

# GOOD LIVER

NEWSLETTER OF THE HEPATITIS C COUNCIL OF VICTORIA

**Hepatitis C  
is a virus**

**Discrimination  
is a  
judgement**

**both can make  
you sick!**



## **HEPATITIS C RELATED DISCRIMINATION IS RECOGNISED ON A NATIONAL BASIS AS A KEY ISSUE FOR PEOPLE WITH HEPATITIS C.**

It regularly occurs in a wide range of circumstances: in our schools, tertiary colleges, workplaces, medical and dental services, in the city, in the county. It is both situational and institutional, direct and indirect. Sometimes it is deliberate, sometimes it arises from ignorance. It doesn't matter when or where it happens, being on the receiving end of direct or indirect discrimination is painful, diminishing and profoundly damaging.

Research into hepatitis C related discrimination presented at the Third

Australasian Conference of Hepatitis C revealed a range of harmful impacts including negative results on quality of life measures, including physical and health scores, living with the fear of disclosure and social isolation. Other research into social exclusion and the extent of relative deprivation in a society draws a link to reduced health and premature death.

The C Change Report on the enquiry into hepatitis C related discrimination released in November 2001 explains that

**Continued on page 4**



## HEPATITIS C COUNCIL OF VICTORIA INC

Suite 5, 200 Sydney Road,  
Brunswick, Victoria 3056  
Telephone: 03) 9380 4644  
Country Callers: 1800 703 003  
Facsimile: 03) 9380 4688  
Email: [hepcvic@vicnet.net.au](mailto:hepcvic@vicnet.net.au)  
Web: [www.hepcvic.org.au](http://www.hepcvic.org.au)

### CONTACT THE COUNCIL:

**Helen McNeill**  
Executive Officer  
[helenmc@vicnet.net.au](mailto:helenmc@vicnet.net.au)

**Genevieve Dickson**  
Office Coordinator  
[hepcvic@vicnet.net.au](mailto:hepcvic@vicnet.net.au)

**Venetia Brissenden**  
Community Development  
and Education - Custodial Settings  
[venetiab@vicnet.net.au](mailto:venetiab@vicnet.net.au)

**David Clements**  
Project Coordinator  
Workforce Development Initiative  
[davidc@vicnet.net.au](mailto:davidc@vicnet.net.au)

**Linda Connor**  
Community Development  
and Education - Rural  
[lindac@vicnet.net.au](mailto:lindac@vicnet.net.au)

**Barb Healy**  
Community Development  
and Education - Rural  
[barbh@vicnet.net.au](mailto:barbh@vicnet.net.au)

**Piergiorgio Moro**  
Community Development  
and Education - Metro  
[pmoro@vicnet.net.au](mailto:pmoro@vicnet.net.au)

**Heather Smith**  
Communications and Publications  
[heathers@vicnet.net.au](mailto:heathers@vicnet.net.au)

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.

### Reader Response

Your comments or experiences in regard to any articles in the Good Liver are welcome. Call, write or email: [heathers@vicnet.net.au](mailto:heathers@vicnet.net.au)

Good Liver is printed on paper made from reclaimed industrial waste by Waterwheel Press Pty Ltd.

# news

## MEMBERS ADVISORY GROUP

The Members Advisory Group (MAG) was established in October 2002, and is a very valuable way for the Council to consult members about their views and to seek advice about specific issues.

We warmly welcome any members who would be interested in being part of this Forum.

The meetings are held at the Council offices in Brunswick on Sundays from 12.30pm to 1.30pm, before the monthly information sessions. The coming dates are: Sunday 21 March; 18 April; 9 May and 13 June.

**Want more info? Call Pier at the Council on 030 9380 4644**

## OMI SIGNS AUSTRALIAN DISTRIBUTION AGREEMENT FOR SAFETY SYRINGE

Occupational and Medical Innovations Ltd (OMI), a Queensland based medical devices company, announced that it had finalised agreement with Terumo Corporation Australia for the distribution of OMI's range of patented safety retractable syringes in Australia, New Zealand and the Pacific Islands.

The agreement launches both companies into the Australian safety syringe market, which is forecast to grow significantly over the next few years.

The timing of the agreement means that OMI is well-positioned to participate in the safety syringe trials initiated by the Federal and State governments, which are due to take place in 2004.

Media Release  
18 December 2003

## HEPATITIS C AND YOUNG INJECTORS

Research undertaken with young injecting drug users in Melbourne's CBD has found that peer education would significantly contribute to a heightened knowledge of hepatitis C transmission

## VOLUNTEER NEEDED FOR REGULAR COMMITMENT

**At times the Council is inundated with requests for resources and information. We need the help of someone who has time, for a few hours per month, on a day and time that suits both parties.**

**If you are organised, methodical and interested in this voluntary position, please call Genevieve at the Council on 9380 4644.**

among young people. The report *Young Injecting Drug Users and hepatitis C*, found that most injecting drug users learned their injecting technique from other injectors at the time of their first injecting session. Findings suggest that peer education could assist in passing on safer injecting practices and knowledge. The study recommends targeting hepatitis C education at people upon commencement of injecting.

Almost half of interviewed respondents reported having shared injecting equipment, with some reporting that they were unaware of the risks of sharing paraphernalia. Most users did, however, report regular testing for hepatitis C.

## PUSH FOR NEEDLE AND SYRINGE DISPENSING MACHINES

A Melbourne health forum is lobbying the Victorian government to trial needle and syringe dispensing machines in areas of high drug use. The Yarra Drug and Health Forum argue that the trial could be modelled on New South Wales' ten year old syringe vending machine program and would provide out of hours access to drug users who could not attend Needle and Syringe Program services.

15 - 19 MARCH 2004

## VICTORIAN HEPATITIS C AWARENESS WEEK

HEPATITIS C IS A VIRUS  
DISCRIMINATION IS A JUDGEMENT

...BOTH CAN MAKE YOU SICK

If you would like to be involved in organising an event for your community please contact the Council.

20 - 24 APRIL 2004

## 15TH INTERNATIONAL CONFERENCE ON THE REDUCTION OF DRUG RELATED HARM

The overriding theme is '*Minimising the harm: Maximising the Impact*'. Melbourne Convention Centre. Early bird regos have closed but the regular rate is open till end March 2004. For more information go to: [www.ihra.net](http://www.ihra.net)

17 - 21 MAY 2004

## NEW TECHNOLOGIES•NEW RESPONSES

NCHSR and AFAO are organising this conference at the Powerhouse Museum, Sydney. For more information go to: [www.afao.org.au/conference2004](http://www.afao.org.au/conference2004)

2 - 4 JUNE 2004

## FUTURES III

### VICTORIAN RURAL HEALTH FORUM

Organised by Country Aids Network (CAN), this forum will be looking at the future directions of BBV and STI support, care and prevention services in rural Victoria. For more information call 03 5443 8355 or email: [can@can.org.au](mailto:can@can.org.au)

31 AUGUST - 3 SEPTEMBER 2004

## 4TH AUSTRALASIAN HEPATITIS C CONFERENCE

To be held back-to-back with the **16th Annual Conference of Australasian Society for HIV Medicine**.

For more information go to: [www.ashm.org.au/conference2004](http://www.ashm.org.au/conference2004) or email: [conferenceinfo@ashm.org.au](mailto:conferenceinfo@ashm.org.au)

## 2004 AWARENESS WEEK - AS WE GO TO PRINT



Artwork by Fern Smith

## disEase HCV

An interactive art exhibition - on the social, cultural and personal impact of hep C in our community, by Fern Smith.

### WHERE?

Horti Hall, 31 Victoria St. opposite Trades Hall Melbourne City

### WHEN?

Tuesday 16 to Sunday 21 March.  
Noon to 6.00 p.m.

### ANYTHING ELSE GOING ON?

The Artist will talk daily at 2pm.

Information, education and assistance available from community education workers.

### FURTHER DETAILS:

check website closer to the date.  
Go to [www.fernartz.com](http://www.fernartz.com)

### AWARENESS WEEK IS UPON US!!

With this issue of Good Liver you will find copies of our 'Both can make you sick' Awareness campaign postcards, posters and stickers. We hope you like them and put them up where they'll be seen

We have some some great events planned, kicking off on Monday 15 with the Hon. Bronwyn Pike, State Minister of Health launching the Week at the opening of Fern Smith's Art exhibition - *disEase*. There is a program of events in this issue but the most up to date information will be on our web site at [www.hepcvic.org.au](http://www.hepcvic.org.au).

If you'd like to be involved *you had better be quick*. Download the resource order form from the site or contact Heather on 9380 46444 or [heathers@vicnet.net.au](mailto:heathers@vicnet.net.au).

## contents

- 2 NEWS / DIARY
- 4 COMMUNIQUÉ
- 5|6 CALL TO ACTION: Disability Discrimination Amendment Bill 2003
- 7 HEALTH SERVICES COMMISSIONER: Health complaints and quality changes
- 8 HREOC: How the DDA can work for you
- 10 REVIEW: National Hepatitis C Strategy
- 11 WARNING: Prisons are a health hazard
- 12 RURAL: Ballarat Liver Clinic
- 13 MY STORY: Carol + Richard's stories
- 16 MEMBERS SURVEY: Quotable quotes
- 17 HELPLINE: Discrimination + consequences
- 18 VIVAIDS: Position on Disability Discrimination Amendment Bill 2003
- 20 VIRTUAL LIBRARY: Get informed on your rights
- 21 EMPLOYMENT: Working and living with hepatitis C
- 19 MEMBERSHIP: The Council needs You!
- 20 CONTACTS

# communiqué

## FROM THE EXECUTIVE OFFICER

### WELCOME TO GOOD LIVER FOR 2004.

All staff have returned from a break at Christmas/ New Year with renewed energy and enthusiasm for what lies ahead. The year is certainly off to a flying start with frantic preparations for Hepatitis C Awareness Week well underway.

### ONE OF THE MOST POWERFUL THINGS THAT THE COMMUNITY WHO ARE AFFECTED BY HEPATITIS C CAN DO IS TO UNITE IN SENDING A CLEAR MESSAGE THAT THIS ILLEGAL BEHAVIOUR WILL NO LONGER BE TOLERATED.

This year Hepatitis C Awareness Week will focus on raising community awareness about hepatitis C and discrimination. As many readers will know from previous editions of Good Liver, the Anti-Discrimination Board of New South Wales released the most comprehensive report on this issue in 2001. This report detailed terrible stories of unlawful and unjustified discrimination experienced by people with hepatitis C, and called for major changes in public policy. It also stated that the level of hepatitis C discrimination could no longer be tolerated.

In 2004 it appears that little has changed. Here at the Council we take telephone calls every day from people who have been treated appallingly because they have hepatitis C. There is not one particular group who are guilty of discriminating. The calls we receive are about doctors, dentists, health care workers, employers, educational institutions, schools, gymnasiums, neighbours and friends. The common thing about all of the calls that we receive about discrimination is that the person with hepatitis C is left very distressed - people describe anger, despair, tears, depression and feelings of shame.

The message on all of our Awareness Week resources this year draws attention

to the fact that discrimination is a judgement, and it is not harmless - it hurts and it can make people sick. Most importantly discrimination is illegal.

Each time we take these calls at the Council it renews our commitment to fighting hepatitis C related discrimination.

I would encourage all of our members to take up the fight against discrimination, and send a clear message that it is not ok. I am very aware that this is not an easy ask for many people. I can tell you however that the Council has been involved in supporting several of our members who have experienced discrimination and decided that they will not tolerate it. In some cases this has involved educating someone about what hepatitis is and how it is transmitted, sometimes it has involved approaching the person who discriminated and telling them that it was wrong, and sometimes there has been legal action taken. In all cases it has been a difficult thing for our member to do, but the outcome has been positive.

I certainly believe that one of the most powerful things that the community who are affected by hepatitis C can do is to unite in sending a clear message that this illegal behaviour will no longer be tolerated.

**Helen McNeill**  
Executive Officer  
[helenmc@vicnet.net.au](mailto:helenmc@vicnet.net.au)

## DISCRIMINATION

"Discrimination against people with hepatitis C is often motivated by stereotyped responses towards people on the basis of past, current or assumed injecting drug use. The evidence to this Enquiry clearly demonstrated that hepatitis C related discrimination is rife. It is often the result of an inadequate understanding of the transmissibility of hepatitis C, driven by irrational fears about hepatitis C infection."

Evidence presented to the enquiry "...showed clearly that the perception of people with hepatitis C as somehow deviant and automatically engaged in illegal or criminal behaviour lies at the root of internalised justifications for treating people in a discriminatory manner... perhaps more powerful than ignorance about transmission, is that hepatitis C infection is inextricably linked to illicit drug use, which is highly stigmatised behaviour."

In addressing this aspect of hepatitis C related discrimination, the report comments that "The mere fact that a person has a history of injecting drug use or is currently using drugs should not be justification for denying people access to health services or treating them in a manner which discourages them from seeking out health services. It is unacceptable that people are being forced out of their jobs when there is no suggestion that their past or present drugs use has any bearing whatsoever on their capacity to do their job."

Both nationally and internationally a wide range of organisations who value the role of human rights in just societies are working towards the elimination of discrimination at all levels of social engagement. Whether it is hepatitis C related discrimination or race or gender...any discrimination, this work needs to be augmented by the efforts of each of us. What can we do?

# IS A JUDGEMENT

We can make sure we have the right information about hepatitis C transmission. We can pay attention to policies and practices at work, in our schools and organisations and notice if they include or exclude people with hepatitis C. We can make sure our privacy policies are active in our workplace. We can raise awareness about hepatitis C related discrimination in our social interactions. We can remove stigmatising language from our own vocabulary. We can let our governing bodies know where our priorities lie. We can be inclusive ourselves. We can offer support to people who have been treated unfairly.

Whenever possible it is important that people with hepatitis C take a stand and say this is not ok. Further on in this edition of Good Liver readers will find an article from Beth Wilson at the EOC about what to do if you or someone you know is experiencing hepatitis C related discrimination.

Discrimination hurts...all of us! It is an offence to the Australian ethos of giving each other "a fair go". When we as individuals or as a society tolerate the existence of discrimination we weaken ourselves and permit the diminishment of the substance upon which our self respect is founded. In a healthy, inclusive and compassionate society where human dignity is respected there is no place for discrimination.

**Barb Healy**  
**Community Development and Education Email:**  
**barbh@vicnet.net.au**

## DISABILITY DISCRIMINATION AMENDMENT BILL 2003

### CALL TO ACTION

#### HOW HAS THE FEDERAL GOVERNMENT RECENTLY RESPONDED TO THE INVITATION TO COURAGEOUS LEADERSHIP?

On 3 December 2003, the Attorney-General, the Hon Phillip Ruddock moved to amend the Disability Discrimination Act 1992 to ensure that "...a person's drug addiction cannot be the sole basis of a claim of unlawful discrimination". The media release states that the amendment "is consistent with the Government's 'Tough on Drugs' strategy and requires people to take responsibility for their own actions" and that the amendment "addressed community concerns".

The Hepatitis C Council of Victoria endorses the Australian Hepatitis Council's view which recognises that discrimination and its outcomes have a profound and damaging effect on people's lives. People who inject drugs are amongst the most marginalised populations in the Australian community and the NSW Anti-Discrimination Board found that discrimination against people who inject drugs is widespread and "has damaging health consequences".

On 22 January 2004, a public forum was held in Melbourne to discuss the Disability Discrimination Amendment Act 2003.

Of very serious concern to all Australians is the way this amendment is being enacted. Consultation with key advisory bodies has not been undertaken. A

delegation from informed national representatives met with the minister concerned. He is reported as being determined to put this legislation through despite the fact that experts from the medical, legal, political and human rights professions have examined the amendment and have found it to be unsound and unwarranted, given the existence of comprehensive workplace and occupation health and safety legislation.

In order to give readers the opportunity to understand the implications and respond to the bill we have included in this edition a copy of the VIVAIDS statement on the Disability Act Amendment 2004 (see p18). Further views and information are available in the PILCH article on the next page - page 6.

#### WHAT WILL MAKE DIFFERENCE?

Writing to your local member, your local news editor, to the editor of Victorian papers, ringing up the talkback programs and sharing your views with others.

#### DISCRIMINATION IS ILLEGAL | ACT NOW

## THE HOWARD GOVERNMENT GETS 'TOUGH ON DRUG USERS'

**The Howard Government's 'Tough on Drugs' package is looking more and more like a 'Tough on Drug Users' campaign, with the recent introduction to Federal Parliament of a bill which seeks to legalise discrimination against drug users. If enacted, the Disability Discrimination Amendment Bill 2003 would exacerbate the wide ranging effects of addiction.**

The Bill seeks to amend the Disability Discrimination Act 1992 (DDA) to make it lawful to discriminate against a person on the ground of that person's addiction to a prohibited drug unless that person is undergoing a program, or receiving services, to treat the addiction. Under the proposed amendments, people suffering from a drug addiction will not be protected against discrimination that they face in employment, accommodation, education, club membership, sport, or access to goods, services and facilities.

The amendments are intended to 'motivate' drug users to seek treatment by denying them the protections conferred by the DDA if they do not. This approach assumes that a person with a drug addiction may 'choose' to undergo treatment and that treatment is readily available to any person who 'chooses' to undergo it. In reality, treatment may not be appropriate, affordable or accessible for many people, particularly those who are financially or socially disadvantaged. For example, even when a person decides to seek treatment, he or she may face a lengthy wait prior to accessing a service. Odyssey House, which provides over 50% of residential rehabilitation in Victoria, has a waiting time of 42 days for treatment. Other issues that impact upon appropriateness and accessibility of treatment include the inability of resource strapped services to deal with people experiencing comorbidity or with users who relapse and require further treatment and support.

If the Howard Government is committed to meaningful treatment for people with drug addictions, they should substantially

increase funding to, and the affordability and accessibility of, comprehensive and coordinated drug treatment programs, including education and early intervention strategies. No person should be subject to lawful discrimination on the basis of drug addiction in circumstances in which the Government is failing to provide the health care or services necessary to address drug use and addiction.

The Bill advocates a coercive means of recovery by abrogating the rights of those drug users who do not seek treatment. Research suggests that the type of negative incentive to treatment proposed under the Bill is less likely to produce positive treatment outcomes than a more progressive, constructive, positive incentive to treatment. Again, if the Government is bona fide about ensuring that drug users engage with necessary and appropriate treatment and support services, it should substantially increase program funding and accessibility. This should be accompanied by an increased focus on education and early intervention to encourage voluntary engagement with services and thereby maximize people's chances of recovery.

The objects of the DDA are to eliminate discrimination on the basis of disability, to ensure equality before the law, and to educate the community as to the fundamental rights of people with disabilities. The DDA seeks to achieve these objectives by prohibiting less favourable treatment on the ground of disability in circumstances in which that treatment is unjustified or unreasonable. The Bill is contrary to these objects and purposes of the DDA because it seeks to revoke or make conditional the protection the DDA confers.

The current DDA provides core minimum protections that are required by international human rights law and must not be abrogated in an attempt to prescribe behaviours. The exclusion of people with drug addictions from the protections conferred under the DDA would set a dangerous precedent. What group will the Howard Government exclude next in an

attempt to mandate behaviours or norms? Will people with mental illnesses be excised from the protections of the DDA unless they seek treatment? Will people who 'choose' a homosexual lifestyle be excluded from any protections afforded by the Sex Discrimination Act 1984?

The Disability Discrimination Amendment Bill 2003 should not be enacted. Not only will the amendments impact negatively on the rights of people with drug addictions, the amendments are unnecessary as the DDA already permits discrimination if there is a valid reason. For example, employers are able to discriminate against a person with a drug addiction if that person is unable to properly fulfil the inherent requirements of their job.

Drug use prevention and treatment strategies should be delivered in conjunction with well-resourced programs targeting poverty, inadequate housing, ill health, unemployment, poor education and social exclusion. The Howard Government's proposed amendments fail to recognise the significant links between poverty, disadvantage and drug addiction and should be vehemently opposed.

The Disability Discrimination Amendment Bill 2003 is currently before the Senate Legal and Constitutional Committee for inquiry and report. This is an opportunity for individuals and organisations to have their say and voice their concerns about the Bill.

**Submissions are called for by 9 February 2004.**

**For information about the Inquiry and the process of making a submission go to:** [www.aph.gov.au/senate/committee/legcon\\_ctte/disability/index.htm](http://www.aph.gov.au/senate/committee/legcon_ctte/disability/index.htm)

**You can also access information about the Inquiry and view sample submissions at the campaign website at** [www.disabilitydiscrimination.info](http://www.disabilitydiscrimination.info)

**Kate Perry**

**Intern**

**Public Interest Law Clearing House**

# HEALTH COMPLAINTS AND QUALITY CHANGES

BETH WILSON, HEALTH SERVICES COMMISSIONER, VICTORIA

**The Office of the Health Services Commissioner (HSC) was established in Victoria in 1988.**

The Commissioner's role is to receive, investigate and resolve complaints from users of health services, to support health care services in providing quality health care and to assist them in resolving complaints. Legislation also anticipates that information gained from complaints will be used to improve the standards of health care and prevent breaches of these standards.

The Health Services Commissioner is impartial, accessible and confidential. Most of the work of the Commission is involved in mediation and conciliation, however, formal investigations can also be undertaken.

The HSC also administers the Health Records Act 2001 (HRA). This deals with privacy of health information. The HRA establishes standards for the handling of health information applicable to information collected, used and held in the private and public sectors, and gives individuals an enforceable right of access to health records about them held by private sector organisations. Freedom of Information continues to cover the public sector. The health privacy principles relate to the collection, use, disclosure, quality, security, retention and transfer of, and access to, health information.

The HSC continues to receive complaints from people with hepatitis C and other transmissible diseases and these often relate to confidentiality and/or discrimination. Examples are:

- A prisoner complained that he was unable to access appropriate medical service for hepatitis C. At another prison, he was prescribed appropriate medication, but this was ceased when he was moved to the second prison.

- A woman was tested for hepatitis C, and when she visited the doctor to receive her results, she was told about the results of all of her family members. She was also told she was hepatitis C positive, but this turned out to be wrong.
- A man complained that a dentist refused to see him until the end of the day. The dentist said it was necessary to put him at the end of the queue, because he was hepatitis C positive and therefore an infection risk to other patients.

Many of the complaints are due to communication failures, insensitivity and, sometimes fear. A dentist, for example, who has proper infection control procedures in place, does not have to treat hepatitis C positive patients separately, or at the end of the day.

Most people who lodge complaints with the HSC are seeking quality changes. They usually want to know what went wrong, why and they want to make sure it doesn't happen to someone else. In other words, people who take the trouble to lodge a complaint would like to see a quality change.

Where a patient has been damaged by a medical procedure, they may either choose to sue or they can come to the Health Services Commissioner for conciliation services. Conciliation is free of charge, although there may be some cost involved in gaining medical opinions. Most people who participate in conciliation feel it is a lot more user-friendly, less stressful, less risky, less expensive and far more therapeutic than the legal process.

Complaints can be received about any kind of health service provider. This might be a doctor, dentist, hospital, nurse or alternative practitioner. If a person holds themselves out as providing a health service in the state of Victoria, then they could be the subject of a complaint to the Health Services Commissioner.



**PEOPLE WHO TAKE THE TROUBLE TO LODGE A COMPLAINT WOULD LIKE TO SEE A QUALITY CHANGE.**

To put this more positively, they could have the benefit of an independent, impartial complaints resolution mechanism to help them and the user of the service resolve any problems.

**The Health Services Commissioner can be contacted at:**

**Level 30, Marland House,  
570 Bourke Street, Melbourne 3000.**

**Telephone: 8601 5200**

**or toll-free 1800 136 066.**

**Email: [hsc@dhs.vic.gov.au](mailto:hsc@dhs.vic.gov.au)**

**Website: [www.health.vic.gov.au/hsc](http://www.health.vic.gov.au/hsc)**

# Disability Discrimination- how the DDA can work for you

## DISABILITY DISCRIMINATION ACT 1992

The Federal Disability Discrimination Act 1992 ("DDA") provides protection for everyone in Australia against discrimination based on disability. It encourages everyone to be involved in implementing the DDA and to share in the overall benefits to the community and the economy that flow from participation by the widest range of people.

Disability discrimination happens when people with a disability are treated less fairly than people without a disability. Disability discrimination also occurs when people are treated less fairly because they are relatives, friends, carers, co-workers or associates of a person with a disability.

### WHAT IS COVERED BY THE DDA

The DDA makes it against the law to discriminate against someone with a disability in the following areas of life:

- **Employment.** For example, when someone is trying to get a job, equal pay or a promotion.
- **Education.** For example, when enrolling in a school, TAFE, university or other colleges.
- **Access to premises used by the public.** For example, using libraries, places of worship, government offices, hospitals, restaurants, shops, or other premises used by the public.
- **Provision of goods, services and facilities.** For example, when a person

wants goods or services from shops, pubs and places of entertainment, cafes, video shops, banks, lawyers, government departments, doctors, hospitals and so on.

- **Accommodation.** For example, when renting or trying to rent a room in a boarding house, a flat, unit or house.
- **Buying Land.** For example, buying a house, a place for a group of people, or drop-in centre.
- **Activities of clubs and associations.** For example, wanting to enter or join a registered club (such as a sports club, RSL or fitness centre) or when a person is already a member.
- **Sport.** For example, when wanting to play, or playing a sport.
- **Administration of Commonwealth Government laws and programs.** For example, when seeking information on government entitlements, trying to access government programs, wanting to use voting facilities.

The definition of "disability" in the DDA includes physical, intellectual, psychiatric, sensory, neurological, and learning disabilities, as well as physical disfigurement, and the presence in the body of disease-causing organisms. This broad definition is meant to ensure that everyone with a disability is protected.

The DDA also covers people with a disability who may be discriminated against because they are accompanied by an assistant, interpreter or reader, they are accompanied by a trained animal, such as

a guide or hearing dog, or they use equipment or an aid, such as a wheelchair or a hearing aid.

The DDA also protects people who have some form of personal connection with a person with a disability like relatives, friends, carers and co-workers if they are discriminated against because of that connection or relationship. For example, it is unlawful discrimination if people are refused access to a restaurant because they are with a friend who has a disability.

The DDA also covers harassment because of disability, such as insults or humiliating jokes. This is unlawful in employment, education and in the provision of goods, services and facilities.

### MAKING A COMPLAINT

Complaints of disability discrimination are made to the Human Rights and Equal Opportunity Commission (HREOC). Complaints can be made by:

- the person who claims he or she has been discriminated against
- a person affected by discrimination - on his or her own behalf and on behalf of others affected in the same way
- a person acting on behalf of another person or other people who claim they have been discriminated against (for example an advocate)
- an organisation acting on behalf of a person or other people who claim they have been discriminated against (for example a trade union).

## COMPLAINTS HANDLING

HREOC will investigate any complaints received that are within its area of responsibility. Where a complaint against a person or organisation appears to involve an unlawful act of discrimination, HREOC will write to the person or organisation to get their side of the story. The Commission can also conduct an investigation if necessary. Sometimes the Commission may refer a complaint to another body.

## CONCILIATION

If it appears that disability discrimination has occurred, the person or organisation will be asked to participate in a conference with a conciliator and the complainant in order to help resolve the matter to the satisfaction of both parties. This is called conciliation.

A solicitor is not needed, but either party can engage one if they wish.

Depending on the complaint, conciliation may result in:

- changes in policies or practices
- modification of premises
- job reinstatement
- an apology
- withdrawal of the complaint
- payment of damages, and/or
- some other outcome.

Where a complaint cannot be resolved by conciliation, you can take your complaint to the Federal Court or the Federal Magistrates Court for an enforceable ruling if you choose to.

## WHO TO CONTACT

**TELEPHONE:** A HREOC Enquiry Officer can answer confidential enquiries over the telephone, on **1300 656 419**, but a formal complaint must at some point be made in writing (on paper or in electronic format).

**WEB:** See our web page [www.humanrights.gov.au](http://www.humanrights.gov.au) for links to our online complaint form; email address for

## AN EXAMPLE OF A COMPLAINT MADE UNDER THE DDA

A woman complained that when her ex-husband died and was found to have had the hepatitis C virus, although she advised the funeral service that it was of cultural importance for friends and family of the deceased as an Aboriginal person to be able to kiss and/or touch the deceased to say good-bye, this opportunity was denied to them

The respondent confirmed that it did advise mourners that it might be wiser not to touch the body as the deceased had a communicable disease but denied restraining or preventing anyone from touching the body.

The complaint was resolved through conciliation. An agreement was signed without admission of liability that the funeral service would make a commitment to respecting the cultural practices of people of Aboriginal descent in the "sorry business", to waive the \$350 owed to it by the complainant, continue to attend appropriate training and pay the complainant \$1,000 general damages.

making complaints; and downloadable complaint form.

**MAIL:** Complaints by mail can be sent to:  
**The Director,  
Complaint Handling,  
HREOC,  
GPO Box 5218, Sydney NSW 2001.**

*(Information provided by: the Complaint Handling Section of the Human Rights and Equal Opportunity Commission)*

## TELEPHONE COUNSELLING TRAINING COURSE VOLUNTEERS WANTED

**We seek mature minded people to train as volunteers to staff our confidential telephone counselling service.**

All volunteers are provided with extensive training that is both enjoyable and rewarding.

- Course fees are \$175 (\$125 concession)
- A commitment of 60 hours over a 13 week period is required.

> **Phone 9347 6133 for further information.**

> **Applications close 5pm Wednesday 10 March 2004.**

> **Selection Day is on Sunday 14 March 2004**

### AIDS, HEPATITIS & SEXUAL HEALTH LINE INC

Auspiced and accredited with the Northern Melbourne Institute of TAFE

STAWELL • ARARAT • HORSHAM

### THE BETTER HEALTH SELF MANAGEMENT COURSE

A six session program designed to assist people with chronic illness and pain to better manage their condition. It covers such issues as:

- symptom management
- communication with doctors
- how to make daily tasks easier
- how to lessen frustration
- how to fight fatigue
- medications - responsibilities and usage
- how to make the most of life regardless of circumstances

Courses will be run at Northern Grampians Community Health Centres this year and are due to start in March.

**FOR FURTHER INFORMATION CONTACT GRAHAM RUSSELL ON 5358 3700 OR 0400 671 402.**

## 1999-2000 to 2003-2004: The road not taken

In the last edition of *Good Liver* we reported on the main findings of the review. Below is the summary of key recommendations made by the expert panel commissioned by the government.

The government response to the review and its recommendations has been disappointing. Whilst some of the recommendations have been accepted there are several that the government is not willing to support as they "send the wrong message". These include calls for an expansion of current harm reduction strategies. The government appears to be relying primarily on strategies that seek to reduce the uptake of illicit drug use to reduce transmission of hepatitis C.

While the government has called for a range of new activities unfortunately there has not been an announcement of increased funding to support this. Existing hepatitis C funding is a continuation of funding from 1999, yet new infections have risen by 45%. Development of a new National Hepatitis C Strategy has been approved and the Council will look for opportunities to contribute to the development process.

### SUMMARY OF THE KEY RECOMMENDATIONS

#### GOVERNANCE AND PARTNERSHIPS

That the partnership approach be reaffirmed as essential to an effective national response to hepatitis C and that the non-government and community sector's capacity to respond be enhanced.

That new governance structures be developed to support the national response to hepatitis C.

#### RESOURCES

That equitable, sustained funding be provided to develop and implement an effective response to hepatitis C in Australia at all levels.

#### DISCRIMINATION AND STIGMA

That all governments give priority to redressing hepatitis C related discrimination in their jurisdictions.

That the Commonwealth support a national hepatitis C public awareness campaign to increase knowledge of and reduce the stigma associated with hepatitis C infection.

#### HARM REDUCTION

That harm reduction strategies be strongly supported in a range of settings including: needle and syringe programs, medical detoxification, substitution therapies, abstinence-based therapies and peer education programs.

That the recommendations of the Australian National Council on Drugs' position paper on needle and syringe programs be implemented in all jurisdictions.

#### RESEARCH

That strategic and investigator-initiated research be recognised as fundamental to Australia's response to hepatitis C and be equitably resourced.

That new research be commissioned to focus on a number of specific areas including:

- social and behavioural factors relating to hepatitis C transmission,
- hepatitis C prevention and health promotion, and
- the treatment, care, support and costs for people affected by hepatitis C.

#### SURVEILLANCE

That the Commonwealth and the states and territories renew their commitment and support of ongoing hepatitis C surveillance.

#### LINKAGES AND INFRASTRUCTURE

That the Commonwealth lead a process to review and create opportunities for more strategic links between key National Health Strategies.

#### PRIORITY HEALTH NEEDS OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

That the capacity of all health services be enhanced so that they can address hepatitis C prevention, education, treatment, care and support for Aboriginal and Torres Strait Islander people and that there be greater emphasis on community involvement.

That culturally appropriate hepatitis C prevention strategies and resources be developed with these communities.

#### PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

That culturally appropriate strategies and resources to prevent hepatitis C be developed for people from culturally and linguistically diverse backgrounds.

#### TREATMENT CARE AND SUPPORT

That awareness of the availability and efficacy of hepatitis C treatments be increased.

That a range of models of care for different settings be developed, implemented and evaluated.

That equitable funding be provided for communities bearing a high disease burden.

#### RURAL AND REGIONAL SETTINGS

That people with hepatitis C or at risk of infection and living in rural, regional and remote areas of Australia have equitable access to hepatitis C related education and prevention interventions, appropriate health care services and innovative models of care.

#### CUSTODIAL SETTINGS

That the lessons learnt from the application of harm reduction strategies in custodial settings in other countries be explored for implementation in Australia.

That custodial staff be provided with training in relation to hepatitis C in the context of occupational health and safety.

That broad support be given to initiatives designed to divert people who use illicit drugs away from incarceration and into non-custodial alternatives.

That nationally consistent standards for hepatitis C education, treatment and prevention be implemented in custodial settings.

#### A SECOND NATIONAL HEPATITIS C STRATEGY

That the Commonwealth Department of Health and Ageing, in close consultation with the people affected by hepatitis C, the community sector, the medical, healthcare, research and scientific communities, and all levels of government, develop a second National Hepatitis C Strategy for the period 2004 to 2009, to further develop and implement the recommendations of this review.

# WARNING: PRISONS ARE BAD FOR YOUR HEALTH

**THERE ARE OVER 22 THOUSAND PEOPLE INCARCERATED IN AUSTRALIAN PRISONS. VICTORIAN PRISONS HOLD ALMOST 3,500 OF THIS TOTAL.**

Over represented in custodial settings are vulnerable populations such as Aboriginal people (with an imprisonment rate 15 times that of the non Aboriginal population<sup>1</sup>), people with a mental illness (including personality disorders), and people with a history of problematic substance use. Past injecting drug users make up a significant percentage of prisoners. As Crofts points out: "about half of all injecting drug users have histories of imprisonment; about half of all prisoners have a histories of injecting drug use; and about half of all imprisoned injecting drug users inject drugs in prison".<sup>2</sup>

The high proportion of people entering prisons with a history of injecting drug use is part of the reason for a higher prevalence of hepatitis C among prisoners than in the wider population. A recent survey showed that in Victoria about 50% of male prisoners and about 67% of female prisoners have been infected with hepatitis C.<sup>3</sup> In the general population the prevalence of hepatitis C infection is about 1%. However, studies also show that some people who never injected drugs before may begin injecting while in prison and a significant number of people will also get a tattoo whilst inside. For these reasons, time spent in prison is itself a risk factor for contracting hepatitis C, regardless of whether someone has injected drugs before hand.<sup>5</sup>

The risk of hepatitis C infection is greater when injecting, or receiving a tattoo or body piercing in a prison context. The high turnover of the population within prisons means drug injectors experience a more frequent change of injecting partners than they would in the general community. Drug use/body piercing/and tattooing occurs hurriedly, therefore providing less opportunity for taking precautions such as cleaning the equipment (with bleach and/or detergent).

When it comes to the prevention of hepatitis C transmission, custodial settings

have been identified in both State and Federal strategy documents as worthy of particular consideration. Both the National Hepatitis C Strategy (1999 -2000 to 2003 -2004) and the Victorian Hepatitis C Strategy 2002- 2004 identify prison environments as an 'emerging challenge' in hepatitis C prevention. The National Strategy goes so far as to point to a lack of access to sterile tattooing and injecting equipment as particularly significant. The Victorian Prison Drug Strategy 2002, however, while recognising that drug use occurs in prisons and espousing a harm minimisation approach is resoundingly silent on the issue of needle and syringe exchange. It effectively relies on education and pharmacotherapies (buprenorphine and methadone) to reduce blood borne virus transmission risk.

Though sanctions and drug treatment programs have a role to play in custodial settings, they cannot entirely eliminate drug use or body art and their attendant risks. By far the most effective measures that could be taken to reduce the risk of hepatitis C transmission within prisons would be the introduction of clean injecting equipment, either through vending machines or hand-to-hand exchange, and the licit use of sterile tattooing equipment. Both of these strategies are being successfully used overseas.<sup>6</sup>

Needle syringe programs are a vital part of harm reduction strategies in the wider Australian community. Injecting drug users can choose to minimise the risks of acquiring a blood borne virus by ensuring their equipment is new and sterile and by not sharing their equipment with anyone else. People who inject drugs in prison do not have this option. As Levy argues "an environment that inadvertently encourages the sharing of equipment actually promotes transmission of blood borne viruses".<sup>7</sup> In essence, prisoners are discriminated against in being denied access to important harm reduction measures.

People living with hepatitis C in Victorian prisons also face reduced access to treatment for their illness. NSW has a

growing program facilitating pharmaceutical treatment for prisoners with hepatitis C. Currently in Victoria the number of prisoners receiving pharmaceutical treatment can be counted on one hand and there is currently no program or policy across the state promoting or facilitating the uptake of treatment among prisoners. Prisoners have very limited options when it comes to maintaining their health or receiving medical attention for their illness.

A period of imprisonment should not constitute a health risk or worsen a person's health. Appropriate and effective harm reduction measures for injecting drugs, body piercing and tattooing must be extended to people in prisons, not only as a basic human right to adequate health care, but also if we are to have any hope of reducing the number of people infected with hepatitis C in the whole community. In addition, prisoners living with hepatitis C must be given access to appropriate treatment, support and information as a matter of urgency.

**Venetia Brissenden**  
**Community Development and**  
**Education - Custodial Settings**  
**Email: venetiab@vicnet.net.au**

## REFERENCES

1. ABS Prisoners in Australia. <http://www.abs.gov.au/ausstats>
2. Crofts, N. A Cruel and Unusual Punishment, *Med J Aust* 1997; 166:116.
3. Hellard, M., Crofts, N., & Hocking, J. *Hepatitis C Virus Among Inmates in Victorian Correctional Facilities*, Burnet Institute, 2002.
4. K. Dolan (2000). *Surveillance and prevention of Hepatitis C infection in Australian prisons: A discussion paper*. Sydney: National Drug and Alcohol Research Centre, Technical Report no 95.
5. Ibid
6. M Hellard, etal op.cit. and S. Rutter, K.Dolan, A.Wodak, & H. Heilpern (2001). *Prison-based syringe exchange: a review of international research and program development*. Sydney: National Drug and Alcohol Research Centre. Technical Report no.112
7. Levy, M. Australian Prisons are Still Health Risks, *Med J Aust*, 1999; 171: 7-8.



# HEPATITIS C IN A RURAL SETTING

ACCESS TO HEALTH CARE IN THE RURAL SETTING MAY DIFFER MARKEDLY FROM THAT AVAILABLE IN URBAN AREAS. THIS ARTICLE HIGHLIGHTS SOME OF THE ISSUES FOR HEPATITIS C POSITIVE PATIENTS RECEIVING HEALTH CARE IN A VICTORIAN REGIONAL GASTROENTEROLOGY PRACTICE.

Our practice is based in Ballarat, Victoria (population 83,000) and services a patient population of approximately 300,000, sourced from areas as distant as Swan Hill, Warrnambool and Shepparton.

Dr Jon Watson is the sole practitioner in this busy practice and has been providing services in Ballarat for 6 years. He trained in England at Oxford and Cambridge Universities and was awarded a PhD from the University of Newcastle Upon Tyne, UK, for research into the hepatitis C virus. We have two practice nurses who have extensive clinical experience in endoscopy, major theatre, and general ward duties. Since joining the practice they have taken the opportunity to increase their knowledge base in viral hepatitis by attending Australian Gastroenterology Week (GENCA conference), The St Vincent's Hospital Viral Hepatitis update, Hepatitis C Awareness Week conferences, and various meetings in Melbourne at which data on the treatment of hepatitis C infection has been presented and discussed by national and international speakers.

Patients with varying diagnoses including hepatitis C are seen in this practice. Referrals for treatment are mainly from GPs and specialist colleagues. Treatment options for those with the virus are comparable, with some differences, to those offered in urban centres. These differences relate not only to the location of service but also the support available to patients undergoing treatment. The two registered nurses are available to provide both telephone and face-to-face support and advice for patients at any time during office hours. Having the same personnel, including office staff, present at all times

enables a personal approach for patients and a close relationship to be formed between Dr Watson, his staff and the patient. The public hospital in Ballarat does not have the facilities to provide the same support for patients as there is no specifically designated hepatology registrar or specialist hepatology nurses.

As this clinic is not solely for the treatment of liver complaints, there is a sense of anonymity for those with hepatitis C and therefore no stigma attached to them whilst receiving treatment. Although the practice is not a part of the hospital, it does receive extensive support from the local private and public hospitals with regard to pharmacy and pathology services. Public hospital admission is also available for inpatient services as required (most commonly for liver biopsies).

When a patient presents to the clinic with hepatitis C they may be required to undergo blood tests and liver biopsy for genotyping and liver staging. These tests help to ascertain patient eligibility for appropriate treatment. When patients enter a treatment program they are seen monthly by Dr Watson and bulk billed for the consultations. This helps us to provide treatment for hepatitis C patients on the basis of clinical necessity. Nursing staff educate the patient prior to commencement of treatment in the correct procedure for self-injection. Contact is made with the patient after the initial dose to ensure that administration went smoothly and discuss any concerns the patient has regarding the treatment and side effects experienced. Close contact is maintained with patients whilst undergoing treatment as side effects may occur at any stage and family support may

be neither appropriate nor available. Twenty four hour medical cover is available 7 days a week in the public and private hospitals in the event of a medical emergency.

Being in a small regional centre we are privileged to be in a position to form close relationships with those who may be feeling vulnerable and be able to share in their highs and lows. Sometimes this close rapport is not possible in a larger urban setting due to the increased volume of patients and the changing staff involved with such high turnover.

We enjoy caring for hepatitis C patients in this clinic and appreciate the opportunity to provide this service from a regional setting. We feel that the advantages for both patients and staff outweigh the disadvantages common to all regional practices (e.g. distance traveled to reach the clinic and lack of specialist services).

Our hope long term is that more rural and regional centres become available for treatment of those living with hepatitis C, and that a close, open and supportive environment is maintained in all hepatitis C clinics whether urban, regional or rural. Further to this, education programs may increase public awareness and acceptance of this condition.

**Sr Gretta Hope, Practice Nurse**

**Dr Jon Watson**

**Liver Clinic**

**110 Drummond St North, Ballarat**

**Telephone: (03) 5331 8289**

**Email: [gretta@ballaratendoscopy.com.au](mailto:gretta@ballaratendoscopy.com.au)**

**Web: [www.ballaratendoscopy.com.au](http://www.ballaratendoscopy.com.au)**

# my story

## Hugs ease the isolation

### I WAS DIAGNOSED WITH HEP C ABOUT 4½ YEARS AGO.

I had been to many doctors over a period of about 10 years, presenting with pain in the liver area, bone and muscle pain, nausea and extreme fatigue. One doctor offered me Valium, another removed my gall bladder. During my post-op visit, he became angry with me when I told him I still had the same symptoms. He told me to do more exercise, eat less and lose weight. Another doctor tapped me on the head, implying it was all in my mind. Yet another looked at me blankly and feeling rather stupid I got up and left his office.

Finally, after a series of blood tests I was correctly diagnosed. This news, coming just after my son broke his neck in a road accident, just completely shattered me. I believed I was going to die. The doctor said he knew very little about the virus and gave me some very dated information to read.

### I WOULD NOT HAVE GOT THROUGH IT WITHOUT A LOT OF COUNSELLING AND MY SUPPORT GROUP AT THE ALFRED HOSPITAL

He made an appointment for me, six weeks later at the Alfred. Until that appointment, I was unaware of any counselling or support services that were available to me.

My infection was traced back some 30 years to a blood transfusion I had needed at the birth of my third baby. As I had breast fed my children, I became absolutely terrified that I may have infected my family and my grandchildren who had also shared food and drinks with me. Thankfully testing has shown them all to be clean.

I had a couple of distressing reactions from family members when I told them

about the virus. My brother was afraid of me and wouldn't come near me for a while but is now fine after talking things through. The other was a sister-in-law who didn't even finish her cup of tea. She left my home and I have not heard from her since (4 years), but as I have rudely said, I never liked her much anyway.

I would not have got through it all without a lot of counselling and my support group at the Alfred. It is so good to sit with a group of people who have the virus, who feel what you're feeling and know what you're going through. We swap ideas, have guest speakers and it takes away the feeling of isolation that I sometimes have.

I find that the media make things a lot harder by calling hep C the 'deadly' or

'killer' virus but I guess we can't expect anything else from them.

I am not thinking about treatment at this stage. I am 56 years old and my biopsy was 2.5 on the scale and over a period of 30 years living with the virus this is not bad at all. Also, I have genotype 1a, which I believe is not as responsive to treatment.

I have got my confidence back now and my wish that I could have some days without thinking about hep C has come true. I talk to people about my experiences with the virus and have been given great support and lots of hugs.

**Carol**





# my story

**THE FOLLOWING IS AN INTERVIEW WITH RICHARD. HE IS A 57 YEAR OLD MAN WITH SEVERE HAEMOPHILIA.**

**SANDY: HOW DID YOUR FAMILY FIND OUT YOU HAD HAEMOPHILIA?**

**Richard:** It was detected in 1946 when born and soon after circumcision, I bled profusely for no apparent reason. Doctors were concerned, as they were unable to stop the blood flow. At that stage haemophilia was known to be a fatal bleeding disorder and haemophilia care was primitive. It came totally out of the blue because there was a mutation of genes, whereas it is hereditary 2/3 of the time.

**SANDY: HOW HAS YOUR HAEMOPHILIA IMPACTED ON YOU?**

**Richard:** When you are born with haemophilia you don't know any other way. You are given something to compensate for the missing clotting factor - fortitude. This helps to sustain me through long bleeding episodes. Internal bleeding can be profuse. If for example I bite my tongue, I can bleed

for weeks. I can also bleed for no apparent reason. Bugger.

Employment disruption became an issue, as was my dismissal. I had my credentials in advertising. I didn't allow myself to be laid up because I was the breadwinner of the family.

In the mid 80's when HIV reared its ugly head, I thought what a benefit it had been to me to have not had any product. Many of my friends have HIV and some who should be here are not with us anymore. The life sustaining treatment turned out to be a death sentence.

Being mobile is very important to me. Due to the haemophilia, joint problems led to arthritis.

**SANDY: HOW DID YOU FIND OUT YOU HAD HEPATITIS C?**

**Richard:** In the early 90's I found out by accident. When I was at the hospital for something other than haemophilia matters, the doctor looked at my file and happened to casually remark "and there is always that hepatitis C matter"! I said "What hepatitis C matter"? My wife, a nurse I met at The Alfred also echoed my question. He said, "It is here on your file you have it, didn't you know?"

I had very little treatment for my haemophilia, but must have contracted it with the little treatment I had.

**SANDY: HOW HAS HEPATITIS C IMPACTED ON YOUR LIFE?**

**Richard:** Because of the way I was told it had an adverse impact. I didn't want to have hepatitis C! Then I thought, let's learn all there is to know. Let's get ALT levels checked, don't resist help.

The fatigue and lethargy - sometimes I can't get out of bed before 12 noon. More often than not the haemophilia disguises the hepatitis C because you can be known to be unwell anyway, so the hepatitis C is just an additional thing.

When Interferon was available in 1995, I said 'go for it'. I learned about the side effects and went on treatment for six months which was unsuccessful.

**SANDY: HOW DID YOU FEEL WHEN THE TREATMENT DIDN'T WORK?**

**Richard:** I went through staggered stages. I was very disappointed, then sad, then morose, then mildly depressed, then fully depressed. My family thought that I should go to hospital and be treated for it. That was my introduction to Prozac. The sickness

had to cease. It was spring - the sunshine was going to make my arthritis feel better. I have merkatoid arthritis - the only person in the whole world.

I was going to have another try of treatment with peg Interferon for my hepatitis C last year but I couldn't because my haemoglobin dropped very low because of a kidney bleed of two years duration.

**Sandy:** Apart from the lethargy, is there anything else that has impacted on you as a result of the hep C?

**Richard:** Via the support group, I've heard stories from some of the other people here that have made me sad. I've wanted to jump in and say there are worse things in life. I try to lighten things up, witticism is better than criticism.

### **SANDY: WHAT HAS HELPED YOU COPE WITH HEPATITIS C AND HAEMOPHILIA?**

**Richard:** The hep C support group at The Alfred, sometimes the men's group for haemophilia and my family are helpful.

Being the joker helps me. If people get a giggle, its worth it. I look at the positive side of things. The positivity has rubbed off sufficiently on the rest of the family for them to know that this has to be my form of treatment. I treat the hepatitis C and haemophilia with a light hearted approach. I am blessed with a sense of humour.

Prioritise - I put a ranking on what is wrong with me, ie. today I will contend with the hepatitis C because I don't have any bleeds. Or today I will rest because tomorrow is a busy day. I take my time out if I know I need it. Then I think nothing more about it for the rest of the day.

Also, seeking like-minded people - people that cope in a similar way, eg. positive people I can have fun with.

I will ask more than ever for support. Sometimes I have to be dependent emotionally, physically, financially. I don't resist it because you will disappoint that person.

I devote more time to my health now, because it's the responsible thing to do.

### **SANDY: ANYTHING ELSE IMPORTANT?**

**Richard:** Do things if you can and don't do them if you can't. If you can't, be more relaxed about it. Don't feel that you have let people down. Sometimes you have to put yourself first.

It's also important to commend yourself for really being so right so often. Don't scold yourself when wrong no matter how rare this is.

Tell yourself how absolutely fabulous (good name for a TV show) you are, how great you look, how widely liked you are, then watch it all go downhill from there (just joking).

Have a high regard for anyone who helps/cares loves you, slander those that don't (just joking). Take your time when caring for others too, then watch it come back to you tenfold.

Make it known and try fixing it, but don't complain about the pain.

Don't revisit/reopen old emotional stuff - there are more than enough new issues to keep you busy.

Never let the first and last thoughts of the day be about how unwell you are.

Be of benefit, not of burden, help rather than hinder, think as we "live our wild and wonderful lives" (D. Hookes' eulogy, 12/1/04).

Such are the life and times of a person with haemophilia, inhibitors, hep C and rare arthritis, who would normally never spend this much time thinking, let alone talking of such malaise.

Many thanks for asking me Sandy.

**Richard**

**Supplied for publication by:**

**Sandy Breit**

**Hepatitis C Counsellor**

**The Alfred Hospital**

# 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**

### **THE ALFRED HOSPITAL:**

When: Last Thursday of every month.

**Coming up: 25 March; 29 April; 27 May**

Time: 1.30 to 3pm

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

Commercial Road, Prahran

Contact: Jo Mitchell 9276 2223 or Sandy Breit 92766 3061

### **ST VINCENT'S HOSPITAL:**

*For anyone with hep C - not just those on treatment.*

When: First Thursday of every month

**Coming up: 4 March; 1 April; 6 May**

Time: 5 - 6.30pm

Venue: Diabetes Education Room, 4th Floor, Daly Wing, St Vincent's Hospital. Queens Parade, Fitzroy

Contact: Lenore Kingdon 9288 2259

### **HEPATITIS C COUNCIL OF VICTORIA:**

Contact: Pier Moro 9380 4644

#### **Brunswick Monthly Meetings**

When: Second Sunday of every month

**Coming up: 21 March (\*aligned with Awareness week); 18 April; 9 May**

Time: 2 - 4pm

Venue: Hepatitis C Council Offices. Suite 5, 200 Sydney Road Brunswick

Contact: Pier Moro 9380 4644

## **RURAL**

**SALE:** Contact Lauren 5143 8800 or Catherine 5127 5555

**WARRNAMBOOL:** Contact Jeffrey on 5562 8216 or Glen 5561 6257

# Do we need a new support group? You tell us.

**It is well recognised that hepatitis C does not just affect the person who is living with the virus.**

For a person with hepatitis C there are a number of physical, emotional and mental issues that can be extremely difficult to deal with. Husbands, wives, partners, children and friends can all be affected as they struggle to cope with changes in the person they care about, how to help them, or even their own lack of knowledge or fears.

Several members of the Hepatitis C Council of Victoria have suggested that they would like to see a partner/family support group established. In order to assess the viability of this suggestion there are several things we need to know:

- Do you know someone who would be interested in attending a partner/ family support group?
- Should the group have a specific focus? eg. For partners and friends of people undergoing treatment, or for partners and friends of people newly diagnosed with hepatitis C, or just for anyone who would like to come along?
- What day or time would work for most people?
- Would an education session specifically aimed at the person with hepatitis C and their partner when newly diagnosed be useful?
- What things would be essential to make any of these suggestions work?

Your feedback on these issues would be greatly appreciated. Unless we are able to establish that members see a need for a new group it won't happen. You can phone, fax, email or post us your thoughts. By expressing an interest or sharing your thoughts you are not committing to attending, however we will keep you informed if a new group is established.

**Contact: Pier Moro on 9380 4644 or pmoro@vicnet.net.au.**

## QUOTES FROM MEMBERS SURVEY

**THIS IS THE SECOND PART OF THE REPORT BACK ON THE SURVEY OF MEMBERS THAT THE COUNCIL CONDUCTED IN THE SECOND HALF OF LAST YEAR.**

Last issue we categorised the responses in percentage terms, and here we reproduce a section of some of the written comments that we received.

Once again, thank you to all those that participated in it.

### WHY DID YOU JOIN THE COUNCIL?

- Awareness of issues, seriousness of problem, lack of action by government
- Peer educator and hep C positive.
- To meet and talk freely with others who have hep C and to improve my knowledge and understanding.
- Information and support, up to date knowledge.

### WHAT DO YOU LIKE MOST ABOUT THE COUNCIL?

- The staff, the work, the people and the information.
- Casual drop in atmosphere.
- Official body there to advocate and support both on a personal level and a health strategic level.
- Philosophy, but needs more focus on current drug users.
- Availability to rural areas.
- Good liver and publications.
- Awareness week.

### WHAT DO YOU DISLIKE MOST ABOUT THE COUNCIL?

- Location of office.
- Need some peers.
- Harm minimisation philosophy.
- Politics.
- Not enough advocacy.

### WHAT ADDITIONAL WORK WOULD YOU LIKE TO SEE THE COUNCIL DO?

- More memberships.
- Promote awareness for people with hep C

- More work on trying to legitimize hep C as a health issue.
- Address the discrimination problem, not all hep C positives use drugs.
- Lobbying government to ensure those infected aren't treated like second class citizens.
- Getting up to date information into doctors waiting rooms
- Keep up the innovative...

### OTHER COMMENTS

- Being a member of a group with similar health issues - I don't feel as isolated or scared about the disease.
- Good Liver - I'm afraid I really resent people not accepting idiocy of drug injection - and fact that they could infect others.
- Is it possible to counteract the exaggerations of the press/media whenever hepatitis C is mentioned? It is merely scare mongering at times.
- More rural education for the general public.
- More money so the phone is attended at all times during business hours.
- Peer education and advocacy.
- Easy to understand literature. Good phone advice. Good price. Plain envelope for Good Liver.
- Council could employ/contract - workplace trainers who can be contracted to deliver training sessions to various organisations who deal with blood/body fluids in their role/workplace.
- Keep up the good work. Education, support and awareness are the best gifts anyone can offer the community. People often discriminate against with a virus due to ignorance. Once they become educated, the discrimination decreases.

**Piergiorgio Moro**  
**Community development and Education Officer - Metro region**  
**Email: pmoro@vicnet.net.au**



## Discrimination and its consequences

**Many calls we receive on the Hepatitis Line centre on the subject of disclosure.**

Disclosure can be a balance between what may be the secure option of not telling and the compelling need to tell. Disclosure and discrimination are closely linked issues.

As a counselling service, we have always encouraged callers to think about the impact of disclosure and the reason they may want to tell others. There often may be upsetting outcomes in disclosing ones hep C status, outcomes that are often related to the virus being treated as a moral issue rather than a health issue.

Deciding not to tell certainly may have an upside, especially in a workplace, family or social setting, where a lack of understanding and knowledge can prevail. But there can be a flip side. The following kinds of scenarios do not represent specific callers to our service but do reflect an amalgam of situations that have surfaced many a time on the Hepatitis Line.

These situations typically involve being in a public setting; for example, having lunch at work with colleagues, participating in a study group, attending a family barbecue or just sitting on the train. They involve hearing something said about hepatitis C that you know to be wrong, to be based

on a lack of knowledge, to be derogatory or to be absolutely prejudice. These are cases of 'indirect' discrimination.

*"I work in a health care setting for the aged, and I was sitting at lunch today and my work mates were talking about doing something differently if they had a hep C positive patient, such as washing sheets separately or providing different cutlery. They were making comments about how people catch the virus through sex or that they would have to be a drug addict to have the virus. As a person living with hepatitis C, I could just feel my blood boil, and they're health professionals. They should know better. No wonder I don't say anything, if that's what you're up against."*

*"I don't even know why the subject came up. I was at a party and I didn't know many people. For some reason the topic of hepatitis C came up and they started talking about how it was a 'junkies' disease. One person even commented that if you 'play with fire you're bound to get burnt.' What does that mean? This is about someone's health! I had to move off because if I heard anymore I would just have to say something. It's just so upsetting; it makes me so mad. I went home early and I just went to bed crying. Why do people have to be that way?"*

If you are a positive person, how do you respond in these situations? Do you correct them or make a comment about their remarks? What are the consequences for you if you do? Does it then raise suspicion

about you own status, and how might you cope with that? If you say nothing how will you feel? Angry? Anxious? Depressed? Alone? Ashamed?

There are no right or wrong answers to these questions. It depends upon the situation you find yourself in and, above all, your own judgement and self-worth. But these are situations that invariably have an emotional impact.

**This is where the Hepatitis Line can provide a very worthwhile function by giving people the opportunity to talk about their concerns in a supported and confidential way.**

Talking to a counsellor can be a vehicle for people to explore their feelings about these kinds of situations. It may not be about educating or changing the views of others, for that can be a difficult path to go down. It may be about your need to state what you think, how you feel, what you can do about your own situation and what coping strategies work for you. It may be about exploring what being hepatitis C positive actually means to you. Telephone counselling can be a very effective tool, empowering you and allowing you to take action.

**Alex Nickolovski**  
**Hepatitis Help Line**  
**Freecall: 1800 800 241**  
**Web: [aidshep@vicnet.net.au](mailto:aidshep@vicnet.net.au)**

---

**TELEPHONE COUNSELLING  
TRAINING COURSE**  
**VOLUNTEERS WANTED**  
See ad on page 9

---



*VIVAIDS has developed the following position paper to outline its major areas of concern.*

## **VIVAIDS POSITION ON THE PROVISIONS OF THE DISABILITY DISCRIMINATION AMENDMENT BILL 2003**

VIVAIDS strongly opposes the proposed Bill to amend the Disability Discrimination Act 1992 (Commonwealth) so as to allow discrimination on the basis of drug addiction. The principle areas of concern are as follows:

**1. The proposed changes are likely to be counter-productive, with regard to the prevalence and severity of dependence upon illicit drugs, in that they are likely to perpetuate and magnify factors that are known to exacerbate problematic drug misuse and which constitute significant barriers to rehabilitation.**

For instance, the repeal of the protections afforded to drug-users under the DDA is likely to impede the uptake of educational and employment opportunities and make participation in the cultural and social life of the community more difficult for people who use illicit drugs. Furthermore, the law will sanction the eviction of drug users from their homes, users may be denied health care, stripped of community support and sacked from their jobs. These consequences of the Bill, if enacted, will further stigmatise and marginalise drug users and will tend

to make problematic and dependent drug use more, rather than less likely.

**2. The loss of DDA protections for drug addicted persons may promote unsafe injecting practices.**

Injecting drug users [IDUs] may be less likely to access Needle and Syringe Programs [NSPs] and other health education services, because they will not want to be seen or identified as 'drug addicts'.

Australia has been recognised internationally and continues to lead the world in maintaining a low transmission rate of HIV amongst people who inject drugs, which allows a very low overall prevalence across the whole population. This has been largely due to the timely introduction and roll-out of needle and syringe programs, drug users' peer education and other harm reductive interventions at a critical time in the HIV/AIDS epidemic. These programs continue to protect drug users and the wider community from the kind of rampant HIV epidemic that is evident elsewhere, in both developed and developing countries.

These programs also constitute the best and only feasible option for reducing the incidence of hepatitis C and hepatitis B amongst injectors. This is particularly important for younger, experimental drug users, as these are the people who are the least educated and yet the most at risk from these viruses, yet who are also the most fearful of accessing services due to a perceived risk of being identified as drug users. The amendment may thus promote unsafe injecting practices, such as needle sharing and blood borne virus transmission, by further deterring new generations of injecting drug users from accessing needle and syringe programs and other IDU disease prevention interventions.

**3. The proposed amendment to the DDA may act as a barrier to some people accessing treatments for hepatitis B and C and for dependence and other problems associated with drug use.**

The Amendment is likely to impose a heightened sense of fear for people

considering hepatitis C testing. Due to the well established association in the public mind between hepatitis C with injecting drug use (inextricable link was found by NSW Anti Discrimination Commission), people with risk factors for hepatitis C may avoid testing through fear of being identified as drug addicts. Low testing rates could mean an increased risk to the broader community and long term increased health costs to future tax payers.

Although being in treatment for dependence should exempt a users from the Bill's provisions, many people are likely to be nervous about becoming identified as a "drug addict" when it is unknown how effective these exemptions will be in practice and in situations where "imputed", rather than factually based status as a drug addicted person may be sufficient to sanction unjust and unfavourable treatment.

**4. The Amendment is inconsistent with the national strategic responses to illicit drug use and to HIV/AIDS and Hepatitis C; in particular the Harm Minimisation framework, by effectively creating barriers for people to access harm reduction services and programs.**

In this way, the effect of the amendment may be to undermine the complementary and interlocking nature of the three Harm Minimisation approaches: Supply Reduction, Demand Reduction and Harm Reduction.

**5. The amendment does not appear to have been informed by medical, scientific or health experts, nor drawn from evidence-based research.**

**6. By removing legal protections that prevent unfair, unwarranted and unfavourable treatment towards individuals and communities, the proposed Amendment may be contrary to international conventions on human rights.**

If the Bill is enacted, Australia may be in breach of its obligations as a signatory to the United Nations International Covenant on Economic, Social and Cultural Rights. This convention obliges the Government to

recognise and uphold the following rights for individuals and groups in the community: the right to work, to social security, to be free from hunger, the right of everyone to an adequate standard of living for self and family, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, the right of everyone to education. The covenant dictates that special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage.

**7. As a device to assist employers, the amendment is unnecessary and unwarranted, given the more than adequate existing protections in the Disability Discrimination Act 1992 (Commonwealth).**

Employers are already protected against employees who pose a health and safety risk or who under-perform due to alcohol and other drug misuse. The Disability Discrimination Act is only a protection to employees against unreasonable, unwarranted and unfavourable treatment of individuals with health issues.

**8. The Bill is likely to impact harshly on the spouses, partners, dependents and associates of drug users.**

The Amendment notes that associates of 'addicts' will be protected, but this may not necessarily follow through. What are the safeguards for example in the case of a father - the sole family breadwinner - being sacked from his job because he is a drug user? How will the family pay rent, buy food, pay for the children's education if the father is without a job and denied access to government programs such as social security?

**9. One significant flaw is the Bill's drafting.**

The Bill has not defined the basic exclusions from the definition of disability (addiction to illicit drugs) and from the provisions of the amendment itself

(undergoing treatment for addiction), which the Courts will be required to interpret.

Without these definitions, the Amendment is unworkable. This could lead to protracted and expensive litigation and uncertainty amongst employers and service providers and in the broader community

**10. The proposed Amendment is inequitable.**

It will remain unlawful to sack a gambling 'addict' (who may be tempted to steal from an employer), it will remain unlawful to sack an alcoholic or a worker addicted to prescription drugs (many of which are highly debilitating and intoxicating) but it will be legal to sack a worker addicted to illegal drugs even if their work performance is not affected.

**11. The proposed amendment seeks to force drug dependent people into treatments which do not exist.**

There is already a lack of capacity within the drug treatment sector to take on new clients. Victoria currently has lengthy waiting lists for people wishing to access detoxification clinics, pharmacotherapy programs and residential rehabilitation centres. Additionally, there are no generally accessible, recognised treatment programs currently available for people dependent upon drugs such as cocaine, amphetamines and other psycho-stimulants.

**12. It is inappropriate to 'encourage' drug users to seek treatment by threatening to deny fundamental rights.**

Compelled or involuntary drug treatment is rarely successful.

**13. The amendment will lead to an expanded black market economy.**

As people imputed to be drug addicts are denied employment, housing and basic services, many will be forced into a range of illegal activities in order to achieve an

adequate standard of living. Increased criminal activities and a black economy will inevitably lead to increased harms and costs for the community as a whole.

**14. The proposition that the majority of Australians are unlikely to oppose this Bill, is neither an ethical nor practical reason for introducing what are inherently unfair and counterproductive measures.**

This proposed amendment, if enacted, could ultimately do more damage to Australia as a whole than it promises to do to the rights and lives of illicit drug users. It undermines the compassionate and democratic values of our common culture by institutionalising and encouraging social discrimination.

This position will form the basis of VIVAIDS' submission to the Senate Inquiry into the Provisions of the Disability Discrimination Act (1992) Amendment Bill, 2003. VIVAIDS happily grants permission for any parts of this document to be used to assist organisations and individuals develop their own positions and/or write submissions to the Senate Inquiry.

Any questions or comments should be directed to

Jill Meade, Executive Officer  
VIVAIDS  
Telephone: 9419 3633  
Email: [jillmeade@vivaid.org.au](mailto:jillmeade@vivaid.org.au)



# virtual library

## Hepatitis C discrimination can make you sick, but you can act now and be informed about your rights.

Discrimination is this year's theme for Hepatitis C Awareness Week and we'd like to outline some resources, websites and organisations that can assist when making informed decisions about your rights in relation to discrimination.

Victoria has relatively progressive anti-discrimination legislation for hepatitis C. Unfortunately, some people in the community are not aware of this legislation and people with hepatitis C can find themselves on the receiving end of overt or subtle discrimination without knowing about their rights.

**Do you have a legal problem or a complaint you'd like to make relating to discrimination?** A good first step is to get support from an advocacy group like the Hepatitis C Council or advice from a community legal service, such as the Fitzroy Legal Service. Legal and discrimination issues can be very complicated and you need all the support you can get.

You can also inform yourself with resources specifically relating to discrimination and

your rights as a person living with hepatitis C. The Australian Hepatitis Council has produced a booklet: *My rights : anti-discrimination and health complaints laws for people with hepatitis C*. It outlines definitions of discrimination, the different names of discrimination laws in each Australian state and how to make a complaint. This booklet is available from the Hepatitis C Council and Access Info Centre.

**Have there been any comprehensive studies of hepatitis C discrimination affecting changes in practices and policies in Australia?** The New South Wales government commissioned an enquiry into hepatitis C related discrimination which was undertaken by the Anti-discrimination Board of New South Wales. In November 2001, the enquiry released *C change : report of the enquiry into hepatitis C related discrimination*. The C change report identified the many areas of hepatitis C related discrimination in many settings. Since the release of this report, awareness of discrimination has been higher on the agenda in all Australian states, including Victoria. You can see an example of this increased awareness in education programs for health-care professionals.

You can borrow the C change report from Access Info Centre or download a pdf version from the internet at:  
<http://www.lawlink.nsw.gov.au/adb.nsf/pages/hepcreport1>

**What if you want to do some independent research on your rights? Can you find information on the internet?** Here are some tips we have updated from our earlier articles on legal information and discrimination.

### DISCRIMINATION

You will find that most of the rights of the person with hepatitis C are covered by the Disability provisions of the Victorian Equal Opportunity Act or the Commonwealth Disability Discrimination Act. See the 'Law and legislation' section below for websites on which you can view this legislation.

### EQUAL OPPORTUNITY COMMISSION (EOC) VICTORIA

[www.eoc.vic.gov.au](http://www.eoc.vic.gov.au)

Click on 'your rights' to find out all about your rights and how the EOC can help you and how to make a complaint. You can also type *hepatitis* into the search engine to pull up the information.

The most specific hepatitis C related information available on this site is clearly outlined in the Commission's fact sheet:

**Your right to a fair go: HIV, AIDS and Hepatitis C Discrimination.** Printed copies of this are also available from the Access Info Centre, the Hepatitis C Council and the Commission itself, or on the Commission's web site at:

<http://www.eoc.vic.gov.au/materials/brochures/hiv.htm>

### COMPLAINTS

Complaints about discrimination can be made under the Victorian Equal Opportunity Act or the Commonwealth Disability Discrimination Act. Talk to a legal professional when deciding under which law to lodge a complaint.

Find out how to make a complaint under the Victorian Equal Opportunity Act by clicking on *How do I make a complaint* at <http://www.eoc.vic.gov.au/rights/complaint.html>

To investigate making a complaint under the Commonwealth Disability Discrimination Act, click on *Complaints information* at [www.hreoc.gov.au](http://www.hreoc.gov.au)

Health services complaints (complaints about health services) can be made to the **Victorian Health Services Commissioner**. The complaint form is on its website at: [www.health.vic.gov.au/hsc](http://www.health.vic.gov.au/hsc) You should first contact the Commissioner's office to find out what to do. Contact details:  
Tel: 8601 5200; Toll Free: 1800 136 066;  
Fax: 8601 5219; TTY: 1300 550 275 or  
Email: [hsc@dhs.vic.gov.au](mailto:hsc@dhs.vic.gov.au).

Many health care agencies, such as hospitals, also have a *Complaints Officer* or *Patient Representative* who deals confidentially with patient complaints.

Check the health care agency's web site - they will probably have instructions on how to make a complaint under a heading like **Patient Information**.

## LAW AND LEGISLATION

For information on Victorian legislation, you can find an alphabetical list of acts, eg Equal Opportunity Act at:

### VICTORIAN LAW TODAY

[www.dms.dpc.vic.gov.au](http://www.dms.dpc.vic.gov.au) Or

### VICTORIAN CONSOLIDATED LEGISLATION

[www.austlii.edu.au/au/legis/vic/consol\\_act](http://www.austlii.edu.au/au/legis/vic/consol_act)

For information on specific commonwealth legislation, you can find acts, eg Disability Discrimination Act, listed alphabetically by title at:

### COMMONWEALTH CONSOLIDATED LEGISLATION

[www.austlii.edu.au/au/legis/cth/consol\\_act/toc.html](http://www.austlii.edu.au/au/legis/cth/consol_act/toc.html)

But remember - the law is a complicated animal! Ask the Hepatitis C Council or your community legal service for advice and support.

Till next time...

Jane Watson-Brown

Access Information Centre At The Alfred

Telephone: 9276 6993

Email: [access@alfred.org.au](mailto:access@alfred.org.au)

Web: <http://www.accessinfo.org.au>

# Working and living with hepatitis C

WESTGATE COMMUNITY INITIATIVES GROUP (WCIG), A MEMBER OF *JOB FUTURES* HAS RECENTLY TAKEN OVER OPTIONS COMMUNITY ENTERPRISES AND IS DELIVERING SERVICES AS USUAL.

Richard Croxton (who worked at Options) talks about some of the issues facing people with hepatitis C looking for work.

We are often told, *"I would like to work, but how can I get and hold a job with my illness which sometimes makes me feel terrible?"* We are all aware that work provides people with a sense of belonging and that they are contributing to their wellbeing when they are employed. Work can give people a sense of control over the experience of living with hepatitis C.

Here at the Service we recognise that everyone has differing needs and skills and as such, each person who walks through our door is treated as an individual. If you have been out of work for a period of time but now feel that you would like to see what is on offer, then we can tailor an individual program for your needs.

## COMMONLY ASKED QUESTIONS :

### Q. Do I need to update my skills and how can I do so?

A. Each client is advised on an individual basis. This will include devising a job search support plan - part of this could be computer skills; updated resume; assistance with job related costs (eg. fares, clothing, union fees etc.)

### Q. What does WCIG actually do for me?

A. Each person will have his or her career plan worked out with their own employment consultant. This will involve devising a work plan; planning further training; providing career advice; and deciding on suitable hours for employment and/or training.

### Q. How will working affect my pension?

A. Issues such as effects on DSP and disclosure will be discussed and your consultant will advise you accordingly.

Often people will come to us with a trade background and their concerns are that

they are now unable to physically handle this sort of work. Our approach has often been to try to obtain employment in a related retail environment. For example, large hardware houses provide work for electricians, plumbers, carpenters etc, which is ideal as they can use their trade skills without the exacting physical toll their previous jobs may have had on their health.

There are many part time jobs suitable for people living with hepatitis C, which do not involve disclosure and will give each person a sense of satisfaction and belonging.

It does take some commitment to decide that this is the course you wish to take. Work does play a large part in people's lives. It is not a panacea for making them better but it does several really important things:

- Extra income is always appreciated;
- A suitable workplace can help you to feel comfortable, provide a sense of belonging and be an interest outside yourself;
- Social interaction between you and your work mates;
- Engagement in an activity, which is both financially and emotionally rewarding, promotes physical, psychological, and social wellbeing.

WCIG has 17 years of assisting the unemployed to re-train and upgrade their skills in areas as diverse as a personal care attendant to a qualified research assistant. Each individual is treated with respect, and provided with a tailor-made programme. Training, whether involving computer skills, literacy, assistance with tools, union fees and clothing can be provided. If further training is required we can refer people on to TAFE or specialist-training centres.

**Westgate Community Initiatives Group**  
(formerly Options Community Enterprises)

**Suite 5, Level 8,  
644 Chapel Street, South Yarra 3141  
Telephone: 9824 2330**

## USEFUL SERVICE NUMBERS

### Chinese Herbalist

Lisa McPherson  
Telephone: (03) 9481 8514

### Chinese Medicine Practitioner

Catherine Riva  
Telephone: (03) 9844 0459 (Warrandyte)  
Telephone: (03) 9596 2468 (Brighton)

### Counselling

Positive Counselling HIV/Hep C Inc.  
at The Bouverie Centre, Flemington  
Telephone: 9376 9844  
www.positivecounselling.org.au

### Dentist

Martin Hall, Richmond  
Telephone: (03) 9420 1302

### Drug and Alcohol Services

Infoshare - Self Help Addition Resource  
Centre, Glenhuntly  
Telephone: (03) 9572 1151  
Email: info@share.org.au

Nawala Willumbong Co op Limited,  
St Kilda  
Telephone: 9510 3233  
Email: info@ngwala.org

### Employment

Options Enterprises, South Yarra  
Telephone: (03) 9824 2330

### Medical

Barkly Street Clinic, St Kilda  
Telephone: (03) 9534 0531

### Naturopaths

George Campbell  
Telephone: (03) 9646 5455

Andrew Green  
Telephone: (03) 9819 6680

Ondine Spitzer  
Telephone: (03) 9372 0499

Gill Stannard  
Telephone: (03) 9650 3419

### Naturopath/Psychologist

East Wimmera region  
(Birchip, Wycheproof, St Arnaud)  
Phil Blackwood  
Mobile telephone: 0403 625 526

### Tattooist

Piercing Urge, Prahran  
Telephone: (03) 9530 2244  
Web: www.thepiercingurge.com.au

## ARE YOU...

### INTERESTED IN TALKING ABOUT HOW YOU FIND WHAT YOU NEED TO KNOW ABOUT HEPATITIS C AND RELATED ISSUES?

Would you...like to complete a confidential online survey?

If so...visit  
<http://nchsr.arts.unsw.edu.au/join.html>

for a link to the survey.

This is a research project of the National Centre in HIV Social Research, University of New South Wales.

Findings from the project will be available in 2004.

For further information contact Maude Frances at [m.frances@unsw.edu.au](mailto:m.frances@unsw.edu.au)

## TAKE PART IN MEDICAL MARKET RESEARCH FOCUS GROUPS

National Health and Medical Research Council are holding focus groups around Australia with people who have been diagnosed with HIV/AIDS, Hep C, Herpes, Depression Anxiety or Panic Disorder.

Small relaxed groups - usually no more than 8 people - talk informally around a table with everyone participating.

The two-hour meetings are held at central locations between 6pm and 8pm, with tea and coffee available.

Participants are paid \$50 cash for their time.

To register your interest, to find out the details of focus groups in your city, or for more information contact Wendy at:

[cusworthwendy@optusnet.com.au](mailto:cusworthwendy@optusnet.com.au)

## THIS HEP C THING?

This NEW interactive Internet classroom activity is an exciting new resource for students and teachers. It features a cartoon and quiz game about tattooing, body art and hepatitis C.

See for yourself at:  
[WWW.HEPC.COM.AU](http://WWW.HEPC.COM.AU)

This activity is the result of a collaboration between Access Information Centre at The Alfred, the Australian Research Centre in Sex, Health & Society (ARCSHS) at La Trobe University and the Hepatitis C Council of Victoria.

## CONSUMER ADVERSE MEDICINES EVENTS PHONE LINE

The Australian Council for Quality and Safety in Health Care has launched Australia's first Consumer Adverse Medicines Events Phone Line. The phone in service is available for all members of the general public who suspect they have experienced an adverse medicine event.

The purpose of this 18 month trial is to:

- provide advice to consumers on their suspected adverse medicine event; and
- record all confirmed adverse medicine events and report all adverse drug reactions to the Adverse Drug Reactions Advisory Committee and the remaining adverse medicine events to the Australian Council for Safety and Quality in Health Care.

The purpose of this reporting is to provide feedback information of common medication dangers to health professionals and provide advice on reducing the medication hazards.

**THE CONSUMER ADVERSE MEDICINES EVENTS PHONE LINE CAN BE REACHED ON 1300 134 237 MONDAY TO FRIDAY BETWEEN 9.00 AM AND 6.00 PM.**

## SPECIAL PRISON MEMBERSHIP

In recognition of the high prevalence of hepatitis C amongst custodial populations, and the severe financial hardship they experience, the Council is offering a new membership category - ZERO FEE - for prison inmates.

## 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 and 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 5562 8216** or **Glen on 5561 6257** or **0401240167** or email: [breakingthechains@hotmail.com](mailto:breakingthechains@hotmail.com)

## NEW TREATMENT STUDY

### New Treatment Study for people with hepatitis C who have failed to clear the virus after treatment with Interferon and Ribavirin.

The Alfred Hospital and Monash Medical Centre are involved in a new study using PEG-Intron and Ribavirin to treat people who have had previous Interferon and Ribavirin for at least 12 weeks and still have the hepatitis C virus detectable in their blood.

The duration of treatment will depend on response, but could be for up to 5 years.

For more information or to see if you would be eligible for this treatment program please call either Jo Mitchell (The Alfred Hospital) on 9276 2223 or Sherryne Warner (Monash Medical Centre) on 9594 5545.

## 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 4 types of membership.

- 1 Individual: Entitles you to one copy of Good Liver per quarter, one vote at the AGM, copies of all resources distributed by the Council.
- 2 Zero Fee: (For people in Victoria experiencing severe financial hardship. Victorian prisoners). Entitles you to one copy of Good Liver per quarter, one vote at the AGM, copies of all resources distributed by the Council.
- 3 Healthcare Professional: As for individual - but includes 3 copies of the Good Liver.
- 4 Organisation: As for individual - but includes 5 copies of the 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)

- |                               |                          |      |
|-------------------------------|--------------------------|------|
| Individual (waged)            | <input type="checkbox"/> | \$15 |
| Individual (unwaged)          | <input type="checkbox"/> | \$5  |
| Zero Fee (Vic prison inmates) | <input type="checkbox"/> |      |
| Professional                  | <input type="checkbox"/> | \$33 |
| Organisational                | <input type="checkbox"/> | \$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?

## LIVER CLINICS

### Albury/Wodonga

Telephone: 02 6024 5255

### Alfred Hospital

Telephone: 9276 2223

### Austin/Repatriation Medical Centre

Telephone: 9496 2787

### Ballarat - Dr Jon Watson

Telephone: 5331 8289

### Bayside Hepatitis Clinic

(through the Alfred Liver Clinic)

Telephone: 9276 2223

### Box Hill Hospital

Telephone: 9895 3333

### Epping - Northern Hospital

#### Liver Clinic

Telephone: 9219 8335

### Footscray - Western Hospital

Telephone: 8345 6490

### Geelong Liver Clinic

Telephone: 5226 7111

### Knox Private Hospital

(St Vincent's Hepatitis Clinic)

Telephone: 9210 7300

### Maroondah Hospital

Telephone: 9871 3371

### Monash Medical Centre

Telephone: 9594 5545

### Peninsula Liver Clinic

Telephone: 9781 4434

### Royal Melbourne Hospital

Telephone: 9342 7212

### Sale - Fitzpatrick House

Telephone: 5144 4555

### Springvale Liver Clinic

Telephone: 8558 9000

### St Kilda - Barkly Street

#### Medical Centre

(St Vincent's Hepatitis Clinic)

Telephone: 9534 0531

### St Vincent's Hospital

Liver Clinic: 9288 2898

Hepatitis Clinic: 9288 3580

### Werribee Mercy Hospital

(St Vincent's Hepatitis Clinic)

Telephone: 9216 8633

## COUNTRY CONNECTIONS

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

### Bendigo - Rural Hep C Network (CAN)

Contact: Ian Comben

Telephone: (03) 5443 2299

Email: rhcn@can.org.au

### Bendigo Health Care Group

Contact: Rosie Girvan, Jane Hellstan

or Pauline Woodburn

Telephone: (03) 5454 8416

### Camperdown hep C Support Group

Contact: Brian Hinchcliffe

Telephone: (03) 5593 3415

### Corio Community Health

Contact: Rochelle Hamilton

Telephone: (03) 5273 2200

### Drysdale Community Health

Contact: Sally McMahon

Telephone: (03) 5251 2291

### Gippsland - Mobile Drug Safety

Steve Theoclitou

Mobile: 0438 128 919

### Horsham - Wimmera Hep C Support

Contact: Jan Spencer

Telephone: (03) 5381 9378

### 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) 58 233 200

### Torquay - Surf Coast Hepatitis C

Telephone: (03) 5261 3001

### Wangaratta - Ovens and King CHC

Contact: Diane Hourigan

Telephone: (03) 5722 2355

### Warrnambool - Western Region

#### Alcohol and Drug Centre

Telephone: (03) 5560 3222

### Wodonga Community Health

Contact: Jenny Horan/Anita

Telephone: (02) 6022 8888

### Yarrawonga Community Health

Contact: Cherie McQualter Whyte

Telephone: (03) 5744 1324

## SERVICE DIRECTORY

### Access Information Centre

#### at the Alfred Hospital

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

### Direct Line

Drug & alcohol counselling and NSP info

Telephone: (03) 9416 1818

Free call: 1800 136 385

### 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 C Helpline (Counselling)

Telephone: (03) 9349 1111

Freecall: 1800 800 241

### Melbourne Sexual Health Centre

Telephone: (03) 9347 0244

Free call: 1800 032 017

### Office of the Health Services

#### Commissioner

Telephone: (03) 8601 5222

Complaints: (03) 8601 5200

Freecall: 1800 136 066

### VACCHO

#### (Victorian Aboriginal Community

#### Controlled Health Organisation)

Telephone: 03 9419 3350

Fax: 03 9417 3871

### Victorian Aboriginal Health Service

Andrea or Jimmie

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) 9419 3633

Fax (03) 9415 7055

Email: vivאים@vivאים.org.au