

ADVOCACY EDUCATION SUPPORT CONSULTATION

autumn 07

GOOD LIVER

NEWSLETTER OF THE HEPATITIS C COUNCIL OF VICTORIA

Rural Support

Doing it differently

My Story

Understanding the importance
of Antibody and PCR tests

NSP's in Bendigo

Key problems in utilising services
in rural Victoria





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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: ray@hepcvic.org.au

news

NEW HEPATITIS C TREATMENT TO PREVENT DRUG RESISTANCE

Stanford University scientist Jeffrey Glenn has identified certain proteins in the make up of the hepatitis C virus that are necessary components for the virus to replicate. Presidio Pharmaceuticals has licensed the rights to use this information for developing a hepatitis C treatment that prevents drug resistance, the leading cause of treatment failure.

This new technology targets a specific region found in the HCV viral proteins, NS4B and NS5A, that are required for virus replication. Disrupting the function of these two proteins opens up a new method of HCV treatment. Presidio hopes to find small molecules that bind to NS4B and NS5A in order to interrupt the life cycle of the virus.

NEW HCV BOTANICAL DRUG ENTERS CLINICAL TRIAL

The Phynova pharmaceutical company has developed a drug derived from botanicals to treat hepatitis C symptoms.

A trial will evaluate 40 patients in the USA with chronic hepatitis C. Phynova's trial will investigate the effect of PYN17 on safety and efficacy parameters. These include the key symptoms associated with CHC such as fatigue, poor concentration and abdominal pain that lead to a marked deterioration in an individual's quality of life.

PYN17 is a botanical drug derived from Chinese medicinal plants with a long history of safe use in humans.

HEPATITIS C TOOTHBRUSH CONTAMINATION

A study was undertaken to examine the contamination of toothbrushes in patients with chronic hepatitis C as a possible means of unconventional transmission.

The trial sampled 30 patients with chronic hepatitis C. 2 mL of saliva were tested for HCV-RNA before and after tooth brushing and the toothbrush rinsing water was tested after tooth brushing.

Saliva was positive for HCV-RNA in nine patients (30%) before brushing and 11 patients (36.7%) after brushing. Twelve of the toothbrush rinsing water specimens (40%) tested HCV-RNA-positive after brushing. In six of these 12 patients, the saliva before brushing had been negative for HCV-RNA. Patients with HCV-RNA-positive toothbrush rinsing water showed no significant differences from those with negative rinsing water with respect to certain clinical, biochemical and virological parameters. The study demonstrates that a considerable portion of toothbrushes used by hepatitis C patients can be contaminated with HCV-RNA, suggesting at least a theoretical risk of infection by sharing these objects and strengthening the recommendations to take care not to share these personal care objects with other household members.

HEAVY DRINKING REDUCES LIFESPAN ADVANTAGE OF WOMEN OVER MEN WITH HEPATITIS C

In studies published in the February issue of *Alcoholism: Clinical and Experimental Research*, researchers noted that women with hepatitis C tend to live longer than men with the virus. However, this study found that heavy drinking eliminates that survival advantage in women.

The study analysed 132,468 hepatitis C - and heavy drinking-related deaths in the Multiple Cause of Death files of the U.S. National Centre for Health Statistics.

They found that women with hepatitis C who were not heavy drinkers died at an average age of 61, compared to about age 49 for women who had hepatitis C and were heavy drinkers. A difference of 12 years. Among men with hepatitis C, heavy drinking lowered the average age by only five years.

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FROM THE EXECUTIVE OFFICER

Welcome to the Autumn edition of Good Liver. This edition focuses on some of the issues for people with hepatitis C in rural regions. This is a topic that is close to my heart as I grew up in a small town in Northern Victoria. Living with hepatitis C in a big city is hard enough for many people, but there are many extra challenges in the case of country people, including:

- Lack of choice about health care providers
- Reluctance to access local services due to fear of a breach of confidentiality
- Lack of access to appropriate specialist care unless long distances are travelled to city locations
- Long waits to access any existing rural services
- Limited access to information about hepatitis C

In 2007 there were a total of 2778 hepatitis C notifications to the Department of Human Services for all of Victoria. The largest majority of these were not for newly acquired infections, but for people who have had hepatitis C for a number of years. This represents a decrease in notifications from 2005, where a total of 3019 were diagnosed with hepatitis C.

In the five rural DHS regions in the period 1 January till 14 February 2007 there have already been 81 notifications of diagnosis of hepatitis C. This compares with 71 for the same period last year. (see table of Notifications in Regional Victoria for 2006 on page 4)

It is important to take great care in interpreting these statistics, as numbers and variations can be related to a variety of factors. For example, an increase in notifications in one particular region may simply be due to increased testing by a particular general practitioner who suddenly has an increased awareness of hepatitis C. Nevertheless, the statistics do show that hepatitis C remains a significant issue in both metropolitan and regional areas of Victoria. I hope that the articles in this Good Liver are informative for both our metropolitan and rural members.

Please join me in welcoming our new staff members Bev Greet, Ray Hehr and Emily Adamson. All of us at the Council are enjoying having them as part of our team, and welcome the new ideas and enthusiasm they bring. Many of you will meet these new staff as they take up their roles and get out and about within the community. A brief profile about each of the new staff members has been included in this newsletter for your interest.

Finally, please let us know what you think of Good Liver. We are interested in any comments from our members, be they complimentary or otherwise. We really would like to hear from you, so email or phone either Ray or myself and have a chat with us.

Warm regards

Helen McNeill
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Email: helen@hepcvic.org.au



3CR RADIOTHON

3CR will be launching its 2007 Radiothon in June.

Monday 4th - Sunday 17th June

3CR hopes to raise \$200,000.

SUPPORT HEP CHAT SUPPORT 3CR

3CR is a community radio station and depends on listeners and members to provide the services it does.

Hep chat has been broadcasting from 3CR for over 5 years. Hep Chat's Radiothon program can be heard on **Thursday 14th June.**

Visit the 3CR website www.3cr.org.au or phone 03 9419 8377 for more info.

DOING IT A BIT DIFFERENTLY IN RURAL VICTORIA

Finding alternative ways to meet our challenges and offer greater choice to the rural community

Country Awareness Network Victoria (CAN) is a community based, not-for-profit, non-government membership organisation. It provides information, education, support, referrals and advocacy to Victorian rural/regional communities regarding Hep C, HIV/AIDS and sexually transmitted infections. We're funded by DHS and rely heavily upon our partnerships with other sector organisations like the Hepatitis C Council of Victoria.

Ever heard of Fred Astaire and Ginger Rogers? Being one of the world's most famous dance couples, I read somewhere how unfair it's been for poor Ginger. While Fred's popularity, fame and no doubt salary, exceeded Ginger's, history has often neglected to acknowledge that during their career together, Ginger did everything that Fred did, except she did it in reverse and did it while wearing high heels!

Most of us know that a chronic illness, regardless of what it may be, produces numerous challenges and affects not only the quality of life for those with Hep C but also has a ripple affect that often broadcasts much further. Add to this some unique issues (stigma, discrimination) and as most people affected by hepatitis C will agree; the challenges faced are often magnified. Well this intensification can and often is even greater for those living and working in rural/regional areas.

Accessibility to professional support and treatments remain one of our biggest challenges. The CAN Resource Centre gets numerous calls each month from both consumers and professional healthcare providers enquiring about local services available for those living in rural regions across Victoria. As you would expect, almost all of the specialist services are

located in Melbourne. This means hours spent travelling to and from Melbourne for services and treatments, not to mention the additional costs associated.

Unfortunately stigma and discrimination related to hepatitis C still exists in some sectors of Australia's population. While there are a number of laws and regulations in place specifically for the protection of the rights and privacy of those living with Hep C, monitoring and enforcing this can be challenging especially in small communities. Many of those living in rural/regional areas do so to take advantage of a more relaxed pace of living or to remain close to their networks of support from family and friends. However, smaller communities can make it more difficult to maintain one's right to privacy and in turn can lead to increased stress and pressures.

Our organisation does what it can with what it has. In rural regions we are constantly looking for alternative approaches to meet our challenges and to find ways to continue to offer choices wherever possible to our consumers and communities. Sometimes this is accomplished through the establishment of a shared care arrangement between local GPs and Melbourne specialists. Sometimes this

happens through advocacy; convincing our governments to provide the professional services needed (It looks as if Bendigo will have a Liver Clinic this year!!). We work locally to inform and educate individuals, healthcare workers, students and other organisations about transmission, prevention and issues associated with Hep C. Whenever possible, we work in partnership and try to facilitate the initiatives created by the state and national bodies on a local level, hosting campaigns like Hepatitis C

Awareness Week locally and distributing resources and information to our communities on an ongoing basis. It's about providing our communities with choices and parity of services.

So I suppose you might say we're similar to our metropolitan partners in the things that we do in rural Victoria. We advocate, educate, support and strive for similar goals, but sometimes we do have to do it a bit differently. (This does NOT mean backwards and NO high heels are involved). Our success is a result of a team effort and the support we get from organisations like the Hepatitis C Council of Victoria.

Adam Wright
Country Awareness Network Victoria Inc.

NOTIFICATION OF HEPATITIS C IN REGIONAL VICTORIA 2006*

	NEWLY ACQUIRED	NOT SPECIFIED	TOTAL FOR REGION
HUME	8	110	118
LODDON MALLEE	10	127	137
BARWON SOUTH/WEST	17	163	180
GRAMPIANS	14	70	84
GIPPSLAND	10	126	136
TOTAL ALL REGIONS			655

From Department of Human Services
www.health.vic.gov.au/ideas/surveillance.index.html

*DHS Rural Regions

Fear of disclosure is a powerful force in shaping NSP service utilisation

In this essay I will summarise some of the key findings from our research in Bendigo with people who inject drugs. The key issues explored here revolve around becoming visible in a regional centre as someone who injects a drug. This has implications for how people utilise services, and how the service system struggles to deal with the complexity and specificity of drug use in a regional and rural context.

DRUG USE IN BENDIGO

Many users tried to limit the visibility of their use by maintaining social connections with groups of people who didn't inject drugs, as well as keep their using networks. For those who are able to keep these other networks, they provide a place to disappear and a place to hide if need be. One user recounted how she used to spend time with her non-user friends on the days when she didn't want to use, or wanted to go clean, and when she wanted to "get smashed" she spent it with her user friends. However, when the two groups started merging "it all went to shit". She was no longer able to find space away from drug circles, no longer able to "have three weeks of no drug being mentioned whatsoever". And now everyone knew her as an injecting drug user.

UTILISATION OF THE MOBILE AND SHOPFRONT FACILITIES

Some places like Kangaroo Flat have syringes available from nine to five, while a needle and syringe exchange outreach van delivers needles to people from 7pm to 11pm. However, many users were scared of being identified as a drug injector. Some prefer to go and collect syringes themselves, but reported that, "I hate doing that too because then they see your face, and I've always got this phobia that one of my mate's mums is gonna be in there and I'm not gonna recognise her, [but] she's gonna recognise me".

Over time there have been parallel and opposite changes in mobile and fixed site service utilisation. When syringe distribution from mobile services are calculated on a yearly basis, it can be seen that the average number of syringes distributed per client contact increased from 35 in 2001 to 51 in 2004. Likewise the number of syringes collected per client contact increased from 17 per contact in 2001 to 25 per client contact in 2004. In contrast syringe distribution from fixed site services decreased from 17 per client contact in 2001 to 9 in 2004. Syringe collection from fixed site services remained stable over the same period at 3 syringes per client contact.

Over the period 2001 to 2004, although there have been substantial fluctuations in utilisation of NSP services, there has been a noticeable reduction in the utilisation of fixed site services and an increase in the utilisation of mobile services. This increase has been noted most clearly in the volume of syringes distributed and collected per client contact. Social surveillance in this regional setting impacts heavily on the fixed site service model. Fear of disclosure is a powerful force in shaping NSP service utilisation. What is encouraging is that the continued use of the mobile service has more than compensated for the reduced use of the fixed site services.

GHETTOS IN A REGIONAL ENVIRONMENT - FALLING THROUGH THE GAPS

Many young users undergo a sharp often extreme identity transformation as publicly known users with intense social networks centred around using groups. Some users

become completely cut off from the mainstream and end up living as if they were in a ghetto. It's hard to escape from such ghettos when the outside world is hostile and the world of drugs offers a place and some acceptance.

A harsh process of stigmatisation and marginalisation of low income young injecting drug users effectively produces ghettos of drug users living in poverty in public housing. In social policy terms, there needs to be some consideration of the long-term sustainability of this social environment. A coordinated approach is needed to address this social policy issue. Policy frameworks are needed so that housing, welfare, drug and alcohol and family services can come together into meaningful partnerships at the client level.

Many of these places we visited in Bendigo were not eligible for neighbourhood renewal and continue to this day to be difficult places to live in with or without drugs. There have been some well-intentioned attempts to deal with the issues we raised in our report. However without further resources to facilitate policy change, the idiosyncratic combination of a ghetto in a regional environment continues to be a social reality for many drug users in Bendigo.

John Fitzgerald
Principal Research Fellow
Centre for the Study of Health and Society

Hepatitis C Council of Victoria SUPPORT GROUPS

Every second Sunday of the month.
2.00 - 4.00pm. The only exception is in April where Easter will move the meeting to the third Sunday of April.

Guest speakers will commence their talks from 3.00pm allowing time for general support discussion before hand.

March 12

April 15 (third Sunday)

Guest speaker: **Michelle Martin**,
Viral Hepatitis Education Speaker.

May 13

June 10

July 8 Speaker on Nutrition.

Details in the next Good Liver

August 12

ALMOST 1 IN 2 YOUNG DRUG USERS AND PRISONERS ARE INFECTED WITH HEPATITIS C

It has been widely reported in the media recently that hepatitis C rates among young injecting drug users in the Sydney region is among the highest in the world.

A study led by Professor Lisa Maher of the National Centre in HIV Epidemiology and Clinical Research was undertaken in the south west of Sydney. The team studied more than 200 illicit drug users who were either younger than 30 years or had been injecting for less than 3 years. They found that 46 out of 100, or almost one in two new injecting drug users contract hepatitis C after only one year. These rates exceed those recently recorded in London that found 42 out of every 100 new users were contracting the disease.

The team also found the highest rates of infection were among women, those under 20 years of age, people of South East Asian descent, cocaine injectors and those who had been injecting for less than a year.

"We obviously had an idea it was a problem but we had no idea it was going to be this high," Professor Maher said.

The inference is that young injecting drug users pick up hepatitis C almost immediately after they start injecting drugs, making the window of opportunity to warn them of the risks of hepatitis C very small indeed. Just as past HIV prevention strategies are now starting to lose some of their impact, younger drug users also don't seem to be getting the message to modify their risky behaviour.

On another front new statistics from a study by the University of NSW Centre of Health Research in Criminal Justice show that a sample of prisoners from Queensland, NSW, Tasmania and Western Australia returned rates of 34% for hepatitis C. The study tested almost 500 volunteers from a cross-section of Australia's 25,000 strong prison population. However infection rates were almost double this for inmates who regularly

injected drugs before they entered the prison system. Estimates in the past have put the prison infection rate at between 40 to 60 per cent.

Lead researcher Tony Butler said the findings show a need for better harm-minimisation practices in prisons.

Both teams' research have been published in the *Australian and New Zealand Journal of Public Health*.

QUEENSLAND CORONER CALLS FOR CLEAN GAOL SYRINGES

Darren Fitzgerald was a prisoner at the Woodford Correctional Centre who was found dead in his cell in 2004. State Coroner Michael Barnes said an autopsy found Fitzgerald had hepatitis C, that he had a total morphine level at the high end of the fatal range, and that he had ingested heroin within 12 hours of death.

Mr Barnes said Fitzgerald had a history of drug abuse in prison and had returned positive drug tests on urine samples on 15 occasions. He also stated that evidence at the inquest indicated illicit drug abuse remains a significant problem at the Woodford gaol and throughout Queensland gaols generally although there had been an improvement in the past 10 years.

Speaking during an inquest into the death, Mr Barnes noted that the inmate had hepatitis C, and the availability of clean syringes would at least help to control the spread of viral diseases both in prison and to family members after prisoner release. It is believed that prisoners regularly share illegally smuggled syringes due to the unavailability of clean ones.

Queensland Minister for Police and Corrective Services Judy Spence has stated that the Government does not intend to implement a needle exchange program in its gaols and that there were no plans to extend the methadone program beyond the two now in operation in women's prisons.

Currently no Australian States offer a needle syringe program (NSP) and only NSW has a comprehensive methadone program.



BODY SHOP FOUNDER REVEALS SHE HAS HEP C

Dame Anita Roddick, the 64 year old Body Shop founder and environmental campaigner has bravely revealed on her website that she is living with hepatitis C.

"I have hepatitis C - it's a bit of a bummer but you groan and move on..."

I had no idea that I had this virus. I was having routine blood tests when it showed up. It turned out that I'd contracted it through infected blood, given to me as a transfusion during the birth of my youngest daughter, Sam, in 1971" she said.

Dame Anita revealed that she already had the onset of cirrhosis. One more example of how hepatitis C can be present for many years before the person with the disease realises or has any major symptoms.

Dame Anita has not wasted any time in speaking out against the lack of awareness of hepatitis C, as the 'silent killer'.

"Well I've always been a bit of a 'whistle blower' and I'm not going to stop now. I want to blow the whistle on the fact that Hep C must be taken seriously as a public health challenge and must get the attention and resources that it needs".

"Most people just don't know that this virus exists, or what its impact is. It's not taken seriously," she said.

She also spoke out against the stigma that exists around hepatitis C that "stops people getting a fair deal".

The full blog can be found on Anita Roddick's website at www.anitaroddick.com

www.hcvadvocate.org

American website for the *Hepatitis C Support Project*. News, updates, resource library and other helpful links.

www.hepnet.com

Web presence of the Canadian organisation *Hepatitis Information Network*. Contains news and links to other related hepatitis websites

www.hepatitis-central.com

American website for the *Hepatitis C Information Centre*. News about hepatitis C, symptoms and diagnosis.

www.multiculturalhivhepc.net.au

Multilingual hepatitis C resources

www.vaahs.org.au

Advocacy, support and health website of the *Victorian Aboriginal Health Service*

www.hepcaustralasia.org

An Australian on-line support group with web chat room. A logon with password is needed to access the service.

www.whin.org.au

A general health support website for women in the northern metropolitan region of Melbourne. Information about agencies and support services for women. Includes PDF information in several languages including Italian, Russian, Somali, Arabic and Vietnamese.

2007 is set to be another busy year for the Rural Team here at the Hepatitis C Council. And what a great team we have become! The team now consists of three fantastic workers who will be travelling all over the beautiful state of Victoria.

The arrival of Emily Adamson has put a smile on all our faces, such is her level of enthusiasm for the new challenges and successes that await her as Rural Program Worker. Emily's arrival marks an expansion of the priorities of the rural program, as for the first time the Hepatitis C Council has designated a position which focuses specifically on issues relating to CALD (culturally and linguistically diverse) communities. Hepatitis C affects all communities, however CALD communities have many more barriers to accessing basic information, health care and treatment options.

In the past the Rural Team has consisted of just two workers, but this year the Hepatitis C Council of Victoria has further increased its strength by employing the wonderful Bev Greet in a newly created Indigenous Community Development and Education position. In addition to working with Indigenous people in custodial settings, Bev will be working with Indigenous communities and workers across Victoria. Speaking of which, we have great news. The Hepatitis C Council of Victoria is looking forward to another exciting chapter in the life of "Chopped Liver", the outstanding production of Ilbijerri Aboriginal and Torres Straight Islander Theatre Co-Op. "Chopped Liver", the black comedy about this vital organ, will be returning in 2007 for another Victorian tour. This truly exciting news attests to the fact that this brilliant play, developed in collaboration with the Hepatitis C Council of Victoria and VACCHO, should be seen by everyone, Indigenous or otherwise. In fact, the 2007 tour is looking to be bigger and better than the 2006 tour. Not only will the tour return to each Victorian region, it will also be shown in every prison across the state.

To begin our year, the Rural Team have been looking at what we have done well and identifying areas for improvement. One of the main focuses for the next 12 to 18 months will be the Grampians region, where we will be offering a range of training and workforce development activities in Ballarat, Horsham and Stawell. To register your interest in attending training in the Grampians (or indeed training in any other region of Victoria), please contact the Rural Team at the Hepatitis Council of Victoria.

For those of you who don't know, the Rural program issues a quarterly electronic newsletter, the Rural e-news. This newsletter is basically to inform workers (people working in health and allied community services) about the movements of the Rural Team,

upcoming projects and workshops, as well as to provide regular updates and tidbits about hepatitis C issues. To register, contact Jen on jenj@hepcvic.org.au

Finally, some food for thought. There has been a recent flurry of media activity about the alarming increase in hepatitis C transmissions in SW Sydney. The group affected are people who are new to injecting. One question that we are constantly trying to understand is "what can we do to ensure that people who are new to injecting can protect themselves from hepatitis C transmission?" There are no simple answers, but nonetheless it remains an important question. This issue is even more pertinent in regional areas where younger people might not have good access (due to location or confidentiality concerns) to clean equipment and safety information. If you have thoughts about the crucial issue of hepatitis C prevention, our education team would love to hear from you!

Until next time, see you On The Road!

Jen Johnson
Rural Education and Community Development

The Rural Team have been looking at what we have done well, as well as finding areas for improvement.

EMILY ADAMSON

A big hello to all - I arrived here at the Council in January and will be involved in the Rural Program on a part time basis. As much as I love living in Melbourne beside the river, I am definitely looking forward to working in regional and rural Victoria having lived on various farms in Vic and NSW. The Rural Program provides a wide range of training workshops and quality resources to health workers and I will be working closely with Jen Johnson (the other fab rural program worker!) to target different areas across Victoria.

I have a broad working background in health psychology and training within the not-for-profit sector. In the past, I have worked as a counsellor/case manager for people living with a chronic illness and for a number of years I have been a volunteer phone counsellor and trainer with the Aids, Hepatitis and Sexual Line. One of my key



passions in the area of health management is training and education for workers in the health and community development field. I value training as a tool not only because it means you are out in the community talking to people (and away from the computer!) but it has a dual impact. Firstly, it can empower workers with the knowledge and skills to understand various conditions and illnesses. Secondly, if workers feel confident with Hep C related issues this will open communication between worker and client and improve service provision for those often marginalised by their illness. During my time here at the Council, I look forward to networking with allied health and community workers to identify what will be useful to build knowledge and understanding about hepatitis C.

Additionally, as part of my rural role, I will be exploring the issues for people from culturally and linguistically diverse communities (CALD) and the needs of workers to be able to respond effectively and sensitively. This is a new and exciting direction for the Council and I hope to collaborate with various organisations including multicultural services, community health centres, NSP and many more. It is an area with large scope and I would like to approach it by asking "what's missing" for workers supporting people with Hepatitis C from CALD backgrounds and then secondly, taking a solution oriented approach: how can we strategically improve the ability of the Hep C workforce to provide accessible and effective services for people affected by Hepatitis C. Ultimately, it looks like a busy and exciting year for me at the Council and I am sure I will be hitting the road very soon!

Bye for now, Emily

RAY HEHR

Hello to all the readers of Good Liver. I have recently started work at the Hepatitis C Council of Victoria (HCCV) as Communications Coordinator.

I hope to be able to fill the very big and busy shoes of out-going communications person, Heather Smith who has been working in this role for more than five years and has developed an impressive reputation through the variety of projects she has undertaken in that lengthy period of time.

Apart from coordinating the articles that will eventually appear in each edition of the Good Liver newsletter I will also manage all the printed publications that are to be produced by the HCCV as well as multi-media publications such as the Council's website.

In the past I have had the opportunity to work as a designer with many well-known Melbourne organisations including the State Library of Victoria and Peter MacCallum Cancer Institute. The fact that



these are both public service providers (in the true sense of the word) is not a coincidence. I prefer to work in a productive area that will prove of some benefit to the wider community rather than just spinning profits for huge multi-national corporations (although I confess I have been there, done that and bought the tea towel!) In fact, my first ever full-time job was working as an ad designer for Queensland Newspapers (The Courier Mail and Sunday Mail) and I have spent the last four years with the Northern Territory News in Darwin.

This new role with the Hepatitis C Council of Victoria has once again allowed me the opportunity to be employed in a field that will prove of benefit to others in several very important ways. I hope the work I do will help people with hepatitis C to stay healthy, inform those with hepatitis C of

the latest available information on breakthroughs and treatments and will maintain a public awareness of hepatitis C.

The stories and articles for this edition of Good Liver discuss the issues faced by people infected with hepatitis C in the rural regions. The choice of this as a theme was completely intentional. People who live in rural communities routinely tolerate part-time or non-existent services, isolation, prejudice, or a lack of up-to-date information, but if you are also living with hepatitis C, well, the challenges can be particularly difficult.

Hopefully this edition of Good Liver will focus a little more attention on the rural sector and provide pertinent information for those living with Hep C in these areas. So, to those living in the country - this issue of Good Liver is for you!

I hope I can continue to source topical and interesting information that our readers will find helpful and a joy to read.

Cheers, Ray



BEV GREET

Hi! I am the Indigenous Program Worker here at the Council. This is a new position at the Council and will be a very

exciting and challenging one. I have worked in organisations that specialise in sexual health and blood borne viruses for more than twenty years, both in a voluntary and paid capacity. My last job was with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) as sexual health and blood borne viruses' coordinator for the last eight years.

My job at the Hepatitis C Council of Victoria will mainly be educating Indigenous prisoners and Indigenous service officers about Hep C two days a week and in rural communities one day a week. The team at the Council is very supportive and I can truly say I love my job even after only a month. I particularly love facilitating training sessions and being a resource to the Koori community in relation to Hep C.

I have been to three prisons already and made some good connections. I have also met with the Aboriginal service officers and they have asked me to come back and run a half-day training session. I love traveling through rural Victoria and visiting the varied and distinct communities many of which I know already from working in Aboriginal Community Controlled Health. The Hepatitis C Council of Victoria has a memorandum of understanding with VACCHO and we have already worked on various projects together. This exciting new position will enhance the relationship even more. Given that the incidence of Hep C in prisons is high and Aboriginal people are disproportionately represented in prison I will certainly be kept busy.

That's all from me, Bev.

BENDIGO

Firstly this years' inaugural C Jam concert in Bendigo was a big success featuring local bands, The Views, The Strays, Famous For Failing and Violence & Sunshine.

Permits with Bendigo Council were arranged as well as hire of the performance stage at a reduced rate. A local sound technician with equipment was hired along with two local DJ's. It was estimated that around 500 people attended on the day.

In a great initiative 200 individuals were approached by local year 9-10 students to take part in a 'Hep C Knowledge' survey. General questions were asked about Hep C with between 50 - 80% of respondents getting the answers correct.

Following on from this our volunteers operated an Awareness Week information stall in the Hargreaves Mall handing out more than 500 information packs and 'Bloody Serious' cards, once again the youth were out and about with another 200 'Hep C Knowledge' questionnaires being completed.

Apart from the presentation on 'Hepatitis C, Take Control' being a great success, three media articles appeared in *The Advertiser* and there were local radio announcements on Rainbow Radio and Joy FM.

Promotional posters and fliers were printed and distributed a couple of weeks prior to the C Jam concert.



WARRNAMBOOL

'Breaking the Chains' the HIV/AIDS blood borne virus support group in Warrnambool also had an amazing Hepatitis C Awareness Week 2006. A forum was held at the Western Regional Alcohol and Drug Services in Warrnambool called: *Healthy Eating, Healthy Lifestyle = Well Being*. Two speakers discussed their pegylated interferon treatment over the past year. One, co-infected with HIV, had cleared the Hep C virus and is now living a much



Enjoying the day.

healthier lifestyle; the other man spoke about how he was too sick to work for the past 5 years but has now successfully cleared Hep C and is back in full time employment.

A forum was held at southwest TAFE and a stall was also set up outside Safeway. Around 700 people were approached, 300 surveyed and 500 information packs and 'Bloody Serious' cards distributed. There was good media coverage in the local newspaper the *Warrnambool Standard* and also on ABC radio.

Jeffrey Robinson
Breaking the Chains
Warrnambool

Michelle Martin discusses the vital importance of understanding Antibody and PCR test results

In my past life, prior to commencing as the Victorian Viral Hepatitis Educator, I was the Infection Control Consultant for the South West Region. Being based at the main healthcare facility in the region, I really didn't have a lot of contact with people living with hepatitis C; however the main components of my role were to educate staff on all things "infection control" and act as Staff health nurse.

What the staff health nurse role entailed was to counsel, support and initiate management of occupational exposures as they occurred. To prepare myself for this role I attended the HIV/HCV pre and post-test counselling course, which I must say was one of the best courses that I had done. I found it not only to be totally enlightening, but I got to meet a guy who was Hep C positive, and got some idea of the issues that people living with Hepatitis C have to deal with. His story was amazing and I will remember him for the rest of my life.

Sorry I digress. Back to the staff health role, the most constant theme I saw was the lack of understanding about the difference of being Hep C antibody positive and no subsequent PCR test being done, or in fact the PCR test being negative.

Often staff who had sustained a needle stick injury could not or did not understand the difference and therefore the significant importance of the testing process.

There was always confusion between Hep C & B. We wanted our staff to have Hep B antibodies as this tells us that they have a level of protective immunity. Unfortunately this is not the case with Hep C where the presence of antibodies does not assist with immunity.

Now at each education session I talk about the importance of understanding the testing regime, that two diagnostic tests are needed and how important it is for staff to thoroughly understand this. Potentially this can impact on a person who tests positive for Hep C antibodies, if they are not given the correct information, there are several scenarios that could evolve.

- A person who is Hep C antibody positive and hasn't had a PCR test may continue to live their life believing they have Hep C when it's possible they may have cleared the virus naturally (around 25% of those infected)
- A person who is Hep C antibody positive and has a negative PCR result need to understand that they have cleared the virus and no longer have Hep C, and importantly, do not have any immune protection against Hep C. Therefore, they can be infected by Hep C again if risky activities occur

- A person who is Hep C antibody positive and has a positive PCR result need to understand that whilst they have Hep C, it is not a death sentence and that they need to get all the correct information to allow them to live as normal and healthy a life as possible.

The thing that I really stress at all my sessions is that participants clearly understand the difference between these tests, and understand the correct referral process for someone newly diagnosed.

My suggestion for people being tested is to 'take the bull by the horns' (so to speak) and make sure that all the correct tests are done, and that you have a very clear understanding of the difference between antibody positive and negative, and the subsequent PCR test, which will also be either positive or negative.

Since commencing in this role, I must say that I have been challenged, confronted and most importantly overwhelmed by the complexities of education. With every single mile that I travel, I hope that I am contributing to the goal of educating people to understand a disease that has the potential to impact on all of our lives.

Here's to a healthy liver

Michelle Martin
Victorian Hepatitis Educator



Hep Chat

Every Thursday between
10.30 and 11.00 am

*The Hepatitis C Council of Victoria's radio
program broadcast on 3CR, 855 AM.*

Hep Chat live via internet www.3cr.org.au/streaming/index.php

Education Resource Centre at the Alfred

The Education & Resource Centre recognises the challenges for people living and working in rural areas.

In April 2006 Gary Ferguson was appointed to the The Education and Resource Centre (ERC) in the position of Education Officer and since then has been coordinating the implementation of a training and education program for health professionals and health and community workers. Gary understands the issues that face rural health workers. Previously he was employed at Royal District Nursing Service where his main responsibility was delivering the accredited program Pre- and Post- HIV and Hepatitis Test Counselling Course to health and community workers in rural and regional Victoria.

Gary has a strong commitment to making training and education geographically accessible and enjoyed working with those in rural and regional Victoria. He says that people in the country greatly appreciate training and education being available in their locality. One of the main components of the training Gary delivered in rural and regional Victoria was identifying resources and services that were accessible for those working away from capital cities. He sees that the Education and Resource Centre is well-placed to offer a wide range of

resources for country people including on-line resources and telephone referral and information.

A woman with hepatitis C rang the ERC recently. She lived nearly 400kms from Melbourne and the nearest Liver Clinic was 2 hours drive. She didn't have a car and it was difficult to afford public transport.

"Some of those working in the country may only need to access resources periodically while others require access more frequently. The Education and Resource Centre is in a position to meet both of these demands for its country callers and visitors."

The Education and Resource Centre at the Alfred is a statewide resource centre on HIV/AIDS, Hepatitis and Sexually Transmissible Infections for the Victorian community. This service currently operates Monday to Thursday, 9.30 am - 4.30 pm.

The ERC provides access to current accurate information on HIV, Hepatitis and STIs. We have a broad range of materials including DVDs, books, journals, newsletters, pamphlets and fact sheets. Resources can be borrowed and mailed out to rural areas.

Visit www.hivhepsti.info for the library catalogue, many resources and useful links or telephone us on (03) 9076 6993. You are also invited to visit the ERC where we have a health educator and librarian to assist you to learn more about these infections. The ERC is able to offer support to health care workers to increase their knowledge in this area.

**Education & Resource Centre
Fairfield House
The Alfred
Moubray Street Prahran, 3181**

**Telephone: 03 9076 6993
Fax: 03 9533 6324
Email: erc@alfred.org.au
www.hivhepsti.info**

date for your diary...

National Hepatitis C Health Promotion Conference

5 - 6 June 2007
Melbourne, Australia

The Australian Hepatitis Council is hosting a two day conference for health and community workers with an interest in hepatitis C prevention and support.

The conference will feature plenary addresses from health promotion experts, health promotion skill workshops and presentations on hepatitis C prevention, education, health maintenance and support projects.

Limited scholarships to support conference attendance are available. For more information on the conference or to submit an abstract visit www.hepatitisaustralia.com from 9 March 2007.



Australian Hepatitis Council

AIDS, Hepatitis Sexual Health Helpline

Telephone counselling - what does this mean to our rural community whose lives have been impacted by hepatitis C? It means that the rural community have an opportunity to speak to a professionally trained counsellor about how they are feeling, anonymously and confidentially.

Information and advice can be sought in all types of areas and arenas, such as the Internet, Hep C related support agencies, brochures, doctors and the list goes on. However, accurate information is only a small part of what our callers need. The vast majority of our callers want to talk about how the virus has affected them emotionally. They need to discuss their concerns about how to cope with Hep C, how having Hep C will affect their families, friends, employment, lifestyle, how they feel about their health etc. It might be a mother whose child has Hep C and needs someone to talk to regarding how this has impacted on her life.

Our callers from rural areas are made up of a diverse range of people from all walks of lives that have very little access to counselling services. Telephone counselling can be a very effective tool because it allows callers to be empowered in an immediate and accessible way. For many rural communities this cannot be met in any other way. All you need is a phone, simple yet highly effective when on the other end there is a trained counsellor who is prepared to spend the time listening, exploring options and empathising. Our rural callers are often isolated and due to the stigma and discrimination of Hep C talking to another person who is non-judgmental outside their community is invaluable.

Many of our Hep C callers know a lot about Hep C in relation to the physical impacts and treatments, however the emotional aspects are often ignored by their supports (health centres, doctors etc). Our experience supports the anecdotal evidence that issues of disclosure and discrimination are often amplified for rural callers; therefore, increasing the need for accessing counselling support.

The following quotes were collated from our recent anonymous feedback survey, which was conducted within our organisation's philosophy of confidentiality and indicates how important our service is to rural communities:

While writing this article I received a call from a single mum in a remote rural area who has just started treatment for Hep C. She did not want to talk about the physical aspects but about how this is affecting her

relationship with her daughter, her fears about her health and possible new relationships. She talked about the local nurse being the only person she can talk to about this, as she fears telling anyone in her local community due to their judgment and lack of understanding in relation to Hep C.

It appears more and more evident that our society, for all sorts of reasons, has become a difficult place in which to find a safe space for people, especially for those in rural communities, with Hep C to express their feelings, worries and concerns. Our service offers just this.

To speak to a volunteer trained counsellor please call our Hepatitis Line Freecall number on 1800 800 241.

Melinda Eason
Hepatitis Line

CONTACT THE HEPATITIS LINE

Are you worried about hepatitis C?

CALL US: 1800 800 241

Normal operating hours:

Monday to Friday: 9am - 10pm

Saturday and Sunday:

9 - 11am than 6pm to 8pm



HELPLINE VOX POPS

- I was surprised how easy it was to get through and how understanding and knowledgeable the counsellor was.
- Very helpful and good to know there are people who listen.
- I have tended to rely on the service a lot.
- I felt the call was quite reassuring, questions were answered. Very comforting to know there is somewhere I can ring about this issue.
- I always felt listened to in a non judgemental helpful way.
- Because the service was so good I would suggest doing more advertising so more people know about this service.
- Glad to see that the service provides non-judgemental reassurance to people who need it. The counsellor was fantastic.
- I was put at ease. I felt comfortable to talk about what was happening for me. It is beneficial to have an anonymous and confidential line.

THE HEALTHY LIVER CLINIC

Got Hep C? Want treatment?

Turning Point Alcohol and Drug Centre has a Healthy Liver Clinic that now treats clients for hepatitis C. Our service provides screening for BBV, treatment of hepatitis C, immunizations for hepatitis A and B, counselling services, mental health services and pharmacotherapy services.

The Healthy Liver Clinic also provides a hepatitis C support group that meets bi-monthly. There are two groups, which meet once a month. One group is for those clients that are in the screening process, have been on treatment for Hepatitis for less than 12 weeks.

The other support group is for clients that have been in treatment for more than 12 weeks.

Contact the Healthy Liver Clinic on 8413 8444 or phone Jenny (VIVAIDS peer support worker) on 0439 655 734

SUPPORT GROUP MEETING

Mondays 5.30 - 7.00pm
January to June 2007

January 26	Group 2
February 12	Group 1
February 26	Group 2
March 5	Group 1
March 19	Group 2
April 9	Group 1
April 23	Group 2
May 7	Group 1
May 21	Group 2
June 4	Group 1
June 18	Group 2

TURNING POINT ALCOHOL & DRUG CENTRE

WWW.TURNINGPOINT.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
172 Merri Street, Warrnambool
or telephone 1300 009 723

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 **0401 240 167** or email: breakingthechains@hotmail.com

NEED HELP WITH HEPATITIS C IN GIPPSLAND/LATROBE VALLEY?

Dr Amir Safe, MD FRCP FRACP, Consulting Gastroenterologist is providing hepatitis management services from the Latrobe Regional Hospital in Traralgon. Telephone: 5173 8111

ST VINCENT'S HOSPITAL

TREATMENT SUPPORT GROUP

For anyone with Hep C who is on treatment, interested in new changes to treatment, completed treatment, or who is interested in peer support, side effect management and information.

This support group meets fortnightly over 8 weeks, twice a year.
Time: 5.00 - 6.30pm

SESSION ONE

Thursday March 1, 15 and 29, April 12

LADIES LUNCH

12.30 - 2.00pm
Tuesday May 22, Tuesday August 21

SESSION TWO

Thursday August 30,
September 13 and 27 and October 11

VENUE

St Vincents Hospital Cottages
82 Fitzroy Street Fitzroy

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

CONTACT THE HEPATITIS LINE

Are you worried about hepatitis C? Do you have questions or would like to talk things through? For information and confidential, anonymous telephone counselling.

CALL US: 1800 800 241

Normal operating hours:
Monday to Friday: 9am -10pm
Saturday and Sunday:
9-11am then 6pm to 8pm.

SHARPS HEP C SUPPORT GROUP

Come and meet us at the support group. We have guest speakers and Melissa's famous home-made fruit juices.

First Friday of each month 11am to noon

Held at SHARPS
35-39 Ross Smith Avenue, Frankston
9781 1622

DO YOU HAVE CHRONIC HEPATITIS C?

- Are you between 40 - 70 years old?
- Have you received treatment for your hepatitis C that did not work?
- Have you had a liver biopsy that showed moderate fibrosis (scarring)?

You may be eligible to take part in a national clinical trial of a treatment for Chronic Hepatitis C which is being conducted in your area.

If you are interested, please call

1800 800 285

This study has been reviewed by a Human Rights Ethics Committee.

WANT YOUR OWN COPY OF GL FOR FREE!

Keep on top of hepatitis C issues. Individual membership is FREE at the Council - contact Gen on 03 9380 4644 or 1800 703 003 or email: info@hepcvic.org.au

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

Gippsland - Latrobe Regional Hospital

Telephone: 5173 8111

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

St Vincent's Hospital

Liver Clinic: 9288 3771

Private Liver Clinic: 9288 3222

• Bairnsdale Clinic

Telephone: 5150 3478

• Keilor Hepatitis and Liver Clinic

Telephone: 9663 8825

• Knox Hepatitis and Liver Clinic

Telephone: 9210 7300

• St Kilda Hepatitis Clinic

Telephone: 9534 0531

• Werribee Hepatitis Clinic

Telephone: 9417 1911

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) 9486 6399

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 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

Dentist

Martin Hall (Richmond)

Telephone: 03) 9420 1302

Direct Line

Drug & alcohol counselling and NSP info

Free call: 1800 888 236

Employment

WCIG

Specialist Employment Service

Suite 3, Level 3, 159 High Street, Prahran.

Telephone: 03 9529 2866

www.wcig.org.au

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

Healthworks

Treatment GP: Dr Fran Bramwell

Telephone: 03) 9362 8100

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 9342 9721

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) 9486 0070

Gill Stannard. Telephone: 03) 9650 3419

Duncan Kirkland Windana Community Centre

Telephone: 03) 9529 7955

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

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

Michelle Martin
Telephone: 03) 9288 3586
Email: michelle.martin@svhm.org.au

VIVAIDS

Telephone: 03) 9329 1500
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: Marg Strangl
Telephone: 03) 5333 4500

Barwon - Surf Coast Health Service

Telephone: 03) 5261 1100

Barwon Health Drug & Alcohol Services

Telephone: 03) 5273 4000

Bendigo Hep C Information & Support

Contact: Adam Wright
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)

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://www.hepcaustralasia.org/>

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: March 12; April 15 (*third Sunday due to Easter*) Guest Speaker: Michelle Martin; May 13 and June 10.

Venue: Hepatitis C Council Offices.
5/200 Sydney Rd, Brunswick

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 or side effects management.

This group runs fortnightly for 12 weeks twice a year. For further information and dates for 2007 contact Kate on the above or email katherine.mellor@svhm.org.au

SHARPS:

Contact: 9781 1622

Come and meet us at the support group. We have guest speakers, and Mellisa's famous home-made fruit juices. Call to find out the dates for 2007.

When: First Friday of each month

Time: 11am to noon

Venue: SHARPS
35-39 Ross Smith Avenue, Frankston

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?

The most read section of Good Liver is the "My Story" section.

Most people say they like to read about the good, the bad, and the normal of other peoples' experiences with hepatitis C.

Any issues, any experiences around hepatitis C can make good reading and help others make choices about their own situations.

We'd love to hear your story.