

GOOD LIVER

NEWSLETTER OF THE HEPATITIS C COUNCIL OF VICTORIA

CATCH 22 FOR MAN AND TATTOO



THE IMPACT OF HAY v DUBBELD

A recent decision of the Victorian Civil and Administrative Tribunal (VCAT) has raised uncertainty about the extent to which the Equal Opportunity Act (EOA) protects people with hepatitis C in the event they are denied a service.

This article explains the Equal Opportunity Commission's position that whilst the decision raises serious concerns, it does not mean service providers are free to discriminate against people who are positive for hepatitis C or other blood borne viruses.

In *Hay v Dubbeld*,¹ VCAT heard a case about a complainant, Geoffrey Hay, who sought to have Danny Dubbeld, the respondent, perform a tattoo. Mr Dubbeld refused to do so because Mr Hay told him that he was hepatitis C positive.

Under the EOA it is unlawful to refuse to provide a service to a client on the basis of having an impairment including hepatitis C.² Exceptions can apply, making it lawful to discriminate. A service provider may discriminate against a client on the basis of their impairment if the discrimination is "reasonably necessary to protect the health and safety of any person... or of the public generally."³ VCAT assessed whether this could apply in the context of Mr Dubbeld tattooing Mr Hay.

VCAT found that the test is whether a reasonable person in the respondent's position would have regarded it as necessary to refuse to provide the service.

VCAT considered the probability of an accident occurring that could threaten health or safety if Mr Dubbeld had not refused service, the likelihood of an outcome that would have a substantial impact on health or safety and the utility of the service (ie its importance).

VCAT found that if Mr Dubbeld had tattooed Mr Hay, the risk of an accident like a needle stick injury or splash of blood in his eye, was low but real, and a substantial impact on his health was highly probable in the case of an accident. VCAT viewed the utility and public interest of tattooing as not being compelling, compared with other procedures important to public health, like immunisation.

VCAT stated that the training, skill and experience of a service provider are important to consider when deciding if it is reasonably necessary to refuse a service. People with high levels of training and awareness of procedures to minimise the risk of infections are less likely to experience accidents through providing a service. It would be harder for people to justify denial of a service in this context.



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: info@hepcvic.org.au
Web: www.hepcvic.org.au

CONTACT THE COUNCIL STAFF:

Helen McNeill
Executive Officer
Telephone: 9385 9102
helen@hepcvic.org.au

Genevieve Dickson
Office Coordinator
info@hepcvic.org.au

Venetia Brissenden
Community Development and Education - Custodial Settings
Telephone: 9385 9104
venetia@hepcvic.org.au

Linda Connor
Community Development and Education - Rural
Telephone: 9385 9109
linda@hepcvic.org.au

Jen Johnson
Community Development and Education - Rural
Telephone: 9385 9105
jenj@hepcvic.org.au

Piergiorgio Moro
Community Development and Education - Metro
Telephone: 9385 9103
pier@hepcvic.org.au

David Samson
Community Development and Education - Custodial Settings
Telephone: 9385 9108
davids@hepcvic.org.au

Heather Smith
Communications and Publications
Telephone: 9385 9107
heather@hepcvic.org.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 or the Department of Human Services.

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

news:

RING..RING..WHY DON'T YOU GIVE ME A CALL?

With the sharp increase in phone calls to the Council over the last year, we are very excited to announce the installation of a new phone system which gives each staff member their own phone number. This means staff (or their voice mail) can be reached directly. This will free up the main switch board for other calls. The numbers are:

Helen: 9385 9102 Venetia: 9385 9104
Linda: 9385 9109 Jen: 9385 9105
Pier: 9385 9103 David: 9385 9108
Heather: 9385 9107

IMPACT X 4

The popular Council resource IMPACT has just been updated and reprinted. The 4th edition is now available. To order your copy call Gen on 9380 4644 or go to the web site and download the resource order form. (<http://www.hepcvic.org.au/informationresources/inforesources.html>)

HAVE YOU RENEWED YOUR MEMBERSHIP?

The Council needs your support. We sent out a membership renewal letter some weeks ago but if you haven't had a chance to renew your membership yet - we'd love to hear from you.

Remember - it's free for individuals and if you renew now you won't miss out on all the interesting news and articles in the next issue of Good Liver.

If you're not sure if you renewed or not, call Genevieve on 9380 4644. If the letter ended up in the paper recycling by mistake, see the back cover of this issue for more details.

WE BROKE THRU THE STATIC 3CR RADIOTHON

The Council would like to thank all supporters of our radio program HepChat.



During the recent 3CR Radiathon, HepChat surpassed its target of \$800.

Keep tuned during 2006 to HepChat on Thursday mornings at 10.30am.

JENNY ADAMS, NATUROPATH...

...is back in private practice. She is working at Queens Parade Integrative Medicine at 41 Queens Parade in Clifton Hill. To make an appointment call 9489 7955.

AGM

This is an advanced notice for the Annual General Meeting of the Hepatitis C Council of Victoria

**TUESDAY 11 OCTOBER
FROM 2PM TO 3.30PM
RYDGES CARLTON**

DR ROBERT HALL

Director, Public Health & Chief Health Officer

will speak on

Government and community sector collaboration: Though this be madness, yet there is method in it.

Afternoon tea will be served

All members will be notified by mail but mark the date in your diary now.

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Readers will see that several articles in this edition of Good Liver are focussed on a recent discrimination case involving a man with hepatitis C and a tattooist. At the Hepatitis C Council we are outraged by the resultant VCAT decision, and I know that many others feel the same way.

So, why are we outraged?

This case is about much more than just one man and his desire to have a tattoo. There are a number of different reasons why we should all be concerned.

Firstly, we are disturbed by the very real public health risk of hepatitis C transmission exposed by this case. Justice Morris noted the following in his findings, "When it comes to tattooing in Victoria in 2004, I find that the standards adopted in practice are, if not a world away, then substantially lower than those applied in the provision of health services". He also noted that the tattooist was not highly trained and had an incomplete understanding of the transmission of infectious diseases. Anecdotally we know that many tattooists are concerned about these issues and do take infection control very seriously, unfortunately however, this does not apply to all.

Tattooing has long been regarded as a 'slightly deviant activity' that only involved a very small section of our community. This has now changed. In an Australian study it was found that 14.5% of men and 10.5% of women reported having being tattooed (The Australian and New Zealand Journal of Public Health, vol 27, no 2, 2003). The ARCSHS report on 'Secondary students and sexual health: results from the third national survey in 2002' showed that in a representative sample of year 10 and year 12 secondary students, 5.3% of male students and 3.9% of female

students reported having been tattooed, with 60% of students having had a piercing of some kind. There has clearly been a marked cultural shift. Tattooing and piercing are now extremely common in the Australian population, particularly amongst young people.

There is currently no way that a member of the public can easily ascertain whether a tattooist is appropriately trained in infection control procedures. The sticker on a tattoo premise window that says 'Health Department Approved Premises' reassures many people. Unfortunately this refers only to the registration process for the premises, and does not in any way indicate that the practitioners operating within are competent and practising infection control procedures. It is not compulsory for tattooists to undertake any infection control training courses. The Department of Human Services has recently distributed **Health guidelines for personal care & body art industries**, however they are just that - guidelines, and there is no mandate to comply with them.

Another serious concern about the outcomes of this particular case is the apparent loophole it has exposed in the anti discrimination laws. We have frequently explained to our members that the law will protect them, as it stipulates that it is unlawful to refuse to provide a service to a client on the basis of having an impairment including hepatitis C. The 'loophole' appears to be that it also says 'unless it is reasonably necessary to protect the health and safety of any person...or of the public generally'. The Equal Opportunity Commission believe that this case should not be seen as establishing a rule that people with hepatitis C can be denied a service lawfully, and their rationale is explained in our lead article. However this does not convince me. Certainly, in the case of a beauty therapist or body piercer the same arguments as used in this case would seem to hold. In fact it would seem to hold in any case where a person has not received adequate infection control training.

I hope that the above has given you some idea about why we are uneasy about the outcome of this case. The Council sought legal advice about the likelihood of a successful appeal and was informed that it was extremely unlikely to be successful.

We met with the Equal Opportunity Commission who said it was also extremely unlikely that the perceived loophole in the antidiscrimination law would be addressed, as they had had very little success in doing so in other cases. Following this advice we have focused our efforts on trying to have the public health risk issues addressed.

We have written to the Director of Public Health expressing concern, and a copy of this letter has gone to the Legislative Committee currently reviewing the Public Health Act. A discussion paper has been developed and presented to the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBSTI) with a number of recommendations for action.

We will continue to pursue changes to the tattooing industry. Two of the strategic outcomes that our work is directed towards achieving are:

- People with hepatitis C have the full enjoyment of all human rights and fundamental freedoms (and can access a full range of services and supports)
- A reduction in the incidence (new cases) of hepatitis C

As I said at the start of this article, this case is about much more than a man and his desire to have a tattoo. It is about fundamental rights, freedoms and reducing the number of people with hepatitis C.

Helen McNeill

THE IMPACT OF HAY v DUBBELD

Despite this, in relation to tattooing generally, and Mr Dubbeld in particular, VCAT found there was little understanding of and training in harm minimisation procedures. VCAT found that it was reasonably necessary for Mr Dubbeld to refuse to tattoo Mr Hay because doing so carried a real risk of his contracting Hepatitis C.

THE SCOPE OF HAY

The Commission acknowledges that this is a distressing decision for people with hepatitis C. It should, however, not be viewed as establishing a general rule that people with hepatitis C can be denied a service lawfully. There are a number of features of this case, and safeguards in the decision, that mean in legal terms, it is 'confined to the facts in question'. In particular:

- in that tattooing does involve piercing a person's skin and resultant bleeding there is a real (albeit low) risk of infection that will not be present in many other services. Where there is no risk of transmission this decision will not apply;
- the tattooing industry has done little to equip practitioners with the awareness, training and skills to minimise the risk of infection. Where proper practices are more widespread, this decision is unlikely to apply; and
- the more objectively important a service is, a denial of service is less likely to be lawful (although the Commission acknowledges that ideally individuals should decide how important a service is to them).

The Commission's message is that, if you or anyone you know is denied a service on the basis of being hepatitis C positive, contact us about making a complaint. Staff will be open with you and discuss whether the decision may apply to your situation, but the Commission believes that in most instances, this will not be the case.

THE PUBLIC HEALTH ISSUES RAISED BY THE DECISION.

The Commission acknowledges that the EOA will always need to allow an exception for those very rare situations where a real risk to individual or public health and safety necessitates some form of discrimination. Accordingly, the solution to the situation involved in the case would not appear to lie in changes to the EOA, but rather a public health response.

The Hay decision places people who are hepatitis C positive in an extremely unfair, 'catch 22' situation in that it implies that they may have an obligation to disclose their status, but limits their protection from discrimination if they disclose in a context where infection precautions are not understood or practised. What needs to be recognised is that service providers who receive such disclosures have the responsibility to be prepared in terms of familiarity with practices designed to reduce the risk of infection.

It is unacceptable that an industry can minimise its obligation not to discriminate by failing to respond to the public health imperative of developing practices and precautions that reduce the risk of infection. More stringent regulation of this industry must be considered and the Commission will be advocating for this.

¹ HayvDubbeld [2005] VCAT 642

² Equal Opportunity Act, s.s.8, 42

³ Equal Opportunity Act, s.80

HAY v DUBBELD: AN OH&S PERSPECTIVE

The recent decision by the VCAT tribunal raised many issues including those relating to Occupational Health and Safety (OH&S).

The Victorian Occupational Health & Safety Act (2004) sets out a number of obligations to ensure the health and safety of workers and others, which includes members of the public, volunteers, contractors, etc. The Act is a piece of legislation that sets out rights and responsibilities for employers and employees in order to eliminate or minimise risks at a workplace.

THE EMPLOYER

Section 21 concerns the obligation that the employer needs to abide by and states that they must provide the employee with a safe working environment at all times.

This directive covers where and how the work is done, the safety of the equipment and substances (chemicals) used to do the work, the need for the employee to be trained properly on how to do the job safely, and to provide an appropriate level of supervision.

If the employer fails to provide a safe workplace, training, equipment etc, they are breaking the law and could be charged under Section 21 of the OHS Act. In the past most charges came about because there had been a serious accident in the workplace.

THE EMPLOYEE

Under Section 25 of the act, there is an onus on the employee to take reasonable care of their own and other persons' safety. This section assumes that the employer, again under section 21, has provided safe equipment, a safe workplace, substance and system of work etc, to enable the employee to work safely. A safe workplace covers both the workers and the customers.

If the employer does not have any, or some, of these safety procedures/materials, the employee would not be liable for any accidents, damages, etc, as they haven't been provided with a safe workplace to carry out their work in. If, on the other hand, the employer has all the safety aspects covered and the worker just doesn't bother or refuses to work correctly then the onus may fall onto the worker. There have been rare instances where this has happened.

THE CUSTOMER/CONSUMER

Section 22 sets out the employers' duty to people other than employees. It covers customers, clients, volunteers etc. The employer is not allowed to expose these people to risk arising from the conduct of the business/practice.

Therefore, if the employer decides to provide a service, the employer needs to control any risk factors associated with providing that service. In this instance of the tattoo operator - providing appropriate training to the employee in safe working techniques and infection control; issuing personal protective equipment (PPE) such as gloves; using sterilisation of instruments to prevent infection being passed on - are all systems that the employer needs to provide and implement. In addition, the employer would also need to provide adequate supervision if it is deemed necessary.

A business may be able to refuse service if, in providing that service it was deemed that the risk was too great. In arriving at that conclusion, the employer would have to take into account a number of factors under the OH&S Act.

If the risk of the activity is higher or increased because the employee has not been adequately trained, or they are not using standard infection control procedures, then the Employer has not followed the OH&S Act which says they must control the risk and make the workplace/business safe. Within the occupational health and safety framework there does not appear to be any appeal mechanism that a refused customer could use.

THE LAW

If a worker contracted hepatitis C because of a failure of the tattooist to apply infection control guidelines, then the employer could be charged under Section 21 of the OHS Act. Similarly, if a customer was injured, or contracted hepatitis C, then the employer could be charged under section 22.

Ignorance of the OH&S Act is not an excuse or defence for employers not to provide the safest workplace to all. Failure to comply with the OH&S Act, may result in a conviction. The outcome would depend on the Judge, it could be a fine, a conviction may be recorded, the business may have to undertake measures to make sure it doesn't happen again.

One of the problems with any law is the enforcement. Most of the previous convictions under Health and Safety are a result of serious accidents, so enforcement may not happen until the worker/customer has been injured, or as in this case, contracted hepatitis C.

An Occupational Health & Safety inspector could visit the workplace and ask for/look at issues and then order that certain things happen (ie. guard be put on a machine; training; sterilisation unit be used; etc). Any person can make a complaint about a business and WorkSafe will attend (calls and visits are prioritised). Worksafe inspectors also do routine visits, however the chance of this may be low, depending on a number of factors including where the place is, how big it is, how many people it employs.

WorkSafe has been employing more inspectors, so the chances of having a routine visit are increasing.

Ms. Sandra Lynch
Training Officer
Australia Services Union

THE i OF THE NEEDLE

THE RECENT VCAT TATTOO CASE HAS ATTRACTED A LOT OF ATTENTION, COMMENT AND CONCERN. SO I STARTED TO WONDER WHY, IN AMONGST THE

DIALOGUE, I HADN'T REALLY HEARD MUCH FROM THE TATTOOISTS THEMSELVES. THEN I REALISED THAT I WASN'T REALLY SURPRISED, SINCE THE TATTOO INDUSTRY IS ESSENTIALLY A COLLECTION OF PRIVATE BUSINESSES THAT PRETTY MUCH KEEP TO THEMSELVES. ONE OF THE PERCEPTIONS THAT INFLUENCED THE VCAT RULING WAS THE NOTION THAT TATTOOING IS A MARGINAL PRACTICE THAT DOESN'T REALLY REFLECT MAINSTREAM SOCIETY. THIS IS A REALLY DANGEROUS ASSUMPTION CONSIDERING THE SURGE OF POPULARITY THAT TATTOOING HAS RECENTLY HAD AMONG YOUNGER PEOPLE. I STARTED TO WONDER HOW OTHER TATTOOISTS FELT ABOUT THIS RULING. DID THEY AGREE WITH IT? DID IT WORRY THEM? WOULD OTHERS HAVE DONE THE SAME THING?

Allow me to introduce you to Lou, a very busy Melbourne tattooist who was kind enough to sit through an interview for this special issue of Good Liver.

What follows is part of fascinating conversation we had about the business of being a tattooist. In describing this unique industry, Lou invites us to take a closer look at some of the important issues facing the tattoo industry and it's customers.

What are your thoughts about the recent case where the tattooist was taken to the EO tribunal and then to VCAT?

I was surprised it even went to court, to be honest with you. I thought most people who would be refused service by a tattooist would think, "Alright, this guy's not for me. I'm gonna find a tattooist who IS comfortable with tattooing me, and knowledgeable about these things." There are a lot of really good tattooists out there who have no problem with it.

But were you surprised that it happened in the first place?

No. Reading the case, I guess the tattooist obviously didn't feel confident enough in his own skills or standards of procedure.

So have you had discussions with other tattooists about this particular case, about the finding?

Yes. I think that it just adds to the confusion. Now everyone's just wondering what this finding means for the industry as a whole. Do tattooists now have the right to decline services to people with hep C and HIV? We sometimes have to enforce a nightclub style policy, you know like 'management has the right to refuse service' if people come in off the street intoxicated or aggro or whatever. Now are tattooists

allowed that leeway to treat people with HIV or hep C the same way? I think that's probably what is going to need to be made clear.

So now we've got a situation where a legal decision has been made which basically sets a precedent for tattooists to refuse service?

From my experience with particular attitudes in the industry there is still a bit of ignorance out there about people with hep C and HIV, and the risks of tattooing them. Even though logically [some tattooists] know the risks are minimal if they follow procedures, and are careful not to stick themselves. It's almost like a psychological barrier that some particular people are unwilling to get over. They'd just rather decline service and deal with the consequences. I don't know. Maybe that can be solved with more education. Or maybe it doesn't matter how much education and how much knowledge they have about hep C, it wouldn't change. It just freaks them out too much.

One of the main points of the case was that the tattooist was somewhat inexperienced. Could something like this have happened to you when you were starting out?

I mean yeah, who knows? I might have done the same thing. That guy had only been tattooing a couple of years.

How long have you been practicing?

Must be eleven years now, and my training was all in-house training, what we loosely describe as an apprenticeship. Which is basically just a one-on-one situation bound by what the tattooist feels like teaching you, and how they teach you.

How long did this apprenticeship last?

A year. I did 6 months of learning customer relations, drawing, needle making and sterilisation issues, and after that I started doing small tats and building up my repertoire.

So after a year did you feel like you'd learnt enough to be a practicing tattooist?

I guess I did! My teacher was very supportive and it was a very busy shop so there was a lot of opportunity to be exposed to different tattoos and the different issues involved. But it's hard to say cause if you've never done it before, you don't really have a benchmark to compare it to. And there is no industry benchmark anyway really, apart from the regulations that the health department puts down, and they've changed in the 11 years that I've been tattooing anyway.

And during your training, where did things like hep C and HIV fit?

They were pretty loosely discussed. It's so long ago that it's quite hard to remember. I was given the little booklet, the [Health Department Standards of Practice] guidelines. It was basically, "Read this, and conform to this." A lot of the knowledge I have gained has been off my own bat.

When did you decide that you wanted to take it further than just reading that booklet?

I like to keep learning. I did a hep C awareness workshop with The Hep C Council years ago, and then a few years ago I did a one-day course on sterilisation procedures for tattooists. Mayfield [a training organisation] developed the course and sent out an open invitation to the tattoo industry, open for anyone, so it was just a matter of responding.

And after that you felt confident?

Well that course was to introduce the new health department guidelines that were being drafted. After that course I ordered a copy of the draft, in 1998. The new standards were supposed to be implemented in 2000, but they didn't come in until last year!

Do you think other tattooists are like you and take this extra initiative?

It's really hard to generalise. I don't know many tattooists; I'm kind of just going by reputation. I don't really hear much negative stuff. It's such an insular industry, most people keep to themselves, so you only really have contact with the people you work with. And I think everyone is in a similar situation whereby if they want to learn more, or be more knowledgeable about BBVs, then they definitely have to go and find the information. I think that it probably fluctuates between people. Some people aren't interested. You know, they feel confident in what their local council health inspector gives them, so they don't really worry about it.

What does the local council officer do?

Well that's the thing. I've heard that people who work in different areas get a different response from their local council. Like where I work now is a relatively new premises, and literally all the inspector cared about was that the shop had an autoclave [sterilisation machine]. And yet I've heard from other tattooists that they've been much more strict on their process. You know, from A to Z, from the moment the customer walks in the door. The problem is that there's no consistency.

How would you explain this inconsistency?

It seems to be the council area, and probably who the officer is. We don't know what goes on in their world, and they don't know what goes on in our world. At the last place I worked there was a different officer for every annual visit. They just turn them around, 'cause you know, they're working up through the ranks. The majority of those people will probably never be tattooed, and are not exposed to the industry. When you get a new officer come in to do an inspection, you've got to start over again.

They're not sure what they're supposed to be doing, and we often find ourselves saying, "this is what you should be looking for."

One result of this finding is that people with BBVs simply won't tell tattooists if they have hep C or HIV. Are there any other reasons why it might be useful for a tattooist to know if a client has hep C, or HIV?

That's something that I think we would probably like to have the opportunity to explore more with regards to skin health. You know, about people's immune system, and if tattooing them is going to put them at risk of other infections. I have questions about increased rates of infection in the actual tattoo healing process, 'cause this relates to the immune system. I think these things need to be discussed, and whether that relates to a tattooist's right to decline service because they view that they're putting the client at risk because of the health issues. That's kind of an issue that I think we would like to explore too. Even with people who've got flu, the body takes a lot longer to heal, they might get thicker scabs which affects the quality of the tattoo. So that's a quality control issue as well. It's not about discrimination for discrimination's sake. I mean it's so easy to get an infection. And we do all the best things we can to prevent an infection. But once that customer walks out that door unfortunately the rest of it is up to how their body copes with the tattoo itself.

So the tattoo industry is totally unregulated, and standards of practice vary from tattooist to tattooist. How could the industry move to a place where all practitioners have the confidence to tattoo clients who disclose their hep C status?

It's a hard one because yes the industry is unregulated and I would probably say the majority of the industry like it this way. It's a very unique industry, and it could so easily be saturated. The fear is that if we become more regulated, the government's going to wanna get their hands on the industry and open it up, and the end result will be more tattooists than what the market can support. So it's a fine line

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between balancing the supply/demand of the market and making the education available.

You've got your old school tattooists who are shitty as it is that there are young people coming up taking work off them. I know it's probably a very cruel generalisation, but I feel it too. I mean, every week you get a young kid saying, 'I want be a tattooist'. If governments take control of the industry then worst case scenario for a lot of tattooists is that there ends up being a tattoo course people can do at TAFE. That's what the industry is afraid of. And we just don't have a market big enough to support that.

I mean you've gotta remember that the industry has lived on the fringe of legality for so long. It's kind of only the last 10 to 15 years that it has become conventionally open, and not related to the seedier elements of life.

So there's resistance to an overhaul of this unique industry, and I can see why. But are there perhaps other ways that things could change? Is there a way to ensure that all tattooists comply with minimum standards without opening up the industry to every wanna-be tattooist in town?

Never say never. But I get the feeling that at the moment if you tried to implement a minimum education standard there'd be uproar. You've gotta try and market it to tattooists saying, 'this is for YOUR benefit'. That's the spin it needs to have.

I mean if you just do a general mail out like what Mayfield did, how do you guarantee that the tattooists who NEED a top up on their education are gonna do it, unless you make it compulsory?

Because in a lot of ways it's a 'WorkSafe' issue too. I mean, do you guys have unions?

There is one so called 'association' of tattooists that maybe half of the industry is a member of. The people who aren't involved with the PTAA don't want to be a part of it because of the club politics of that association. So if you were to set up another body like, say the equivalent of like

the AMA, I think that a lot of tattooists would be very cynical about it because of their dealings with the PTAA.

It's an interesting perception that the industry feels that all these things are imposed on it from outside, like regulations. When there's actually a really strong element of protecting the industry and it's practitioners as well.

Which is the same protection which people in other industries are afforded.

I think it would be really worthwhile for someone, like the Hep C Council, to do a marketing survey of tattooists. And piercers, lets include piercers as well, cause they're part of the equation. And ask these sorts of questions that you've asked me today. I don't know everyone in the industry and I'm trying not to make broad generalisations but I think that would be a tremendous way to start this discussion, and open people's eyes. There are probably tattooists out there that don't even know that this has happened. I think that would be very instructive. There's no point in having these discussions if one party doesn't know what the other party thinks. What's around the corner? What's gonna happen? Australia is becoming more and more litigious, so it's definitely an issue where it's best for us to start protecting ourselves now rather than worrying when it's too late. I mean people's health and lives are at risk on both sides of the coin.

From an interview conducted by

Jen Johnson
Community Development and Education
Rural

HEP C STRATEGY LAUNCHED - NOW FOR THE HARD PART

WE'VE GOT AN EPIDEMIC, WE'VE GOT A NEW STRATEGY, NOW WE NEED FUNDING AND ACTION.

This was the message from Stuart Loveday, President, Australian Hepatitis Council, at the launch of the 2nd National Hepatitis C Strategy 2005-2008 by Minister for Health and Ageing, Tony Abbott in July.

"While the Minister's announcement of \$1.8m extra funding for hepatitis C surveillance is welcome, it is 'business as usual' as far as general funding for hep C is concerned," he said. "This is a drop in the ocean, given the huge dimensions of the epidemic."

The hep C epidemic is exploding with a quarter of a million people in Australia living with the virus, and projections of up to 836,000 in 15 years' time.

The number of people diagnosed with hepatitis C has increased by nearly 90% over the period 1999-2005 since the 1st Strategy was launched - from 115,000 in 1998 to 215,000 at the end of 2004..

The cost to the health care system is increasing each year as more people are diagnosed, more start treatment, and more people require transplants as their liver disease progresses to cirrhosis and liver cancer. Additional funding for education and prevention programs is essential to decrease the burden of hepatitis C on both the individual and the community as a whole.

Hepatitis C is a major public health challenge for the health care system both now and into the future and the role of prevention is paramount. We must work to ensure that this 2nd National Strategy is implemented in a coordinated and effective way.

From media release, July 2005

HEPATITIS C AWARENESS WEEK: VICTORIA GOES NATIONAL

In various forms the Victorian Hepatitis C Council has been involved in 'awareness weeks' since 1998. This year we were delighted to join the rest of Australia in the first national awareness campaign. As a single, resource-strapped Council, the awareness week has traditionally been a huge and exhausting effort for us. This year it was different. With a coordinating national committee in the hot seat, Victoria could take a step back and concentrate on targeted events.

Our main event **Hep C to hep free: the courageous solutions forum** was very well attended by people from a wide range of organisations including the Department of Human Services, the community sector, NSPs and general practice. Organised in conjunction with ARCSHS, the forum discussed the changes needed to reduce and prevent hepatitis C in our community (see right).

In partnership with the Victorian Infectious Diseases Reference Laboratory, we produced a new resource, **Hepatitis C Treatment Testing**. An information sheet that included an easy-to-read flow chart showing all the tests involved with treatment - before, during and after, what they mean and what can be expected. They were extremely popular and our limited print run was snapped up in a couple of weeks. The sheets are to be reprinted and will be available on our resource order form soon.

The national campaign's aim at GPs was beneficial to our own continuing efforts to reach this crucial group. Apart from requests for information and articles for newsletters, we had some positive response from a mail out specifically targeted to pharmacotherapy prescribers and dispensers.

We were also able to support a couple of interesting projects; one at Dhurringile prison involving inmates writing, recording and producing a CD of songs and experiences about hepatitis C, and a poster competition run for 8 to 16 year olds at Adolescent Forensic Health Service in Royal Park.

We hope to continue this approach in 2006 by allocating money towards a small grant scheme to encourage organisations to participate in Awareness Week by developing their own projects around it.

Again, one of the big positives was the extraordinary support we received from more than 110 organisations and communities right across Victoria who participated by distributing the promotional material and holding their own events.

On the national level, we have made a strong, solid start for any future awareness campaigns, and my sincere thanks to Kerry Patterson and fellow NAWCC members for their ideas and support.

And of course, thanks go again to our hardworking HAPPE committee and the extended HAPPE email network for their help, expertise and support. We really couldn't do it without you.

Heather Smith
Communications and Publications

We are lucky to have the resources and energy of four RMIT PR students who will spend some time over the next month following up the 2005 Awareness Week and its effectiveness as a general awareness campaign with both the organisations who participated and some of those who didn't.

If you have something you would like to add to this evaluation about any aspect of the Week and its organisation, please contact Heather on 9385 9107 or email heather@hepcvic.org.au.

THE COURAGEOUS SOLUTIONS FORUM

As the grand finale for this year's Awareness Week, the Hepatitis C Council of Victoria organised a major forum to discuss the changes needed to reduce and prevent new infections of hepatitis C in our community.

The Council assembled a star studded line up that included Dr Katrina Watson as chair, Dr Alex Wodak; Dr Margaret Hellard; Dr Greg Dore; Peter Waples Crow, Dr Shelley Mallet, Damon Brogan and Cathy Mead.

Held in the Charles Latrobe Theatre at the Royal Melbourne Hospital, the auditorium was filled to capacity by an audience from many streams of the hepatitis C sector and the community. They had come to hear what the speakers, many of them leaders in their fields, had to say on issues such as the epidemiology of the virus; the public health implications of hepatitis C treatments, drug law reform, NSPs and prevention. They also heard the views of indigenous people, people of non-English backgrounds and people who inject drugs.

The presentations sparked a lively round of questions from the audience, addressing issues such as where is the epidemic spreading most, what were the most effective ways to reduce new infections, and what kind of education messages should we be giving out?

While the title of the forum promised solutions, it was apparent from the content that much is still unknown around how best to combat hepatitis C. However, the forum did highlight some of the hurdles that we must overcome if we are to move forward at all. Hurdles such as sourcing and allocating more money for research, making sure agencies are funded appropriately so they have the resources to work effectively, and - most importantly - overcoming the restrictive political ideology that stands in the way of applying innovative and cutting edge programs that could (and have been proved to) significantly reduce the spread of the hepatitis C virus in Australia.

Piergiorgio Moro
Community Development and Education

my story

LISA WALLER (PRESIDENT, NSW HEPATITIS C COUNCIL) GAVE TO FOLLOWING SPEECH AT THE NATIONAL AWARENESS WEEK LAUNCH IN MAY THIS YEAR. SHE BEGINS BY HOLDING UP A SMALL BOTTLE.

This is the last bottle of ribavirin I took in the 48th week of combination treatment for hepatitis C, and I've kept it as a souvenir because the words on the bottle helped me through. "For compassionate use", it says, because I was getting treatment through a compassionate access scheme.

When I saw the first bottle it amused me. Irritability is the second most commonly reported symptom of hep C, and I had it bad. I was short-tempered, intolerant and becoming increasingly hard and judgemental. The bottle of pills seemed to hold out the promise of me becoming a nicer person. But more than this, it let me see treatment as a big dose of kindness, which indeed it is. The opportunity to get hep C free is a godsend for people who are sick and struggling.

Four years out from treatment I think I can safely say I'm cured. I'm no longer irritable, or nauseous, or sore or physically and mentally exhausted.

I haven't come here today to describe how sick I was - except to say that in early 2000 my health had broken down to such an extent that without successful treatment I do not believe I could have gone on working for much longer, and my intelligence, relationship, my home - my life was in the balance.

And I don't want to talk about the side effects of treatment that I endured, except to say that the worst days of treatment were no worse than the worst days of hep C.

What I do want to talk about is how I got through and regained my health, vitality and good humour.

The first thing I had going for me were the fantastic nurses and doctors at the liver clinic at Nepean Hospital in western Sydney.

The nurses were also counsellors, educators, treatment overseers and fitness coaches. They even ran a support group outside clinic hours and baked the cakes for our supper. They were also my cheer squad - from the unpleasant task of teaching me how to inject myself with interferon, to hugging, dancing and rejoicing with me when the last test came back to show I really had kicked the virus.

In my role as president of the Hepatitis C Council of NSW I've met many dedicated hep C nurses and doctors just like mine - from all over Australia.

I'm so glad that this awareness campaign will get the message out to people with hep C that we have the best treatment in the world and absolutely top-rate medical care available. Many don't know that.

Treatment is also more accessible. Not only are more people eligible, but in many cases it is also closer. I had a long trip from the Blue Mountains to Penrith. These days the nurses take the clinic to the mountains.

These kinds of initiatives are happening in many places and some GPs in rural areas can now manage treatment. Access needs to be widened further but we're heading in the right direction.

The first hurdle for treatment is a liver biopsy, and for some people with hep C it is an insurmountable one. I've met lots of people who say it was almost painless, but I'm afraid I'm in the other camp. What did it feel like? Try holding your breath while you're being stabbed and having to endure it a second time because you failed on the first go.

The pain and trauma were eased by the gift of a talking book for my day of lying still after the procedure. It was an autobiography of the poet Judith Wright, punctuated with her verse.

South of my days' circle Part of my blood country

A friend came from Melbourne to hold my hand and I received a beautiful antique toy for being brave.

My friend Anne needs treatment. She's backed out of two biopsy bookings that I know of. She's sick and sore and can't face it. I think she's worried about who will take her home and do everything she manages alone.

My friend Robert had one recently. He's very ill and clearly needs treatment. He had a major asthma attack afterwards and an internal bleed. The biopsy results were as expected. He started treatment last Friday. My thoughts are with him.

I truly hope that efforts to have biopsy dropped as a mandatory requirement for treatment are successful and instead it becomes a matter to be decided between the patient and their doctor. I believe many more people would come forward for treatment and that it would be a great kindness to those like Robert and myself, who have had the virus for more than 15 years, are clearly ill and nursing very sore livers.

Throughout my treatment my family and friends were fantastic. My mother came from Queensland and a close friend came from Canberra to help me through the first week. They ended up staying a month. They kept the house and five acres of garden in order, they nursed me, took the burden off my worried partner, drove me to and from hospital and tempted me with food. I was never alone.

When they left others arrived to drive me to hospital, bring supplies and lift my spirits.

My partner's busy sister made time most weeks to drive down from Newcastle midweek and stay a night. She'd help my partner with the housework, bring me some videos to watch and do some cooking. The greatest gift was her wonderful company.

Friends drove me round, baked bread and made soup. Neighbours dropped in and made the tea. Friends from Sydney came on weekends and some very dear friends had to me stay for a few days, which gave me a change of scenery and my partner some well deserved respite. I was hard to live with due to the side effects.

My boss came to visit bearing flowers and with her mother in tow.

In fact, my employers were behind me all the way - my pay went into my account for 48 weeks and I didn't show my face in the office once. They set me up at home to keep me in touch with what was happening and there was always work available if I was feeling up to it. I felt supported, appreciated and very much a member of the team.

I was blessed with everything I needed. The best treatment, doctors and nurses, a whole lotta love, no money or job worries, a beautiful home, good food and company.

Everyone in my life knew I had hep C and understood what it was, how it is contracted, how it affected me and what an important time in my life it was. I could sit back and concentrate on getting better.

Sadly, many people with hep C are not nearly as fortunate as me. For many people, telling others they are hepatitis C positive is out of the question. They are terrified of being judged for their illness and they miss out on all the wonderful support that I got. They have good reason for their fears. Inquiries and studies show that many people do experience prejudice and discrimination when they disclose their status. There is evidence that discrimination and fear of discrimination prevents people seeking support and medical care. I'm not just talking about antiviral treatment. I'm talking about general health care.

Hepatitis C is not a moral malady. It is a treatable virus.

A woman in the chair next to me at the hairdressers last week came across a picture of Pamela Anderson in her magazine. She exclaimed to the hairdresser "That Pamela Anderson - you'd have to be absolutely filthy and stupid to catch that hepatitis C". The hairdresser replied that Pamela had contracted hep C through sharing a tattooing needle with her husband.

"That's what she says," the woman said. "More likely it was a needle full of drugs."

She was my age, well spoken and well dressed. She summed it up well, I think. People with hepatitis C are often seen as dirty, stupid and linked to drugs. These myths and prejudices dispense with compassion for a person with a serious illness and give permission to judge them as scum who've got what they deserve.

If we want to stop the epidemic and ensure that the 250,000 Australians with hep C can be healthy, proud, happy and productive people like me then we must blast away such ugly beliefs by educating all Australians about the virus which will in turn change public attitudes.

Hepatitis C is not a moral malady. It is a treatable virus.

This public awareness campaign is a great step forward as it extends help and hope to people with hep C and those who love and depend on them. I hope it will be a forerunner to a broader national awareness campaign. We rely on political will. No celebrity has come forward to promote awareness. The stigma is simply too strong.

The Minister for Health, Tony Abbott, has my heartfelt thanks for supporting this campaign and I assure you minister that your presence here today means a great deal to affected communities.

The medicine cured me, and for that I will always be so thankful and I'm full of optimism for the people setting out on the same road I've travelled. There has never

been a better time to consider treatment. But it wasn't just the medicine that made me well. It was the understanding, love and care that gave me the strength to get through it and the determination to get better.

As compassion can't really be bottled, and even the minister can't make it available on the PBS, I hope that with leadership and education my fellow Australians will find it in their hearts to see and treat those with hep C as they would anyone with a serious illness. We would all be better for it.

Lisa Waller

LIKE TO READ ABOUT OTHER PEOPLES EXPERIENCES?

WANT TO KEEP UP-TO-DATE ON THE LATEST HEP C NEWS?

Renew your Hepatitis C Council of Victoria membership today.

It's Free for individuals!

See the back cover of this issue of Good Liver.

COUNSELLING OFFERS A POSITIVE OPTION

PEOPLE LIVING WITH HEPATITIS C COME TO POSITIVE COUNSELLING WITH A VARIETY OF ISSUES.

Clients will often make an appointment when they are first diagnosed with hepatitis C. Others will come to talk about their choices with regard to treatment. Some attend because they are experiencing a level of depression that is preventing them from coping or experiencing any joy in their lives. Others come to talk about their fatigue, pain, sense of isolation and hopelessness. We also see partners and families of hepatitis C positive people.

People are often told that they are hepatitis C positive in a thoughtless and offhand way. Frequently our clients report that they have not been given information about this virus either before or after testing. Many are left feeling dumbstruck and alone with no sense of how to manage the information. For some this news carries little surprise value as they belong to a group where the majority has received this diagnosis already. There is another significant group who are knocked sideways by the news. Some of these people have been experiencing severe fatigue for a long time and there is a sense of relief that they can now hang their symptoms on a diagnosis and perhaps do something about them. For others there is a real feeling of horror and alarm that a brief period of injecting drugs, perhaps twenty years ago, is re-emerging to haunt them and to prevent them from living life to the full. There is another group of people who have acquired hepatitis C through a medical procedure. The shame and stigma associated with this diagnosis can be experienced in a powerful way by this group.

Many people with hepatitis C are now being offered treatments. The decision to start is invariably a difficult one. Firstly, there is no guarantee that there will be a successful outcome. This, in itself, is something that we are not accustomed to in our first world, quick-fix society. Secondly, it is necessary to take the treatments for either six months or a year. People need to inject themselves once a week and take tablets daily. The fact that individuals are required to inject themselves can pose problems for some as the mere presence of a syringe in their hand again, may evoke powerful and difficult memories. Thirdly, the side effects of the treatments are frequently punishing. Depression is often reported and anti-depressants are routinely prescribed. Clients with an existing depression need to be assessed by a psychiatrist. Nausea, irritability, diarrhoea, weight loss, fatigue are some of the other symptoms that may be experienced.

With the success of combination therapy, many people are now clearing the virus. One might easily assume that this would represent something wonderful and that all of a sudden an individual could embrace life in a different way. It cannot be denied that following clearance most people report an increase in energy and a new lease of life. However, for some, clearing the virus prompts a different response. If hepatitis C represents the reason for life not going well then what happens when this reason is removed? This is a frequent theme in counselling.

Conversations with our clients about the impact of fatigue and malaise are common. For the majority of us who enjoy good health it is impossible to imagine how fatigue can affect people with hepatitis C.

Often our clients will say they are made to feel like a bludger or just plain lazy. Many of our clients talk of the impossible task of getting out of bed in the morning.

Another complicating feature is that the fatigue is cyclical and hence it is harder to explain. Tensions can build in relationships where one party may feel angry that they are doing more than their fair share, while the positive partner may feel that their symptoms are being ignored or not validated.

Many people with hepatitis C choose not to disclose their status to their employer. Frequent sick leave has to be covered up. Some of our clients may cut back their hours or even resign their jobs because of the combination of multiple sick leave, fear of disclosure and discrimination and tiredness. Our experience is that clients may become more withdrawn and depressed or have an existing depression exacerbated as a result of loss of income and a subsequent lowering of self esteem and usefulness.

Positive Counselling is a State-funded, free and confidential service for people with hepatitis C and/or HIV or for those affected by the virus. It provides an opportunity for individuals, couples or families to discuss the issues that arise when these viruses are present in people's lives. There are six therapists available for appointments on a Friday. No referral letter is required. This is not a crisis counselling service.

Positive Counselling will be relocating to Williams Road Family Therapy Centre, 3 Williams Road, Windsor, 3181 on the 23rd September 2005. Telephone: 9530 2311. Until then our telephone number is 9376 9844.



ORGAN DONATION: WHO CAN GIVE THE ULTIMATE GIFT?

All Australians received a letter in July from the federal government about organ donation. It outlined the new national donor registration process and encouraged anyone who was thinking of registering to do so. Anyone who has already registered is required to re-register to make sure all details go onto this national database.

With about 2000 people waiting for transplants, there is no disputing that organ/tissue donation is a very important issue, but there was nothing on the information leaflet that indicated whether people with hepatitis C (or any other blood borne virus) could be donors or not.

The Council has received calls expressing concern and confusion about this.

On further investigation we find that:

- **People with hepatitis C must not donate blood**
- **People with hepatitis C cannot donate tissue or any organs EXCEPT their liver.**

BECOMING AN ORGAN DONOR

People with hepatitis C are able to choose to donate their liver. These would be used for transplantation in the case of another person that already has hepatitis C.

Transplanting the liver of a hepatitis C positive person who has died into another person who already has hepatitis C makes good sense for those who are in need of an urgent life saving transplant. The transplanted liver would need to be in a reasonably healthy condition (e.g. no cirrhosis) and there would need to be no other healthy livers available at that time from hepatitis C negative donors.

Having hepatitis C does not negatively affect a persons' eligibility in receiving a transplanted liver from a hepatitis C negative donor.

LifeGift is the Victorian organ donation service that is a part of the Australian Red Cross Blood Service. It is responsible for administrative coordination of all organ donations that take place in Victoria and Tasmania.

Victorian organ donation service encourages everyone to register as an organ donor regardless of a person's health status or hepatitis C status. All organs and organ donors are rigorously screened at the time a donation is possible to ensure that an appropriate donation is carried out which reduces the risk of infection or complications for the recipient.

People who wish to register as a donor do not need to assess their own suitability as a donor because this is routinely done at the time a donation is able to occur.

People seeking more information about becoming an organ donor can contact:

LIFEGIFT - AUSTRALIAN RED CROSS BLOOD SERVICE

538 Swanston Street, Carlton VIC 3053
Ph: 1300 133 050 (number restricted to Victorian and Tasmanian callers only)
Email: lifegift@arcbs.redcross.org.au
Website: www.organdonor.com.au

WHY THE BIG PUSH

Until recently people generally made their decision about donating their organs/tissue when they received a leaflet with their drivers licence renewal, with many just ticking a box on their drivers licence. On top of this each state or territory had it's own way of dealing with the registrations and donor process.

So in January 2005, Australian Health Ministers decided to standardise the process and agreed that the Australian Organ Donor Register be the only national register for organ and/or tissue donation, enabling individuals to record their legal decision on becoming an organ or tissue donor after death.

This will ensure that your consent (or objection) to donating organs and/or tissue for transplantation can be verified 24 hours a day, seven days a week by authorised medical personnel, anywhere in Australia. In the event of your death, information about your decision will be accessed from the Donor Register, and provided to your family.

HEPATITIS C TRIAL

Representatives from Hepatitis C Councils across Australia and investigators from the thirty-one sites around Australia have been conducting an awareness campaign encouraging people to participate in a new trial.

"We are seeking eligible people with hepatitis C to participate in the CHARIOT Study, and other hepatitis C studies, to help in the fight against this potentially life-threatening virus," said Dr Stuart Roberts, Principal Investigator and Deputy Head, Gastroenterology Department, Alfred Hospital, Victoria.

The CHARIOT study, largest of its kind in Australia is being conducted by thirty-one hospitals in metropolitan and regional areas across Australia. The study is examining a new dosing regime to assess the potential to improve cure* rates of the disease.

"For people living with hepatitis C, a cure can mean prevention of long-term liver damage, overcoming symptoms such as tiredness and nausea, and a reduced risk of transmission of the virus to others," said Dr Roberts.

The CHARIOT Study is a collaboration between leading viral hepatitis researchers, the Australian Liver Association, the National Centre in HIV Epidemiology and Clinical Research, and Roche Products Pty Limited.

Participating sites in Victoria are: Monash Medical Centre, St Vincents Hospital, The Alfred Hospital, Royal Melbourne Hospital, Western Hospital, Geelong Hospital, Box Hill Hospital, Austin Hospital

For more information visit the Australian Hepatitis Council website (www.hepatitisaustralia.com) or phone Elizabeth Knight at the National Centre in HIV Epidemiology and Clinical Research on (02) 9385 09009 or visit www.med.unsw.edu.au/nchechr.

From media release.

*Cure: sustained virological response (undetectable HCN RNA 24 weeks after cessation of therapy)

THE ANEX HARM REDUCTION CONFERENCE 2005

This year the Anex conference was held at the Telstra Dome over two days in June. As usual the conference was well attended by a good cross-section of workers in the drug and alcohol field. And while there were a number of presentations by agencies on the programs they are implementing, there was also time made available to discuss some of the more philosophical issues around drugs. For these sessions particularly, speakers with a range of ethical views were chosen to promote conversation and debate.

The philosophy around harm reduction was explored and the need for workers and agencies in the field to be a lot more holistic in our thinking and practice. The questions of whether the notion of human rights is appropriate when talking about people using drugs, and the ethics of supporting people in activities that may be harming themselves, were also raised and provided meaty issues to consider.

Of course, in the end there was no easy answer, but it was recognised that workers have to be able to measure whether their actions are helping people in need in a long term and sustainable way. To do this, it is important to link research with service delivery, with social justice, with evaluation, giving real depth to their program work. This holistic approach would move towards eliminating the 'papering over the cracks' feeling that weighs heavily on many drug and alcohol workers.

A number of speakers looked at the subject of 'drugs' and our response to what they represent. While much of the focus of the current debate is on the harms of illicit drugs, there is a whole area of legal and prescription drugs that needs to be more scrutinised. To this end, representatives from the AFL spoke about the leagues recently introduced Illicit Drugs Policy.

This sparked a lively debate about drug testing at work and the right of the AFL to test players at any time for drugs that are obviously not performance enhancing. The issues of privacy, people's rights, and the morality and legality of such policies were just some of the points raised.

One of the most incisive speakers I heard spoke about the futility of testing for drugs at work, and the atmosphere of suspicion, lack of trust and, consequently, low moral that it fosters. While drug testing is usually sold on the basis of health and safety grounds, the reality is that it fails dismally in this regard. Such testing can only detect the use of drugs sometime in the past and is unable to discern any current level of impairment or intoxication.

On a positive note, closing speaker Father Bob Maguire was applauded for his presentation on drugs, religion and the work of harm reductionists in Australia. He finished by recognising harm reduction workers as "a few good men and women who are willing to stand up and provide urgent, non-judgemental support to their fellow human beings"

Congratulations to all those at ANEX for another interesting conference. I will be back next year.

Piergiorgio Moro
Community Development and Education
Metro

THE WINNER IS...

Choosing just one winner for this year's Program Excellence Award (presented at the Anex Harm Reduction Conference) wasn't an easy task for the judging panel. But all finally agreed that the Victorian Indigenous Blood Borne Virus/Injecting Drug Use Training Project, coordinated by Bev Greet from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), couldn't go unrecognised.

As regular GoodLiver readers will have seen in these pages previously, VACCHO, the Hepatitis C Council of Victoria and the Aids, Hepatitis and Sexual Health Line developed the project with contributions from the Victorian Drug User Organisation and the Victorian Aboriginal Health Service.

The program was hailed as an overwhelming success and an example of productive collaboration between Indigenous and non-Indigenous organisations. Its success resulted in additional funding that was used to document the history of the partnership in an easy-to-read booklet, which was released earlier this year.

CONGRATULATIONS TO ALL INVOLVED.

diary:

9 - 15 OCTOBER 2005 HAEMOPHILIA AWARENESS WEEK

For more information contact HFA on 1800 807 173 or email hfaust@haemophilia.org.au or visit the web site at: www.haemophilia.org.au

25 OCTOBER 2005 LIVING WELL WITH HEP C

From 6.00-8.30pm. A comprehensive info session covering nutrition, coping, exercise, sleep, stress and more. For more information contact Sandy Breit on 03 9276 3061 or email s.breit@alfred.org.au

20 -22 FEBRUARY 2006 5TH AUSTRALASIAN VIRAL HEPATITIS CONFERENCE

"Increasing Access" For more information call 02 8204 0770, email conferenceinfo@hepatitis.org.au or go to the web site at www.hepatitis.org.au.

PUBLIC HEALTH MEASURES NEEDED TO PREVENT DISEASE TRANSMISSION IN PRISONS

WELL OVER HALF OF INMATES IN VICTORIAN PRISONS ARE INFECTED WITH HEPATITIS C.

A Burnet Institute researcher has found that prisoners in Victorian prisons are at high risk of transmitting blood borne viruses such as hepatitis C (HCV) and human immunodeficiency virus (HIV).

Funded by the Victorian Law Enforcement Drug Fund (VLEDF), Dr Margaret Hellard has been researching the health risks and care of prisoners and has recently published a paper together with Professor Nick Crofts and Dr Jane Hocking.

Dr Hellard said, "HCV is a serious disease which in some people can lead to cirrhosis and liver cancer. The containment of HCV is a major public health issue. We are interested in what happens in prisons because it is an environment where people are at high risk of either transmitting or becoming infected with HCV. Prisons are recognised worldwide as major sites of infection.

"People incarcerated in prisons enter a very complex and high risk situation. In the general Australian community the incidence of HCV is around 1%, which is a major concern in itself. In the Victorian prisons we assessed, over 60% of prisoners were HCV antibody positive. This compares badly with a study done of prisoners admitted to Victorian prisons in 1991-1992, about 40% of whom were HCV positive."

Dr Hellard said that in Victoria, there is only limited testing of people when they first enter prison so it is difficult to prove in individual cases if a person was infected prior to entering prison or after being in prison. "It is likely that a number of people are infected with HCV prior to entering prison because a high percentage of prisoners are injecting drug users and the prevalence of HCV is high in that population. That being said - we know the prison environment is placing people at risk of HCV and there is research conducted in New South Wales that suggests there are cases of HCV infection occurring within the prisons.

"We need to know more about the numbers of prisoners being infected or reinfected with HCV whilst in prison, because you can become infected with HCV more than once. We also need to know more about how HCV is transmitted in the prison environment - what are the major risk behaviours and what strategies can be put in place to reduce the risk of blood borne virus transmission," Dr Hellard said.

The prisoners' health status was assessed by a questionnaire that asked them to describe risk behaviours leading to HCV and they provided a blood sample for testing for HCV antibodies.

"The time a person spends in prison...should be viewed as a public health opportunity."

"Our study found two major risk behaviours that put people at risk of contracting HCV in prison. The first was unsafe injecting of drugs. Many prisoners we interviewed had a history of injecting drugs before coming to prison. They reported that they injected drugs less safely in prison compared with when they injected drugs in the community.

"These people know how to be safe, but in the prison environment they can't inject safely because they cannot get clean needles and syringes.

"The second major risk factor for the transmission of HCV was getting a tattoo in prison. In prison, getting a tattoo is an illegal behaviour but tattooing in prisons has always been done and will go on being done. The problem is that the illegal status of tattooing means there is no access to proper tattooing equipment and facilities. Consequently tattoos are performed in unhygienic circumstances that put people at risk.

"Other researchers have reported physical assaults and the use of electric clippers when having your hair cut as risk factors for contracting HCV in prison."

People are deprived of their liberty when they go to prison and Dr Hellard believes that they should not be deprived of good health as well. "I see injecting drug use and blood borne virus transmission as a community public health problem, not a correctional, prison problem. The same harm reduction measures we use to prevent the spread of disease outside such as the free provision of clean needles, condoms, easy access to drug treatment and HCV treatment and access to vaccinations to prevent other hepatitis infections, need to be used inside prison environments," said Dr Hellard.

According to Dr Hellard there have been some improvements in health services for prisoners, such as a recently started trial of free hepatitis B vaccine and improved access to drug treatment, but more needs to be done.

"The time a person spends in prison, particularly if they have a history of injecting drug use, should be viewed as a public health opportunity. We should provide prisoners with quality information about how to stay safe and healthy and ensure that the prison environment reduces rather than increases their risk of contracting a blood borne virus infection," she said.

For more information, contact Dr Margaret Hellard on (03) 9282 2163 or email: hellard@burnet.edu.au. Web sites: www.burnet.edu.au or www.epi.burnet.edu.au

Julia Veitch

This article first appeared as part of Researching Public Health in Victoria, a series of occasional publications profiling research by members of the Victorian Public Health Research and Education Council.



Victoria Day Award

The Aids Hepatitis and Sexual Health Line would like to thank the Victoria Day Council for recognising our organisation and its work by presenting us with the 2005 Community Services Award.

It was a momentous occasion and it was a great pleasure to accept this award on behalf of the many volunteers and staff who have been involved in the delivery of our valuable services over the years.

In 1985 a group of interested community members met to discuss ways in which to address the emerging HIV epidemic. One innovative proposal was to provide a telephone service (now known as Aidsline) that would offer accurate information and a degree of immediate support to callers. So after some initial training in telephone counselling skills - facilitated by Lifeline - a small group of 22 dedicated volunteers began the service in November 1985. The service was to be anonymous, sensitive and non-discriminatory and value the contribution of those volunteering to deliver it. These same values remain our philosophy today as we celebrate our 20th anniversary this year.

Our telephone services provide information and support on potentially challenging issues such as sexuality, safe sexual practices and safe injecting drug use. Here



Vice President Michael McAlpine receives the award on behalf of AH&SHL from John So, Lord Mayor of Melbourne.

at the service we have found that it is usually not until people are placed in the position in which they must confront these issues that they actually do. This may occur at a time when someone they care deeply about is either placed in a situation of perceived risk or diagnosed with one of the viruses. These can be times when it is difficult to discuss their thoughts, feelings and concerns with those close to them. How do they react? Who can they talk to? Where can they obtain accurate information and a sensitive and empathic ear? These are the reasons why our services exist.

All our counselors complete our in-house telephone-counselling course - delivered in partnership with Northern Melbourne Institute of TAFE - before being supervised onto the service.

Over the years our services have expanded to include the hepatitis line and pre-recorded services on hepatitis C to the Vietnamese and Cambodian communities. We also work collaboratively on projects with other agencies and communities.

The presentation of this award recognises the valuable contribution and immense commitment of all our volunteers and staff who work tirelessly to deliver our services. This award will also raise awareness that HIV and hepatitis C remain significant public health issues within our diverse community.

In conclusion, we would like to thank the Victorian community for their recognition of our valuable work; the members of the Victoria Day Council for organising this celebration; and most importantly the volunteers and staff who have been part of our development over the past 20 years. This award is for them and we proudly accept it on their behalf.

Jeffery Robertson
Committee of Management Aids,
Hepatitis and Sexual Health Line

PS: Jeffery was recently nominated for and won for Lifelong Learner in the Sessional Trainer category at the Community Health and Training Industry Awards 2005. "I heard I'd made the finals, but to my surprise I won! This is a great breakthrough for people living with hepatitis and aids in the disability sector".

THE TRAINING COURSE FOR HELPLINE VOLUNTEERS

The training is very professional - covering many skills required to help and support callers to the service. It uses dynamic training methods, in a safe, supportive environment.

From a volunteer's perspective these training sessions are a time of real personal growth and although the topics covered can be confronting, the safety of the environment builds many ongoing friendships. As one of our latest graduates said "I have never been so privileged in my life to share my time with so many gifted and special people and have been deeply moved by everyone's support and encouragement during this course".

So I would invite anyone who is interested in the course to call and register for the next course (there are usually three a year). It is a wonderful journey and you will offer great support to our callers when you graduate to the phones.

For more information call 8359 1359 and ask for Ross or Heather.



WWW.CLS.BU.AU
020354 00130C

RESEARCH STUDY

Funded by the National Health & Medical Research Council & conducted by ANU

Women with hepatitis C – we need your help

In order to find out more about needs and experiences associated with living with hepatitis C, we are recording women's stories about relationships, pregnancy, motherhood, sexual health and contraception.

- No names required
- \$20 reimbursement
- Confidential interviews
- One hour of your time

Enquiries:
Anna Tollfree T: 1800 227 440

FOR NEWS AND VIEWS ABOUT HEP C DON'T MISS HEPCHAT!

Every Thursday from 10.30 to 11am on 3CR. 855 on the AM band



WARRNAMBOOL BBV CLINIC

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

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

Enquires or appointments contact:

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

NEW ORAL DRUG TRIAL FOR HEP C

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

TO BE CONSIDERED ELIGIBLE FOR THE STUDY YOU MUST BE:

Male; infected with HCV Genotype 1; had a Liver Biopsy with in the last 3 years or willing are to undergo a liver biopsy; have a viral load above 100.000 and never had any previous treatment for your Hepatitis C You will be financially reimbursed for your time. After completion of the study, if determined medically necessary, therapy to treat your hepatitis C will be funded, if it is not already covered by any government sponsored Health Plan.

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

HEPATITIS C STUDY TO EXAMINE CURE RATES AMONGST SOUTH EAST ASIAN AUSTRALIANS

People with hepatitis C, particularly those from Asian backgrounds, are encouraged to participate in a clinical study of hepatitis C amongst South East Asian populations.

Recruitment for SEASON has been announced in eight centres including Melbourne with investigators aiming to complete 400 patients on a treatment program.

Monash University hepatologist and SEASON chief investigator, Professor William Sievert, believes Australians from South East Asian backgrounds who have hepatitis C may have strains of the virus that are more likely to respond to anti-viral therapy than those found in the Caucasian population. Over one third of the Vietnamese population with hepatitis C have unique strains of the virus that may be likely to respond to treatment – genotypes 6, 7, 8 and 9.3.

The study is made possible by a \$4 million contribution from Schering-Plough.

Further information about the SEASON clinical trial for healthcare professionals and interested members of the public is available by calling 1800 800 838.

RESEARCH PROJECT

A HEPATITIS C DIAGNOSIS

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

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

Interviews can take place at either the Hepatitis C Council's offices in Brunswick or at the Psychology Centre at Swinburne University, whichever is preferred. A small reimbursement will be available to cover participant's travelling costs. All interviews are strictly confidential.

ABOUT THE RESEARCHER:

Margie Fry is a telephone counsellor at Hepatitis C Helpline and this project is part of her university studies in psychology. It is intended that this study will contribute toward the healthcare field having a greater understanding of the complex issues and needs of those diagnosed with hepatitis C.

If you are interested in participating in an interview, please contact Margie Fry on 9214 6434 or email: mfry@swin.edu.au

SUPPORT GROUP BREAKING THE CHAINS

HIV | HEP C SUPPORT & EDUCATION GROUP - WARRNAMBOOL

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

For further information or meeting details, please contact Jeffrey on 9486 5972 or 040 124 0167 or Glenn on 0437 680 748 or email: breakingthechains@hotmail.com

LIVER CLINICS

Albury/Wodonga

Telephone: 02 6024 5255

Alfred Hospital

Telephone: 9276 2223

Austin/Repatriation Medical Centre

Telephone: 9496 2787

Bayside Hepatitis Clinic

(through the Alfred Liver Clinic)

Telephone: 9276 2223

Box Hill Hospital

Telephone: 9895 3120

Cranbourne Liver Clinic

Telephone: 9594 3088

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 3088

Peninsula Liver Clinic

Telephone: 9781 4434

Royal Melbourne Hospital

Telephone: 9342 7212

Sale - Fitzpatrick House

Telephone: 5144 4555

Springvale Liver Clinic

Telephone: 9594 3088

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

SERVICES DIRECTORY

METRO AND/OR STATEWIDE

Access Information Centre at the Alfred

Telephone: 03) 9276 6993

Fax: 03) 9533 6324

Email: access@alfred.org.au

Web: www.accessinfo.org.au

ANEX

(Association of Needle Exchanges)

Telephone: 03) 9417 4838

Email: info@anex.org.au

Australian Complementary

Health Association

Telephone: 03) 9650 5327

Web: www.diversity.org.au

Body Art

Piercing Urge, Prahran

Telephone: 03) 9530 2244

Web: www.thepiercingurge.com.au

Chinese Herbalist

Lisa McPherson

Telephone: 03) 9687 2747 (Footscray)

Chinese Medicine Practitioner

Catherine Riva

Telephone: 03) 9844 0459 (Warrandyte)

Telephone: 03) 9596 2468 (Brighton)

Complementary Medicine

Salus Complementary Medicine Specialists

Telephone: 9500 8870 (Armada)

Counselling

Positive Counselling HIV/Hep C Inc.

at The Bouverie Centre, Flemington

Telephone: 9376 9844

www.positivecounselling.org.au

For more Counselling information contact the Hepatitis C Council of Victoria.

Dentist

Martin Hall (Richmond)

Telephone: 03) 9420 1302

Direct Line

Drug & alcohol counselling and NSP info

Free call: 1800 888 236

Employment

Westgate Community Initiatives Group

(formerly Options Enterprises), South Yarra

Telephone: 03) 9824 2330

Equal Opportunity Commission Victoria

Telephone: 03) 9281 7111

Toll Free: 1800 134 142

Email: eoc@vicnet.net.au

Web: www.eoc.vic.gov.au

Haemophilia Foundation Victoria

Telephone: 03) 9555 7595

Hepatitis C Helpline (Counselling)

Telephone: 03) 9349 1111

Freecall: 1800 800 241

Infoshare

Self Help Addition Resource Centre,

Glenhuntly

Telephone: 03) 9572 1151

Email: info@share.org.au

Medical

Barkly Street Clinic, St Kilda

Telephone: 03) 9534 0531

Melbourne Sexual Health Centre

Telephone: 03) 9347 0244

Free call: 1800 032 017

Multilingual Hepatitis C Resources

This website has over 400 pages of hep C and HIV information in 18 languages. Go to: www.multiculturalhivhepc.net.au

Narcotics Anonymous - Victoria

Statewide service and meeting most areas.

Telephone: 03 9525 2833

Geelong: 03 5221 0803

Gippsland: 0405 378 513

Naturopaths

Jenny Adams

Telephone: 03) 489 7955

George Campbell

Telephone: 03) 9646 5455

Jane Daley

Telephone: 03) 9500 8870

Ondine Spitzer

Telephone: 03) 9372 0499

Gill Stannard

Telephone: 03) 9650 3419

Nawala Willumbong Co op Limited

Indigenous drug & alcohol service (St Kilda)

Telephone: 03) 9510 3233

Email: info@ngwala.org

Office of the Health Services Commissioner

Telephone: 03) 8601 5222

Complaints: 03) 8601 5200

Freecall: 1800 136 066

Royal District Nursing Service

Telephone: 03) 9536 5222

Fax: 03) 9536 5333

Email: getinfo@rdns.com.au

Solicitor

Mary Simpson
Slater & Gordon
Telephone: 03) 9600 0290

Victorian Aboriginal Community Controlled Health Organisation

Telephone: 03 9419 3350

Victorian Aboriginal Health Service

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

Victorian hepatitis C Educator

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

VIVAIDS

Telephone: 03) 9329 1500
Fax 03) 9329 1501
Email: vivaid@vivaid.org.au

RURAL AND REGIONAL

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

Ballarat Community Health

Contact: Carmel
Telephone: 03) 5333 1635

Bendigo - Rural Hep C Network (CAN)

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

Community Aids Network (CAN)

Contact: Adam Wright
Telephone: 03) 5443 8355

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

Horsham - Wimmera Hep C Support Group

Contact: Jan Spencer
Telephone: 03) 5381 9378

Latrobe - Mobile Drug Safety Worker

Helen Warner
Mobile: 0438 128 919

Mildura - Sunraysia Community Health

Anne Watts
Telephone: 03) 5023 7511

Moe Community Health Centre (SG)

Contact: Catherine Ashford
Telephone: 03) 5127 5555

Portland - Glenelg Southern Grampians Drug Treatment Service

Contact: Bev McLlroy
Telephone: 03) 5521 0350

Shepparton Community Health

Contact: Merri Blair
Telephone: 03) 5823 3200

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

Wimmera (East) Region

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

Wodonga Community Health

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

Yarra Valley Community Health Service

Contact: Debra Cahill
Telephone: 1300 130 381

Yarrawonga Community Health

Contact: Cherie McQualter Whyte
Telephone: 03) 5744 1324

WEB FORUMS

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

SUPPORT GROUP ON THE INTERNET

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

INFORMATION & SUPPORT GROUPS

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

METRO

HEPATITIS C COUNCIL OF VICTORIA:

Contact: Pier Moro 9380 4644

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

ALL WELCOME.

When: Second Sunday of every month

Time: 2 - 4pm

Next: 11 Sep, 9 Oct, 13 Nov, 11 Dec

Venue: Hepatitis C Council Offices.

5/200 Sydney Rd, Brunswick

THE ALFRED HOSPITAL:

Contact: Sandy Breit 9276 3061

The support group now meets every second month. You must RSVP to Sandy Breit by 12 noon the day before the scheduled meeting.

When: Last Tuesday of the month.

Time: 1.30 to 3pm

Next: 5 October and 20 December

Venue: Hepatitis C Clinic,

4th floor, Alfred Hospital.

Commercial Road, Prahran

ST VINCENT'S HOSPITAL:

Contact: Kate Mellor on 9288 2259

For anyone with hep C - not just those on treatment. This group runs 3 sessions a year, being 6 nights over 12 weeks. With guest speakers on particular topics with time for questions and discussions.

When: Sessions: 4 & 18 August;

1, 15 & 29 September; 13 October.

Time: 5 - 6.30pm

Venue: St Vincent's Hospital Cottages.

82 Fitzroy Street, Fitzroy

RURAL

WARRNAMBOOL:

Contact Jeffrey on 0401 240 167

or 9486 5972 or Glenn on 0437 680 748

YARRA VALLEY - HEALESVILLE:

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

AN INVITATION TO JOIN US

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

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

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

COMPLETE THE FORM BELOW AND MAIL TO THE COUNCIL.

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

Are you a new or renewing member?

Title Name _____

Occupation _____

Organisation (if applicable) _____

Mailing Address _____

Postcode _____

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

Telephone _____

Fax _____

Email _____

Tick one membership box. (Includes GST)

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

Donations are gratefully received by the Council \$ _____

(All donations over \$2 are tax deductible)

Total \$ _____

Are you interested in becoming a volunteer with the Council?

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

HAVE YOU REMEMBERED TO RENEW YOUR MEMBERSHIP!!

Don't waste any more time looking for that old renewal letter - just fill in this form and get it off to Genevieve today!

Remember!
Individual membership is FREE, so if you know of someone who may be interested in knowing more about hepatitis C - pass on our number - 03 9380 4644 or 1800 703 003 for country callers.