

GOOD LIVER

NEWSLETTER OF THE HEPATITIS C COUNCIL OF VICTORIA



VICTORIA GETS SERIOUSLY AWARE!

THIS IS BLOODY SERIOUS!:

Hepatitis C affects us all, all cultures, all communities.

This is the message of the 2002 Victorian Hepatitis C Awareness week. The week will be launched with a colourful visual display on the steps of Parliament House in Melbourne on Monday 18 March. A poster and a postcard featuring the same message - in bright pink against a fresh lime background - will be distributed across the state. The postcard lists a series of basic "bloody serious facts" about the infection as well as phone numbers of services that can provide further information. The postcard will be widely distributed across many venues - such as cafes, university campuses, cinemas, etc - by the free-postcard company AvantCard which is one of the principal sponsors of the week along with City of Melbourne, the Victorian Infectious Diseases Reference Laboratory (VIDRL), Roche and the Slater & Gordon Foundation. Distribution of the postcard and poster will be extended to community health centres, needle and syringe programs and other relevant services.

After the first Awareness Week in late 2000, the Hepatitis C Awareness

Program and Planning of Events (HAPPE) committee was faced with the task of developing a fresh idea to generate wider and more vigorous interest in this important health and social issue. The recently released NSW report on hepatitis C and discrimination (C-CHANGE) highlighted intolerable levels of discrimination and the inextricable link of the infection with the highly stigmatised behaviour of injecting drugs. Misinformation about the infection and its modes of transmission, stereotypes about the affected populations are rife in the popular media. A recent article in a weekend magazine listed hepatitis C amongst the least 'sexy' of charitable causes. Most importantly, there seems to be a widespread sense of apathy amongst the population at large about the whole hepatitis C 'thing'. This is despite the wide prevalence of the infection and its significant impact on the health and lives of so many people.

HAPPE was searching for something visually and mysteriously conspicuous, something that would generate interest, get people to wonder what it's all about, and ask questions. The 'THIS IS BLOODY SERIOUS!' message was the result of the many processes that we went through - which also involved

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**HEPATITIS C
AWARENESS WEEK
MARCH 18 ~ 22**

**PROGRAM OF EVENTS
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The Good Liver

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 very welcome. Call, write or email: heathers@vicnet.net.au

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FROM THE FRONT PAGE

some valuable assistance from an advertising agency. The message is clearly aimed at the 'uninterested' population. To let them know that this something they may want to know about; to highlight the seriousness and importance of this public health issue which - in terms of numbers and impact on people's life - calls for more attention and understanding in the wider community than it has been getting so far.

The Council has organised a variety of events for the week including a series of Information Forums in both metropolitan and rural areas, Information stalls at major shopping centres including Bourke Street Mall, community radio announcements and interviews, and an online chat on HIV/hep C co-infection.

In partnership with The Centre for Harm Reduction: The Burnet Institute, DEET and CEO we have produced a work book for schools which will one of the rural activities planned for the Week.

Also in support of the week, a number of organisations (rural and metro) have been co-ordinating their own activities. All these are listed in the Program of Events which accompanies this issue of Good Liver and will be available on our web site.

Look out for any events happening near you and give them your support.

Of course, volunteers for any of these activities are in great demand and your presence at the Launch on the steps of Parliament House would ensure its success. Call the Council for details.

GOOD LIVER also celebrates the 2002 Awareness Week by sporting a totally new look. With the aim of increasing awareness of the social and medical aspects of the infection, this issue focuses on the diverse aspects of the lives of people with



hepatitis C as well as providing an overview of some the services that are available to them.

Take great care

Carlo Campora
Manager

HAPPE COMMITTEE

Suzanne O'Callaghan & Rosie Cummings
Access Information Centre at the Alfred Hospital

Cheryl Teng & Mary Burns
AIDS, Hepatitis & Sexual Health Line

Jo Mitchell **Alfred Hospital Liver Clinic**

Judith Jones **Australian Institute for Primary Care, La Trobe University**

Jan Watson & Steven O'Connor
Department of Education, Employment & Training

Rosa Billi & Maria Karvelas **Department of Human Services**

Sandy Breit **Haemophilia Foundation Hepatitis C Council of Victoria**

Liz Crock **Royal District Nursing Service**

Jean Wyldbore **The Centre for Harm Reduction, Macfarlane Burnet Institute**

Jacqui Richmond **Victorian Hepatitis C Educator, St. Vincents Hospital**

Rhonda McCaw **Victorian Infectious Diseases Reference Laboratory**

Clare Roberts **VIVAIDS (Victorian Drug User Organisation)**

AWARENESS WEEK SPONSORS

The Hepatitis C Council of Victoria would particularly like to thank the sponsors of Hepatitis C Awareness Week 2002 for their support of our community outreach work:

Principle sponsors:

Melbourne City Council, The Department of Human Services, Avantcard, Roche, Slater & Gordon Foundation and the Victorian Infectious Diseases Reference Laboratory (VIDRL).

Supporting organisations:

Waterwheel Press, 3CR Community Radio, 3RRR Radio Station, VIVAIDS, Victorian Aids Council, Access Information Centre at the Alfred and the Aids, Hepatitis and Sexual Health HelpLine.

We would like to extend our sincere appreciation of their involvement - and encourage other organisations to consider getting involved with the next Hepatitis C Awareness Week!



PUSH FOR HIV/AIDS, HEP B AND C BAN ON ISLAND

Norfolk Island's government will discuss a proposal to ban HIV-positive people from visiting or living on the island.

Legislative Assembly member John Brown also wants anyone who has hepatitis B or C to be denied an entry permit to the island.

In a notice posted on the government's website yesterday, Mr Brown proposed to amend the 1980 Immigration act to include AIDS, HIV and hepatitis B and C as diseases barred from the island. He also moved to change guidelines for medical examinations to determine if visitors were carrying the viruses.

In response, a press release from Australia's national body representing people with viral hepatitis labelled the proposal by Norfolk Island to ban people with hepatitis C and B from migrating to the island 'as 'ludicrous'.

Jeff Ward, spokesperson for the Australian Hepatitis Council said the proposed bill was a backward step for any Australian jurisdiction to be considering.

" Aside from the human rights aspect of this bill, I can't believe a proposal such as this has surfaced, particularly as Australia leads the world in protecting the rights of people with hepatitis C and other blood borne viruses"

17 January 2002

YOU WOULDN'T READ ABOUT IT!

Sexual transmission of hep C is low risk - we have been telling people that for years.

So it's good to know that an Italian study, completed late last year has come to the same conclusion. The

aim of the study was to evaluate whether the transmission of hepatitis C between spouses occurs through sexual contact or through other types of exposure. The conclusion? Results suggest 'that the risk of sexual transmission is low'. The heartening point about this is that the Study was published in the American Journal of Gastroenterology (Nov;96(11) pp3138-41). Do we see a glimmer of light?

THREE NEW LIVER CLINICS

St Vincent's Hospital have established three new clinics in various suburbs around Melbourne as listed below:

WERRIBEE Werribee Mercy Hospital
Every second Thursday morning.
Appointments: 9216 8633

ST KILDA Barkly St. Medical Centre
Every second Tuesday afternoon.
Appointments: 9534 0531

KNOX Knox Private Hospital
Every second Friday morning.
Appointments: 9210 7300

People need to bring GP referral and copy of blood results, if available.

BRAZIL WAGES WAR ON HEPATITIS C DRUG PRICING

Brazil's Health Ministry, emboldened by its successful fight last year for cheaper AIDS medicines, is telling makers of a hepatitis C drug to slash prices or face having their patents broken.

Brazil wants pharmaceutical giants Schering-Plough Corp and Roche Holding AG to reduce the price of the hepatitis C drug pegylated interferon.

The drug is up to 27.5 times more expensive than the standard interferon now used by Brazil's public health service.

Last year, Brazil pressured drug companies to cut prices on their

continued next page

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AIDS drugs by 40% to 65 % after threatening to copy them locally.

A 1999 Brazilian decree allows the country to issue a compulsory license to produce medicines locally in cases of a national emergency or out of public interest. Brazil produces eight out of the 12 drugs used in an anti-AIDS drugs cocktail distributed free to patients.

Reuters

COUNCIL TRAINING PROGRAM APRIL-JUNE 2002

The Council is offering a program of four one-day workshops during April and June specifically tailored to diverse professional environments.

The cost (GST inclusive) is \$120 and \$100 for Council members. The venue is the Council's offices in Sydney Road Brunswick. The workshops are:

The 'bloody' serious facts - for health care professionals.

The Living Reality - for workers in a counselling role.

After the bell rings - for professionals working in an educational setting.

For more details and a registration form call the Council.

HEPATITIS C EDUCATION IN SECONDARY SCHOOLS

Over the months of February and March, the Hepatitis C Council is taking part in an exciting project run by the Brimbank-Melton Primary Care Partnership group to raise awareness about hepatitis C in selected schools in Melbourne's western suburbs. This education campaign will also include parents and the teaching staff at the respective schools. An evaluation of the project will be detailed in the next Good Liver.

AUSTRALIAN HEPATITIS C SERVICE DIRECTORY

AUShepC:Hepatitis C Australia is pleased to announce the launch of the Australian Hepatitis C Service Directory. AUShepC is Australia's only independent association of hepatitis C affected people. We operate 'AUShepC Care and Support' at our site: <http://groups.yahoo.com/group/aushepc/> where we presently have 60 members from every state and territory in Australia. Our web site at www.aushepc.org is currently the only operating national hepatitis C specific site in the country.

A NEW RESOURCE FROM AHC

Into our hot hands this week comes the latest resource from the AHC.

Health Monitor is a compact wire-bound booklet that allows you to keep a record of your personal health information. There is room to record things such as contact details, test results, appointments, medications, symptoms and personal health goals.

The booklet includes a year long side-effects and symptoms diary for the ribavirin and interferon treatment regime, descriptions of tests and treatments, and notes on diet, stress and keeping healthy.

A very handy resource - that can be got in the usual way. If you are a member there is one inside this Good Liver mailing, and if not just call the Council on 03) 9380 4644.

next issue

TREATMENT

INCLUDING: MANAGEMENT OF; HEALTH MAINTENANCE; DIET; EXERCISE; SIDE EFFECTS; RIGHTS AND RESPONSIBILITIES; THINKING ABOUT IT; PROCESS OF ASSESSMENT...

Your thoughts and experiences may be an important part of the decision making process for others. Tell us about them. Call, write or email Heather at the Council.

DEADLINE FOR COPY: 10 MAY

I N M E M O R Y

Since moving to Melbourne from NSW, George had become a member of the Council, had been very active in his local community and instrumental in establishing the Dandenong support group. George died on 25 January 2002. His energy and input will not be forgotten. Our deepest sympathy to his wife and his two daughters.

Rest in peace, George.

hepChat radio show

**PROUDLY PRESENTED BY
THE HEPATITIS C COUNCIL
OF VICTORIA EVERY
THURSDAY FROM 10AM
ON RADIO 3CR [855AM]**

**Tune in and keep up to date with the
issues facing people with hepatitis C**

HEPCHAT can provide the space for sharing your story. If you wish to be involved in any way with future programs please contact Pier at the Council.

make a date:

18-22 MARCH

HEPATITIS C AWARENESS WEEK

This is Bloody Serious! and a chance to make a difference to attitudes by making people more AWARE of hepatitis C. If you or your organisation would like to be involved contact the Council quickly for information and promotional material. Check out the Program of Events in this issue or at our web site www.hepcvic.org.au.

25-27 MARCH

THIRD AUSTRALASIAN CONFERENCE ON HEPATITIS C

Hosted by the Blood Borne Viruses Consortium (Vic) this is the leading Asia/Pacific gathering for hepatitis C Research and Treatment.

Time is running out! To register visit <http://www.hepC.conf.au>

21 MAY

HECLE MEETING

Forum for discussion, peer support and information at the Hepatitis C Council Office. 2pm to 4pm. Contact Barb at barbdv@netc.net.au for more details

23 MAY

TRIVA NIGHT FUNDRAISER

Hepatitis C Helpline and Aidsline are holding a fun filled trivia night and we'd love you to come. The ticket price is \$45, which includes a 3 course meal at Mecanix restaurant, your host with the most and lots of prizes. Get a table together, have a good time and support HepC Helpline. **For more details phone 9347 6133.**

23-26 OCTOBER 2002

ASHAM CONFERENCE - SYDNEY

Wednesday 23 Oct - Full day program on Hepatitis C.

For further information please contact (07) 3854 1611 or email ashm2002@ozaccomm.com.au

SUPPORT GROUPS

A confidential and safe place to share stories, get correct information and support. If you want more information contact Pier on 9380 4644 or email pmoro@vicnet.net.au

BRUNSWICK SUPPORT GROUP

Every second Sunday of the month from 2 to 4pm at the Council.

Next meeting: 10 March

Hepatitis C Council of Victoria, Suite 5/200 Sydney Rd, Brunswick

DANDENONG SUPPORT GROUP

Next meeting: Sunday 3 March.

From 2 to 4pm

Dandenong Neighbourhood House
34 King Street, Dandenong

****Further meetings of this group are to be reviewed. Please contact the Council for further information.**

HEP MUMS

FOR PARENTS AND KIDS WITH HEP C

Next meeting: Saturday 16 March.

From 2 to 4pm

Hepatitis C Council of Victoria, Suite 5/200 Sydney Rd, Brunswick
Speaker to be announced.

The next meeting of HEP MUMS will be held in June in the Port Phillip municipality. Details to be confirmed.

CO-INFECTION ONLINE FORUM

Are you co-infected with HIV and Hepatitis C, or close to someone with both viruses? Do you have access to the internet?

How would you like to chat about Co-infection from the comfort of your own keyboard?

On Wednesday, 20 March from 7:30 to 9:00pm there will be an online Forum to discuss Co-infection with Nick Medland (a medico who treats a number of co-infected people); Michael Bramwell (a counselor who is experienced in dealing with the emotional aspects of this issue); and Peter McGill (a co-infected man who moderates 'AusCo', an internet mailing list for co-infected Australians, their carers, and health practitioners both allopathic and naturopathic).

You're invited to visit the AusCo chat room, join the discussion and throw in any questions you may have.

In order to take part in the forum you must be a subscriber of AusCo to access the chat room. You can join by sending a request to Peter at petermcg@iprimus.com.au with the email address you wish to subscribe with and your name (or nickname).

If you don't want to be a member of the newsgroup after the Forum simply follow the unsubscribing steps on your subscription confirmation email.

*** Remember - registering with AusCo should be done by 5pm on the 19 March (the day before).**

The room will be open 15 minutes before the Forum begins so that we can all get settled for the Forum to begin at 7:30pm. sharp.

This is a joint project between Victorian Aids Council and Hepatitis C Council of Victoria as part of the Hepatitis C Awareness Week.

awareness

“..if health workers find it hard to locate someone to provide professional support, how hard must it be for people affected without a knowledge of the system to find the support they need?”

WHAT SHOULD I DO WHEN...

Awareness of hepatitis C and the multiple issues surrounding its impact on lives is the basis of many information requests we get. The stories we hear often have common themes like fear, misinformation, discrimination, disempowerment or isolation.

The Council has many resources and links to other organisations. We do what we can to inform and support the people who contact us, often being able to refer on them to other services they may not have known of.

The following stories give an idea of how problems can be worked through to a positive conclusion. Some of them may sound familiar. If you have any questions, call us - the Council can help in many ways

These stories and their resolutions were compiled by Barb Healy and Pier Moro.

MISINFORMATION

There have been a few enquires from people in the food industry at both the management and worker level on whether people should disclose their status and if hepatitis C is a danger in the preparation of food.

The advice given is that no-one in that industry is under any obligation to disclose their status.

The hepatitis C virus is a blood borne virus that needs to come into contact with a person's bloodstream before infection can occur. Therefore as it is not transmissible via the oral/digestive route, there is practically no risk that the virus will be transmitted from a food handler to another person via the food.

It was reinforced that notwithstanding, one should follow basic hygienic procedures and all cuts and open wounds be covered up immediately and any blood spill cleaned up. Food should not be contaminated with any type of extraneous bodily fluids.

“They made it sound really bad.. I thought I was going to die”.

One young man rang the Council distressed about having the virus, and the loss of his dream to become a father and raise a family. He was not yet 20. It became clear that he was expecting to die in the next couple of years and had some very confused information about the potential of his future well being.

Consequently, we reassured him that he was not about to die in the near future due to the impact of hepatitis C. But the belief that he would die was very strong and seemed to be connected to being told that he had a very bad virus. We highlighted that whilst it would be ideal if he could make some choices to take care of his health, there was no reason that he could not look forward to the joys of

becoming a dad and a grandfather after that! The concerns about sexual transmission were addressed by clarifying that transmission only occurs when there is a risk of one person's blood entering the bloodstream of another person and that hepatitis C is NOT classified as a sexually transmitted disease, and that he would not pass the virus onto a baby at conception.

“We are all in this together - that's what we have to focus on...”

A call from the partner of someone who had been living with the virus for 20 years but his health had been getting worse over the last 12 months. She was also concerned that he was spending a fair bit of money on an alternative type of treatment that she was very dubious about.

We discussed at length the lifecycle of hepatitis C, the possible long-term health outcomes, and the various factors that can impinge on someone else and worsen the effects of the hepatitis C virus. She was very worried about his health and the best way she could support him. We then discussed a few of the options available to her, and to them both, and to how best to connect his wish to self-manage with her concerns.

ISOLATION IN FAMILIES

“It was not explained how long it would take to get liver cancer. There was a lot of unnecessary fear”.

Mother rings for son who has hep C but is not very open to discussing the issue with her. She wanted to know the basic facts on hepatitis C and what one can do to manage the effects of the virus. We then discussed the options available to her in relation to dealing with her son and accepting and helping, if possible, her son deal with the effects of the virus.

A woman was told...that under no circumstances was she able to breastfeed her child.

Looking forward to the birth of her new grandchild, Louisa, who had just received a positive diagnosis to hepatitis C, asked if she could still mind her grandchild whose arrival was imminent. The doctor's response " No. It would be better to avoid contact of that kind from now on". Left with the impact of the diagnosis and the implications of doctors' response Louisa rang the Council confused about the meaning of her diagnosis and deeply distressed about not being able to mind her grandchild.

Some time was spent undoing the layers of distress that were associated with this response. We were very clear that personal contact can be maintained amongst family members and encouraged Louisa to go ahead and enjoy taking care of the new baby. It was necessary for the point to be made that cuddles and hugs should continue to be a part of Louisa's life with her family and that there was no need for her to have separate cutlery and crockery. A further concern for us was the impact that this news had had on a woman whose family role was deeply significant for her sense of purpose and how this appeared to be ignored at the time of diagnosis.

DISCRIMINATION

A worker at a factory in suburban Melbourne rang to seek advice on how to deal with an abusive workmate. The man had by accident found out that this woman had hepatitis C. Afterwards, he was very aggressive and verbally abusive towards her. She approached management, but they washed their hands of it saying that it wasn't their responsibility.

We advised her to seek the intervention of the union but was told that management was very anti-union

and it was a non-unionised workplace. She did not think that she could rely on many of the work colleagues either.

We then supplied the contact details of a couple of industrial lawyers that she was going to follow up. Upon learning that the woman had, through other people, connections to her abuser outside of work, it was suggested that she get some trusted friends to approach the abuser and try and resolve the situation.

"...workers struggle with their illness whilst trying to maintain a job, and may feel unable to seek support from their employer or workmates for fear of discrimination..."

DISCLOSURE

A woman calls to report that she went to a doctor regarding an injury to her leg. The doctor was not very sympathetic from the start and after she disclosed to him that she had hepatitis C, he noted this down in the reference letter to the radiology clinic where she needed to go for an x-ray. When she complained that this was unnecessary information as it had no relevance to getting an x-ray done, he replied that it was and refused to erase the notation.

She was inquiring about how she could complain about this doctor. We advised her to take the complaint to the health commissioner. We also wrote to the doctor himself outlining our concerns and forwarded a copy to her.

"She was told that she had to tell everybody including her sexual partners, her employer, her housemates".

A young man calls wanting information about hepatitis C, both at a medical and social level. It transpires that he

has met a young woman and there is a possibility of a relationship developing. Deciding that he can be trusted, early in their friendship she has disclosed her status.

Wanting facts, he then consulted medical books, the internet and the Council to get a full picture of the virus and its effects, as he didn't want to make any assumptions or judgements.

Knowing the facts, he was prepared to go ahead and explore a deeper relationship with this woman.

ACCEPTANCE

A woman called to tell us that she used to think that she was just getting old and lazy, which had caused her lots of guilt about not achieving as much as she used to. But since the diagnosis, she knows that there is a good medical reason that explains how she feels. She said she had come to terms with what her body needed and didn't beat up on herself anymore.

"I think that..people living with hepatitis C are perhaps in a position to change people's attitudes and to make a contribution to fighting this discrimination ourselves...It would be nice to think that attitudes have shifted enough for people to be able to summon the courage to be able to do that".

Quotes taken with thanks from 3 sources:

1. *C Change - Report of the enquiry into hepatitis C related discrimination.* 2001. Anti-Discrimination Board of NSW
2. *A long way to go - Victorian rural needs assessment.* 2001. Hepatitis C Council (Vic)
3. *Meeting the needs of people in Australia with hepatitis C.* 1996. National Hepatitis C Councils Education Reference Group.

... people with hepatitis C can manage their own lives, make choices which enhance their quality of life...

Positive Counselling HIV/Hep C Inc. at The Bouverie Centre in Flemington is a free counselling service for anybody infected or affected by hepatitis C or HIV.

The Positive Counselling team is made up of six members who work from a variety of therapeutic frameworks. They have professional backgrounds in social work, nursing, psychology and education, and experience in working with the impact of blood borne viruses on people's lives. We have been working with people infected or affected by HIV for the past 15 years and with people with hepatitis C for the last two years.

The team is committed to providing a high standard of clinical practice to people infected or affected by hepatitis C or HIV and works with individuals, couples, families, friends and carers. Presently, clients with hepatitis C represent 15% of our clients, with a further 15% being people who have either a partner or a family member with hepatitis C.

People with the virus come to counselling for a range of reasons. Recently diagnosed clients want to talk about issues including how to disclose to partners, family or friends, discuss treatment options, living with fatigue, or they may be struggling with changes in daily routines.

Others who have known for a while may present with issues not directly attributable to the virus. They may feel "stuck" about what to do next, or are overwhelmed by what is happening in their life at that moment. Talking to a counsellor may

help them to get on with their life in a way most positive for them.

Family members often have their own issues and find it helpful to voice them in a supportive environment. These conversations promote opportunities for increased closeness and less conflict within the family relationship. Partners may also have worries about hepatitis C and find it difficult to talk these through with the person with the virus. Counselling provides a safe place to express their concerns, to gather information and support and make changes that enhance the relationship. The Positive Counselling team caters for both short and long term counselling commitments, with clients choosing their own frequency of attendance.

Client's life stories are respected and valued in these sessions. The courage and resilience of people to manage this virus and its impacts on everyday living often strikes us. We hold the firm belief that people with hepatitis C can manage their own lives and make choices which maintain or enhance their quality of life.

Confidentiality is respected at all times.

Positive Counselling HIV/Hep C Inc operates each Friday and at this time we do not have a waiting list.

**Michael Bramwell
Counsellor**

**Positive Counselling HIV/Hep C Inc
at The Bouverie Centre**

**50 Flemington Street, Flemington
Telephone: 9376 9844**

**More information can be found at
www.positivecounselling.org.au**

LEAVING STER

The article planned for this edition of the Good Liver was never completed. I had asked Ian, a man in his early 50's if he wanted to be involved in an article or interview for the newsletter. He was keen to write his story and then show it to me before it went into the Good Liver. In fact, he had been thinking about sharing his story for some time and had finally worked up the courage to do so. Ian spoke to me a few days later and apologised profusely for not being able to complete it. The experience of writing his story of the hepatitis C diagnosis and following events proved too painful even though he is used to talking openly within counselling sessions.

I wanted Ian's story to appear in the Good Liver, because in reflecting about awareness I felt that it was important to stress that hepatitis C can affect anyone, no matter who they are, where they come from, what they do or how they might live their life.

Ian was diagnosed two years ago. He has lived in the same area with his mother nearly all his life. He had a very brief relationship a few years ago. He and the woman he was with shared a flat for a few months. He also lived on his own for a few months last year. Ian has not been able to work for about 15 years, due to other health issues. He is passionately interested in training.

How did Ian contract hepatitis C? He has no idea. He cannot think of any way he could have put himself at risk. Ian has agonised over this and gets upset over how people with hepatitis C are sometimes perceived. He has nothing against people who use, but is horrified to think that people may jump to the conclusion that he has any involvement with drugs.

STEREOTYPES BEHIND

Ian always saw himself as a fit and healthy person. Since being diagnosed, he feels that when people ask: "how are you?" he cannot truthfully answer: "well thank you." This is despite his Doctor's reassurance that liver damage is very mild. Apart from some lethargy, he physically feels well. For Ian, the emotional aspects of the virus have been more difficult to deal with than the physical ones.

On the positive side, Ian has come a long way in two years. He has gone from feeling suicidal to feeling quite positive about himself and his life. He has worked hard and looked deeply within and is now able to begin seeing a light at the end of the tunnel.

So far, I have only given you the bare bones of Ian's experience. I have probably not even touched on the parts of the story that brought back his pain. I don't want to tell you too much, because my gut feeling is that he may be ready in the near future to tell you himself and I could never do it justice.

There are many people* with hepatitis C do not know how they contracted the virus. This is often a situation which is very difficult to come to terms with. Sometimes there is no explanation and no answer. Ian is one of these people.

Sandy Breit
Counsellor

* International studies of HCV transmission indicate that the percentage of individuals for whom no transmission route has been identified can be as high as 50%.

Source: Investigation of potential iatrogenic transmission of hepatitis C in Victoria. *Australian and New Zealand Journal of Public Health*. 2001 Vol.25 no 3, pp 241.

my story

ME & HEP C; A TALE OF SYMBIOSIS

I never sought to have my hepC + status confirmed. The hep C crisis hit the headlines and invaded the consciousness of IV drug users like one more nail in the coffin of 'People Who Use Illicit Drugs'. I just assumed I had it, I mean I was using drugs before AIDS hit the scene, I was using back in the dark ages when you had to buy your syringes from a select few chemists. So there I was with 20 mates, my squatting comrades, and we had one syringe between us and like fuck we were family, we shared everything and it was a point of honour to be on the bottom rung of the ladder when it came to deciding the order of who used that one syringe and when. That was the day I imagine I got hepC, anyway I didn't see any point in getting a diagnosis when I knew I had it. Years went by and I was getting blood tests for other reasons and I got a hepC test done just to see what state my liver was in and sure enough my liver/blood wasn't 'normal', no surprise there and I left the Doctors feeling no different to how I went in.

So how has hep C changed my life? It wasn't immediate. I've never been a fan of alcohol so it wasn't like I had to cut my consumption down, occasionally I've had the odd liver twinge after a drink but that's it. Some of my friends were quite sick

from it and I began to take more of an interest; to read more about it, to observe people's injecting techniques and to see my blood as toxic- to understand that the innocuous sharing of toothbrushes and razors was in fact fraught with notions of peril and responsibility. I've been quasi vegetarian (I only eat fish) for years so cutting down foods such as meat which work the liver wasn't a problem and I'd been drinking between 4-6 cups of coffee a day for years without adverse effects so saw no reason to change that. The more my friends became sick the more I realised how lucky I was that I felt and seemed pretty healthy; my sick friends made me realise I could not be blasé about being hepC+. I took more interest in my diet, significantly reduced my dairy intake, drank dandelion tea regularly and began to exercise on a daily basis.

In essence being hepC+ has created the situation whereby I now look at what I put into my body in terms of the consequences of that action. That's not to say I don't do drugs, rather that I also maintain a level of health and fitness that allows me to take drugs without feeling like shit for days and to minimise any impact hepC will have on me now or in the future. Having hepC has made me fitter and healthier than I have been for years and given me a desire to understand the workings of my body. The irony of this is not lost on me and much as in some sense hepC has enhanced my life I would prefer not to be hepC+ as I still sometimes feel like the toxic avenger and the notion of a toxic body is not the most pleasant concept to carry around in your head.

Rohan Wightman
Information worker for VIVAIDS.

isolation

We know each other socially.
Our kids go to school together.
His whole manner CHANGED.
I couldn't believe it was
happening to me.

In the bush where I
Live you've got to
keep it secret -they
SHUN you.

..the constant linking of
the Vietnamese community
to the heroin trade
appears to be preventing
people from seeking
testing and assistance.

Stigma and shame...

...causes many people from
Mediterranean cultures to

refuse to come forward, even to their own community organisations and migrant health centres

A feeling of isolation is often part of the experience of hepatitis C.

This is especially true at the moment of diagnosis. This is a crucial time of adjustment and people talk about feelings of guilt, shame and anger. It is a time when having supportive networks is vital, but not everyone has the good fortune of having access to them. This applies to both urban and metro areas but for people living in small communities the stigma attached to the infection and the negative consequences of disclosure are often more obvious.

We often get reports of people living in small rural communities who travel

great distances to access health services well outside their local area for the fear that their hep C status becomes known.

Some people choose isolation as a coping mechanism. Like the Primary schoolteacher who attended her first support group meeting and told the group that, for the previous three years, she had only gone out of the house to go to work. She had severed all social contacts and could not face the outside world.

Within our society there are many types of barriers. Hepatitis C affects many ethnic groups in Australia. Cultural beliefs and attitudes,

including a reluctance amongst some communities to acknowledge illegal and risk practices, affect how people with hep C are treated. Real and perceived cultural and linguistic barriers may prevent full access to the health care system, while seeking support within their own community may hold the fear of confidentiality being breached, leading to stigmatisation.

Misinformation about hepatitis C and sexual transmission can cause people to equate hepatitis C infection with the end of future relationships and even parenting. Misinformation about transmission in general can cause people to become separated from their partners, family and friends in often subtle ways not easily identified and dealt with.

There are ways to ease these situations such as accessing accurate information, or through services like Helplines, counselling or support groups but institutionalised barriers require sustained pressure from an aware and understanding society that refuses to allow such barriers to exist.

RING..RING..WHY DON'T YOU GIVE US A CALL? All calls are confidential

The Hepatitis C Council of Victoria takes calls from a wide range of people seeking information and advice about hepatitis C. Whilst some want to find out as much as possible, others have specific questions and issues to raise.

The Council has two phone numbers; our office number 03) 9380 4644 and the free call number for country callers 1800 703 003. The Council does not offer a dedicated telephone advice line, so incoming calls are fielded by any of the workers. This is an integral part of the Council's service and while there may be times when a worker isn't available, we always endeavor to return your calls.

We have been analysing incoming calls to get an idea of the type of questions or queries we are

receiving. This gives us an idea of what information is needed and how it can be dealt with. Over the last 10 weeks we received a total of 174 calls for advice, the breakdown being:

- 153 Individual callers (16 identified as healthcare workers).
- 21 Organisational calls (2 identified as employers)
- 79 Callers - Melbourne metro area
- 34 Callers - Regional/rural areas
- 1 Interstate caller
- 1 International caller

Types of questions

Some callers had specific questions or issues that they wanted to discuss. These were recorded as follows.

- 58 Transmission (transmission, risk factors, prevention)

- 54 Managing symptoms and treatment options
- 20 Testing (types of tests or test results)
- 16 Psycho-social issues (disclosure, discrimination or similar)
- 26 Support issues (support needs or referrals to support groups and services)
- 6 Work (specific work scenarios)

The council also has an information pack and a comprehensive range of written materials that we offer to callers. Such material was posted out to 83 of the 174 callers.

If we can help, please contact us on 03) 9380 4644 or for country callers on 1800 703 003. Monday to Friday 9am-5pm.



foot patrol

In 1996, Youth Projects Inc set up a service called **Foot Patrol** in the Melbourne CBD. Foot Patrol provides a number of services but the main one is a mobile street-based outreach needle syringe program with a focus on blood borne virus prevention, the provision of disposal information and referrals for injecting drug users (IDUs).

The Foot Patrol model is based on a pair of workers walking a regular designated route, within the 2.52 square kilometres in the Melbourne CBD. The routes taken can vary over time, taking in the identified hot spots (using areas).

Regular clients become familiar with the route of the Foot Patrollers and meet up with them on the street. Others can phone a free call 1800 mobile phone from public telephones and arrange to meet up with Patrollers at a designated spot. Some clients access the service by chance or casual street contact. This enables IDUs access to clean injecting equipment and condoms in their own environment (streets and lanes), as well as access to a range of other resources which include safer using/safer sex information, support,

general and specific health information/education and referral appropriate to their needs.

On route, Foot Patrollers also provide "clean ups", collecting and disposing of any discarded needles and syringes found. Five days a week a pair of Patrollers take a syringe disposal bin, a pick up tool and stats sheets and head out into specified lanes and alleys. Each day the route changes so that across the week the main hot spots are covered.

Another part of the service is the Community Syringe Disposal Project (an immediate response syringe pick up). Traders, residents, local government, Police or anyone in the community can ring and report either that they have collected syringes that need to be disposed of or that they have spotted inappropriately discarded syringes. Foot Patrol workers try to respond the same day by attending the location to pick up and dispose of the reported needles and syringes.

Foot Patrol also has a Men's Project worker who can assist men with any health, legal or accommodation issues etc. The worker provides one-

on-one support for men and helps link them into appropriate services.

Finally, a Community Safety Project has been established where a team of Drug Safety Workers assist IDUs with additional health and primary care needs aiming to provide a learning environment and referral base on:

- Health, HIV/AIDS and Blood Borne Viruses
- Overdose and Overdose Prevention
- Safe Disposal
- Drug Treatment Options

The mobile Foot Patrol service operates:

**Five days a week:
11.45am to 11.15pm**

**Weekends:
12.00 to 4.00pm
7.30 to 11.15pm**

To contact the Foot Patrol for free needles and syringes as well as condoms and referrals in the CBD call (free call) 1800 700 102 from a public phone booth or on 0412 155 491 from mobile phone.

“my doctor says I should go and get a job - my ALT levels are not high enough...”

OPTIONS

Mary approached us for assistance to return to full-time work. She had some part-time work cleaning and ironing in her local neighbourhood but wanted to pursue her passion to work in a horticultural environment. She had no formal qualifications in this area but had broad skills and many years experience in working with people in a diverse range of industries. Mary also mentioned that she had Hepatitis C.

Options Employment and Training Services arranged for her referral through Centrelink and an appointment was made for Mary to start work with her Employment Consultant.

Mary and her consultant discussed a whole range of things including Mary's background, her aspirations, her skills and what type of training she would need. They also discussed how Mary's medical condition might impact on her ability to secure and maintain employment.

A return-to-work plan was developed which included training in computer skills and the development of a professional resume. Mary was booked into relevant employment seminars (conducted by Options) and allocated twice weekly access to job search sessions.

Mary was very focussed on securing full-time work, continuing her part-time work whilst attending the seminars. After identifying several jobs, she obtained position descriptions and with her Consultant, completed tailored applications and participated in several mock interviews.

During this time, Mary experienced severe difficulties with her

accommodation. Her Consultant referred her to free legal advice, made her aware of some alternative housing networks and provided her with support.

In response to one of her applications, Mary was interviewed for a customer service/sales position. She had completed a mock interview based on the position and following the interview, rang and debriefed with her consultant. Three days later, Mary rang with the fantastic news that she had been offered the job. She was given fares assistance for the first month and was made aware of the post placement support offered by Options.

This consisted of further support to resolve her accommodation and frequent conversations to debrief about work issues. Mary experienced some conflict with her manager and was able to manage this using her skills and the support of her consultant. She also required some assistance to become familiar with a different computer package and attended after hours training at Options to improve her skills in this area.

WHO ARE WE AND WHAT CAN WE OFFER?

Options Employment and Training Services, a community, not-for-profit organisation, is a member of Job Futures. It is the only provider of Intensive Assistance in Australia which specialises in assisting people living with HIV/AIDS and/or hepatitis with professional employment services and support.

In order to access Intensive Assistance, you must be in receipt of a federal government benefit and be registered with Centrelink. Intensive Assistance involves one-on-one support that

ensures, through counselling, training and vocational guidance, clients will be fully prepared for interviews with advice on personal presentation, body language, interview procedure and follow up.

Options Employment and Training Services also offers placement services, will negotiate employer incentives, provide workplace modifications and provide post placement support.

We take pride in employing professionals who are not only highly skilled in the employment area, but are understanding of the issues that people living with HIV/AIDS and Hepatitis C face when they are considering a return to work.

If you are considering returning to the workforce, either full-time or part-time, and think you might be eligible for this service, please call and discuss your situation with Louise Young. She will be happy to meet with you and explain the program in greater detail. If eligible, she will facilitate the smoothest possible referral process through Centrelink for you.

Options Employment and Training Services

**Suite 5, Level 8, Como Office Tower
644 Chapel Street, South Yarra**

Telephone: 9824 2330

Fax: 9824 2340

P.S. Mary has now been working for seven months. She is in secure accommodation, is healthy and happy, loves her job and has been promoted to the position of manager of the nursery.

HOW MUCH DO YOU KNOW ABOUT OUR SERVICES?

This seems like a good time to give a general overview of our services here, particularly as we have started some new ones recently.

Access Information Centre is a statewide resource centre on blood borne viruses such as viral hepatitis, so anyone in Victoria is welcome to contact us for help with finding information or resources.

We keep a stock of the latest brochures and fact sheets and we are happy to post them out if you contact us. We will put you in touch with the relevant agencies in the area - so if you lose a phone number, or don't know who to talk to, give us a call and we can advise.

LENDING LIBRARY

At the Access Information Centre you will find a lending library of books, videos and audiotapes. As a community resource centre, our job is to keep resources that our community is interested in. We have found that our clients prefer to take a holistic approach to their health, so our resources cover body, mind and spirit themes. We don't necessarily follow the medical line on this. You will find books written by medical experts here. However, a lot of our clients are interested in complementary therapies, relaxation, stress management, diet, relationships, legal issues and just thinking about life, so we keep books, tapes etc on all of these as well.

Highlights

- Petrea King's audiotapes on relaxation and healing
- The complete set of tapes from **HepChat**, the Hep C Council's radio show on 3CR
- Matthew Dolan's book, **The hepatitis C handbook**
- Greg Everson's book, **Living with hepatitis C**

HOW TO BORROW

We provide services to people all over the state so we try to make our services as accessible as we can.

To borrow from our library, you need to join and get a card - this is free! Contact us for a form or fill in the form on our web site (under Member services)

Our catalog is on our web site (under AIC Library) - we haven't finished cataloguing all our books yet, so contact us if you can't find what you're looking for. You can also phone, email or fax us to find out about resources on particular subjects.

To borrow

- Come and visit - and borrow in person
- Use the borrowing form on the web site - we will post the books out
- Phone, fax or email us - we will post out your requested books

WEB SITE

Our web site (www.accessinfo.org.au) is intended to point you in the direction of relevant information on the Internet. What information will you find on it?

- Details of all our services
- Online forms to request information
- Our catalog and online borrowing forms
- Links to relevant information on living well, treatments, complementary therapies, fact sheets, statistics, major services such as the Hepatitis C Council and Hepatitis C Helpline
- Information we have prepared ourselves in collaboration with experts, eg Ribavirin and Pegylated Interferon combination therapy fact sheet



WHERE ARE WE?

The Access Information Centre is located in a building called Fairfield House in Moubray Street, Prahran. Fairfield House is at the back of The Alfred hospital and opposite the main gate of Wesley College. We are in the first doorway from the street, so it's easy to visit us if you are passing by.

FEEDBACK

We love to hear comments and suggestions from our community. This helps us to develop our services and make sure our web site is working well. So feel free to tell us anything you would like us to know!

Till next time...

Suzanne O'Callaghan
Access Information Centre
At The Alfred

Telephone: 9276 6993

Fax: 9533 6324

Email: access@alfred.org.au

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



WHO WANTS TO MEET INTERESTING PEOPLE? YOU DO!!

READ ON TO FIND OUT HOW...

Hi my name is Heather Morgan and I'm the Training Coordinator at Aidsline and Hepatitis C Helpline, two services offering a confidential telephone counselling and referral service to the Victorian community.

The issues of HIV/AIDS and Hepatitis C can affect any of us without warning.

These viruses don't discriminate on either the physical, social or geographical level

On the phones we get to hear from a really wide and diverse range of people living all over Victoria. One of the main themes of calls is the fear and isolation people go through when they are told they have either HIV/AIDS or Hepatitis C. Many callers identify with the stigma attached to

the viruses and how that might affect their standing in the community. Our experience supports the anecdotal evidence that these issues are emphasised for rural callers. Among the many difficult decisions one must make are who to disclose to, should I tell and to whom, also concerns about the impact such disclosure may have on relationships with (family friends, partners workplaces)

I imagine that the many readers of Good Liver might identify with many of the themes expressed by callers. My experience of working with and training hundreds of volunteer counsellors over the years is that the rewards are bit like a two-way street. Each unique individual brings their own experience to the service and they in return develop a sense of personal growth and satisfaction of helping the community.

We are currently recruiting people for our next training course commencing in March.

We are looking for people not necessarily with counselling experience or training, as that will be given during the course. It is more important that applicants have good personal life experience and an ability to listen and hear the sorts of questions people raise on the lines.

Our counselling style is non-judgemental and the emphasis is on helping callers to reach their own solutions.

The training course is free and has just recently been accredited with Northern Melbourne Institute of TAFE.

If you are interested please ring 93476133 for an application form or more information.

We are conducting a Selection and Information day on 17 March, 2002.

USEFUL SERVICE NUMBERS

Chinese Herbalist

Lisa McPherson
Telephone: 03) 9481 8514

Counselling

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

Dentist

Martin Hall
23 Lennox Street, Richmond
Telephone: 03) 9420 1302

Employment

Options Enterprises
Suite 5, Level 8
Como Office Tower
644 Chapel Street, South Yarra
Telephone: 03) 9824 2330

Medical

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

Naturopaths

Jenny Adams
Telephone: 03) 9489 8411

Alison Whitehead
Telephone: 03) 9482 2205

Andrew Green
Telephone: 03) 9819 6680

Gill Stannard
Telephone: 03) 9650 3419

George Campbell
Telephone: 03) 9646 5455

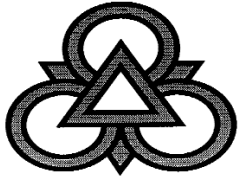
Solicitors

Angela Palombo, B.A. LL.B
Telephone: 03) 9415 6900
Fax: 03) 9415 6911

Mary Simpson
Slater & Gordon,
Telephone: 03) 9600 0290

Tattooist

Chapel Street Tattoos
151 Chapel Street, Windsor
Telephone: 03) 9521 1202



MEN, HEALTH & HEP C

Little is known about the personal, social and health needs of men with hepatitis C (hep C). A study is now being conducted by the School of Health Sciences at Deakin University that will investigate the experiences of men with hep C. The *Men, Health and Hep C* study aims to describe how hep C affects men, so that health and support services can be better targeted to meet the needs of men with hep C.

The study will survey 600 men in Melbourne and regional Victoria, asking them about their experiences coping with hep C. The *Men, Health and Hep C* research team have extensive experience in the areas of public health and the social and cultural aspects of blood borne viruses.

All men living in Victoria over the age of 18 with hep C are invited to participate. This study is **completely anonymous** and participation is voluntary.

If you would like more information or would like to participate, please contact the research coordinators, **Meredith Temple-Smith** on **9251 7252**, or **Mark Stoové** on **9251 7059**, or call toll free on **1800 337 111**. Further information can also be found on the web at www.hbs.deakin.edu.au/hepc.



School of Health Sciences



Australian Research Centre
in Sex, Health & Society

This project is funded by the
National Health & Medical Research Council (NHMRC).



HEALTH WORKS

Health Works is a primary health care service that aims to address the needs of people who inject drugs, their families and social networks in Footscray and the City of Maribyrnong.

Health Works operates within a holistic system of health, community and social care by developing links with existing services including specialist health, mental health,

social/welfare and drug treatment.

Health Works aims to provide services that are 'user friendly', confidential, accessible and culturally appropriate. These will include: Hepatitis and HIV testing (pre & post test counselling), Hepatitis A & B vaccinations, sexual health information and testing, information on vein care, safe injecting, diet and nutrition.

**For further info contact Health Works staff on 9689 6119
or the Education Officer at WRAP on 9687 5202
or email: theworks@vicnet.net.au**

AN INVITATION TO JOIN US

For a community organisation such as the Hepatitis C Council of Victoria, membership is an essential and vital component for the achievement of our goals and objectives.

There are 3 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. Healthcare Professional: As for individual - includes 3 copies of the Good Liver.
3. Organisation: As for individual - includes 5 copies of the Good Liver.

Complete the form below and mail or fax to the Council. (Fax: 9380 4688)

Are you a new or renewing member?

Title Name

Occupation

Organisation (if applicable)

Address

Postcode

Telephone

Fax

Email

Tick one membership box. (Includes GST)

- | | | |
|----------------------|--------------------------|------|
| Individual (waged) | <input type="checkbox"/> | \$15 |
| Individual (unwaged) | <input type="checkbox"/> | \$5 |
| Professional | <input type="checkbox"/> | \$33 |
| Organisational | <input type="checkbox"/> | \$77 |

Donations are gratefully received by the Council \$

Total \$

Tick if you require a receipt or
 tax invoice

Are you interested in becoming a volunteer with the Council?

Hepatitis C Council of Victoria Inc
ABN 48 656 812 701

LIVER CLINICS

Albury/Wodonga

Telephone: 02 6024 5255

Alfred Hospital

Telephone: 9276 2223

Austin/Repatriation Medical Centre

Telephone: 9496 2787

Ballarat Liver Clinic

Telephone: 5332 9210

Ballarat North - Dr Jon Watson

Telephone: 5331 8289

Bayside Hepatitis Clinic

(through the Alfred Liver Clinic)

Telephone: 9276 2223

Box Hill Hospital

Telephone: 9895 3855

Sale - Fitzpatrick House

Telephone: 5144 4555

Geelong Liver Clinic

Telephone: 5226 7111

Knox Private Hospital

(St Vincent's Hepatitis Clinic)

Telephone: 9210 7300

Monash Medical Centre

Telephone: 9594 5545

Epping - Northern Hospital Liver Clinic

Telephone: 9219 8335

Peninsula Liver Clinic

Telephone: 9781 4434

Royal Melbourne Hospital

Telephone: 9342 7212

Springvale Liver Clinic

Telephone: 8558 9000

St Kilda - Barkly Street Medical Centre

(St Vincent's Hepatitis Clinic)

Telephone: 9534 0531

St Vincent's Hospital

Telephone: 9288 2211

Footscray - Western Hospital

Telephone: 9319 8456

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 for people living with hepatitis C.

Ballarat Community Health

Contact: Maree or Carmel

Telephone: (03) 5333 1635

Bendigo - Rural Hep C Network (CAN)

Contact: Ian Comben

Telephone: (03) 5443 8355

Email: can@can.org.au

Bendigo Health Care Group

Contact: Rosie Girvan

Telephone: (03) 5441 0441

LaTrobe Community Health

Contact: Scott Watson

Telephone: (03) 5136 5406

Corio Community Health

Contact: Rochelle Hamilton

Telephone: (03) 5273 2200

Drysdale Community Health

Contact: Sally McMahon

Telephone: (03) 5251 2291

Horsham - Wimmera Hepatitis C Support

Contact: Jan Spencer

Telephone: (03) 5381 9378

Portland Community Health

Contact: Kellie or Athalie

Telephone: (03) 5523 4000

Shepparton Community Health

Contact: Dawn Stone

Telephone: (03) 5831 2012

Torquay - Surf Coast Hepatitis C Support Group

Telephone: (03) 5261 3001

Wangaratta - Ovens and King CHC

Contact: Diane Hourigan

Telephone: (03) 5722 2355

Warrnambool - Western Region Alcohol

Telephone: (03) 5562 0022

Wodonga Community Health

Contact: Debbie Heery

Telephone: (02) 60561 550

Yarrawonga Community Health

Contact: Trevor Barker

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

ANEX

(Association of Needle Exchanges)

Telephone: (03) 9489 9977

Email: anex@onthe.net.au

Australian Complementary Health Association

Telephone: (03) 9650 5327

Hepatitis C Helpline (Counselling)

Telephone: (03) 9349 111

Freecall: 1800 800 241

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 Leslie

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: drugsafe@vicnet.net.au