepatitis C training, secondary support, work force development and resourcing.

If you would like some training or updating for yourself, your staff or indeed the community you work or live in please contact us at the council and we will talk about suitable times and dates with you. In addition to focusing on generalist hepatitis C training, we're also offering targeted workshops to the youth sector, housing & homelessness sector, and drug and alcohol & NSP sector.

Let us know if you would like to see us in your area in 2006. Our training is FREE to community based groups, community health services and allied health groups and workers.

Remember that if you simply have a query about hepatitis C you can contact us at any time and we will be happy to assist you with it.

This year is already shaping up to be a busy one for everyone. We will be delivering GP training and community sector updates in Bairnsdale, as well as delivering workshops across Victoria over the next few months, including Bendigo, Benalla, and Sale.

We're really keen to offer a hepatitis C training update in the Grampians region, and we're currently seeking a venue. If anyone has any suggestions of an appropriate space we'd love to hear from you.

That's all for now, see y'all on the road

Jen and Linda
Community Development and
Education - Rural

IF YOU WOULD LIKE TO RECEIVE THE RURAL~E NEWS CONTACT LINDA OR JEN ON 1800 703 003 OR SEND AN EMAIL INDICATING YOUR INTEREST TO EITHER LINDA@HEPCVIC.ORG.AU OR JENJ@HEPCVIC.ORG.AU

WHAT DO YOU HAVE TO TELL YOUR DENTIST AND DOCTOR?

ONE OF THE COMMON QUESTIONS WE GET ASKED HERE AT THE HEPATITIS C COUNCIL OF VICTORIA IS WHETHER PEOPLE HAVE TO DISCLOSE THEIR HEPATITIS C STATUS TO DOCTORS, NURSES AND DENTISTS.

The short answer to the question is no. There are very few instances where legally a person has to disclose their status.¹

In terms of transmission of the virus and the risk of infecting other people, all doctors, dentists and other health workers must follow standard infection control guidelines all the time. This means that all blood and bodily fluids are treated as infectious, all the time. Therefore, for someone who has hepatitis C, no extra precautions are required, as standard precautions are sufficient to prevent the spread of the hepatitis C virus.

These infection control guidelines have been developed over time to give the best protection from cross contamination to both the health practitioner and the patient.

Of course, in terms of best practice health care, it would make sense if the medical practitioner who is treating you has a complete knowledge of your health. They could then assess you fully in terms of what symptoms you have; what the underlying causes of these may be; the interaction between various illnesses that you may have, and potential side effects and/or unintended effects of prescribed drugs.

Take for example the potential effect that hepatitis C may have on your oral health. For many people, hepatitis C leads to the absence of saliva resulting in a dry mouth, a condition known as xerostomia. As saliva is integral to oral good health, its absence

can lead to an increase in sore oral tissues, halitosis, dental decay and tooth sensitivity.

But despite the good reasons, the unfortunate reality is that many people with hepatitis C still encounter discriminatory attitudes and practices from health practitioners.²

Many people do not feel comfortable disclosing their hepatitis C status to a health worker, especially in a initial visit when they are unsure what response they will be faced with.

At the Council we hear of many cases of people being asked how they got hepatitis C; of having to face derogatory and/or paternalistic comments about past, current or assumed drug injecting behaviour; being told that extra precautions/routines were needed for them; or even that people like them were not welcomed in that health practice.

Such behaviour is not only unacceptable, but in most cases would be contrary to anti-discrimination legislation. If you decide to tell your medical practitioner that you have hepatitis C, you are under no obligation (and should not really be asked) to answer questions on 'how you got it'. There are no reasons for you to be treated with any extra precautions, and you have the right to be treated exactly the same as everyone else.

Access to the highest quality health care is not a privilege, it is a right that all people living in Australia should be able to enjoy without fear of rejection and/or discrimination.

While the majority of doctors, dentists, nurses and health workers are professional and non-judgemental in their work, there are unfortunately some who do not meet these standards.

If, as a patient, you feel that you are being, or have been, subjected to discriminatory treatment, do not remain silent about it. Let the medical practitioner know that you do not think what they are doing is correct. You can change to another practitioner or you can take action by complaining to the appropriate Registration Board, eg the Dental Practice Board of Victoria and/or the Equal Opportunity Commission.

If you feel you need help and advice in resolving a situation with your medical practitioner, support is available by contacting the Hepatitis C Council of Victoria on 03 9380 4644 or 1800 703 003 if you live in rural Victoria.

Piergiorgio Moro
Community Development and Education
Metro region

References:

- 1) The major areas/instances where people with hepatitis C have to disclose their status include: if they want to donate blood, if they want to join the army and/or the secret service, if they are health workers performing invasive procedures, and if they are applying for new health and/or life insurance policies.
- 2) i. Anti Discrimination Board of New South Wales. C-Change: Report of the enquiry into hepatitis C related Discrimination. Sydney, 2001.
ii. Unpublished Phd Thesis - Jacqueline Richmond. Is there an association between health professionals' hepatitis C knowledge and attitudes and the care they provide to people with hepatitis C? School of Nursing, Faculty of Medicine, Dentistry and Health Sciences - the University of Melbourne, 2005.

PRISON BASED NEEDLE SYRINGE PROGRAM TO BE TRIALED IN ACT

THE ACT MAY BECOME THE FIRST AUSTRALIAN STATE OR TERRITORY TO PROVIDE CLEAN NEEDLES AND SYRINGES TO PRISONERS.

The ACT Health Minister, Simon Corbell, has put forward new legislation which, if passed, would enable the Alexander Maconochie Correctional Centre in Canberra - which opens in 2007/8 - to trial providing prisoners with clean injecting equipment as part of their overall health services.

There is an abundance of peer reviewed evidence detailing the high frequency of sharing of injecting equipment that occurs within prisons and the high prevalence of blood borne viruses such as hepatitis C in prison populations. In Victoria, the worst affected State, the prevalence of hepatitis C in prisons is 55% among men and 67% among women (prevalence in the wider population is between 1 and 2 %). Studies also show that not only are people entering prison with hepatitis C, many are contracting the virus while on the inside.¹

For these reasons, many individuals and organisations, the Hepatitis C Council of Victoria included, have been urging State and Federal governments to address the health risks posed to prisoners by the sharing of injecting and tattooing equipment in custodial settings. In 2002 the Australian National Council on Drugs (ANCD) published a position paper recommending that prisons in Australia provide clean injecting equipment.² ANCD Executive Officer, Gino Vambuca stated recently that while prisons "don't get to chose who comes to their gates..." they do "have a responsibility... to make sure that they reduce the risk of harm to those people who are in there".³

Any Government wishing to trial a prison based needle syringe program is likely to face some strong criticism and public relations challenges. Prison officers, in particular, are very concerned about the potential of syringes to be used as weapons by prisoners against prison staff. Often referred to is the incident in which prison officer Geoffrey Pearce became infected with HIV after being stabbed with a syringe in Long Bay Gaol in NSW in 1990. However, as many have pointed out, no prison in the world has successfully kept syringes - or drugs for that matter - from being illicitly imported inside their walls. Syringes are more likely to be used as weapons under the current system than under a system in which a clean syringe can only be accessed by returning a used one.

NSPS IN PRISONS? WE'D LIKE TO SEE THAT!

In May 2005, the World Health Organisation published a Status Paper on Prisons, Drugs and Harm Reduction. In it they recommended that all prisons systems move as quickly as resources allow to develop a "needle-exchange programme equivalent to that available in the community".⁴ Currently 6 countries, Switzerland, Germany, Spain, Moldova, Kyrgyzstan, and Belarus have successfully implemented prison needle syringe programs, though each uses a different method of syringe distribution. The evidence gathered from those that are already running internationally shows that such programs:

- Do not endanger staff or prisoner safety, and in fact make prisons safer places to live and work;

- Do not increase drug consumption or injecting;
- Reduce risk behaviour and disease (including HIV and hepatitis C) transmission.

Many of us in the hepatitis C sector, while arguing strenuously for the introduction of prison needle syringe programs, had become fairly cynical about our chances for any success. Certainly Federally and here in Victoria the message from the relevant Ministers has been a resounding "Never". However in the ACT, the relentless lobbying of the Canberra Alliance for Harm Minimisation (CAMHA) and the Australian Injecting and Illicit Drug User's League (AIVL) in combination with the Greens has borne impressive fruit. The new legislation proposed by the ACT Minister for Health is currently being debated. We hope that good public health and harm reduction principals prevail and that Australia finally sees a prison based needle syringe program implemented and evaluated.

Venetia Brissenden
Policy Development & Education
Custodial Settings

- 1 Butler, T Karaminia, A. Levy, M & Kaldor, J 2004 'Prisoners are at risk for hepatitis C transmission,' *European Journal of Epidemiology*, vol 19, no 12, pp. 1119-22.
- 2 Australian National Council on Drugs 2002, *Needle and Syringe Programs: Position Paper*, ANCD, Canberra
- 3 G.Vambuca quoted in Amy Fallon, AAP Newswire, 8/12/05
- 4 WHO 2005, *Status Paper on Prisons, Drugs and Harm Reduction*, World Health Organisation, Geneva, p.14



An insight into volunteer training

THE HEPATITIS LINE RELIES ON THE GENEROSITY AND HARD WORK OF VOLUNTEERS.

I have worked with, and been involved in the training of, many volunteer counsellors over the years and I have found that the rewards are bit like a two-way street. People who have made a commitment to a cause such as hepatitis C by becoming telephone counsellors, get as much out of volunteering as the people they're helping. Each unique individual brings their own experience to the service and they in return develop a sense of personal growth and satisfaction of helping the community.

I thought it might be useful to provide an insight into the training program that we offer volunteers, prior to becoming telephone counsellors. The program is based on adult learning principles. Our style of training is very interactive and participative; flexibility and involvement are key components in running a successful training program. One of the main training tools we adopt is 'role plays,' which allow trainees to be exposed to the types of scenarios that we encounter on the service in a safe and controlled fashion. The following is an excerpt from the type of scenario that is covered during

training. This scenario is common and does not relate to any particular individual but has been compiled from the many thousands of calls Hepatitis Line take yearly. When a person has hepatitis C, it has implications, not just for the individual person but also for all the other people connected with them.

This situation represents a typical call to the service and reflects the fact that we are not only about the provision of accurate information. The imparting of up-to-date accurate information is very important, but our service goes one step further. We are a counselling service. The Hepatitis Line, as a counselling service, offers callers the opportunity to discuss some of the more difficult issues and questions, in a safe, confidential and supportive way.

A TYPICAL CALL AND HOW IT MAY DEVELOP

>Hello, Hepatitis Line. How can I help you?

I was just wondering if I could talk to you for a minute. I'm really worried about something that is happening in my life at the moment and I'm not sure which way to go.

>Ok would you like to discuss that with me?

Yes I would because this is really getting me down at the moment.

>Well take your time, there's no rush. Are you comfortable to talk about it?

Well actually it's a bit difficult, as I have never really talked to anyone about this.

>You know this is a confidential service and you can talk to me about anything.

Right. Well, I'm Hep C positive and I have known that for ten years and mostly its ok but I have just got something that is happening at the moment. I just felt I needed to talk to someone. I live in the country and its very difficult. I've had this number for a while but I have never used it.

>So what is happening for you at the moment?

As I said I have had the virus for quite a

while and in some respect I have ignored the virus. I have ignored that I have hep C. It hasn't really affected my health and so I try not to think about it. I haven't really told anyone and I really don't want to. I have put it right out of my mind and in some respect not even acknowledged it. I guess that's my way of coping.

>Well we all have different ways of coping. Is something happening now to change that for you?

Yes. Well I have been seeing a guy for a year or so and we are now thinking of living together. In one way that's great but it's now causing me a real dilemma. It's brought the whole Hep C drama into my life again.

>Can you tell me more about that?

To be honest I did tell someone...a guy, and he took off. I feel so ashamed about having hep C. You know the stigma attached to it. I've seen what happens to people; how people are treated...it scares me. I don't want that to happen to me again...I just couldn't stand it.

>It can be scary telling people. Just relax and take a deep breath. Do you feel you want to continue?

I'm ok...not having to tell people has really worked for me and I hate the idea of saying those words: "I'm hep C positive."

>This obviously brings up a lot of emotions for you.

It sure does. I've been a widow for 8 years and it's been a difficult road and now everything is changing, for the better, but I'm fearful.

>You've mentioned being scared and fearful. Can I ask what do you feel so fearful about?

Well when he knows the truth he is going to leave me. I know he will.

>Why do you feel that way?

Well the other guy did. With this current guy I'm so excited and thrilled and all of those things but I just haven't been able to tell him about my hepatitis.

>And you feel that it will be a concern for him if he knows?

Oh, I'm sure...he's so conservative and what will he think of my past...he wouldn't understand.

>Are you feeling you would like to tell him?

Well I feel I have a duty to tell him. I owe it to him. I feel obligated. Well I guess denial has really worked well for me up until now but this is serious and I'm making a commitment and I would want him to be honest with me so that's the dilemma. I think I have to tell him.

>This is obviously an important issue for you. Would it be useful to spend some time talking about what you feel you would like to do...explore some options?

If that's ok. Well I thought I could...

.....

...there's still so much to think about...but it's really been good just to be able to talk to someone about this.

>Well, we certainly have covered a lot of issues. It sounds like you have come to more of an understanding about what you want to do. How do you feel about the decisions you have made today?

Well, I still have a lot to think about, but at least I'm more clear about how I'm going to approach things. It's just been so helpful to be able to talk about this...it isn't something I would normally do. I really appreciate your time.

>It's been good talking to you. If you feel you need to talk more please feel free to call us again. Take care.

By providing this documented case to the readers of Good Liver I hope I have presented an opportunity to experience the nature of the calls we get on the service, which may, in turn, motivate some to consider whether this kind of work holds any interest.

Would being part of a service such as ours be potentially rewarding for you? We are currently recruiting people for our next training course commencing in April. We are looking for people not necessarily with counselling experience or training, as that will be given during the course. It is more important that applicants have good personal life experience and an ability to listen and hear the sorts of questions people raise on the lines. Our counselling style is non-judgemental and the emphasis is on helping callers to reach their own solutions.

The training course is accredited with Northern Melbourne Institute of TAFE and the successful completion of the program results in the attainment of two units from a Certificate IV in Telephone Counselling. If you are interested please ring 8359 1359.

Alex Nikolovski
Aids Hepatitis and Sexual Health Line

THE HEALTHY LIVER CLINIC

Got Hep C? Want treatment?

The Healthy Liver Clinic at Turning Point will:

- Clinically assess your liver
- Monitor your hep C
- Provide treatment for Hep C

and provide methadone or buprenorphine treatment - all onsite at Turning Point

NOW OPEN

Drop in and ask for Dr Nick Walsh or Jenny Kelsall.

We are open from 9am-5pm, Monday to Friday at 54-62 Gertrude Street, Fitzroy Victoria 3065.

Telephone: 03 8413 8413
Email: nickw@turningpoint.org.au

TURNING POINT
ALCOHOL & DRUG CENTRE

WWW.TURNINGPOINT.ORG.AU

diary:

1 - 6 OCTOBER 2006

HEPATITIS C AWARENESS WEEK

Advanced notice: National Hepatitis C Day is Sunday 1st October 2006. Planning has started for the national awareness week - the week straight after the international day. Anybody wanting to get involved contact Heather at the Council on 03 9385 9107.

11 - 14 OCTOBER 2006

18TH ANNUAL ASHM CONFERENCE MELBOURNE

In conjunction with the 3rd ACH² Workshop (Australian Centre for HIV and Hepatitis Virology Research). For more information call 02 8204 0770, email conferenceinfo@ashm.org.au or go to the web site at www.ashm.org.au/conference

BIG 30TH ANNIVERSARY

29 MAY - 11 JUNE

THIS YEAR 3CR CELEBRATES IT'S 30TH RADIOTHON.

As an independent media voice 3CR does not receive commercial sponsorship and is the recipient of small one-off government funding only.

Since 1976 the station has run largely on the financial support of its audience, broadcasters and supporters.

SUPPORT INDEPENDENT MEDIA WHICH
SUPPORTS THE HEPATITIS C COMMUNITY
LOOK OUT FOR OUR RADIOTHON
MAILING IN MAY.

HAVE YOU CHANGED YOUR ADDRESS BOOK YET?

Just a reminder that with the recent installation of a new phone system here at the Council, each staff member has their own phone number.

The numbers are:

Helen: 9385 9102

Venetia: 9385 9104

Linda: 9385 9109

Jen: 9385 9105

Pier: 9385 9103

Heather: 9385 9107

Education Resource Centre at the Alfred

The Education + Resource Centre At The Alfred is a statewide resource centre on HIV/AIDS, Hepatitis and Sexually Transmissible Infections for the Victorian community.

STAFF CHANGES

- Liza Doyle left the Education + Resource Centre (ERC) in December to commence her new position in Sydney with ASHM. Many people have appreciated Liza's energy and enthusiasm for her work over the last year.
- Gabrielle Bennett has commenced as the new Coordinator/Health Educator. Gabrielle has just returned to Victoria after spending 18 months in the NT working in the STI/BBV/Indigenous health sector.
- The Education + Resource Centre (ERC) currently has 2 vacant positions - we hope that a Nurse /Health Educator and an Education Officer position will be filled very soon!

NEW RESOURCES IN THE LIBRARY.

At the ERC drop-in resource centre you will find a range of items, including brochures, books, magazines, newsletters, videos, posters and teaching kits. You'll find resources in plain language, resources which look at the issues from a body, mind and spirit perspective as well as technical resources relevant to community agencies working in the area. Some of the most recently arrived resources are described below.

HEPATITIS SOURCEBOOK

S. Judd (ed), Omnigraphics, Detroit, 2006

Designed for the general reader, this sourcebook provides basic consumer health information about hepatitis A, B, C & other types of hepatitis, covering risk factors, screening methods, diagnostic tests and treatment options, along with information on liver health and tips for people living with chronic hepatitis.

LIVING WITH HEPATITIS C FOR DUMMIES

Paul, Nina L., Wiley Publishing, Indianapolis, Indiana, 2005

Don't be fooled by the title! This compassionate guide explains how hepatitis C affects the liver and the body and it provides solid advice on today's treatment options - from drugs (and their side effects) to transplants and alternative therapies - as well as tips on dealing with the emotional and financial burdens that hepatitis C may bring with it.

THE HEPATITIS C COOKBOOK: EASY AND DELICIOUS RECIPES

Jeanne, Heather, Cumberland House, 2004

The Hepatitis C Cookbook has been prepared with the special dietary needs of people with hepatitis C in mind. The author argues that by eating properly, those who have the virus can delay the end stages leading to cirrhosis of the liver and can also diminish the uncomfortable symptoms of the disease. The cookbook uses medical guidelines to provide a road map to healthy, tasty foods to eat and enjoy.

CAN I BORROW RESOURCES?

We have a range of membership services available to individuals and organisations with a long term interest in borrowing from the centre. Visit the website for more information or call 9270 6993.

The HIV Hepatitis & STI Education & Resource Centre

Fairfield House
The Alfred
Moubray Street
Prahran VIC 3181

Telephone: 03 9276 6993
Fax: 03 9533 6324
Email: access@alfred.org.au
www.accessinfo.org.au

WORKING INSIDE

When I joined the Hepatitis C Council two years ago to be their Custodial Settings Officer, people thought I was mad. I had managed to avoid being caught for all of my life, and so my only knowledge of the reality of life inside was based on TV programs like "Prisoner". I knew lots about hepatitis C from previous jobs, but would I like working with this new very different client group?

It turned out to be one of the most rewarding periods of my long professional life. I met so many interesting, talented, funny, passionate men and women. I learned a lot about the drawbacks of having hepatitis C in such an environment where lack of access to treatment, liver friendly food and information and resources has such an impact. I marveled at prisoners' inventiveness and their determination to get the best deal possible for themselves and fellow prisoners. I was surprised by the commitment and humanity of many of the prison staff who supported me getting access inside.

In particular my work with the Peer Educators was satisfying. These would be the ones to deal with hepatitis C among the prisoners on an on-going basis, and it was great to have regular access to them to make sure their knowledge was bang up to date.

Also working at the Council in such a supportive atmosphere, and with such knowledgeable colleagues, was an important part of being successful at work. Thank you Helen and the rest of the team for making my time there so worth while. And good luck to Venetia in her continuation in the post.

David Samson

Former Custodial settings officer - now working in Tassie as Hep C worker

We twa hae sported i' the burn,
From morning sun till dine,
But seas between us braid hae roared
Sin' auld lang syne.

NEW ORAL DRUG TRIAL FOR HEP C

The Centre for Clinical Studies is conducting a clinical trial to investigate the use of a new antiviral oral drug for the treatment of hepatitis C.

TO BE CONSIDERED ELIGIBLE FOR THE STUDY YOU MUST BE: Male; infected with HCV Genotype 1; had a Liver Biopsy within the last 3 years or be willing to undergo a liver biopsy; have a viral load above 100.000 and never had any previous treatment for your Hepatitis C

You will be financially reimbursed for your time. After completion of the study, if determined medically necessary, therapy to treat your hepatitis C will be funded, if it is not already covered by any government sponsored Health Plan.

For further information contact the Centre for Clinical Studies at the Alfred Hospital on 9207 1900 or email b.scott@centreforclinicalstudies.com

ST VINCENT'S HOSPITAL 2006 TREATMENT SUPPORT GROUP

For anyone on current treatment and/or interest in the new changes to hepatitis C treatment, this Group run 2 sessions a year.

Session 1 is about to commence on
Thursday 2 March, at 5pm
then fortnightly for 12 weeks.

Venue: 82 Fitzroy Street, Fitzroy

For further information contact Kate
on 9288 2259 or email
katherine.mellor@svhm.org.au

WARRNAMBOOL BBV CLINIC

A comprehensive medical service for people affected by blood borne viruses in South West Victoria

We are specialist providers of health care and other support relating to blood borne viruses.

Enquires or appointments contact:

The WRAD Centre
26 Fairy Street, Warrnambool
or telephone 03 5560 3222

RESEARCH PROJECT

A HEPATITIS C DIAGNOSIS

THIS RESEARCH PROJECT WILL LOOK AT THE IMPACT OF AN HCV DIAGNOSIS, WHAT WAS HELPFUL AND UNHELPFUL IN THE ADJUSTMENT PHASE AND WHAT SUPPORTS MAY HAVE BEEN UTILISED.

Would you or someone you know be willing to be interviewed about their experiences of a hepatitis C diagnosis? It is anticipated that the interview would go for about 60 minutes and includes a short questionnaire about the participant's mood over the previous month.

Interviews can take place at either the Hepatitis C Council of Victoria's offices in Brunswick or at Swinburne University, Hawthorn or Prahran campuses, which ever is preferred. A \$20 reimbursement will be available to cover participant's costs.

All interviews are strictly confidential.

ABOUT THE RESEARCHER:

Margie Fry is studying Honours in Psychology at Swinburne University and is a volunteer telephone counsellor at Hepatitis Line. It is intended that this study will contribute toward a greater understanding in the healthcare field, of the complex issues and needs of those diagnosed with hepatitis C.

If you are interested in participating in an interview, please contact Margie Fry on 9214 6434 or email: [mfry@swin.edu.au](mailto:m fry@swin.edu.au)

SUPPORT GROUP BREAKING THE CHAINS

HIV | HEP C SUPPORT & EDUCATION
GROUP - WARRNAMBOOL

Breaking The Chains is a Warrnambool and district group of HIV or hepatitis C positive people, their friends, families and supporters. We meet on the 2nd and 4th Thursdays of every month.

For further information or meeting details, please contact Jeffrey on
9486 5972 or 040 124 0167
or email: breakingthechains@hotmail.com

LIVER CLINICS

Albury/Wodonga

Telephone: 02 6024 5255

Alfred Hospital

Telephone: 9276 2223

- **Bayside Hepatitis Clinic**

Telephone: 9276 2223

Austin/Repatriation Medical Centre

Telephone: 9496 2787

Ballarat Liver Clinic

Telephone: 5331 9210

Box Hill Hospital

Telephone: 9895 3120

Geelong Liver Clinic

Telephone: 5226 7111

Maroondah Hospital

Telephone: 9871 3371

Monash Medical Centre

Telephone: 9594 3088

- **Cranbourne Liver Clinic**

Telephone: 9594 3088

- **Springvale Liver Clinic**

Telephone: 9594 3088

Northern Hospital Liver Clinic (Epping)

Telephone: 9219 8335

Peninsula Liver Clinic

Telephone: 9781 4434

Royal Melbourne Hospital

Telephone: 9342 7212

Sale - Fitzpatrick House

Telephone: 5144 4555

St Vincent's Hospital

Liver Clinic: 9288 2898

Hepatitis Clinic: 9288 3580

- **Bairnsdale Clinic**

Telephone: 9288 3580

- **Knox Hepatitis and Liver Clinic**

Telephone: 9210 7300

- **St Kilda Hepatitis Clinic**

Telephone: 9534 0531

- **Warragul Clinic**

Telephone: 9288 3580

- **Werribee Hepatitis Clinic**

Telephone: 9216 8633

Turning Point Healthy Liver Clinic

Telephone: 8413 8413

Warrnambool BBV Clinic

Telephone: 5560 3222

Western Hospital

Telephone: 8345 6490

SERVICES DIRECTORY

METRO AND/OR STATEWIDE

Education & Resource Centre at the Alfred

Telephone: 03) 9276 6993

Fax: 03) 9533 6324

Email: access@alfred.org.au

Web: www.accessinfo.org.au

ANEX

(Association of Needle Exchanges)

Telephone: 03) 9417 4838

Email: info@anex.org.au

Australian Complementary Health Association

Telephone: 03) 9650 5327

Web: www.diversity.org.au

Body Art

Piercing Urge, Prahran

Telephone: 03) 9530 2244

Web: www.thepiercingurge.com.au

Chinese Herbalist

Lisa McPherson

Telephone: 03) 9687 2747 (Footscray)

Chinese Medicine Practitioner

Catherine Riva

Telephone: 03) 9844 0459 (Warrandyte)

Telephone: 03) 9596 2468 (Brighton)

Complementary Medicine

Salus Complementary Medicine Specialists

Telephone: 9500 8870 (Armadale)

Counselling

Positive Counselling HIV/Hep C Inc.

Telephone: 9530 2311

www.positivecounselling.org.au

Sandy Breit

Hepatitis C Counsellor

Telephone: 99276 3021

Dentist

Martin Hall (Richmond)

Telephone: 03) 9420 1302

Direct Line

Drug & alcohol counselling and NSP info

Free call: 1800 888 236

Employment

Westgate Community Initiatives Group

(formerly Options Enterprises), South Yarra

Telephone: 03) 9824 2330

Equal Opportunity Commission Victoria

Telephone: 03) 9281 7111

Toll Free: 1800 134 142

Email: eoc@vicnet.net.au

Web: www.eoc.vic.gov.au

Haemophilia Foundation Victoria

Telephone: 03) 9555 7595

Hepatitis Line (telephone counselling)

Freecall: 1800 800 241

Vietnamese hep C Info Line: 1800 456 007

Khmer hep C Info Line: 1800 810 277

Infoshare

Self Help Addition Resource Centre,

Glenhuntly

Telephone: 03) 9572 1151

Email: info@share.org.au

Medical

Barkly Street Clinic, St Kilda

Telephone: 03) 9534 0531

Melbourne Sexual Health Centre

Telephone: 03) 9347 0244

Free call: 1800 032 017

Multicultural Health & Support Service

(HIV, Hepatitis C & STIs)

Telephone: 03 9420 1339

Go to: www.nrhc.com.au

Multilingual Hepatitis C Resources

This website has over 400 pages of hep C and HIV information in 18 languages.

Go to: www.multiculturalhivhepc.net.au

Narcotics Anonymous - Victoria

Statewide service and meeting most areas.

Telephone: 03 9525 2833

Geelong: 03 5221 0803

Gippsland: 0405 378 513

Naturopaths

Jenny Adams. Telephone: 03) 9489 7955

George Campbell. Telephone: 03) 9646 5455

Jane Daley. Telephone: 03) 9500 8870

Ondine Spitzer. Telephone: 03) 9372 0499

Gill Stannard. Telephone: 03) 9650 3419

Nawala Willumbong Co op Limited

Indigenous drug & alcohol service (St Kilda)

Telephone: 03) 9510 3233

Email: info@ngwala.org

Office of the Health Services Commissioner

Telephone: 03) 8601 5222

Complaints: 03) 8601 5200

Freecall: 1800 136 066

Royal District Nursing Service

Telephone: 03) 9536 5222

Fax: 03) 9536 5333

Email: getinfo@rdns.com.au

Solicitor

Mary Simpson
Slater & Gordon
Telephone: 03) 9600 0290

Victorian Aboriginal Community Controlled Health Organisation

Telephone: 03 9419 3350

Victorian Aboriginal Health Service

Telephone: 03) 9419 3000
Fax: 03) 9417 3897

Victorian Hepatitis C Educator

Jacqui Richmond
Telephone: 03) 9288 3586
Fax: 03) 9288 3590
Email: richmoj@svhm.org.au

VIVAIDS

Telephone: 03) 9329 1501
Country calls: 1800 443 844
Email: vivaid@vivaid.org.au

RURAL AND REGIONAL

These contacts are able to provide information about local hepatitis C related services as well as active support groups (SG).

Ballarat Community Health

Contact: Carmel
Telephone: 03) 5333 1635

Barwon - Surf Coast Health Service

Telephone: 03) 5261 1100

Barwon Health Drug & Alcohol Services

Telephone: 03) 5273 4000

Bendigo Hep C Information & Support

Contact: Robyn Bodinnar
Telephone: 03) 5443 8355
Email: can@can.org.au

Bendigo Health Care Group

Contact: Jane Hellsten or Pauline Woodburn
Telephone: 03) 5454 8416

Camperdown Hepatitis C Support worker

Contact: Jo Sloetjes
Telephone: 03) 5593 3415
Email: camperdown.resource@svdp-vic.org.au

Corio Community Health

Contact: Rochelle Hamilton
Telephone: 03) 5273 2200

Horsham - Wimmera Hep C Support Group

Contact: Jan Spencer
Telephone: 03) 5381 9378

Latrobe - Mobile Drug Safety Worker

Helen Warner
Mobile: 0438 128 919

Mildura - Sunraysia Community Health

Anne Watts
Telephone: 03) 5023 7511

Moe Community Health Centre (SG)

Contact: Catherine Ashford
Telephone: 03) 5127 5555

Portland - Glenelg Southern Grampians Drug Treatment Service

Contact: Bev McIlroy
Telephone: 03) 5521 0350

Shepparton Community Health

Contact: Merri Blair
Telephone: 03) 5823 3200

Wangaratta - Ovens and King CHC

Contact: Diane Hourigan
Telephone: 03) 5723 2000

Warrnambool - Western Region Alcohol and Drug Centre

Telephone: 03) 5560 3222

Wimmera (East) Region

(Birchip, Wycheproof, St Arnaud)
Phil Blackwood (Naturopath/Psychologist)
Mobile telephone: 0403 625 526

Wodonga Community Health

Contact: Jenny Horan/Anita
Telephone: 02) 6022 8888

Yarra Valley Community Health Service

Contact: Debra Cahill
Telephone: 1300 130 381

Yarrowonga Community Health

Contact: Cherie McQualter Whyte
Telephone: 03) 5744 1324

WEB FORUMS

The Australian Hepatitis Council is now running its web forum for professionals in the hepatitis C sector. Check it out at: www.hepatitisaustralia.com/forum/publicaccess/

SUPPORT ON THE INTERNET

If you can't get to a support group, you can always go to the NSW community forum at: <http://hepatitisc.communityzero.com>

INFORMATION & SUPPORT GROUPS

Learning about your rights, dealing with discrimination and discussing the issues that impact on you - all these things can happen in the safe environment of a Support Group.

METRO

HEPATITIS C COUNCIL OF VICTORIA:

Contact: Pier Moro 9380 4644

Brunswick Drop In & Information Sessions - open to family, partners and friends. ALL WELCOME.

When: Second Sunday of every month
Time: 2 - 4pm
Next: 12 Mar, 9 April and 14 May 2006
Venue: Hepatitis C Council Offices.
5/200 Sydney Rd, Brunswick

THE ALFRED HOSPITAL:

Contact: Sandy Breit 9276 3061

The support group now meets every second month. Contact Sandy Breit for more details on times for 2006.

Venue: Hepatitis C Clinic,
4th floor, Alfred Hospital.
Commercial Road, Prahran

ST VINCENT'S HOSPITAL:

Contact: Kate Mellor on 9288 2259

For anyone with hep C: Interested in the new changes to treatment? For anyone on treatment, or completed treatment, or interested in peer support, side effects management and information?

This group runs fortnightly for 12 weeks twice a year.

When: Session 1: 2, 16 & 30 March, 13 & 27 April and the 11 May 2006.
Session 2: 3, 17 & 31 August, 14 & 28 September and 12 October

Time: 5 - 6.30pm
Venue: St Vincent's Hospital Cottages.
82 Fitzroy Street, Fitzroy

For further information contact Kate Mellor on the above number or email katherine.mellor@svhm.org.au

RURAL

WARRNAMBOOL:

Contact Jeffrey on 0401 240 167 or 9486 5972.

YARRA VALLEY - HEALESVILLE:

This support group has just started - come and join us. Contact Debra on 1300 130 381 for more information.

AN INVITATION TO JOIN US

FOR THE HEPATITIS C COUNCIL OF VICTORIA TO BE TRULY REPRESENTATIVE OF THE HEPATITIS C COMMUNITY, A STRONG MEMBERSHIP OF PEOPLE AFFECTED BY THE VIRUS IS ESSENTIAL.

There are 3 types of membership. Each includes all resources distributed by the Council. By becoming a member you show your support for the peak organisation working for people with hepatitis C in Victoria.

- 1 Individual: Entitles you to one copy of Good Liver per quarter and one vote at the AGM.
- 3 Healthcare Professional: As for individual - but includes 3 copies of Good Liver.
- 4 Organisation: As for individual - but includes 5 copies of Good Liver.

COMPLETE THE FORM BELOW AND MAIL TO THE COUNCIL.

TAX INVOICE ABN 48 656 812 701
Please ensure you retain a copy for tax purposes

Are you a new or renewing member?

Title Name

Occupation

Organisation (if applicable)

Mailing Address

Postcode

Local Government Area (ie Banyule, Stonnington, Casey:)

Telephone

Fax

Email

Tick one membership box. (Includes GST)

- Individuals \$0
- Professional \$33
- Organisational \$77

Donations are gratefully received by the Council \$

(All donations over \$2 are tax deductible)

Total \$

Are you interested in becoming a volunteer with the Council?

Hepatitis C Council of Victoria
Suite 5, 200 Sydney Road, Brunswick 3056
Telephone: 03 9380 4644 or 1800 703 003 (country callers)

HAVE YOU GOT A STORY TO TELL?

Everyone who reads Good Liver enjoys the "My Story" section.

A friend told me that whilst she was thinking about going onto treatment she liked to read about the good, the bad, and the normal of other peoples' experiences.

And of course your story doesn't have to be about treatment - any issues, any experiences around hepatitis C can make good reading.

Send your story to heather@hepcvic.org.au and see your name (or alias) in print!