

GOOD LIVER

NEWSLETTER OF THE HEPATITIS C COUNCIL OF VICTORIA

IT'S OFFICIAL!!

FOCUS, ACCOUNTABILITY AND LONG-TERM SUSTAINABILITY - JUST A FEW OF THE WORDS OUR FRAMEWORK IS MADE OF.

The Hepatitis C Council of Victoria has a new Strategic Framework. Launched by Dr Robert Hall at our 2005 AGM, this document sets out our goals for 2004 to 2007.

For a person with hepatitis C the first thought might be "What's that got to do with me?" A reasonable question, but before I answer it, we must first consider 'who are the people in our community who have hepatitis C?'

The short answer is anyone and everyone!

Young people, older people, people in Melbourne, people in country Victoria, people from culturally diverse backgrounds, people in prison, people with haemophilia, Aboriginal people and Torres Strait Islanders, and of course, children. The range of people affected by hepatitis C is as diverse as our general community, and the Hepatitis C Council of Victoria aims to be a strong and effective voice for all those people. Which is quite a daunting task when we consider that in Victoria there are at least 63,000 people affected by hepatitis C, from all different parts of our community, all with different needs.

Then secondly - what is life like for people with hepatitis C? Although it is always risky to generalise, indications are that for many people with hepatitis C life can be difficult. From our work we do know that:

- There continues to be a lack of general community awareness of hepatitis C
- Hepatitis C is still largely hidden in our community
- Discrimination continues to be a problem despite the fact that it is illegal
- Some healthcare workers do not have adequate knowledge and understanding to provide appropriate care to people with hepatitis C
- The state's systems and policies are not as supportive as they could be
- Some groups in our community have more difficulty in accessing the hepatitis C services that they need than others (eg people in prison, homeless young people)

Thirdly, the degree of difficulty in responding to this challenge is increased markedly by the relatively small amount of money that we receive from government to do our work.

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

Reader Response

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

news:

ENLIGHTENMENT IN CANADA PRISONS

Canada has opened tattoo parlors in five federal prisons with a sixth to open later this month in a bid to curb the spread of blood-borne diseases. For \$5 Canadian each, federal prisoners can get tattooed by trained fellow prisoners. Racist or gang-related designs are prohibited. The contentious pilot project is the first of its kind in Canada and is believed by some to be the first in the world.

By making tattoos openly accessible, officials hope to control the spread of infectious diseases like hepatitis C and HIV. Correctional Service Canada spokesperson Michele Pilon-Santilli said "We've had some criticism from individuals," she said, but the bottom line is this is a public health issue. It's harm reduction."

Ottawa Citizen, Nov 2005

KEEPING ABREAST OF THE NEW RESEARCH

Breast feeding does not increase the risk of hepatitis C virus transmission from mother to child, according to a study published online in the Journal of Infectious Diseases. Researchers recruited 1479 mother-and-child pairs from 33 centres across Europe. They found that the overall rate of transmission from infected mother to child was 6.2%, with infant girls twice as likely to be infected as infant boys. While a longer time spent in labour was a significant risk factor for transmission, elective caesarean section had no protective effect. The authors emphasise that women should not be offered caesarean section or be discouraged from breast feeding on the basis of their Hepatitis C status alone.

The weekend Australian
5 November 2005

MAKE A DATE WITH A 3CR 2006 CALENDAR!

3CR, the community radio station that transmits HepChat every week has produced a fantastic calendar celebrating radical Australia. They are \$20 each and would make a great christmas present for the activist in your life - and let's face it - with the changes happening in Australia at the moment we should all be actively protecting our existing rights and demanding all the missing ones. Call 3CR for more info on 03 9419 8377

TAKING THE FIRST STEP

The First Step Program is a not-for-profit organisation which assists people who have a dependency on heroin and other drugs. The Hep C treatment at the First Step Program uses the latest pharmaceutical therapy delivered in the Share Care model. Share Care means that patients have most of their appointments with a GP instead of having to always visit a hospital. That means less waiting around and a more personal approach.

This is a government-sponsored program; Medicare absorbs all costs. Hepatitis C is easier to treat the younger you are, so now is the time to take advantage of this free service and make you initial enquires.

If you would like some more information about this treatment option please contact John or Haydn at the First Step Program 42 Carlisle St, St Kilda. Phone: 9537 3177

MID-WEEK SUPPORT GROUP

There has been some interest in a midweek support group. The meetings have been running once a month, from 10am to 12noon at the Council offices in Brunswick.

For further information or next meeting date details, please contact Pier at the Hepatitis C Council directly on 9385 9103 or email: pier@hepcvic.org.au

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THE ANNUAL GENERAL MEETING OF THE HEPATITIS C COUNCIL OF VICTORIA WAS HELD ON 11 OCTOBER AT RYDGES IN CARLTON.

The meeting was extremely well attended with about 60 people present, including community members; DHS staff; researchers, and workers from other community organisations. The meeting provided a unique opportunity for people with hepatitis C and service providers to come together in a relaxed and friendly environment to show their support for the work of the Council.

Some key items of business were attended to, including:

- Discussion and voting on a number of proposed changes to the Constitution
- Presentation of lifetime membership to two of our most loyal and long serving members, Mark Young and Sandy Breit
- Reports from the Chair and Treasurer of the Committee of Management, and the Executive Officer

We were delighted to have Dr Robert Hall, the Director of Public Health, Department of Human Services present to launch our new Strategic Framework. This support by the head of the department that is our primary funder was warmly welcomed. Dr Hall also presented a keynote address entitled Government and community sector collaboration: Though this be madness, yet there is method in it.

One of the most exciting aspects of the afternoon was the election of the Board of Directors for 2005/2006. One of the approved changes to the Constitution meant that the Committee of Management is now officially a Board of Directors. There were ten nominations for four vacant positions on the Board. This interest in the work of the Council and willingness by supporters to nominate for voluntary positions is fantastic. The election was held, and following some tense moments while votes were counted, the four successful candidates were announced. We welcome Tamara Speed as a new Board member, and Mark Stoové, Mark



Farmer and Cathy Mead who were all successful in nominating for new terms.

Our sincere thanks go to Dr Rodger Brough and Sue White who are not continuing this year. Rodger and Sue both made extremely valuable contributions in the time that they were on the Board. We also thank Dr Eugenie Tuck from St Vincent's Correctional Health Service who has reluctantly resigned due to her extreme workload.

In line with our Constitution, there are two co-opted positions that will be filled at the first Board meeting after the Annual General Meeting. They are:

- A person representing rural people affected by hepatitis C
- A person with special skills or expertise required by the organisation as determined by the Committee of Management

Office bearers are also elected at the first meeting following the AGM.

Sincere thanks to all those who attended the Annual General Meeting. We hope to see you again next year!

Helen McNeill

Helen McNeill, EO HCCV and Dr Robert Hall, Director of Public Health at the 2005 AGM where he launched the Council's new Strategic Framework.

HEPATITIS C BOARD OF DIRECTORS 2005/2006:

Sandy Breit (Elected position))

Mark Farmer (Elected position)

Bev Greet (Co-opted position for a person who is an Aboriginal community representative)

Rosie Lew (Co-opted position for a person from a community organisation representing injecting drug users)

Cathy Mead (Elected position)

Jacqui Richmond (Co-opted position for a person representing education in the health field)

Tamara Speed (Elected position)

Mark Stoové (Elected position)

Michelle Thompson (Elected position)

IT'S OFFICIAL!!

Like many other small agencies we must remain constantly vigilant to ensure our long-term relevance and sustainability. Therefore, it is critical that we spend wisely the funding that we do receive to promote the best outcomes for the largest possible number of people with, or at risk of hepatitis C.

One of the best ways of doing this is through strategic planning. In order for an organisation to be successful in its charter, there needs to be a framework in place. A strategic framework helps to provide direction and focus for a Board and employees. It points to specific results that are to be achieved and establishes a course of action for achieving them.

In the new Strategic Framework for the Hepatitis C Council of Victoria there are seven key areas of work that we are committed to. These are:

BUILDING WORKFORCE CAPACITY

Supporting the growth and development of a well informed, trained and knowledgeable workforce, able to meet the needs of people affected by hepatitis C and to work to prevent new infections.

BRINGING ABOUT SYSTEMIC CHANGE

Providing informed opinions and advocating for systems and policies that work towards the prevention of hepatitis C and build the health and well being of people affected by hepatitis C.

SUPPLYING EXPERTISE AND RESOURCES

Fostering understanding and empowerment through the provision of accurate and credible information on hepatitis C and its prevention.

BUILDING THE INVOLVEMENT OF PEOPLE WITH HEPATITIS C

Enhancing the strength, capacity and involvement of people with hepatitis C in our work through a range of flexible and sensitive strategies.

PROVIDING LEADERSHIP

Collaborating with other organisations on a state and national basis to ensure the needs of people with hepatitis C are met and efforts to prevent new transmissions of hepatitis C are effective and coordinated.

EFFECTING SOCIETAL CHANGE

Building a society where people with hepatitis C have the same rights and privileges as any other person and where there is no new transmission of hepatitis C.

BEING RECOGNISED AS A STRONG AND CAPABLE ORGANISATION.

Ensuring effective alignment of work of the organisation with the strategic framework through strong governance, management and a skilled, flexible and cohesive staff team.

In the Strategic Framework our future goals and broad strategies for each of these areas is further specified. It also defines the strategic outcomes that we seek, and our core values. In line with the Victorian Hepatitis C Strategy there are six specific groups that we will be giving priority to over 2004 to 2007, but we also remain committed to working in the interests of all Victorians affected by hepatitis C.

So, in answer to the original question - the Strategic Framework has a lot to do with a person affected by hepatitis C. It guides our work, which we do on their behalf. Please take the time to read the enclosed copy. The Board and staff of the Hepatitis C Council of Victoria are committed to delivering the outcomes described in the plan. We believe that the Strategic Plan will help us to be focused, accountable and in the long term, a more sustainable organisation.

If you have any comments or questions of your own - don't hesitate to contact me by email or phone. We are always happy to receive feedback from members.

Helen McNeill
Executive Officer
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Sandy Breit with her Certificate of Appreciation with Richard Fisher.



Joe Kim, VIVAIDS with Tamara Speed, newly-elected HCCV Board member.



David Samson, HCCV with Max Niggel, Manager, PLWHA Positive Speakers Bureau.



John Lafferty, HCCV member with Mark Farmer, re-elected HCCV Board member.

Hepatitis C: debunking the seven major myths

KATRINA J.R. WATSON MB BS, FRACP, MPH
GASTROENTEROLOGIST, ST VINCENT'S HOSPITAL, FITZROY VICTORIA.

PROVIDING ACCURATE INFORMATION GREATLY HELPS PATIENTS COME TO TERMS WITH A DIAGNOSIS OF HEPATITIS C. CURRENT TREATMENT PRODUCES A CURE IN ABOUT HALF OF THOSE INFECTED WITH THE HEPATITIS C VIRUS.

Hepatitis C virus (HCV) infection is common in Australia, affecting about 1 to 1.5% of the population. However, being a generally asymptomatic condition, it is still a 'silent' epidemic, with most affected people unaware they have the disease.

Also, patients in whom a diagnosis is made are often given inaccurate information about prognosis and transmission, which can lead to great stress, anxiety, shame and depression. Later awareness by the patients that they have not been diagnosed in a timely fashion or that they have received inaccurate information can engender feelings of anger or even hostility towards their healthcare providers.

Continued effort is needed to improve the diagnosis of hepatitis C (that is, HCV infection) and encourage the provision of accurate information to patients and appropriate referral for treatment.¹ This article attempts to help in this by debunking some common myths and misconceptions concerning hepatitis C.

Most liver units in Australia now encourage shared care, so interested general practitioners can have a significant role in managing these patients.

MYTH 1: MOST DOCTORS DON'T NEED TO KNOW MUCH ABOUT HEPATITIS C

Hepatitis C is estimated to affect about 1 to 1.5% of the Australian population. Most doctors, therefore, will come across patients who have hepatitis C, although in many instances the infection will be incidental to the patient's presenting problem. People with infection often report feeling stigmatised or ostracised in medical settings, and it is important that health care providers do not have misconceptions about the condition

that might promote such unwarranted discrimination.

As well as being a silent epidemic, the hepatitis C epidemic is described also as an 'iceberg' in that the full impact of HCV infection is not yet known. It is, therefore, important that patients at risk be offered the chance to be diagnosed, as effective antiviral agents are available that offer a 50% chance of apparent cure.² Treatment does have significant side effects, but with support, most people can tolerate a course of treatment.

MYTH 2: A DIAGNOSIS OF HEPATITIS C MEANS A PATIENT MUST HAVE USED INJECTING DRUGS

The most common risk factor for HCV infection is injecting drug use (current or past). Other risk factors include tattoos, blood transfusions and nonsterile medical injections (Table 1). Screening of blood for HCV infection was commenced in Australia in 1990, and since then the number of HCV infections spread through the transfusion of blood has steadily decreased. Testing has gradually become more sensitive, and so the risk now of acquiring HCV by blood transfusion is extremely low.

Another risk factor for infection with HCV is being born overseas. This is especially so in relatively low-income countries, where HCV can be spread by traditional cultural practices (such as tattoos or circumcision) or by the use of nonsterile medical needles (see Table 1). Medical practice, in fact, is held responsible for 30% of the world's burden of hepatitis C. Some countries, such as Italy, Greece, Vietnam and Egypt, have a high prevalence of hepatitis C - the only risk factor for many people with hepatitis C is being born in these countries.

MYTH 3: HCV IS SEXUALLY TRANSMITTED

Hepatitis C is not a sexually transmitted disease, unlike hepatitis B. There is a slight potential for sexual spread of HCV if there is blood contamination and disrupted

mucous membranes (as may occur, for example, with anal intercourse) or a coexistent genital lesion. However, this risk is extremely low. Studies of discordant couples (one partner HCV positive, the other HCV negative) have shown no definite spread of HCV from partner to partner despite thousands of person years.³ Safe sex practices (barrier methods) are important in preventing acquisition of other viruses.

The mother-to-baby transmission rate of HCV is low, averaging 5% (range 0 to 10%), compared with that for hepatitis B of up to 95% (depending on the virological status of the mother). The exact risk of perinatal transmission of HCV depends on the quantitative viral load, and possibly also on the mode of delivery and the medical interventions required.

MYTH 4: A POSITIVE HCV ANTIBODY TEST MEANS A PATIENT HAS ACTIVE LIVER DISEASE

There are two tests for HCV, the antibody test and the polymerase chain reaction (PCR) test. Patients become positive for HCV antibody (that is, anti-HCV positive) six weeks after infection and generally remain positive indefinitely; the test is a marker of exposure not infectivity. Patients become HCV-RNA positive on PCR testing between one week and one month after infection. About 25% of patients clear viral RNA within three months; they remain anti-HCV positive but have no liver disease and are not infectious - these patients have an excellent prognosis. There are three types of PCR testing for HCV:

- the qualitative test (for detection of the virus)
- the quantitative test (for viral load)
- the genotype test (to determine type or types of HCV) - see myths 5 and 6 for further information on genotypes.

continued next page

Hepatitis C: debunking the seven major myths

MYTH 5: PEOPLE WITH HEPATITIS C WILL MOST LIKELY END UP WITH LIVER FAILURE

As discussed under myth 4, about 25% of patients with acute hepatitis C will clear the virus (that is, become negative for PCR). The other 75% will, even some 20 years later, still be HCV-RNA positive by PCR, as well as anti-HCV positive. Since they are RNA positive, their blood is potentially infectious. In one-third of these (25% of the total) the liver function tests will return to normal and the liver histology will be normal - their prognosis is generally very good. The remainder (50% of the total) may, very slowly, develop progressive liver disease. Generally, these patients will have modestly elevated and fluctuating alanine aminotransferase (ALT) levels. Most (40% of the total) will have chronic hepatitis that does not progress to cirrhosis. Only 10% of the total will develop cirrhosis, and only half of these (5%) will have their lives shortened by liver failure or hepatocellular carcinoma.

Both acute and chronic HCV infections are usually asymptomatic. Most people with chronic HCV infection have few if any symptoms, regardless of underlying histology, but some will have right upper quadrant pain, tiredness or nausea. The disease, however, may have significant impacts on quality of life because of stigmatisation. Interestingly, quality of life improves with knowledge of a successful antiviral therapy.

Factors that increase the rate of hepatic fibrosis include:⁴

- male gender
- older age at infection
- longer duration of infection
- excessive alcohol consumption
- co-infection (HIV, hepatitis B virus)
- an elevated body mass index (BMI) - which can be associated with the presence of fatty liver disease.⁵

There are six major genotypes and many subtypes of HCV, and while the genotype does not influence outcome in the absence of antiviral treatment, it does have a major

effect on response to treatment (see myth 6). There is an intriguing relationship between insulin resistance syndrome and HCV genotype: genotype 3 seems to produce a nonalcoholic steatosis picture, and genotype 1 is often associated with insulin resistance and diabetes. The former seems to improve with antiviral treatment whereas the latter does not. Any component of fatty liver disease has the potential to worsen hepatitis C, and a damaging self-perpetuating cycle can ensue. Conversely, weight reduction improves response to antiviral treatments.

MYTH 6: THERE IS NO CURE

The current routine treatment for HCV is a combination of pegylated alpha-interferon and ribavirin. The pegylated interferon (peginterferon alfa-2a [Pegasys], peginterferon alfa-2b [PEG-Intron, PEG-Intron Redipen Injector]) is given once weekly by subcutaneous injection, and the ribavirin (Virazide) is given daily (usually 800 to 1200 mg/day). (Combination packs of these drugs are available: Pegasys RBV Combination Therapy, Pegatron Combination Therapy, Pegatron Combination Therapy [with PEG-Intron Redipen Injector].) The course is 24 weeks for HCV genotype 2 or 3 infections, and 48 weeks for other genotypes. A cure is likely if the patient achieves a sustained virological response (that is, the patient is HCV-RNA negative six months after treatment completion) and also has normal LFTs six months after treatment completion.

The use of pegylated interferon plus ribavirin offers a potential cure rate of 50% across the board, which is a dramatic improvement over previously used treatments (pegylated interferon gives more sustained plasma levels than the previously used nonpegylated interferon). Patients are more likely to be cured (up to 80% chance of cure) if they have HCV genotype 2 or 3, no cirrhosis on biopsy and are at least 80% compliant with the treatment.

In the unusual clinical situation of acute hepatitis C, cure rates with early antiviral treatment can be as high as 99%. The relevance of this is that patients with

suspected acute hepatitis C (e.g. documented HCV antibody seroconversion, or newly HCV-RNA positive) should be referred early for treatment, unless there are contraindications (see below). Similarly, healthcare workers and others with needle stick injuries from potential or known HCV-positive sources should always be followed up to allow early detection and treatment of HCV infection.⁶

Treatment with pegylated interferon has considerable side effects, but these are less than with nonpegylated interferon. They include tiredness, flu-like symptoms, mood changes, cytopenia and exacerbation of any autoimmune disease (including psoriasis, diabetes and thyroiditis). Mood changes can be severe, and include severe depression, suicidal ideation, exacerbation of previous psychosis and, rarely, development of new psychosis. Many patients benefit from prescription of an antidepressant, as well as psychiatric evaluation. Side effects of ribavirin include anaemia and teratogenicity (from males and females). It is crucial that both men and women take responsibility for two forms of contraception. People with cirrhosis can still be safely treated as long as liver function is well compensated, but side effects can be more problematic and dose reductions are often needed.

Patients undergoing hepatitis C treatment should be monitored at weeks 2 and 4 and then every four weeks. Full blood evaluation, urea, creatinine, electrolytes and LFTs should be performed each visit, and thyroid function tests every second visit. Mood levels should be monitored.

Under current Australian regulations, one of the requirements for obtaining a subsidy for treatment is histological evidence of chronic hepatitis on liver biopsy (that is, a moderate degree of inflammation with some fibrosis). Therefore, unless patients have a bleeding disorder or coagulopathy considered severe enough to prevent biopsy, a liver biopsy is necessary prior to treatment being commenced. Noninvasive scoring systems for chronic hepatitis are in the process of being developed, so that patients do not need to undergo biopsy, but the reliability and validity of these is still unproven.

NEW HEP C RESOURCE NOW AVAILABLE IN 15 LANGUAGES

TABLE 2. CONTRAINDICATIONS TO TREATMENT WITH PEGYLATED INTERFERON AND RIBAVIRIN

PEGYLATED INTERFERON

- Significantly decompensated cirrhosis.
- Psychosis (past or current).
- Severe depression (current).
- Pregnancy.
- Any severe concurrent illness, including severe substance abuse (alcohol consumption should be less than 70 g/week).
- Uncontrolled diabetes, especially if retinopathy present.
- Poor compliance, unstable social situation, lack of supports.

- Autoimmune disease (depends on severity), eg systemic lupus erythematosus, severe psoriasis.

RIBAVIRIN

- Pregnancy.
- Inability to maintain two forms of contraception.
- Significant heart disease.
- Anaemia.
- Renal failure, dialysis (relative - can modify dose).

To maximise response to treatment, patients should minimise their alcohol consumption (to less than 70 g per week), and should keep their weight within the healthy range.

If antiviral treatment fails or cannot be used because it is too late for treatment, liver transplantation can be considered. HCV infection is now the most common reason for liver transplantation in the USA and Australia. Unfortunately, there will almost always be re-infection of the new liver by HCV, and many recipients develop further cirrhosis in the graft and require retransplantation within five years. This places more demands on the already very scarce supply of livers.

MYTH 7: A VACCINE IS JUST AROUND THE CORNER

Hepatitis C responds to selection pressure by continually mutating. Individuals, therefore, are usually infected with a number of closely related quasi-species. Very little convincing neutralisation by antibodies *in vivo* has been shown. However, there is much work in progress in Australia and elsewhere on T- and B-cell responses to HCV infection. Progress is hampered by the lack of a small animal model (the chimpanzee is the only animal in which HCV can replicate), and a vaccine is still many years away.

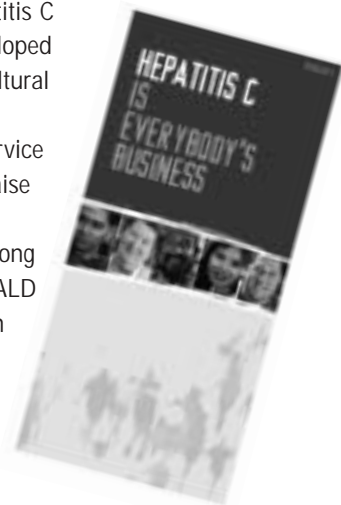
CONCLUSION

There have been major advances in knowledge about and the treatment of hepatitis C. The challenge in Australia now is to improve the rates of diagnosis and treatment, and the availability and quality of the counselling offered.

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The new hepatitis C resource, developed by the Multicultural HIV/AIDS and Hepatitis C Service (MHAHS) to raise awareness of hepatitis C among people from CALD backgrounds in Australia, is now available.



Titled "Hepatitis C is Everybody's Business" and funded by the Australian Government Department of Health and Ageing, the 12-page booklet is available in 15 languages: Arabic, Bosnian, Chinese, Croatian, English, Greek, Indonesian, Italian, Khmer (Cambodian), Korean, Macedonian, Portuguese, Spanish, Thai and Vietnamese.

The booklet is for anyone who wants to know about hepatitis C, including people who may have had a risk factor, their families and friends.

As well as raising awareness of this important public health issue, the booklet also aims to reduce misinformation and stigma associated with hepatitis C. The booklet contains information on transmission, testing, prevention and support. It will be distributed across Australia to multicultural organisations and hepatitis C agencies.

The national distribution of the resource follows an awareness-raising program for health workers that concentrated on increasing their multicultural knowledge and awareness of the issues faced by people from CALD backgrounds in relation to health care and hepatitis C.

An order form for the booklet is available from MHAHS on (02) 9515 5030.

The booklet will soon be available on the website at: www.multiculturalhivhepc.net.au

THE WAR ON DRUGS

The biggest impact of the US ousting the Taliban in Afghanistan? Unprecedented crops of opium poppy to flood the world market with heroin. The result? The mass imprisonment of American citizens - two million - the majority on drug-related offences. Booming drug sales in the grimmest, grimmest ghettos and the glitziest, most glamorous Hollywood parties.

And here? Not even the threat of the firing squad will stop Australian kids acting as mules. The War on Drugs? Totally lost and entirely counterproductive.

The failure and futility of global drug prohibition is increasingly acknowledged by the majority of people working in the areas of interdiction, policing, public health and treatment. Customs officials, cops, magistrates, prison officers, social workers, doctors and politicians (though few of the latter are game to admit it publicly) know the War on Drugs represents one of the greatest flops in the history of social policy.

Now is the time to switch from a preoccupation with prohibition to a cool assessment of alternatives. This will be very difficult, given US pressure on national governments, the self-interest of populist politicians and others in the business of fear-mongering and moral panic.

The objectives of drug policy should not be to criminalise and imprison users, nor to execute people involved in smuggling or distribution. The world has been doing this for decades, at growing financial and human cost, and the result is a global catastrophe, a guarantee of deepening corruption and social destruction.

We need new approaches aimed at minimising the health, social and economic costs of drugs. We need to negotiate the maze of legislative, regulatory and political possibilities with the specific aims of a) reducing deaths, b) reducing disease, c) reducing crime, d) achieving some control over the black market, and e) scaling back official corruption. These tasks will be immensely difficult and perhaps beyond

our collective will and skill. But we have to try.

Harm reduction. That's what people at the coalface dream about, talk about - in their clinics and at international conferences. Elimination is impossible - the sort of nonsensical, Utopian thinking built into the notion and jargon of the war, with its idea of MultiMate, total victory. Harm reduction is hard enough.

IT WILL TAKE DECADES TO BEGIN TO REPAIR THE DAMAGE CAUSED BY BAD PUBLIC POLICY, TO DISMANTLE THE VAST AND VASTLY PROFITABLE NETWORKS CREATED BY THE DEMONISING AND CRIMINALISING OF SPECIFIC DRUGS.

Yes, a reduction in drug consumption may be achievable. Adroit public policy, a combination of pricing, regulation and education, has managed that with cigarettes. It should be a target with the illegal drugs. Reduction, not elimination.

We must begin by redefining drugs as mainly a health and social problem. Then we must increase the funding appropriately, aiming to achieve at least parity with the monies poured into law enforcement, which will, for the foreseeable future, remain a part of the response.

While the reintroduction of alcohol regulation in the US in 1933 after the chaos of prohibition may provide a useful model, the crucial thing is that nations be allowed to determine their own policies - free of US bullying - consistent with least worst outcomes. Note that term: least worst. There are no magic answers, no foolproof solutions. It will take decades to begin to repair the damage caused by bad public policy, to dismantle the vast and vastly profitable networks created by the demonising and criminalising of specific drugs. Drug usage will remain a problem, but with new thinking and hard work, less damage will be done to users, their families and their communities.

All importantly, it must be accepted that the choice for Australia, for the US, for anywhere, is not between solutions but between least-worst options.

Because of conflicting interests, inevitable controversy and unexpected outcomes, new policies will be essentially experimental and thus unstable. But this is in contrast with the status quo, the great and failed experiment of prohibition and criminalisation.

Things could hardly be worse, but during the period of transition there will be setbacks. It will be wise to tackle one drug at a time, to hasten slowly with careful, rigorous evaluation of policies. And for reasons of political reality, public attitudes and cultural complexities, the changes, city-by-city, nation by nation, will need to be evolutionary.

We will have to accept the regulated retail sales of some drugs - through controlled prescriptions - while accepting that some black market activity will always remain.

We will have to spend much more on drug treatment and severely dependent users. (More money for hospitals, less on prisons.) In our society, cannabis would be the logical place to start, with trafficking in more serious drugs outside any new system remaining illegal and continuing to attract severe punishment.

It is already too late. We must begin now. And we should be listening to Dr Alex Wodak, director of the alcohol and drug service at St Vincent's Hospital in Sydney. He can show us the way out of this mess. At least the first steps.

Phillip Adams

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August 13-14 2005

ON THE ROAD

SEASON'S GREETINGS TO EVERYONE IN RURAL AND REGIONAL VICTORIA.

We would like to thank the many people, workers and organisations that have supported our work throughout Victoria in 2005.

We would especially like to thank the many skilled and dedicated rural workers who give up their time to meet and share so generously with us their knowledge, networks and experience.

It is our hope that the work we do supports rural services in many ways. It might be that we work together to build greater capacity in the smaller communities in regional Victoria, or provide workers with the latest evidence-based information about hepatitis C. By being available for secondary consultation with workers, we can make a difference to the experiences of isolated workers who need to address the many difficult and complex questions that arise about hepatitis C.

What can we say about 2005? There have been two major forces at work this year, change and consolidation.

Change has visited the rural program as Barb Healy, a long-term, highly-valued rural worker, moved on to a new and exciting field of work. It's been six months since Jen Johnson began as the new rural worker at the Hep C Council, but it feels like she's been here for a lot longer! That might have something to do with the fact that she previously worked at the Hep C Council on the Body Art project. Or it might simply be a reflection of how easily she fits into the dynamic and diverse team at the Council. Jen has worked in a number of different roles, including drug and alcohol, family mediation, research, BBV projects, youth work, community development, and education. Her professional background, and her commitment to hepatitis C education and prevention, brings new vision and skills to the rural program.

Consolidation has also been a powerful force at work in 2005. Many of the partnerships we have been developing have become more solid and sustainable.

Our partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) has resulted in Linda Connor working one day a fortnight at VACCHO. This is a six month trial which is looking at ways of developing capacity around hepatitis C in the Indigenous community.

We have also been invited to sit on the City of Greater Geelong's Drug Action Committee from the end of 2005. This opportunity is another significant step toward consolidating our partnerships in the Barwon South West Region.

This year also saw the completion and implementation of the Council's strategic plan. Our work plans took new shape, with a renewed focus on areas of Victoria where the rural program has until now only a sporadic presence. This will see Linda spending more time in the Grampians region in 2006. Likewise, Jen has been focussing on developing contacts and networks in the Greater Gippsland region, and has delivered several training days for workers which were received extremely well. In addition to this new work, we will continue the work already being done in Barwon, Loddon Mallee and the Hume.

In other exciting news, in early 2006 we'll be launching our new e-newsletter for those people working across the state who want to keep in touch with hep C events and issues in rural Victoria. Watch this space for more details, or to register contact either of us by email.

What else will 2006 bring? We'll have to wait and see. So, have a safe, exciting and restful season's break and may the new year see us on your doorstep!

Linda and Jen
Community Development and
Education - Rural

IF YOU WOULD LIKE TO RECEIVE THE NEW E-NEWS CONTACT LINDA OR JEN ON 1800 703 003 OR SEND AN EMAIL INDICATING YOUR INTEREST TO EITHER linda@hepcvic.org.au or jenj@hepcvic.org.au

THE HEALTHY LIVER CLINIC

Got Hep C? Want treatment?

The Healthy Liver Clinic at Turning Point will:

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

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

NOW OPEN

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

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

Telephone: 03 8413 8413

Email: nickw@turningpoint.org.au

TURNING POINT
ALCOHOL & DRUG CENTRE

WWW.TURNINGPOINT.ORG.AU

diary:

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.

OCTOBER 2006 NATIONAL HEPATITIS C AWARENESS WEEK

Advanced notice: International Hepatitis C Day is Sunday 1st October 2006. Planning has started for the Australian national awareness week - which will be either the week preceding, or the week straight after the international day. We'll keep you posted.

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



Maria's story

My name is Maria. I am originally from the Netherlands. I lived for 27 years in Hong Kong and now, since 1990, I live in Australia. I am a senior - aged 71.

I grew up during WWII in The Netherlands, where I received my education. The city I lived in was medium sized. I have been married with three children. My children now have families of their own.

I used to be a blood donor prior to 1972 and thought it was about time I donated again, especially as I had received multiple blood transfusions in the 70s and 80s due to Golden Staph. So I donated blood and it was the Australian Red Cross that wrote me a letter asking to make an appointment to discuss my donation, but not to worry, it was not HIV/AIDS. When the Red Cross told me I had hepatitis C I had no idea what it was all about. I had never heard of hepatitis C. After the Red Cross explained hepatitis C I was devastated and did not want to disclose it to anyone. I became withdrawn and tried to keep it to myself. It was friends of mine that got the information out of me and contacted the Hepatitis Council of W.A. for information, which my

friends passed on to me. It was only after I had read about hepatitis C that I informed my immediate family. They in turn were annoyed with me that I had not confided in them earlier and carried an unnecessary burden alone. They accepted the situation better than I did.

In 1998 I became a volunteer at the Hepatitis Council (of WA) and when one of the hospitals called for hepatitis positive people to partake in a trial of CH100 I registered with them. It was when I went for my initial interview that the doctor asked if I had ever thought of going on Combined Treatment (Interferon/Ribavirin) and, frankly speaking, I had not. The doctor made an appointment for me to ascertain my eligibility. After a liver biopsy and blood tests I was accepted for compassionate access to combination treatment. I was very excited that I was given a chance to get rid of the virus and I did not hesitate to commence treatment.

I did not prepare myself for treatment, but jumped in at the deep end. The fact that I was given the opportunity to go on treatment overtook any doubts I may have had of ever clearing the virus. For me it was a 'chance in a lifetime' and I was going to take advantage of that.

When I was on treatment I had my good as well as my bad days, but I just kept a positive outlook and was determined to see it through. I did have side-effects, especially diarrhoea and vomiting which required hydration at the hospital's emergency department. Also, because I had had Golden Staph I was prone to repeated infections whenever I 'bumped' myself requiring hospitalisation. I had one scare with my haemoglobin, it went down to 86, but fortunately it picked up again. It all helped to make me more resolved to stick to the regime to make it a success. Itching and twitching of limbs became a daily nuisance, especially in the evening when I was getting tired. What helped a lot was when after blood tests my ALT was coming down. That gave me a real boost and increased my incentive to keep going. When my PCR came back 'not detected' I knew I was making progress and this

strengthened my determination to beat the hepatitis C virus.

At times I did not have much energy, but was set on getting 'cured', even though it was difficult at times, I still kept my activities going, as I have always been a very active person. It gave me an outside interest and made me forget the way I felt. The only activity I had to give up was my volunteer work as travelling into the city was too much to handle.

Having been on treatment for 12-months I finished in September 1999. I am still PCR negative and feel great. Going on treatment was the best thing I have ever done. After all what is 12 months out of a life time. I am still involved with all my activities and am again a volunteer. I am certainly glad that I was given the chance to go on treatment. It sure was worth it.

To go by my experience I would advise others, who are considering treatment, to look at the positive side of things. Keep as active as you can with activities outside the house. Go for walks, see an entertaining movie, visit people, become a volunteer etc. It all helps to keep your mind off your treatment. When you have your first blood test and it shows that your ALT has come down you already start feeling good about yourself, but when your first PCR comes back 'not detected' you get a real boost. What is very important is to adhere to strict timing regarding your medication. It is important to remember that it is only 6 or 12 months. Time passes very quickly and at the end one may be cured.

From the 2005 National Awareness Week web site:: www.hepcawareness.net.au

LIKE TO READ ABOUT OTHER PEOPLES EXPERIENCES?

WOULD YOU LIKE TO TELL YOUR STORY?

Contact Heather at the Council on 9385 9108 or email heather@hepcvic.org.au



just a phone call away

In today's world, our fears around a variety of subjects are continually reinforced through the media, Government activity and public sensitivities. This is often reflected in the rights and avenues of individuals to be heard and listened to. Telephone counselling services are vital in helping people who sometimes feel they have no voice. We were recently reminded of how important it is to continually inform the general community of the benefits of telephone counselling services, while listening to a program where telephone counselling was considered to be not the 'real game' or certainly not up to face-to-face counselling.

In a climate of ever increasing conservative thinking, and with people's lives becoming busier and working hours increasing, the opportunity to sometimes just find time to 'be heard' can be daunting. The thought of being judged and the priorities in life with respect to family, work, finances (and many other aspects of being human), can often mean that individuals don't consider, or are unable to access, support or help from those around them. This is where telephone counselling services play an important role in the provision of accurate information and support to people. We would suggest our service has the following benefits:

- **MORE THAN AN INFORMATION LINE**

The Hepatitis Line offers very accurate and up to date information about hepatitis. We provide far more than just information. We also offer counselling; providing callers with the means to explore their emotional needs and assisting them in developing options that they are comfortable in implementing.

- **ANONYMITY AND CONFIDENTIALITY**

Because hepatitis C is closely associated with drug use it often carries a social stigma and therefore the potential for prejudice and discrimination. Because of this people affected by this virus often don't feel able to talk about it with their usual confidantes. We have the benefit of being an anonymous and confidential service in which personal details are not requested or required. This is a solid foundation upon which callers can feel more at ease to discuss potentially sensitive issues.

- **NON-JUDGEMENTAL AND NON-DISCRIMINATORY**

In a similar sense to the reasons we provide an anonymous and confidential service, a core value of Hepatitis Line is to provide an environment free of judgement and any form of discrimination. We believe we are dealing with issues centred on health, both physical and emotional, and not centred on moral dimensions.

- **IMMEDIATE RESPONSE TO A CALLER'S NEEDS**

We feel this is also a prime advantage of telephone counselling with an immediate response to a personal crisis available. In our experience people are often requiring help for an issue that is very current, because of something that has occurred today. Rather than waiting for an appointment we can offer a timely response to that need, often alleviating any unnecessary anxiety.

- **AVAILABLE AND ACCESSIBLE**

A person in need can phone within their own comfort zone, from their own familiar place, such as their home. All that is required is a phone, either landline or mobile. Again, this is a very attractive

advantage given the often challenging and sensitive nature of the subject at hand. The services that Hepatitis Line offers is free to the caller, eliminating any concern around affordability

- **FLEXIBILITY WITH TIME**

Not only is the service right there when one needs it, the caller can finish when the caller is ready. There is no pressure with respect to time. Our focus is on meeting the caller's needs, whether it takes ten minutes or forty-five minutes.

- **THE CALLER IS EMPOWERED**

Telephone counselling generally affords the opportunity to empower the caller to be pro-active in seeking support and help. The caller controls the general theme, which is often the difficulty in assessing counselling, in particular face-to-face counselling. Our service is based on providing a process that reinforces that caller having decision making power, having access to resources and knowledge, and having a range of options from which to choose. We promote the concepts of self-awareness, responsibility and goal setting in an empathic environment.

- **SUPPORT, REFERRAL AND ACCURATE INFORMATION**

We provide immediate counselling, support, information and referrals in crisis and non-crisis situations. We are often the first port of call for people with any kind of matter related to hepatitis and our duty of care to them revolves around providing as much assistance as we can and recognising that referring them to other services and organisations may be appropriate.

The difficulties involving affordability, waiting times, and the fear of being 'labelled' as having a mental problem if one needed to 'be counselled' are often barriers to accessing face-to-face counselling. We feel the arenas of telephone and "personal" counselling is complimentary rather than mutually exclusive. Both offer benefits based upon need and both have their place in the hepatitis landscape.

Alex Nikolovski and Heather Morgan

NEW YOUTH SITE SPREADING THE WORD ON HEPATITIS C

The North Richmond Community Health Centre and the Victorian Chapter of the Vietnamese Community in Australia have teamed up to produce a new website providing information on hepatitis C to young people.

The site, Hep C Transmission, steers clear of the dry, bland presentation style of many health websites in favour of a more visual approach. Two short animated clips, downloadable from this page, explain the blood-borne nature of the virus in simple terms, and offer sensible tips on avoiding exposure, and advice on what to do if you have contracted the virus.

Further encouragement to take a look at the site comes in the form of a competition to win an Apple iPod nano by watching the animated clips and taking a short quiz.

Young people who need help or would like further information on hepatitis C infection can contact the Hepatitis C Council of Victoria on 9380 4644, or 1800 703 003 in regional areas. There's also an information line for Vietnamese speakers on 1800 456 007.

Website: www.hepctransmission.com

Source: Hayden Nicholls from Infoxchange Health and primary Care news web site.
Posted: 27-10-2005

HAVE YOU CHANGED YOUR ADDRESS BOOK YET?

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

The numbers are:

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

A blue rectangular graphic with the words "virtual library" in white lowercase letters. The background of the graphic features several overlapping circles of varying shades of blue.

Access Info Centre launch new name and logo!!!

2005 has been a very exciting year for what is now the 'Education + Resource Centre' at The Alfred.

The Education + Resource Centre has and continues to be a very valuable service for many people living with or affected by Hepatitis, HIV & Sexually Transmissible Infections (STIs).

The launch of their exciting new image reflects the expanded nature of the service whilst also clearly identifying what the service is about.

In addition to the drop-in centre and comprehensive website, the Education + Resource Centre now incorporates health education. Many people in the wider community unfortunately continue to be unaware of the correct facts relating to hepatitis & HIV. This lack of knowledge in turn feeds the stigma and discrimination that continues to exist within the community.



Through the provision of health education, the service can assist in informing people and correcting many of the myths and misunderstandings relating to blood borne viruses. Importantly, health education plays an important role in empowering people to minimise harm to their own health through the promotion of safe sex awareness and safe injecting practices.

For those of you unfamiliar with the service, here is a snap shot:

ALL YOU NEED TO KNOW

The Education + Resource Centre offers a free and confidential service for people seeking information about HIV/AIDS, Hepatitis and Sexually Transmissible Infections (STIs).

WHO IS THE SERVICE FOR?

- General Public
- People living with or affected by HIV, Hepatitis or an STI
- General Practitioners
- Health Professionals
- Community Agencies
- Schools & Tertiary Institutions
- Students

WHAT DOES THE SERVICE INCLUDE?

- Information & resources
 - Specialist library
 - Supply of brochures & posters
- Website
- Health Education sessions
- Drop-in Centre
- Referral to testing, treatment & support services
- Plain language Fact Sheets
- Quarterly Newsletter

Contact Liza Doyle or Jennifer Stewart on 03 9276 6993 or email access@alfred.org.au.

•hiv•hepatitis•sti•
education+resourcecentre
www.accessinfo.org.au

SUPPORT GROUP



SOUTH EASTERN HEP C SUPPORT GROUP

LIVING WITH HEPATITIS C?

Have you got questions that need answers? Then drop in to one of our monthly support meetings. Friendly and relaxed, friends and family are also welcome.

Meetings held in Coleman Parade,
near the Glen Waverley railway station

For further information or meeting details,
please contact Pier at the
Hepatitis C Council directly on 9385 9103
or email: pier@hepcvic.org.au

HCCV MID-WEEK SUPPORT GROUP

There has been some interest in a midweek support group. The meetings have been running once a month, from 10am to 12noon at the Council offices in Brunswick.

For further information or next meeting date details, please contact Pier at the Hepatitis C Council directly on 9385 9103 or email: pier@hepcvic.org.au

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

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

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 OF AN HCV DIAGNOSIS, WHAT WAS HELPFUL AND UNHELPFUL IN THE ADJUSTMENT PHASE AND WHAT SUPPORTS MAY HAVE BEEN UTILISED.

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

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

All interviews are strictly confidential.

ABOUT THE RESEARCHER:

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

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

SUPPORT GROUP BREAKING THE CHAINS

HIV | HEP C SUPPORT & EDUCATION GROUP - WARRNAMBOOL

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

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

LIVER CLINICS

Albury/Wodonga

Telephone: 02 6024 5255

Alfred Hospital

Telephone: 9276 2223

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 (Armadale)

Counselling

Positive Counselling HIV/Hep C Inc.

Telephone: 9530 2311

www.positivecounselling.org.au

Sandy Breit

Hepatitis C Counsellor

Telephone: 99276 3021

Dentist

Martin Hall (Richmond)

Telephone: 03) 9420 1302

Direct Line

Drug & alcohol counselling and NSP info

Free call: 1800 888 236

Employment

Westgate Community Initiatives Group

(formerly Options Enterprises), South Yarra

Telephone: 03) 9824 2330

Equal Opportunity Commission Victoria

Telephone: 03) 9281 7111

Toll Free: 1800 134 142

Email: eoc@vicnet.net.au

Web: www.eoc.vic.gov.au

Haemophilia Foundation Victoria

Telephone: 03) 9555 7595

Hepatitis 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) 9489 7955

George Campbell

Telephone: 03) 9646 5455

Jane Daley

Telephone: 03) 9500 8870

Ondine Spitzer

Telephone: 03) 9372 0499

Gill Stannard

Telephone: 03) 9650 3419

Nawala Willumbong Co op Limited

Indigenous drug & alcohol service (St Kilda)

Telephone: 03) 9510 3233

Email: info@ngwala.org

Office of the Health Services Commissioner

Telephone: 03) 8601 5222

Complaints: 03) 8601 5200

Freecall: 1800 136 066

Royal District Nursing Service

Telephone: 03) 9536 5222

Fax: 03) 9536 5333

Email: getinfo@rdns.com.au

Solicitor

Mary Simpson
Slater & Gordon
Telephone: 03) 9600 0290

Victorian Aboriginal Community Controlled Health Organisation

Telephone: 03 9419 3350

Victorian Aboriginal Health Service

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

Victorian hepatitis C Educator

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

VIVAIDS

Telephone: 03) 9329 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 McIlroy
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) 5723 2000

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

Yarrowonga Community Health

Contact: Cherie McQualter Whyte
Telephone: 03) 5744 1324

WEB FORUMS

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

SUPPORT 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 Dec 2005 and then 12 Feb 2006

Venue: Hepatitis C Council Offices.

5/200 Sydney Rd, Brunswick

Readers may be interested to know about 2 other support groups - one in Glen Waverley and one held mid-week in the Council offices - for more info see page 17.

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: 20 Dec, phone for Feb 2006 date

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 sessions of six nights over 12 weeks. With guest speakers on particular topics with time for questions and discussions.

When: Session 1: 2, 16 & 30 March, 13 & 27 April and the 11 May 2006.

Session 2 begins in August.

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.

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.