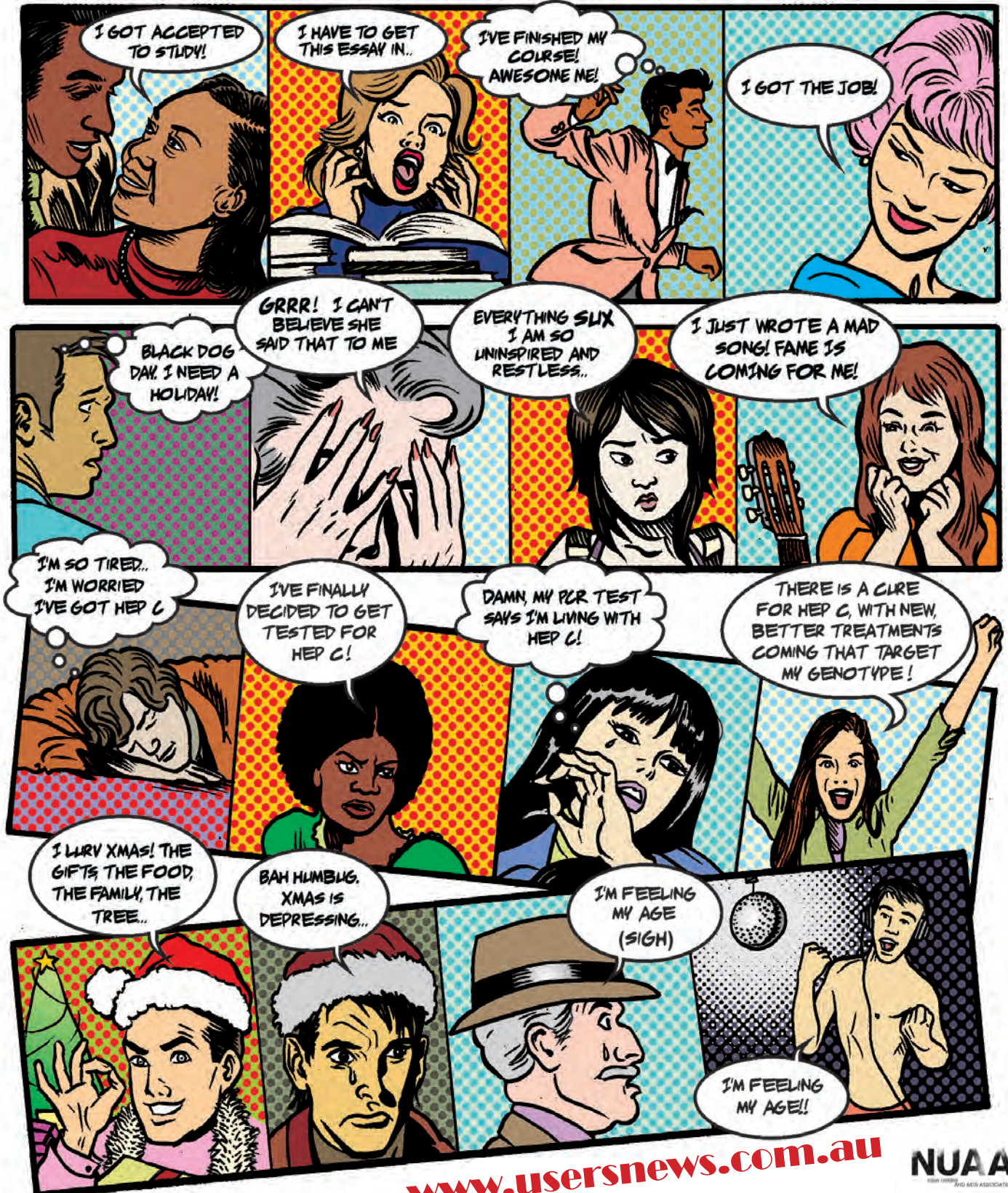


Summer 2015

## THERE'S A MILLION REASONS WHY WE DO WHAT WE DO..



When you want to scream "Enough!",  
REMEMBER there are SOME things you just  
CAN'T get TOO much of...



Looking after  
the ones you  
care for.

Keeping  
yourself  
safe.

New, sterile equipment to last  
until your local Needle and  
Syringe Program (NSP) re-opens.

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**EDITOR:**

Leah McLeod  
 Call/ SMS the UN Editor on 0406 422 267  
 or 02 8354 7300 or email leahm@nuaa.  
 org.au to discuss submitting writing or  
 artwork for UN; being interviewed; or  
 being on the Advisory Board.

**UN ADVISORY BOARD:**

Sara Adey (Chair), Bonnie Briggs, Jake  
 Rance, Jason Grebely, Joanne Brown, kylie  
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**MEDICAL COMMITTEE:**

A/Prof Nadine Ezard, Dr Robert Graham,  
 Dr William Huang, Denis Leahy, Dr Frank  
 McLeod, Dr Hester Wilson

**LAYOUT DESIGN:**

Lazarus Lordi, Leah McLeod

**COVER:** Glenn Smith

from an idea by Quentin  
**ADDITIONAL IMAGES:** 123RF

PO Box 350, Strawberry Hills, NSW 2012.  
 P: (02) 8354 7300 or 1800 644 413 (toll free)  
 F: (02) 8354 7350  
 E: usersnews@nuaa.org.au

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NUAA would like to show respect and acknowledge the Gadigal people of the Eora nation as the traditional owners of the land on which User's News is published. We respectfully acknowledge all Aboriginal nations within NSW where this magazine is distributed.

# THE WIND AT OUR BACK

On 26 November I had the amazing experience of being at the launch of a new group called the Harm Reduction Alliance (HRA) at Parliament House in Canberra. Often these things are fun, cos you get to see some great people who inspire you and have some good conversations. But this time, it was something more than fun. It was very special. This time I got to reconnect with all the political and personal reasons I am involved in the drug user movement and feel positive that real change is in the air.

The HRA was conceived by energetic and committed people - including us at NUAA -who, annoyed with the current level of debate around drugs in Australia, have the passion to give harm reduction a much-needed push in Australia. I found it a moving experience that revived my faith that drug policy doesn't need to stay static, that we can find redefine old problems, find new solutions, put an end to sanctioned discrimination and come up with new ways of thinking about our approach to drug use as Australians.

All this will lead to a new dignity for people who use drugs.

Special moments included a personal video message from Michel Sidibe at the Executive Director of the United Nations body UNAIDS. He said "Today is a great day, with the launch of the Harm Reduction Alliance... Let's put health at the centre of the debate."

Bill Bowtell, who was Neal Blewett's advisor in the 1980s when harm reduction was born as a response to the AIDS epidemic, reflected on that initial decision. After acknowledging the key roles of Dr Alex Wodak and drug user activists Annie Madden and Julie Bates, Bill recalled the night before that "back in the day" announcement thinking, "What if it doesn't work? But," he smiled "it was apparently IMMEDIATELY that it worked." He went on to say: "It is extravagant and wasteful in the extreme to pursue failed policies over and over as we are doing with 'tough on drugs'... It is hysterically, outrageously, obscenely offensive to keep following a strategy that isn't working. Too many people build a false dichotomy. They think it is strong to be tough on drugs, that harm reduction is weak. The opposite is true. Harm reduction is human rights - this is the truly courageous path we need to go with the human rights approach. That is what is right. That is strength."

We also heard from Stephen Jones MP, the shadow Assistant Spokesperson for Health, who brought best wishes from Labor's leader, Bill Shorten. He said: "What we have now isn't working. The first drug policy failure was the prohibition of liquor which clearly didn't work. Harm minimisation is too often not openly spoken about, but slipped in under cover of other rhetoric, But the evidence can speak for itself. The evidence for harm reduction is in, and the support is clearly there from the general public. The lives we save should be the currency we measure harm reduction by" he said, but added pragmatically "but it also saves money!"

Richard Di Natale, Senator for the Greens, spoke not just as a politician but from the context of his background as a doctor working in harm reduction. He said he wanted to go in to bat for drug policy reform. He called for help and support, not stigma and shame, and said we needed to have new discussions. "Australia had a history of leading harm reduction change, but the last 15 years has been disappointing. It is time for Australia to again lead internationally in drug policy. We have a global response example from Portugal and Ireland. Australia should speak up... Too often the system as it stands exacerbates the harms associated with drugs, rather than reducing them. I am committed to working with HRA to make change in Australia."

Dr David Caldicott, a doctor working in harm reduction, said "The laws against drugs are more dangerous than the drugs themselves... Prohibition is the biggest con job perpetrated in the last hundred years. It is an antiquated policy, still surviving while the world has moved on. It is simply good money thrown after bad. We need to pull the pin. Only when the drug issue is treated as health and not morality can there be change. We need to put evidence before politics. Drug reform is a defining issue in our history, a time of legacy."

I particularly enjoyed hearing from Annie Madden, the Executive Officer of AIVL, our national drug user body, who made it real by thanking the drug users in the room and asked "Are we going to accept the preventable deaths we see over and over any longer?... We are still trying to provide Needle and Syringe Programs with one arm behind cut back. We still don't provide a needle for each injection. Imagine if this program was properly funded and supported. Something is very wrong with where we are headed. We need to protect harm reduction within a human rights and natural justice paradigm... A vote for harm reduction is a vote for stopping preventable deaths."

Tony Trimmingham, who founded Drug Law Support in the 1990s after his son died of an overdose, spoke representing families of people who use drugs. His simple promise? We will see high activity from the HRA. "We will be speaking out!" he said.

It was a great event and I left feeling invigorated and committed. As Dr Alex Wodak said, when on 8 December NUAA inducted him into our Hall of Fame as its 2015 recipient: "This year has been the best yet for harm reduction and drug law reform. We have a long way to go, but we finally have the wind at our back!"



## IT'S YOUR User's News **ON** USER'S NEWS

We want to know what you think.

Tell us what you like about Users News, what could be better, and what you'd like to see more of (or less of). Don't forget to include an email address or a phone number, if you want to be in the running to win \$150.

### 1. ABOUT YOU

Your gender (please circle)	M / F / T / I	Your age _____	Your postcode _____
Are you a NUAA member? (You don't have to be a member to win)			Y <input type="checkbox"/> N <input type="checkbox"/>
Are you Aboriginal or Torres Strait Islander?	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/>
Are you currently in prison?	Yes / No <input type="checkbox"/>	Do you have (good) internet access?	Yes / No <input type="checkbox"/>
What language do you prefer to read in?	English <input type="checkbox"/>	Other: _____	
If you answered 'Other', what language do you prefer? _____			

### 2. ABOUT HOW YOU PICK UP & READ USER'S NEWS

What year did you start reading *User's News*? \_\_\_\_\_

How do you usually get *User's News*?  I'm on the mailing list  I read it online [www.usersnews.com.au](http://www.usersnews.com.au)  Pick it up at the NSP  Pick it up at my OST/doctor/health service  From a prison worker  From a friend/flatmate / partner

How many people read your copy of *User's News*?  Just me  Me plus 1 2 3 4 5 6 7 8 9 others

### 3. WHAT YOU THINK OF USER'S NEWS

	Definitely disagree	Disagree slightly	Neither	Agree slightly	Definitely agree
<i>User's News</i> is easy to read					
<i>User's News</i> has relevant information on hep C prevention, treatment and testing					
I learn things from <i>User's News</i> about hep C that I don't learn anywhere else					
I learn things from <i>User's News</i> about safer injecting that I don't learn anywhere else					
I share with others what I've learnt in <i>User's News</i> about safer injecting / hep C					
I've changed how I inject / user drugs after reading <i>User's News</i>					
I've changed how I think about hep C and & blood-borne viruses after reading <i>User's News</i>					
There is a good balance of information, reader's stories, and humour					
I like to keep my copy of <i>User's News</i> to refer back to					
I don't want some family or friends to know I read <i>User's News</i>					

### 4. I READ USER'S NEWS BECAUSE ... (PLEASE TICK ALL THAT APPLY)

I can identify with the reader's stories	<input type="checkbox"/>
I can use the tips on safer injecting in real life	<input type="checkbox"/>
It's written by people who use drugs	<input type="checkbox"/>
It makes me feel connected to a community	<input type="checkbox"/>
I trust that the information on hep C and injecting is accurate and up-to-date	<input type="checkbox"/>
The magazine includes news, tips, information and views that are important to me	<input type="checkbox"/>
People who use illicit drugs are represented in a way that respects and values them	<input type="checkbox"/>
<i>User's News</i> is the only magazine I regularly read which deals with:	<input type="checkbox"/> Hep C <input type="checkbox"/> injecting <input type="checkbox"/> health

**ANYTHING ELSE YOU'D LIKE TO ADD?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thanks for your feedback! If you'd like to be in the entry for \$150 (cash or prepaid Visa), give us an email address or a phone number

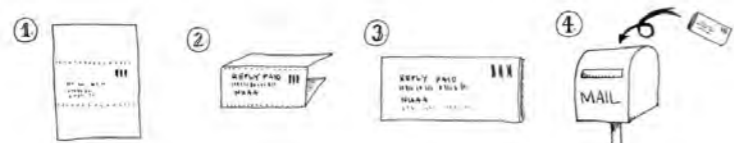
Email address or phone number: \_\_\_\_\_

## OK, GREAT! NOW PLEASE GET THE SURVEY BACK TO US.

There are two ways to complete this survey: either complete this page, cut it out, fold and tape it and send it to us at the reply paid address, or complete it on line by going to [www.usersnews.com.au](http://www.usersnews.com.au) or [www.nuaa.org.au](http://www.nuaa.org.au)

### If you are mailing it...

1. Cut this page out of UN
2. Fold the survey along the dotted lines
3. make sure the address and barcode are on the outside of the package
4. Use sticky tape or a staple to secure the package
5. Pop it in any mailbox - no stamp required, but if you add one, it would help our budget!



Delivery Address:  
PO Box 350  
STRAWBERRY HILLS NSW 2012

No stamp required  
if posted in Australia.



NUAA  
Reply Paid 87434  
STRAWBERRY HILLS NSW 2012

### YOU CAN ADD ANYTHING ELSE YOU'D LIKE TO SAY HERE:



## UNDER THE MICROSCOPE



### THE SILENT DISEASE: Report on the Inquiry into Hepatitis C in Australia

An inquiry into hepatitis C was held by federal parliamentarians in 2015, who called for submissions and heard witnesses in capital cities around Australia. NUAAA attended the Sydney session. The report of the inquiry, called *The Silent Disease*, is now out. We asked a UN reader, Elena Jeffreys who is passionate about this issue to give us an overview. Elena identifies as a NSW based sex worker and injecting drug user living with hep C for the last 18 years and is awaiting access to new treatment drugs.

#### The what and who of the Inquiry into hep C:

In 2015, hepatitis C made it onto the agenda of The Standing Committee on Health, House of Representatives, Commonwealth Parliament of Australia. This committee, made up of Members of Parliament of all parties, held an inquiry into hepatitis C in Australia, and many of you, readers of Users News, must be congratulated for putting in submissions, giving evidence to the inquiry, and being the cheer squad for all the community organisations that did so. The Committee received more than 100 written submissions, and heard verbal testimony from about 90 experts, including many of us living with hepatitis C.

#### The submissions:

Parliamentary inquiries are based on asking the community to submit arguments about how they would like a certain situation handled, and backing that up with facts, research and personal experience. Many excellent community organisations spoke up in submissions and verbal testimony and many views were put.

NUAA, AIVL (the Australian Injecting and Illicit Drug Users League), and Scarlet Alliance (The Australian Sex Workers Association) talked about hep C in terms of harms caused by the war on drugs. Community groups argued for increased access to needle and syringe programs, particularly in prison, the removal of laws that make it criminal to distribute new injecting equipment to friends and partners, and deregulation of the distribution of injecting equipment, so that it's easier to buy and give out needles for free. More sterile, new needles, more often and in more locations was a theme from community organisations.

Individuals' submissions were not so straightforward. Some people said they had "no idea" how they came to be living with hep C, suggesting transmission routes such as "childhood immunisation in Spain," "chemotherapy", medical procedures, or (my favourite) "a road rage accident." We know that 90% of transmission is an outcome of sharing injecting equipment so it is difficult to understand this confusion from the general population.

I suspect it may illustrate the deeply ingrained stigma many people feel about living with a blood borne virus, and more particularly the discrimination associated with admitting a history of injecting drug use.

The real star of the show across all the submissions was the push for prison reform in Australia. Prevention, testing, care and treatment of hep C were all strongly advocated for all Australians, but most passionately in prison settings where there is high transmission of blood borne viruses. The issue of the provision of new needles in prisons was argued well and members of the Committee were keen to consider the evidence provided to them.

#### The good results:

- Health Departments to consider safer tattoo & hair cutting practices in prisons.
- Hep C in prisons be raised as an issue at the Council of Australian Governments (COAG)
- Proposal for a specific National Strategy for dealing with blood borne virus' and sexually transmitted infections in prison.
- Improved health data collection in prisons (also a recommendation from the Black Deaths in Custody Report, yet to be implemented)
- Governments to address the higher rates of hepatitis C among Aboriginal and Torres Strait Islander people.

#### The mediocre results:

Health campaigns for affected communities. It isn't clear if these will be run by communities ourselves, but they will be in multiple languages.

Work with doctors to improve health of people with hep C

#### The disappointing:

- No explicit recommendations regarding peer education, needle and syringe programs, drug user organisations or decriminalisation of drugs
- No explicit recognition of the relationship between criminalisation of injecting drug use and hep C transmission.
- No recognition of the impact of colonialism or dispossession of Aboriginal and Torres Strait Islander people of from land and culture in Australia, and the relationship these oppressions have to hep C prevalence.
- No recommendations about changing laws in relation to illicit drugs generally

#### The report:

Doesn't make for enlightening reading, however is important because it gives a good overview of who is who in the hep C industry, and where we are heading. I believe there needs to be a mountain more community voices being less silent and more angry. And proud!

Download the report here: [http://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Health/Hepatitis\\_C\\_in\\_Australia/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/House/Health/Hepatitis_C_in_Australia/Report)

## LETTERS TO THE EDITOR

Dear UN,

I'm writing this to highlight what I think is a part of the stigma and discrimination we, as users, go through every day. This is the stuff we experience regularly to some degree. Because we don't express it, it can become internal stigma and we end up feeling bad about ourselves or other users. Sometimes without even realising it, we take other people's perceptions and prejudices as right, especially when they come from health professionals and people we rely on and have to trust every day.

Here is an example of something that I experienced recently and how it made me feel.

I have recently got a part-time job after a long time unemployed. My confidence and sense of self worth has shot up from floor level right through the proverbial roof. Like a lot of us I always felt that I had a lot to offer but did not think I'd ever get the chance to shine at stuff I am passionate about. Even the way I carry myself has changed. I know that if I saw somebody going through this change I would be happy for them. I had assumed that the health professionals I see at my clinic would be happy as well to see somebody they know and have seen in some bad places suddenly doing so well. It seems not to be the case.

Recently I was given the opportunity to attend a big conference for my job. It was a coup for me to be invited and important for me to attend. I had a small role in making the meeting go smoothly and loads to learn from being there. I asked for two takeaways to cover the long days of the conference and the travel to get there. I wanted to be as little trouble as I could. Those takeaways were approved. Then it became clear to me that due to a misunderstanding about the length of the meeting that I would need another takeaway to get me through so I asked for an extra take away. This is when things got strange.

My caseworker rang me later in the afternoon to tell me my last request had been denied. The reasons she gave me were that the nursing staff felt it was unfair that I should "be given special treatment". I explained that I

needed to go to the conference to learn what I needed to know to do my job. I was told that it wasn't going to happen because after all, I was using. This was a pretty big assumption for somebody to make as I hadn't done a urine for a couple of months but already I was starting to doubt myself.

I'm sure that anybody who has ever tried to argue a case with a methadone dispenser knows the feeling that the person I was talking to had already made up her mind. I then asked if this person would at least ask the doctor as I'm pretty sure the doctor would be OK with the idea. She said she would do that but suggested that in the meantime I should start looking around for a chemist that was close to the meeting. There was no way I could leave a work event to get dosed, especially as a new, part-time and fairly junior staff member. My expectation was not high.

An hour or so later my caseworker rang me back to tell me that the doctor had indeed said it was fine and had written me up for the three takeaways....but the nurses all agreed that I shouldn't be getting special treatment, just because I had got a job.

All I could think was how pointless it would be to try and explain my situation again to this person. I understood it was pointless. While she was in a room full of her co-workers talking about reasons to say no to me (they had thought up a few), I was on the phone by myself with nobody to back me up. It is all too common. It didn't matter what I said, my opinion was just the opinion of an uppity junkie. A drug user who had got too big for his boots and now thought he deserved "special treatment" - which means that I felt like a worthy person who deserved to go to a conference just like a real person, and no longer felt like a powerless piece of rubbish who had to kowtow to the people in charge of my medication just so I could continue to be dosed.

I take pride in my work and work hard and have found a place where I am respected and liked for what I can do. But in that moment I was reduced to a junkie with no worthy opinions or ideas who could not be trusted.

## AN UPPITY "JUNKIE"

I don't want to be the kind of person who bitches endlessly about discrimination. Sometimes people act out of habit, not out of active discrimination. But I just want to point out that no matter how somebody who happens to be holding the methadone treats us, regardless of why, we need to stick together. Because sometimes we are right and they are wrong. Full stop.

With love,  
An uppity junkie.

Dear U.J,

I love this term, "uppity junkie", harking back to the civil rights movement in the US in the 1960s. It is very appropriate. As long as we remember our place and beg and scrape for a voice, and don't get too big for our boots, it is all ok. However if we dare have a different opinion or stick up for ourselves, we are immediately chopped off at the knees. Then we are argumentative, difficult, even aggressive. Have you ever seen someone with money argue with a shop clerk at a David Jones counter? Plenty of passion there, but the customer is always right, sir. We argue at a methadone clinic and we are out of line and might even be sent off to another clinic for a breather 'til we learn our place again.

I think you are incredible and am so pleased to see you enjoying your new job. I know you will continue to do very well. We are amazing people and when we have the chance to follow our passions and hearts, we do exceptionally well.

My favourite bit of your story is a reminder about community. I totally agree that we do need to stick together. Together we are strong. Together we can make change.

Love Leah

# REPRESENTING OUR COMMUNITY 8

## The International Network on Hepatitis in Substance Users

The bi-annual INHSU meeting was held in Sydney (Manly) in October, which allowed NUAA to send quite a few staff and peer volunteers. We asked NUAA Coordinator **Yvonne Samuel** to explain why it was important that NUAA had a strong presence at the conference and what she found useful.

**UN:** What is INHSU?

**Yvonne:** INHSU is the International Network on Hepatitis in Substance Users, the only international organisation devoted specifically to tackling hepatitis C among substance users. This focus makes it possible to bring together experts from all over the world to pool resources and knowledge on how to best work with the community of people who use drugs. The organisers put a great deal of effort including people who use drugs and their organisation (INPUD, AIVL, NUAA, CAHMA) because as the most affected community, we are the real experts. Other experts who attended included physicians, researchers, health professionals and government and non-government organisations.

**UN:** Why do they have conferences and how often do they have them?

**Yvonne:** INHSU hold their conferences every two years, this one was the fourth. Because there is so much happening in northern Europe, the next one will be in Oslo in 2016. About 90% of people who have contracted hep C have gotten it via injecting and many people who inject – over half in Australia and more in other countries – have been exposed to the virus. While most people with hep C have been tested (75%) very few are actually followed up and treated (less than 2% a year are treated) with the number of deaths due to hep C increasing by 140% over the past ten years. Joining together is one way we work out the best way that people with hep c from injecting get the resources and support they need to look after their hep C and access testing and treatment. Conferences are a great way to get everyone together to share information, research and strategies. They also help get the issue into the media and support advocacy.

**UN:** Why was it important that NUAA attend?

**Yvonne:** NUAA is the NSW drug user representative organisation - we directly represent the group of

people most impacted by hepatitis C in NSW. When we attend conferences we share ideas and ensure the voices and experiences of people who use substances and inject drugs are heard. We also listen, getting access to the latest research that can assist our community. We take away the latest information on harm reduction and how to assist ourselves. We use this information to inform best practice in community development, service delivery and peer education.

**UN:** How did we contribute to the conference and how was our contribution received?

**Yvonne:** NUAA was very involved in the conference in a few important ways. We ran a pre-conference meeting for community together with CAHMA and AIVL – this was a full day for people working in the community to contribute and exchange ideas. Our CEO presented a key address, teasing out issues of particular concern to us, such as stigma and discrimination. This pre-conference resulted in the development of a drug user consensus statement around hep C that NUAA worked with AIVL, INPUD and CAHMA to draft. Sione Crawford from CAHMA presented the statement at the closing ceremony. At the main conference, we sat on panels, chaired a session and had some research posters on display.

We were invited to run a Needle and Syringe Program during the meeting. This was a role that our sister organisation Harm Reduction Victoria did so well at AIDS 2014 in Melbourne. It was an exciting first for us and demonstrates that harm reduction and peer delivered services are gaining kudos in the health sector. It also gave formal recognition to the importance of needle and syringe programs in preventing the transmission of hepatitis C amongst substance users.

**UN:** What was your favourite talk/session/paper/event and why?

**Yvonne:** This isn't a favourite, it's a response I had to a paper. A researcher presented a Scottish model around hep C testing as a successful scheme that I found concerning. The model incentivised doctors to offer hep C testing to "at risk" patients for financial reward at around \$200 a patient. I found this shocking. Why was the money going to the doctor, who should be talking to patients about hep C as a part of their usual job and duty of care for which they are paid well to do? I felt that

INTERVIEW CONT'D P11

# CONFERENCES AND CLAMBAKES

## INHSU Community Forum Consensus Statement

The aim of this statement was to guide community activists and peer support workers to stimulate discussion and influence conference attendees. This statement was prepared by peer participants in the INSHU meeting.

### INHSU COMMUNITY FORUM CONSENSUS STATEMENT

#### Overarching principles

- People who inject, or with a history of injecting drug use are the leading the leading stakeholders in all aspects of hepatitis C prevention, treatment, policy reform and service delivery design, implementation and monitoring
- We are a diverse community with diverse cultural backgrounds
- Drug law reform and ending the criminalisation of people who use drugs is fundamental to the eradication of hepatitis C
- Stigma and discrimination are a driver of the epidemic and create barriers to prevention and treatment. Any form of discrimination based on a person's drug use is unacceptable
- People who inject drugs are rights bearers, we have not given up our human rights including the right to health just because our behaviour is deemed criminal or immoral
- Exorbitant cost of hep C treatment not justifiable and are causing ongoing, preventable deaths in our community.

#### Researchers

- Research, particularly social research, must be community controlled. This is the only way to ensure that data is appropriately interpreted and presented.
- Community control of research includes data ownership

#### Government

- End the criminalisation of people who use drugs
- Scale up prevention, specifically needle and syringe programs. NSP should include health services and be peer led. Hepatitis C transmission occurs via each piece of equipment and access must be scaled up and widened, including in prison.
- Rapidly expand access to pharmacotherapy outside of OST recognising that people inject a diverse range of substances beyond opiates and polydrug use is the norm rather than the exception
- Exploit the full range of TRIPs flexibilities including compulsory licenses, pre and post patent oppositions to increase access to generics and reduce prices
- Health care and treatment must be available regardless of citizenship or migration status

#### Pharmaceutical Companies

- We do not accept the position of pharmaceutical companies that exorbitant pricing is necessary to fuel drug development. Research and development is largely publically funded.

#### Health and Medical Professionals

- The first principle of treatment access is empowering people to understand and demand appropriate health care
- Ensure equal access to treatment regardless of substance use or injecting status
  - Deliver treatment within a holistic and multidisciplinary model of health
  - Ending the war on drugs would free up sufficient funding to fully fund hepatitis C treatment and prevention.

## REPRESENTING OUR COMMUNITY<sup>8</sup>

### Third Contemporary Drug Problems Conference

**Lucy Pepolim** the Operations Manager at NUAA was fortunate to represent NUAA at the Third Contemporary Drug Problems Conference: 'Encountering alcohol and other drugs' in Lisbon, Portugal. This is just one of many conferences that occur around the world each year that focus on issues related to drugs.

**UN:** What sort of people was this conference aimed at?

**Lucy:** The Conference was hosted by the European Monitoring Centre for Drugs and Drug Addiction (Lisbon, Portugal), the National Drug Research Institute (Curtin University, Australia), the Centre for Alcohol and Drug Research (Aarhus University, Denmark), the Centre for Population Health (Burnet Institute, Australia), and the Department of Science and Technology Studies (Rensselaer Polytechnic Institute, USA). This conference brought together leading international researchers in drug use and addiction studies from a range of research disciplines and methods – both qualitative and quantitative.

**UN:** Why do they have conferences and how often do they have them

**Lucy:** CDP conference aims to encourage more critical thinking amongst those working in the drug and alcohol sector by asking questions about what it means to frame drugs and drug use as a problem. The conference was an opportunity to explore how the practices and policies associated with drug use not frame how we see people who use drugs, but how they shape drug treatment and the treatment of people who use drugs.

Sessions were held over three days with 80 speakers from 17 different countries who came from, backgrounds in epidemiology, sociology, anthropology, cultural studies, science and technology studies and history. Papers explored new issues and theoretical concerns.

The conference featured many Australian contributions, highlighting the strength and scope and influence of Australian social science has on research in the drug and alcohol sector. Alison Ritter from Drug Policy Modeling Program, National Drug and Alcohol Research Centre, University of NSW was

given the honour of opening the conference, with a paper on *The dynamics of drug policy: Relational, emergent, and contingent*.

**UN:** Why was it important that NUAA attend?

**Lucy:** Until recently researchers saw people who use illicit drugs as passive research 'subjects'. Researchers made assumptions we weren't interested in research, or the outcomes, or the processes involved. Drug users are not alone in being treated in this way by researchers in the health and medical field. People with disabilities and or mental health problems have also been seen as incapable of voicing an opinion.

AIVL, NUAA and other drug user organisations and some researchers have been calling for a greater degree of consultation on ethical issues when conducting research with people who use illicit drugs. Consultation is the only way to ensure we will have more input into the process, impact and outcomes of research that affect us.

AIVL along with NUAA have been arguing for:

- More consultation with drug users and their representative organisations in setting the research agenda;
- More involvement of drug users through their representative organisations in deciding where and how research funding is allocated
- More involvement of drug users and their representative organisations in developing and planning all research projects;

Community control of research on community-led projects

This is why it was important for NUAA to be at the conference - to ensure that researchers see that NUAA and IDU's are interested in research, the processes and the outcomes. By attending the conference NUAA had a chance to review current research in the drug and alcohol sector in not only Australia but the whole world.

Some of the main themes to emerge from the conference were:

- The complexities of working and researching in alcohol and drug field;
- The need to think more critically about "causation," especially the idea that drugs cause harms or that individuals who take drugs are responsible for the harms sometimes associated with drug use (such as

## CONFERENCES AND CLAMBAKES

the spread of viruses). Instead, conference delegates emphasized the need for more sophisticated methods of understanding and addressing harms;

- The role that research methods play in producing and/or simplifying the realities of drug use.

**UN:** How did we contribute to the conference and how was our contribution received?

**Lucy:** NUAA played an important role at the conference raising issues from a drug user perspective. NUAA could look at processes and outcomes and offer alternate explanations for results. Often results may seem obvious to drug users but they are not obvious to researchers who do not have lived experience. NUAA's contribution was well received and our presence reinforced that IDU's are more than passive research subjects.

### The International Harm Reduction Association Conference (IHRA)

**Mary Harrod**, CEO and **Fiona Poeder**, Director of Programs and Services attended the 2015 IHRA Conference in Kuala Lumpur in October. NUAA had three posters and Fiona presented a paper on NUAA's stigma and discrimination training. UN asked her about the paper and her experience at the Conference.

**UN:** What is the IHRA and why do they have conferences?

**Fiona:** IHRA is the International Harm Reduction Association. The conference is an opportunity to bring together the worldwide community of people involved in harm reduction – there was a strong international focus with a number of sessions featuring work from community and drug user organisations. People who use drugs were represented in each plenary (whole group sessions).

**UN:** Why is it important that drug user organisations like NUAA attend and contribute?

**Fiona:** Harm reduction is about meeting people where they live – you couldn't have the conference without a strong representation of people who use drugs as we are the focus and drivers of the harm reduction movement.

**UN:** Tell us about the paper you delivered

**Fiona:** My paper was on stigma and discrimination and I explained the NUAA training – how we went about it and what we try to achieve in the training. I took the audience through some of the questions I pose during training and hopefully gave them some insight into how people who use drugs are often treated in accessing health care.

**UN:** What was something you took away from the conference that really impressed you?

**Fiona:** I was so impressed by the level of involvement of the international community of people who use drugs

– there was an INPUD meeting prior to the conference and attendance was very high.

There is amazing work going on across the world by amazing people – drug checking in Mexico, needle distribution in Indonesia where executions and torture of drug users is still happening – our amazing peers are doing creative, incredible work in really challenging settings.

### INTERVIEW ABOUT INHSU WITH YVONNE CONTINUED FROM P8

if anyone should be paid, it should be the patient. If people were offered even \$20 or \$50 to cover transport and other costs around getting tested, the numbers would increase significantly and those who need a little extra in their wallets would be benefiting. This has already been demonstrated in hep B vaccination projects.

**UN:** What was your favourite conversation at the conference and why?

**Yvonne:** I had an amazing opportunity to network with other people working in sister drug user organisations around the world. This gave me a deep appreciation for how easy (comparatively) we have it in Australia. We are so much further along in getting government agencies to listen to our voices and financially support the peer harm reduction work we engage in. I had one conversation with a drug user rep from Asia who told me the police had trashed the offices of the drug user organisation. The police claimed a drug user must have done it - however nothing of value was touched. The members of the organisation came to the conclusion that the police had done it. This rep was also telling me that police can urine-test you on the street (literally - you have to pee on the spot) and arrest you if you come up positive.



**PARAPHERNALIA**

**We asked our readers to tell us what they would like Santa to bring**

# ALL I WANT FOR XMAS

Make it so all doctors have to treat people who use drugs. Imagine if they could turn down all old people, or people with heart conditions or not prescribe insulin! But they can refuse to prescribe methadone or have you in their service at all!

Free butterflies and big barrels widely available

15

Decriminalise drugs.  
Put criminals in jails, not drug users

Cheaper (or free) methadone / bupe for everyone!

No dogs at train stations. They don't work and it's intimidating and embarrassing to be pulled up in front of everyone and searched. When they don't find anything they don't apologise.

More health services in the country with better info, testing and treatment for hep C

3

Hep C medications listed on the Pharmaceutical Benefits Scheme (PBS) so we can actually afford them

Companionship, someone to spend time with, I'm a bit lonesome at the moment.

Heroin on prescription!

Short holiday style detox/rehab programs for working people to help get your drug use under control where you are respected and treated like an adult. On Medicare.

Better options at festivals: Pill testing, roving health workers, break out spaces with medical staff.

Make it easier to get on dexamphetamine if you want to, or some other replacement drug for controlling amphetamine use (that works like methadone / bupe does for heroine users).

Stop police parking outside or near NSPs, clinics and vending machines to harass people

Better options for methadone dispensing. Outreach services for methadone, especially in the country, such as a bus that comes to your town once a week and dispenses. Delivery to your house if you are sick. More than two weeks of takeaways at a time.

More treatment services including detoxes for people who use benzos

22

More options for easy, quick access to needles and other equipment. Like in supermarkets, servos and convenience stores. Be able to order over the internet with same or next day delivery. Better still, delivered like ordering a pizza - within 30 minutes - maybe on bikes?

Wheel filters for free everywhere, especially get them in the country please Santa!

A drug-free life

For the police to stop hassling me everytime I step onto the street. Not to be strip searched on the street just because the police don't like the look of me.

Make pills, methadone etc able to be injected safely. We are going to do it anyway so take the gunk out, put them in phials, please make them safe.

21

# XMAS BITES

# A TOUCH OF SEASONING

## Will's story: WHO KEPT THE DOGS OUTTA MY STUFF?

Last Xmas I spent time with my family in New Zealand. My parents are getting older and I thought it might be the last Xmas both of them were alive so I decided to go for a decent amount of time. I spent a month there, making my parents' house my main centre and then foisting myself for a few days at a time on other members of the family scattered over both islands.

One of my last stops was with my brother who has a fantastic place on the beach not far from Auckland. We really reconnected and as I left, he said "I've put a little prezzie in your bag". I figured it was something like a photo of us as kids or some old toy and left with a warm feeling but promptly forgot about it. Whatever it was had fallen to the bottom because I didn't see it when I did a bit of a repack when I got back to Mum and Dad's where I spent a last few days before getting on a plane back to Australia.

It was hard leaving them, and I felt a bit depressed on the flight. I got back to Sydney, went through Customs having declared an artwork my niece had made that included wood and shells, but which had been treated in a way they were fine with, and jumped in a cab home.

As I unpacked, I suddenly remembered my brother's present and went searching for it. I found an unfamiliar tin. When I opened it, my jaw dropped. It was jammed with sticky head from cannabis plants he had grown. I had sampled it when I stayed with him and knew it was mighty fine. But I have absolutely no idea how I got it through two airports without getting arrested.

I shudder when I think what might have happened. I was really angry with my bro, thinking what might have happened. My brother has never travelled and I couldn't believe he could be so naive as to not warn me about it. He of course thought I understood what the present was - he said that at the time he had made a joke about getting through the last few days with the parents, but I don't even remember that.

I can see the funny side now - but barely. I do have to say it fits in with my theory that if you declare something - anything - they are less likely to hassle you for a random or full search!

## Stacy's stories: MAKING YOUR OWN CRACKERS THIS YEAR? HERE ARE SOME INSERTS FOR YOUR JOKE ELEMENT.. ALL TRUE!

Xmas morning. No drugs. Gasp! What to do? Go to the jeans! Yay! Ten this time! Yes, I did this as a regular thing for a while. I used to roll up my jeans into cuffs in order to catch my pills because I used to drop them all the time. Not because I was too out of it... No, never that! Just, you know, strategy...

I grew my Xmas tree in my car this year. A bit of dirt on the mat on the front passenger side and a seed gone wild. It had taken hold and there was a little cannabis seedling. What should I do with it? Pack soil around it, let it grow and decorate it with tinsel?

I was always losing my drugs. I could never figure out why the police could find the drugs I couldn't. Searching for three days and no luck but they would go unerringly to the right place. Not always at first, but they inevitably found what I could not. Why was that?

Then there's the New Year's Eve story about the cop who was convinced I had drugs. He waved over my car, got five of us out and made the drug dog go round and round and round. It was really cute. The cop really wanted him to stop at me and sit down. But after about sixty goes, the dog stopped at the wrong end. So he sent the others away and made the dog just go round me. But he still didn't stop. Nice doggie!

## Cheyne's story: THE XMAS THAT CHANGED ME FOREVER

I ran into my best mate. We hadn't caught up for a couple of months. He'd been pretty quiet, I knew he'd moved, and I'd been busy with a girl. He says: "I've got something you might be interested in. Come round for a Xmas drink."

He'd only shifted a few doors down from where he'd been living. I rocked up on Xmas eve and went upstairs and knocked on the door. "No man," the guy who answered said. "He's made himself a little pad downstairs."

I went down and saw a screen hanging down at the back of a car space under the house. Harry was living behind the screen. It was pretty interesting. Dirty floor but Persian carpets; a double bed with clean sheets - purple; dimly lit lamps with scarves draped on them. As it was beachside, he even had use of an outdoor shower. A real sweet set-up. And free.

I sat down on the little pine crate beside the bed. He pulled out a small wooden box from under a pillow. Catching on there was going to be some sort of illicit substance involved (we had quite a history already): "Where's my drink?" I said, to wind him up. I thought it might have been a trippy Xmas ahead. There was rumoured to be some new acid around; people were smuggling in "window panes" on their nails.

"This is better than any drink you've ever had." He pulled out two syringes. I was a bit scared, but very interested.

I said, knowing but needing it said: "Well, what is it?"

He said "It's horse you idiot. Big H."

I looked at him. "You're not gonna kill me are you?"

"Yeah, of course," he smirked "That's what I had in mind."

I would trust him with my life and it seemed I would be doing that sooner than later.

He said "I just mixed you up a small one."

He shot me up and almost instantaneously I leapt up to heave my guts out on the garden bed. But I learnt even that was immensely pleasurable on this new stuff.

He fixed himself up and I lay back on the bed in a euphoric state while we did a bit of a catch up around who and when. I left about four hours later, walking home enjoying the ambiance of the moment, full of goodwill to men.

Five years later, Harry was dead. I light a candle for him every year around this time. It was speed for him in the end, but that's another story.

And me? Over the years, it's been up and down but I can say I have never been the same since the Xmas of 1972. Because heroin is just one of those things that changes you in ways you can't imagine at the time. And while I wouldn't change my life, this very easy, companionable Xmas eve turned out to be more significant than I could possibly have foreseen and on occasions has led to some pretty hard, lonely times too.

## (MORE) XMAS BITES

### Matt's bite: HIDDEN SURPRISE

A few years ago, I spent Xmas in jail.

It was a really crappy time. I was missing my family heaps and the screws were short staffed so there were lockdowns. I spent hours in my cell. Bored shitless. I started hunting, poking around the place, spotting hidey holes.

Lo and behold, a Xmas miracle. I found a fit. I won't say where. Except to say that it's a good spot that I used for ages and will use again. I had already been there a few months, so I figured if there was any hep C or HIV virus in the fit, it was long gone.

That fit started an easier run for me. Having a fit in jail is as good as having gear, so I had a much merrier Xmas than I ever thought I might and a Happy New Year.

I feel like I have to add something like "kids don't try this at home". Sharing fits is a really bad idea because no-one wants hep C or HIV, especially to take it home to your family. Not to mention the damage using a fit over and over does to your veins. You can't imagine it unless you've done it. If only we could get new, sterile fits in prison when we want them, there's a lot of damage we could avoid and could save the taxpayer heaps too in health bills.

Think how many people use one fit and all the problems that causes and how much that costs in the long run. Much better to get fits in jail.

**Editor's note:** Fits are the perfect environment for blood borne viruses. Different trials have suggested different life spans for the virus in a fit - up to three months in a fit for hep C and up to two months for HIV. It's obviously not safe to reuse a fit at any point. There may be bacteria even if there are no blood borne viruses. But if there is no other solution, the safest way to deal with a used fit is to clean it with bleach. The best way to clean a fit is this: Get three separate containers. Fill the first with soapy clean, cold tap water to rinse out any blood in your fit. If the water is too hot or too cold, it can cause any blood in the fit to congeal and stick inside. Draw up the water with your fit and squirt til clear. The second container has full strength bleach - Fincol in jail which is even more effective than bleach. Take your fit apart, cover the bits completely and soak for two minutes. If you can't soak, draw up the bleach into the barrel and shake the fit for at least 30 seconds. Count it out if you don't have a timer (one thousand, two thousand... thirty thousand) then squirt it out. The third container has clean, cold water to flush. Wash the fit then remake if you have been able to take it apart. Draw up fresh water into the barrel and squirt out at least six times - more if you can. You can risk a dirty hit from the bleach so make sure you flush properly. Check out this link: <http://www.aivl.org.au/wp-content/uploads/resources/Cleaning%20Used%20Syringes.pdf> We know this is not easy to organise in jail so just remember - something is always better than nothing.

### Storm's story: MY XMAS BONUS

I've done everything to pull money in for gear. I was used to trawl the neighbourhood for stuff to recycle and upcycle and nearly every week I would have a garage sale. I'm a great salesperson and have a good eye so I always made money. You would think I'd run out of stuff to sell, but I lived in the inner city and was always recycling my own and other people's possessions off the street. For a while I made brownies, using only the best chocolate and other ingredients. I lived near a weekend market so that was the location for a lot of my schemes and dreams. I got a drawer that I lined with cloth and fitted a strap to; I would load the drawer up and wear it like a cigarette girl and walk the markets. It would take me six minutes to sell out, then I'd race home, get the next lot hot out of the oven, parcel them up with a ribbon, put the next lot in to cook and race to the market to sell those hot cakes and do it all over again. There were times when I reinvested the money same day to make more batches. After a few months though I got sprung with that one - the organisers weren't keen on me making money out of their markets without renting a stall. So then I decided to get a stall of my own. I found a place that sold raw mirrors of all shapes and sizes. I would get the edges bevelled then paint them. My first stall sold out in an hour. I've made cards with stamps and cut outs and glued on bits and pieces and have given my special make over to hair clips, belts and umbrellas. This is all apart from the things I have hocked, over and over again! Each dollar I put up my arm was hard won. Each score was earned by my ideas and labour.

## ADDED SEASONING

### STORMS'S STORY CONTINUED

One year, leading up to Xmas, I had made some money hand painting Xmas decorations that I had bought in a \$2 store and made fabulous. After a morning selling them in the street, I had money to score. I scored in a suburb away from where I lived. Because I worked hard for my gear, I made sure I got what was going good at the time! I was with a friend and we bought our substances then went into a chemist to get fits and other equipment. With that, we went to the pub nearby and I set up on the back of the toilet cistern. Reached in my pocket, no gear. Other pocket, no gear. My bra, no gear. Other side, no gear. My bag, no gear. The chemist bag, no gear. The floor, no gear. Back in my pockets, no gear. My bra, no gear. My bag, no gear. The chemist bag, no gear. The floor, no gear.... after I had done this another five times, I had to face facts that I didn't have it and began to retrace my steps, nose to the ground like a spaniel.

Back to the chemist. I couldn't believe it when I saw my deal ... caught in tinsel that was stuck around the edge of the counter of the chemist! How the chemist or the twenty other customers hadn't seen it, grabbed it or knocked it off I will never know, except that it was slightly hidden in the fluffiness of the deco.

All I could think was that it was my scheme making cheap Xmas decorations beautiful that meant a Xmas decoration saved me! It could be a kid's fairy tale... except for the heroin twist. But a perfect story to tell here! Have a great Xmas.

### Stella's Bite: THE GOOD MAN - EULOGY FOR TIM

I first met Tim at work.

Was it love at first sight? He was handsome, with a fine boned face, a little racehorse; lean as a nine year old. Blue eyes, wavy soft longish hair combed on the side.

He liked exotic women. I knew this but I still made my pitch. He could spend Christmas with his parents in Canberra and a few days on the coast with me on the way back to Sydney. What should he bring? He sounded a little above my usual friends who were all bums and spongers.

I'd recorded a movie to watch: The Magic Flute.

"Wow, I haven't heard of it. I know the Opera..." he said.

"No it's a movie," I said.

I was so fucking pleased with myself. Of course when I turned the TV on it was the opera; I thought it was similar to Shakespeare's film where a man wakes up as a donkey. He suppressed a cynical and confused laugh, jumped up and opened a bottle of wine.

We became friends and researched the making of street drugs, and it was this edgy wild part of the work that led me to see that the life I was leading was just fucking sad and that it was time I enrolled at university and became a real person; one that Tim would want to go out with.

I almost never read the trade magazine sent to my home, but last Saturday, I picked it up and flicked through. He was on the front page. He had died; he had bought himself some heroin and died in a toilet block near a railway station in the western suburbs of Sydney. I had lost track of him when I moved on.

I moved on, hoping to be the sort of person he might be interested in one day.

**Editor's note:** Overdose is very sad and totally avoidable. NUAA have some excellent new overdose resources - little cards that help you assess the risks of overdose, list the symptoms of overdose and explain what to do if one happens. If you call us on 1800 644 413 we will send them to you. Use the buddy system and don't use alone or at least have someone on the end of a phone line. It's best to have someone with you when you inject who can call an ambulance in case of overdose. Talk to your friends about getting trained in naloxone so you can support each other. If you are unsure of the strength of the gear, you are better off trying a bit first, especially if you are alone. Know your limits. You can always have more later.

# HOW TO ACCESS HEP C TREATMENT

- Ask your GP to refer you to a liver specialist
- Make an appointment with the hep C nurse at your pharmacotherapy clinic
- Go to a hep C clinic at your NSP if they hold them. If you attend a service with a peer support worker, ask them to help you
- Call NUAA or pop into the Crown Street NSP for help
- Call the **Hep C Hotline**  
Phone **1800 803 990**

# ROADMAP TO READINESS

## TRY A HEALTHIER LIFE

Eat healthy,  
cut back on  
fats

Exercise

Stop or cut  
back on  
alcohol

Stop or cut  
back on tobacco

## TRY A SUPPORT GROUP

- NUAA LiverMates ph 1800 644 413
- AIVL Hep C'ciety ph 02 6279 7600
- Hepatitis NSW Hep Connect  
ph 02 9332 1853

## 1 GET AN ANTIBODY TEST

This test tells you if you have ever come into contact with the hep C virus. Having hep C antibodies does not mean you are currently living with hep C. People who have cleared the virus spontaneously (without treatment) or through treatment – will still test hep C antibody positive. Being antibody positive does not always mean that you can pass on hep C – you must have an active infection (be RNA/PCR Positive) to pass on hep C.

**POSITIVE**  
You have been  
exposed to hep C.  
GO TO STEP 2

**NEGATIVE**  
Congratulations  
KEEP BEING  
SAFE

## 2 GET PCR TESTS

PCR means Polymerase Chain Reaction. It can detect whether the virus is present in your blood from about a week after infection.

A PCR test can tell you your viral load (how much virus is in your blood) and the genotype you have and even your chances for successful treatment

### HEP C PCR VIRAL DETECTION TEST

This is a confirmation test and will tell you whether you still have the virus.

**POSITIVE**  
You are living  
with hep C  
GET MORE  
TESTS

**NEGATIVE**  
Congratulations,  
you are not living  
with the virus.  
KEEP BEING  
SAFE

### HEP C PCR VIRAL LOAD TEST

This will tell you the amount of virus in your blood. If the test is negative, you may have cleared the virus. You may need a repeat test to make sure. If you have two negative tests, you are considered clear of the virus.

**POSITIVE**  
You are living  
with hep C.  
GET MORE  
TESTS

**NEGATIVE**  
REPEAT TEST  
in 6 months  
to be sure

### NEGATIVE ON SECOND TEST

Congratulations, you  
have cleared hep C.  
KEEP BEING  
SAFE.

### HEP C PCR GENOTYPE TEST

This tests tells you your genotype (there are 22 known genotypes).

Types 1a and 3a are most common in Australia. It is possible to have more than one genotype at a time. It also tells what sort of treatment you need.

### YOU HAVE ONE GENOTYPE

You may need to undergo a treatment regime (you need to keep using safely as it's possible to get more than one type of hep C)

### YOU HAVE MORE THAN ONE GENOTYPE

You may need two different treatments.  
GET A FIBROSCAN to find out when you need to get treatment

## 3 GET A FIBROSCAN

A Fibroscan tells you how healthy your liver is and if you need treatment soon. There are four categories, F0-1; F2; F3; and F4.

### ● F0-1

You don't need treatment urgently but be sure to get tested again in a year

### ● F2

You may need treatment now – if you don't get treatment, get another fibroscan in a year

### ● F3

You are a priority for treatment

### ● F4

You are a candidate for immediate treatment

# SUSANNA'S STORY

I learned I was hep C positive in 2008 when I was tested by a doctor at my local medical centre in a standard blood test.

News like that hits anyone hard initially. The state of shock and the shame stayed with me for many, many months. Because it was so difficult for me to come to terms with, I told no one close to me. Both these things meant I decided to do something about it as soon as possible. Besides, when it comes to medical stuff I'm not a procrastinator.

Prior to returning to the doctor, I worked through risk events in the past in my head - how it could have happened - when, where, why and with whom. I had never injected drugs on my own, basically because someone always doctored me. This was partly because this was in an early part of my using and I hadn't learned how. It was partly because my boyfriends liked doing it as part of an injecting ritual. They used to say: "If you inject yourself then you know you have a drug problem." Of course this was ridiculous. You can be dependent without injecting and inject without being dependent. I realise now how important it is to be in control of my own injecting and my own equipment. You might even say I've adopted a feminist position on it: I now see that being in control of our own drug taking processes as a women is empowering; it's about being able to keep ourselves safe. One tends to trust naively that the other person or people present are responsible and have harm minimization and your safety in mind, but this isn't always the case. The only way you can be sure you are safe is to control your own injections.

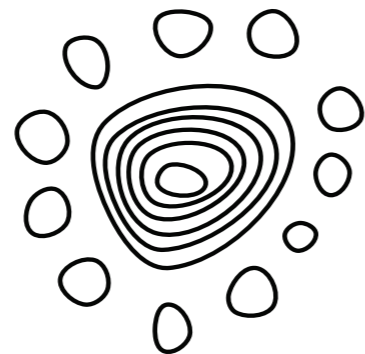
To the best of my knowledge, I never shared a needle, but because I didn't control that part of my using, I can't be sure. At the time I figured it must have been the shared equipment - a spoon, water, tourniquet or filter. I certainly wasn't always concentrating on what was going on, particularly in the party environment. And there were lots of those. And not everyone present was reliable.

I am not trying to shift responsibility for my hep C. I believe it was my responsibility, no-one else's,

to ensure I didn't end up with hep C. It's also my responsibility to research how to care for myself and address the problem to prevent my health worsening, my responsibility to find out how to get tested and what the tests mean, as well as what treatment options are available.

My local medico gave me a referral to a liver clinic in the closest hospital, which happened to have an international reputation for great care and treatment for hep C. As a patient of Dr Gail Matthews and Professor Greg Dore, I qualified for a new clinical trial with a "great new drug ". It was a huge relief in fact to be offered this spot using experimental hepatitis C treatment medications. I knew I might not necessarily clear the virus through this new treatment, that it wasn't foolproof, but even if the treatment was unsuccessful in the end, I wanted to know I was taking steps to do something positive for my health.

The medication included interferon, ribavirin and the trial drug - as I understand one of the new super drugs soon to be offered once they receive PBS approval. The period of treatment was to be six months - which was six months shorter than the twelve months that treatment regimes had been up to this point.



# IT WAS HARD TO COME TO TERMS WITH MY HEP C

I felt very very lucky to be given the opportunity. At the time, I wasn't using illicit drugs. I was having a period of abstinence because my partner had gone to gaol, which made me stop for a while. Had I been using, I wouldn't have qualified. Abstinence was a prerequisite for qualification then. This has changed since. The new hep C treatments will be available across the board to people currently using drugs and not using drugs alike, as well as people who have never been treated (they call it "treatment naïve"! ) or those who have been re-infected any number of times. I am so pleased about this move forward to inclusiveness. What an amazing world we live in!

The staff at my liver clinic were supportive and non-judgmental, always ready to answer questions. But I was empowered and more confident in my treatment journey because I made sure I had a good hep C knowledge. I read, researched and asked lots and lots of questions along the way. I

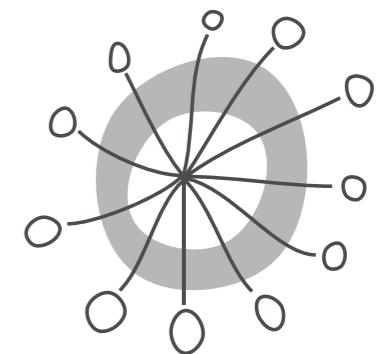
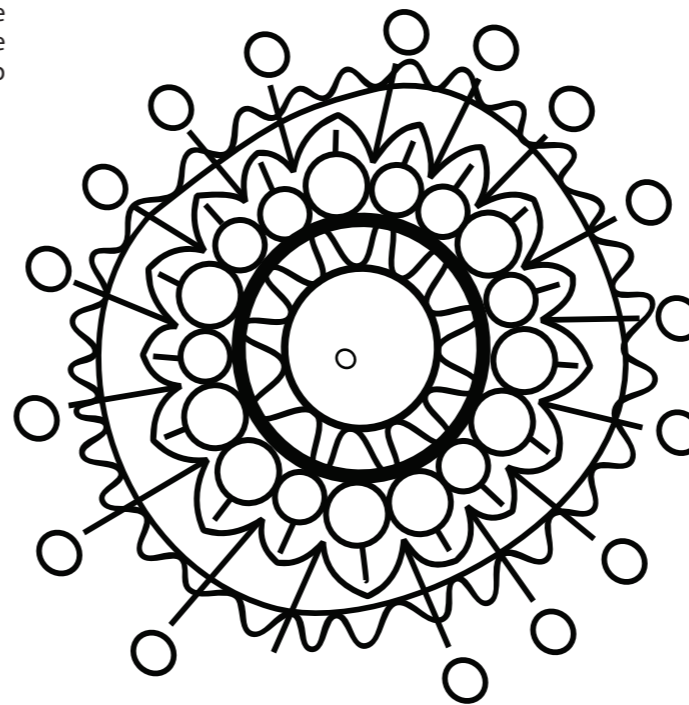
really wanted to understand what each of my results and tests signified.

Even the side effects were manageable because I was informed and was prepared for them. My slight depression was remedied by antidepressants. My shortness of breath told me to slow down and rest- that this wasn't permanent. I was really lucky. I slept a lot - sometimes 10 or 12 hours at a time - my body seemed to need that to process the drugs. Luckily, these were all the side effects I experienced.

Overall, the experience retrospectively wasn't too bad at all. I stayed very positive and thought about the longer term and the bigger picture. I told myself that six months out of my life was nothing, if the end result of treatment is that my life is potentially decades longer and more enjoyable.

I was so pleased that the treatment worked after six months on the treatment regime. I was monitored for a further six months before getting the permanent virus-free tick. My tests stayed clear.

I bizarrely kind of always felt that I would be cured. I was knowledge equipped and, as corny as it sounds, I had faith in my doctors and the other staff and modern medicine!



# CLAIRE'S STORY

**UN: What do you want to tell us about how long you had hep C & how you got it?**

**Claire:** I contracted hepatitis C when I was 17 years old and pregnant.

I had only ever used sterile equipment that I got from the extensive Needle & Syringe Program (NSP) services available in the city I was living at the time. The services were fantastic, including home delivery, bulk equipment, foot-patrols and a myriad of health centres where you could pick up a box of 100 with the works, no questions asked. I usually made sure we had heaps of equipment, for ourselves and to give to friends. By asking questions at NSPs and as an avid pamphlet "picker-upper" I educated myself about the risks involved with injecting drug use, including hep C, and was very careful.

With all I knew, I thought I was totally safe to share injecting equipment with my partner. I had introduced him to injecting. I had no reason to believe that he ever shared or used with anyone else and I only shared with him. We routinely shared spoons, tournies, filters. Plus, even with the best knowledge in the world and plenty of ways to get needles, you can still run out of fits and decide you have to use right now, no waiting - especially if you are sick.

One day, we were both pretty sick. I was heavily pregnant, so he headed off to get something for us. He returned over 12 hours later. He told me he had tried for hours to get something for us but hadn't had any luck. I found out later someone had given him a small amount of their shot. He got hep C from that shot and brought it back home.

A few months later he went to jail and was subjected to mandatory blood screening. He called to tearfully advise me he had hepatitis C and that I better go and get a test. By then my son was born and I worried for the 18 months I was told it would take until they could test him. He tested negative.

My father took me to have a blood test at a big medical centre in a shopping centre and we were advised that I had hepatitis C, was hepatitis B & A immune and "had the liver of a 40 year old drinker". At this time in my life I rarely drank. All my money went on heroin!

I was given little advice. I was given a couple of very basic pamphlets. I didn't get a referral to counseling, treatment or follow-up, or advice about self-care. The doctor did say it wasn't something I'd die of immediately and that treatment was available. I read up on it and

discovered that if I ate well, avoided alcohol and fats, and sought treatment in a few years that it wouldn't be a death-sentence.

**UN: Why did you decide to get treatment?**

**Claire:** About eight years after I was diagnosed I asked about treatment, but I was still using and they wouldn't treat people who were still using then, though that has changed since. I wanted treatment but missed numerous appointments through "competing priorities" and never followed up. I worried I'd be discriminated against as an active heroin user. Plus I had heard stories about horrific side-effects. Fibroscan® technology didn't exist back then and I had heard of the terrible pain associated with intrusive biopsies. Then I was in and out of jail, had another child, had DOCS issues, became a transient and found myself in an abusive relationship. There was just too much competition for my energy; it was never the right time.

Then about eight years ago I decided to detox. I'd had enough of the daily rort-score-use-sick-rort-score-use-sick treadmill. I had lost my two children, two houses, my freedom on numerous occasions, fifteen teeth and I was starting to get symptoms from the hep C. I was getting lethargic, had pain in my side where my liver was - despite still not being a drinker. I got things on track: got on buprenorphine, got stable housing and started at TAFE. I was in a supportive relationship and had friends that were there for me (and not just what I could do/get for them) and hadn't used any drugs for a while. Because my life was now stable, it finally seemed the right time to try treatment.

**UN: How did you get onto treatment?**

**Claire:** I was dosing daily at a public clinic and a hepatitis C nurse came in weekly. She did blood tests to determine my genotype and liver health, told me about the process and how to prepare for treatment. They referred me to a Gastroenterology Clinic for a Fibroscan®. My score was a 9, the high end of "moderate" (7.5 to 9.4). "Severe" starts at 9.5. The specialist I saw said I was a good candidate for treatment and referred me on to the next step in the process.

**UN: How did you prepare?**

**Claire:** It was a quite long process to get started. Every appointment was weeks apart and I had to work it around TAFE. I had to see nurses and clinicians for intake and a lot of questions like how I got hep C, my current life situation, present/past substance use got asked over and over - you end up telling your story several times.

# I WOULDN'T WAIT IF I WERE YOU

Likewise they told me they were there to support me through the process and I'd see them weekly at first, when I came in to pick up my medications.

In addition, pre-treatment-commencement I saw a psychologist to assess my mental health state, she asked whether I'd ever had suicidal thoughts and explained that the combination treatment can trigger depression and/or suicidal thoughts in some people, especially those pre-disposed to these things or mental health issues. I had experienced some Post Natal Depression years earlier but that was successfully treated with anti-depressants. She outlined that I'd need to see her on a weekly basis for the first month then we'd consider it from there dependent on my progress.

Basically I'd advise people to be patient with the process of being a patient. It's a public system that, as we know is well under-supplied and under a lot of demand so everything takes far too long.

**UN: What was your genotype and what was the treatment regime?**

**Claire:** My Genotype was 3A which at that time involved a minimum of 6 months (24 weeks) of treatment. Weekly blood tests were required for the first month to monitor my viral load, then fortnightly then potentially monthly (dependent on the viral response). I did combination ribavirin/interferon treatment. I injected the interferon weekly and the ribavirin were 12 hourly. They demonstrated to me how to administer the Interferon® injection my first time, and recommended that I set an alarm for the tablets. I chose 10:00am and 10:00pm as that worked with my lifestyle at the time.

**UN: How did expectation stack up against reality?**

**Claire:** I expected it to be pretty bad. Anyone I'd ever met or spoken to who had experienced treatment told me how horrible it was. I was warned about the side-effects from the nurses; nausea, hair/weight-loss, extreme lethargy, bodily aches and pains etc. I was anticipating a nightmare ahead.

I couldn't have been more wrong! For me, the first month was the most painful, with the first weekend after my initial injection the most awful. You know the feeling when you've been up for days on an amphetamine binge and are dehydrated, sore, all your bones ache and even lifting a finger is a huge effort? Imagine that multiplied by ten. Yeah, pretty damn bad. I remember thinking, "Shit, wow, if this is what I'm in for, am I sure I can see this through?" Seriously, six months started to seem like a very long time!

However, it got better. After those first four weeks, whilst still lethargic, not having a huge appetite and more hair-loss than normal, I didn't travel too badly. After my Friday Interferon injections I felt crappy over the weekend and early into the week, but by Wednesday I was, more often than not, feeling fairly okay. I was far from feeling 100% but the hospital were delighted to see that my viral load was un-detectable by the end of that first month and I managed to continue my studies, giving me more hope that perhaps I could make it through.

**UN: Were you scared? Did YOU have side effects?**

**Claire:** Side effects-wise, I was scared at first but weighed up six months of pain compared to, long term, potentially ending up on a donors list and short/medium-term, with even less energy, I thought it worth a try. I could always choose to opt-out if it was too much for me. I think everyone's experience differs very-much; Interferon is a naturally produced protein that the body releases in response to viral-defence so we all have times where we experience it's effects; for example when a nasty flu attacks your immune system, that's why you feel so crap, tired and sore - your body is fighting off the virus. I had the worst reaction to my first week's shot and the first six-weeks were the worst for me. I chose to have the injections on Friday afternoons so I'd have the weekend to recover if it really knocked me around.

**UN: What support or resistance did you have from friends and family?**

**Claire:** My then partner would make sure I'd had my tablets at the right time and was helpful with the housework, food-shopping and cooking. I'm a neat freak but I took the advice of a hep C nurse that having the cleanest house wasn't the be-all-and-end-all if I was working on extending my life-span! The team at the hospital, both Gastroenterology clinic and the Opioid Substitution Clinic were very supportive and were constantly asking me how I was doing. I also told my family I was undertaking the treatment and they were great, calling to check-up on how I was and offering any help they could offer, even though they live in another state.

No-one tried to talk me out of it - I am very strong-willed and if I choose to go ahead with something then no-one is going to stop me! Some friends worried it would interfere with my studies, but I advised TAFE I was undertaking a treatment for a liver condition and that I may need some leeway with regard to deadlines and they were supportive.

# MORE CLAIRE'S STORY

**UN: What was your result?**

**Claire:** My viral load was low enough as to be undetectable within one month. The hospital team were very pleased and surprised with this as it was apparently quite unusual. It was amazing to clear the virus. When the blood test six months after I finished confirmed I was still free of hep C it was an amazing feeling.

**UN: Would you recommend the current treatments to a friend? From what you know of new treatments, would you wait if you were still living with hep C?**

**Claire:** Personally, I would recommend people try the current treatments, particularly if they have a Genotype 2 or 3, are generally healthy and have stability enough in their lives to support them, things like housing, friends and/or family and a positive approach to undergoing treatment... or if their hep C is progressing quickly and they are facing cirrhosis. I would say "Don't wait unless you absolutely have to". The combo therapy affects everyone differently, the longer you live with hepatitis C the more damage it can do to your system and liver. I felt so much better once I'd finished treatment, that I hadn't realised how much that living with hep C for over ten years was affecting my day-to-day quality of life. I wouldn't wait.

**UN: Has your injecting behaviour changed since then?**

**Claire:** My behaviour has definitely changed since I underwent treatment and cleared the virus. I now never share any injecting equipment with anyone. I always ensure I have control over the mixing up process so I know it's all sterile and I plan ahead to make sure I have more than enough equipment when I need it. I'm not risking getting it again.

# PETER'S STORY

I contracted hep B and hep C in the mid 1980s. I was sharing equipment and not practising safe sex. The initial hepatitis infection was very obvious, that is yellow jaundice and acute weariness. But while these symptoms passed, the infection did not.

For the next fifteen years I tended to forget I had the viruses. I was careful about managing my blood borne virus risks. I was in a long term relationship and using sterile equipment so I didn't think I needed to worry too much. But I wasn't taking care of myself generally or eating sensibly.

It was not until the late 1990s when I entered a rehab that I actually started to think about my liver. I had a blood test there and found I was living with hep B & C.

The interesting thing I noticed was that some of the men in rehab entered with hep C and managed to clear the virus spontaneously, good news for them! At the time I thought it was because they were living a healthier lifestyle, but I know now that a quarter of people actually clear the virus naturally without treatment.

I never used to worry about my liver and this has led to some more difficult symptoms in my old age "mid fifties". The annoying thing is that I found out that viral hepatitis is completely avoidable! There is a vaccine for hep B that is free at a lot of drug clinics and hep C can be prevented by changing your injecting behaviour.

When it came time to leave the rehab, I approached Kirketon Road Centre (KRC) to see exactly what state my liver was in. The doctor recommended that I undergo a liver fibroscan to find out the health of my liver. This test was painless and non-invasive. I can't stress enough that this is a great way to ascertain the state of your liver. Unfortunately I had a very high reading, an F4 which is the highest category. I was told I had cirrhosis of the liver, which means my liver was very hard. Cirrhosis is the step before cancer, although only a tiny percent of people with cirrhosis go on to get cancer.

My doctor at KRC asked if I would like to try pegylated interferon treatment, which meant a series of pills and injections, to try and clear the virus. I agreed because my liver was in a really bad way. I was told I would need to be on the treatment for six months, which is an improvement on the old treatment of just interferon, which was twelve months.

You will probably hear lots of horror stories about the side effects of interferon, things like nightmares, night sweats and depression. Please don't let the scaremongers stop you from trying it. Personally I suffered very few side effects except for some swelling around the injection site on my tummy and a general sense of weakness.

I found it really important to be in a stable environment, a flat where I could live during treatment. I found I really needed somewhere I could retreat from my often hectic lifestyle and concentrate on eating and sleeping well. At the same time as I went through treatment, so did a relative of mine. She cleared the hep C virus but unfortunately I didn't clear it. My viral load was reduced, but not sufficiently to make it worthwhile continuing the treatment any longer.

I am now still living with cirrhosis and am on the list for the new medications. I am looking after myself and eating really well. Because of the state of my liver, I have had more tests, including regular bloods, a cat scan, and have ongoing fibroscans and ultrasounds to keep track of my liver health. I am also still waiting for treatment for my hepatitis B, which complicates things.

Even though I didn't clear it, I would recommend doing the pegylated interferon regime until the new interferon-free medications are finally affordable on the Pharmaceutical Benefits Scheme, especially if your liver is in a bad way. After all, who knows how long it might take for the approval process.

I can only urge you to at least find out about your liver status and where you stand. I put it off and put it off and I now regret this as if I had caught it earlier, I may have not developed the cirrhosis. It's very easy to think "so what!" about your status but I think the sooner you know where you stand, the sooner you can minimise the damage.

I also want to make the point that I have been treated very respectfully all the way through. All the medical staff have been fantastic and helpful. Really supportive.

So I guess this is my best advice: You can use drugs and have sex right through until you are in old age as long as you take care of yourself. This means using sterile fits and condoms, being careful not to share fits and equipment and, if you do have a liver problem, getting in early and treating it quickly.

You can find out your hep B and C status with blood tests. Your doctor can easily arrange for all the tests you need. Then if you are living with hep C, get a fibroscan so you know what condition your liver is in. Even if you are not ready to tackle your hep C head on straight away, you can start getting ready and paying some attention to your general health, like eating well. If you do have hep C, it's important to continue to be safe when you inject and have sex, or get tattoos or piercings. There are different types and you can get more than one type at once which will make it harder (but not impossible) to treat. If you are living with hepatitis B, get treatment for this as well, and if you aren't, get vaccinated straight away!

**Should I be screened for HEPATITIS B?**

Only 56% of people living with hepatitis B know they have the infection

**GET TESTED if you:**

- Are pregnant – you can prevent the infection being passed on to your baby
- Aboriginal and/or Torres Strait Islander
- Were born overseas – especially China, Taiwan, Korea, South East Asia, the Pacific Islands, Africa and Southern or Eastern Europe
- Are someone who injects drugs
- Are a man who has sex with men

Other at risk groups are sex workers and people in correctional settings.  
Ring the Hepatitis NSW Infoline  
Ph 1800 803 990 for further information.

**You can receive a FREE COURSE OF VACCINE if you fit into any of the following groups:**

- Aboriginal and/or Torres Strait Islander People – contact your AMS
- People in contact with corrections or juvenile justice – via these services
- People living with people who have hepatitis B – contact your GP
- Clients of Sexual Health Services including Gay and Bisexual men, Sex Workers, People Living with HIV, people who inject drugs

**OR Come to the primary health care clinic at the NAAA NSP on Thursdays or phone NAAA on 02 8354 7300 for further information!**

Hepatitis NSW  
NAAA

## DEREK'S STORY

I got non A non B hepatitis back in the 1960s when sharing needles was the norm, but didn't find out I had it until 1992 when I was told I had "hepatitis C". I wasn't using heroin at the time though I drank for Australia! I was referred to a gastroenterologist. I was told the first step was to have a liver biopsy, whereby in a day surgery procedure a cone of my liver would be cut out for testing. Think of a corkscrew going into your liver then taken back out with a piece attached. No fibroscans then. It was painful and intrusive. Not to mention nobody told me it wasn't on Medicare until I went to leave. I had to persuade the hospital staff I would come back and pay the \$200, as they bellowed "He can't pay his bill!" across the crowded hospital reception area and threatened to call security.

I wasn't really told anything about the biopsy results or even what hep C meant for my health. All they said was that I was "type 1" though not what that meant and that I had "piecemeal necrosis" but not what that meant. They also told me I needed treatment, but I wasn't part of any discussion or decision about the downside versus the benefits of treatment or asked if it was the right time for me. I wasn't told the odds of success or what might happen if I left my hep C untreated. I guess I could have just refused to do it, but I was experiencing symptoms and I really believed in the idea that the hep C could be gone from my life. Looking back, I must have been really motivated, because none of it was easy.

At the time, they were recruiting for a research project led by a Chinese doctor using herbal medication and I was considered to be a good candidate by my liver specialist. I admire some of the Chinese concepts of treating medical problems, and though I understood it was a study and may not work, I was keen to try it. It was being run out of the John Hunter Hospital in Newcastle and as I was living in an inner eastern suburb of Sydney I had to go up on a weekly basis for six months. The examinations included the Chinese specialist checking my right and left pulses, checking blood pressure and a lot of looking at my tongue from different angles. It was a double blind study which meant half the group were put on the real drugs and

the other half were put on a placebo and you weren't told which group you were in. Whatever I was on, I didn't clear the virus although I did feel a bit better afterwards. There was no follow up at all after the final treatment and examination and I was never shown the research results.

After that, I was put on interferon. That's all there was left. I wasn't on any other medication and I had to self-inject it in my stomach once a week.

I was told there might be side effects to the interferon, but couched in what I call "doctor-speak"... "You might experience mild nausea." "You might have mild depressive symptoms." "You might have some minor hair loss." "You might feel mild fatigue." Nothing mild about it. I was really, really ill. Dragging-myself-around exhausted. Deeply unhappy. I had a "number one" haircut at the time, so dunno about the hair loss! I was given nothing at all to help with the side effects.

The first month was hell. I was so ill I just lay around in pain after the injection and it took a few days to get back in the land of the living after each weekly injection. I was very depressed, I remember being in a haze of thinking my life was never going to improve. I remember my mother coming to visit and being



## BACK IN THE DAY

worried I was going to die! But I just had to keep going.

At the time I was at uni (the additional degree of difficulty was that I never finished high school), holding down three cleaning jobs and keeping a child in private school. I had a life and no option to take any time off anything. My doctor had stressed that it was important to see the whole twelve months of the treatment through, with no option to stop. I can be pretty strong willed so even though it was hard, I was determined to stick it out. I also reached a point of no-return fairly quickly, when I felt I had invested so much pain and tribulation that it would be too wasteful to pull the plug. Although I have to say jobs that are "physical" soon become "physically-demanding" when your body is stressed by an onslaught of a full-on drug like interferon. I started rushing through my jobs so I could sneak home as early as possible to try and get some rest. Even though the 70 tiny toilets of the child care centre I cleaned were as spotless as ever, I eventually lost that job when my boss dropped by late one night and I wasn't there.

Unfortunately after twelve months of hell and disruption, I had not cleared my hep C. It was pretty devastating. All that pain and no gain to show for it at all.

I did feel better for the treatment, but it may have been that I gave up drinking alcohol for the duration. I did start again, but then a couple of years later I stopped drinking again and stayed stopped apart from toasts and the odd beer if I'm at a barbie on a really hot day and all the planets are aligned. I did start using heroin again, but that's another story. I do believe that cutting out alcohol did more to help my liver and my hep C symptoms than twelve months on interferon.

Now I am waiting for the new meds targeting genotype 1 to come on the PBS to reduce their cost. I would have been happy to try the current pegylated interferon treatment, but my specialist tells me that stopping drinking has meant my hep C hasn't progressed as they thought it might and I have bought some time. He thinks it is worth waiting given the improved chances of clearing my genotype and the reduced side effects that the new meds claim. In the meantime I have learned so much more about how the liver works, what it means to have hep C, how to look after myself and how to be ready for the new treatments when it's time. I have found the info in *User's News* and the *Hep C Review* really valuable, as well as talking to other people living with hep C. It helps to know I'm not alone with this and that there are people and organisations fighting for me to get access to the treatment I need.

Although I watch my diet and continue to stay away from alcohol (and tobacco), I am now getting to the point when my symptoms are really hard to live with. I am getting desperate for these new meds. When I read about the relief people experience when they clear their hep C, and the freedom and energy they get back, I am so envious it's embarrassing. I want that so badly. I want my life back. I am so over dragging myself through every day and the depression and mind fog make day to day life pretty difficult. Not to mention that I have developed diabetes even though I have no family history. I know from my reading that having hep C has made me more susceptible to this illness than I would otherwise be, just as having hep C increases the risk of getting all sorts of other health problems. I just want the new meds available so I can get on treatment as soon as possible and start living again. I've wasted too much time already.



# BECKY'S STORY

I have a history as an occasional drug user and until recently I was living with hepatitis C. It is most likely I contracted hep C when I was traveling in North East Asia in the 1980s, when intravenous drug use was almost a compulsory part of the experience! I am genotype 3 which is common in that part of the world.

I lived with hep c undiagnosed from about 22 years of age until five years ago. Eight years ago a friend with whom I used occasionally (also a recreational user) was diagnosed with genotype 1 and that was the first time it occurred to me that I may have put myself at risk of hep C at some time. I tested a few years later and came back as positive. In the meantime I had had two children and a successful career in health. Concerned about my children, I organised for them to be tested after having that awkward conversation about how I contracted it - a part of my life they didn't know about. They both tested negative.

Five years ago I had a liver biopsy which indicated I had no fibrosis and I decided to wait for the new drugs before I commenced treatment. I had been a social drinker though my 30s and 40s but having hep C made me rethink my drinking and I stopped. Two years ago I became unwell with another inflammatory illness and blood tests indicated high liver inflammation. My liver function tests since then went up and down but never went back into the normal range. Eventually I had a fibroscan and found out I was at stage 3-4 pre-cirrhosis. At first the specialists at the liver clinic thought I might have had auto-immune hepatitis and they tested for these markers. This was another worrying and unexpected complication. Luckily the tests came back negative for this.

During this time I was becoming more tired and getting through the day was like wading through dirty water. From the moment I got up till I went to bed after work I felt tired. Friends were commenting on my slow beach walking. On bush walks I would have to stop and rest. Other friends thought I didn't want to socialise with them anymore but I couldn't keep up and keep working and providing for my children as a single mum. Every week I would feel like I was about to get the flu (sore throat, tired, aching) and then it wouldn't eventuate. I felt like I was living in a mental and physical fog.

Eventually the liver clinic started suggesting it was time for me to have treatment. I struggled with this as I had to keep working to pay my mortgage and look after my

kids but eventually agreed. I worried how I would cope already feeling tired and isolated in my illness. Friends stressed they would help but being an independence freak I was pretty terrified!

During this time my father died and as I was at his bedside I received a message from a friend suggesting I get into contact with a friend who worked for a drug user organisation.

She sent me the link for the first fixhepc website <http://fixhepc.com/> which had been put together by Tasmanian doctor James Freeman. The website contained information about new drugs that promised shorter treatment times, less side effects and improved results than the drugs currently available through Australian liver clinics. These drugs were not affordable in Australia, and the website suggested sourcing and purchasing hep C treatment overseas, while being supported by Dr Freeman. I researched the drugs, the site, the doctor and others who had gone down the overseas drug path. It looked like a worthwhile risk to take.

I made my appointment with "the good doctor" as Dr Freeman became known to me! Our first appointment was a telephone conversation and we talked about the complications of my genotype and the process. He was the first doctor I had spoken to in my hep C journey who validated the obtuse symptoms of tiredness and flu like feelings and my fears of interferon treatment.

I sent the doctor my blood results and he wrote me the script. I emailed the script and bank transferred the money directly to the Chinese pharmaceutical company manufacturing a generic form of the new drugs. It was a tense wait until the drugs were sent from China and then cleared through Australian customs. This was the most and only stressful part of the process, but eventually they arrived, were tested and encapsulated in Tasmania. I live in rural NSW so there was another tense wait while they traveled to my post office who I had on alert to phone me when the package arrived!

That was an exciting day! I had paid in total approximately \$1500 for medication which through Gilead would have cost over \$80,000. I started taking the medication and waited for some kind of side effect. I had been warned I may get headaches and fatigue. I did get some minimal side effects. In the past few months I have had a few moments of tiredness, some

# BUYING FREEDOM FROM HEP C

tight feelings across my head which sometimes seem to affect my memory a bit and have occasionally felt a bit emotional. But quickly I began to feel that I was no longer struggling through every day and I had days where I would wake up and think of all the things I wanted to do that day and feel excited and energetic. My slowness on beach walks had become a standing joke. One friend said "I just thought you walked like that cause you were so chilled!". But after two months of treatment, my friends started commenting on how much faster I was walking.

When I made the decision to buy my drugs overseas I canceled my initial interferon appointment with my local liver clinic and told them of my plan. The doctors there refused to monitor me whilst I was receiving overseas treatment. However the Nurse Unit Manager was a great advocate and encouraged me to continue to ask for local treatment. He lobbied on my behalf and eventually Hepatitis Australia put out a statement supporting access to treatment through Australian health services for people living with hep C who chose to access treatment drugs from overseas.

Currently, the professional responses to people accessing alternative treatments are subjective and inconsistent. I referred several people to the fixhepc website who also asked their local liver clinics to support them in seeking overseas treatment medication. One of these people was advised not to access drugs overseas. However, another friend at a different liver clinic received a wholeheartedly supportive response. Eventually my local liver clinic agreed to help me and I

**Editor's Note:** Even if there's an outcome on new hepatitis C treatment access the reality is that it will still take months - this has been going on for around 2 years already). Have they got the infrastructure to handle all the people they've been telling to "wait for the new drugs"?

It's uncertain if they'll prioritise people with compromised livers and then the rest of the mob. There are literally thousands of people waiting and having waited for around two years - what happened to them in the meantime (especially if they couldn't afford \$1500 or more depending on the drug(s) and length of treatment).

We're now losing more of our community from viral hepatitis related liver disease than from overdose (over 700/year) - these are our brother, sisters, mothers, fathers and loved ones.

There's an argument that purchasing these drugs from overseas undermines the Australian Health system and that's why some doctors and others are against the practice. However, in reality it's saving the Government money (hundreds of people have gone this route - just look at the websites). It's also highlighting the desperation people are feeling and the lengths that we'll go, while demonstrating the need for these drugs to become readily available.

have my first appointment with them next week. I will be on Week 11 of my treatment regime.

At six weeks I tested viral load zero. I was flooded with relief and tears. I realised then how heavily my hep C diagnosis had been weighing on me.

The good doctor has suggested I have another 12 weeks of treatment. This recommendation was based on an assessment of my liver health and progress, including things like my genotype, the time it took to reduce my viral load and the condition of my liver as indicated by my initial fibroscan results.

At three months with another three to go I feel great. I can only reflect on what might have been. How might I be feeling right now if I had just completed three months on interferon and was still looking at nine months to go? I am grateful to the people who introduced me to this path and who had the tenacity to support me in side-stepping the restrictions of the big pharmaceuticals. Their stranglehold on these medications affects those who can least afford it, coming as it does at great personal and public health expense.

I would like to acknowledge the courage of Dr Freeman in challenging the conservative nature of medicine and pharmacy in Australia to treat a marginalised group of people. More, I thank him for treating me. My life has changed remarkably, with less disruption than I imagined possible. Life without hep C is looking rosy.



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## HEP C TREATMENT STORIES

# SAM'S STORY

I was surprised when I first found out I had hep C about 25 years ago. I was tested in a rehab and diagnosed with hep C when I was withdrawing off methadone. They did a full blood work to test my viral load and all that. I wasn't offered treatment at that stage. I was told by my doctor that it was a progressive disease, advancing over a couple of decades so I didn't have too much to worry about, just to get retested down the track. Follow up tests were done after completing rehab and I found I had cleared the virus.

Then I got it again. I had not been using for some years, but then had a short period of use. The second time I was exposed to hep C was during this time. I was tested in jail and encouraged to see a liver specialist. I went along had PCR tests to confirm I was living with hep C and a fibroscan to test my liver health. I didn't get treatment this time either. After a follow up test, I found I had cleared the virus a second time.

Several years passed. I was experiencing flu like symptoms. I presented to a doctor and asked if would please do full blood work on me. I was told I was being paranoid. "It's probably just a flu" he said. I insisted he test me because I fit into the high risk category. I was sent away from that GP without testing and told to go seek help elsewhere.

I went to another GP and got exactly the same reception, with the addition of being told I needed to "go into my own kind". So I did. I went to my local Aboriginal Medical Service and sought the help and support I needed from them. Through this service I was diagnosed with HIV and got on treatment for that.

Two years after my HIV diagnosis I became really ill. I knew something was happening with my liver because I was experiencing symptoms such as jaundice, inflammation in the liver region - it was tender to touch - and lethargy. A friend suggested I go straight to the doctor and seek help but I ignored his advice.

I subsequently collapsed in a doctor's surgery and was rushed to hospital. It took a while for the specialist to determine what was happening. First they thought it was my gall bladder. My liver tests were through the roof. I began experiencing a depression that I had never experienced before. I googled my symptoms while laying in my hospital bed and saw that these were symptoms of liver disease. I was put under the care of a gastro specialist. Because I presented as an acute case, my doctors were perplexed. Normally hep C progresses over a long period but I presented immediately with acute liver failure. I was monitored for two weeks in hospital.

During this time I was experiencing severe abdominal pain around the liver region. They don't tell you that because the liver processes everything, pain relief wasn't an option. Because of the inflammation, my liver could not process any pain relief at all. So I was in agony and had to ride it out.

I also had discolouration to my palms and broken capillaries in my nose and chest, which I have since found out are indicators of liver disease. I'm still living with "liver palms" today.

I was given IV antibiotics but I was not offered any hep C treatment. I was told that I was not a candidate because the liver disease was so acute that they couldn't identify my genotype. This meant they didn't know how to treat me.

My doctors told me what I was experiencing was extremely rare. They thought I was going to die. Fortunately, after a period my viral load began to go down.

I was monitored for the next two years. Within that period I found out that my body had cleared the virus again.

This was great news for me because treating both hep C and HIV together can be complicated, much harder to treat. My HIV specialist explained because I was an IV drug user I should be really cautious about acquiring hep C. For the period I was living with co-infections, I was witnessing friends die from liver cancer. My future looked bleak at that stage.

I have no professional or research-based reason to think this, but it's my opinion that the Antiretroviral Therapy (ARTs) I had on board to address my HIV had played a part in clearing the hep C. I emphasise I am no doctor, it's just an idea I have.

My behaviour has totally changed after given access to the right information about how to prevent hep C. I was never given this information before, even sitting in rehab. I simply wasn't aware of liver health or how hep C was transmitted. I had no knowledge of genotypes, that you could get hep C again and that treatments were available. I personally think that the more info you are given the better you are able to manage and make informed decisions around your health.

I am acutely aware of rates of hep C within my community and advocate for people in similar circumstances to access testing and treatment. I strongly encourage everyone to have a liver health check.

# HEP C IN THE SOUTH

NUAA has begun a new PeerLink project in the Murrumbidgee catchment. Staff in the health services there are talking to people about hep C and encouraging testing and treatment, but many people who inject drugs are still not getting the messages and services they need. We asked some people who inject drugs living in the catchment for their personal experiences and their thoughts on hep C in their community.

## We talked to Nell & Phil both aged around 25 years

**UN:** Have you ever been tested for hep C?

**Nell:** Yes, it happened because I was sick, they were testing me for everything trying to find out what I had, they did bloods and found out I had hep C. After that they didn't even look at what else was wrong with me, they just put it all down to hep C. I haven't had the genotype test yet.

**UN:** Have you ever experienced stigma or discrimination from having hep C?

**Nell:** No never, but I haven't told many people, no one else needs to know.

**UN:** Does it get talked about?

**Phil:** There's posters up everywhere, but no one really talks about it. Since the local hep nurse has started talking about new treatments, people have started talking.

**UN:** What are the levels of sharing like?

**Nell:** It's hectic. People cut open boxes (black fit boxes of used fits). You tell them about hep C and they say I don't give a fuck and cut open a box.

**Phil:** It's pretty high. I only share with my family, we figure we are already family so whatever we have, we share. I didn't understand the risks before.

**UN:** How is it with accessing new equipment?

**Nell:** It's pretty good at the Community Health Centre, but when it's busy... you gotta ask, so if it's busy you gotta wait.

**Phil:** Emergency (at the local hospital) can be a bit rude. It depends who's on the desk. If it's a good person they don't mind if you just reach through the glass and just grab yourself a box. But the 10 packs you get here don't have swabs or water, just fits in a box.

**UN:** Do people understand all the equipment can transmit hep C?

**Phil:** People don't believe it can spread by a filter or a tourny, and they say "Nah that's bullshit", but I think they are just in denial.

**Nell:** I've seen people share a swab between three people.

**Phil:** I saw a local girl have to get a huge chunk of muscle and flesh removed from her arm, from infection from shooting up. Infections are running rampant, people around here are covered in sores - deep holes around injecting sites. They are losing limbs and toes.

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# BUSH YARNIN'

## Thanks to Jenny aged 41 years for our conversation

**UN:** Have you tried to access Hep C testing or treatment?

**Jenny:** I know I have hep C but I've ignored it, left it dormant because I don't have symptoms. But it's always in the back of my mind.

**UN:** Is there stigma and discrimination around having hep C?

**Jenny:** At the hospital, I always have to tell them put some gloves on, be careful don't prick your finger, I have hep C. Once a nurse was taking blood but she didn't do it right and my blood spurted everywhere. I told her I had hep C, and she just said, "Don't worry I'll clean it up."

**UN:** Do people talk about hep C?

**Jenny:** People don't really talk about it anymore and they definitely don't talk about AIDS like they used to, I haven't heard about that for years.

**UN:** What are levels of sharing like?

**Jenny:** People are pretty much into sharing anything they can. People ask "Can I use yours?" I tell them I've got hep C and they need to clean it with bleach but they say they don't care. They don't care about themselves or their future. It's like they have given up.

**UN:** What is the knowledge around transmission like?

**Jenny:** It's not good at all. The fact that people have to go out there and get the info for themselves means they don't do it. Not like those ice ads, they shove those in your face.

**UN:** What about knowledge around testing or treatment?

**Jenny:** People don't know about getting tested. There's not really much understanding, or people just don't care or aren't interested. People do know about treatment, that it's out there, I guess they just choose not to do anything about it.

**UN:** Do they understand that just because they have one hep C genotype they can still get another one?

**Jenny:** Nah, I don't think people know about this. I've only just found out myself the last few years and I've had it for 15 years.

**UN:** Do people know it's not just needles, but all equipment?

**Jenny:** I don't think they do, they just think it's from red blood you can see, not something invisible in the spoon, filter or tourny.

**UN:** Do people realise this is life and death or see how serious hep C can be?

**Jenny:** I don't think they do, because there is no side effects, no symptoms and if they are using, drinking, not watching their diet, then they put it down to that. I can go a bit yellow, get a bit jaundiced when I get run down.

**UN:** What changes would you like to see?

**Jenny:** More advertisements, more info. We especially need to be telling the kids that it's not just from needles - it can be from any blood to blood contact.

# GYM GEAR

**UN:** Was out and about recently and heard a great paper by Rachel Rowe from the Drug and Alcohol Multicultural Education Centre (DAMEC) who had recently surveyed a large group of men in Sydney who inject Performance and Image Enhancing Drugs (PIEDs). We asked Rachel what she found out...

**UN:** There's been some media attention to the issue of steroids in recent years. Has there been an overall increase in use?

**RR:** There's been a four-fold increase in PIEDs-injecting in NSW Needle and Syringe Program (NSP) data during recent years. In actual numbers that increase isn't very big, but alongside customs seizures and other data it would seem to suggest that steroid, peptide and/or hormone injecting is becoming more common particularly along the east coast.

**UN:** That's an important context for your work, there must be implications for NSPs as a result. You worked with NSPs, am I right?

**RR:** There hadn't been any research into PIEDs injecting practices for several years when NSP workers asked me if DAMEC could support them to better understand the needs and backgrounds of people who use steroids. In response, last summer we ran a short survey at nine Sydney NSPs targeting men who inject PIEDs. To be clear - not all NSPs are seeing higher numbers of PIEDs users. Our study targeted NSPs that distribute the larger amounts of PIEDs equipment.

Six hundred and forty four men participated in this research. They lived right across Sydney, with one in three living in the most disadvantaged suburbs and one in five, in the most advantaged suburbs. To any UN readers who participated, thank you!

**UN:** What did the survey answers tell you about the kinds of advice and assistance men using PIEDs need with their health?

**RR:** We looked at three key areas: health problems related to intense periods of use, injection-related injuries and the possibility of transmitting blood-borne infections.

One in three guys typically did cycles for over 13 weeks at a time, and almost the same proportion took no breaks or short breaks of up to four weeks between cycles. We found that participants who took breaks at least every twelve weeks were less likely to report depression,

high liver enzymes, or sexual and genital problems. This backs standard advice - regular and longer breaks between cycles is likely to be protective against at least some of the most common side effects.

Various studies have shown that injection related injuries are common among PIED users. The glutes are the safest intramuscular site to inject but around half of the guys in our study told us they injected in arm muscles and 6% injected in inner thighs or calves. There is an idea that injecting in isolated muscles targets those areas, but in fact 'spot injections' can result in poor absorption, increasing the risk of swellings, lumps and damage to veins, nerves and/or arteries. Also 5% of participants reported re-using their own needles, increasing the likelihood of abscesses or other localised infections.

We are also interested in the ways that hep C and other blood-borne infections could potentially spread. Being injected by someone else (44%) or exposed to blood splatters (on surfaces 17%, or on the body 17%) were really common. Some men reported recently sharing needles (2%) and vials or containers (5%). Injecting other types of drugs (e.g. methamphetamine, speed, heroin) was reported by 5% of participants and this group was more likely to report recent risky injecting practices. We found that more experienced guys were more likely to report riskier injecting practices than guys who were newer to using PIEDs. Men injecting PIEDs, even those who are experienced, definitely need harm reduction and safer injecting information.

Given condom-use was a little lower than national averages; sexual health education within health promotion that targets this group could be helpful as well.

**UN:** Are PIEDs users living with hep C? How does this compare with other groups, and the general population?

**RR:** According to recent NSP studies, 5 to 10% of people reporting PIEDs as the last drug they injected have been exposed to hep C at some time (hepatitis C antibodies positive). While this isn't as high as people who inject other drugs (about 50% are living with hep C), it is higher than the general population (about 1% are living with hep C).

Our research found that risky injecting practices increased the longer people used PIEDs. Given that 3 in 4 participants in our study had started injecting less than three years prior, we might expect to see low prevalence of blood-borne infections at the moment. However if

# WEIGHING UP THE RISKS AROUND PIEDS

this group aren't exposed to harm reduction messaging, it's possible that virus transmissions could increase.

**UN:** Do you think people who use PIEDs should be targeted for BBV prevention, care, testing and treatment?

**RR:** Over half of the guys we surveyed had never been screened for Hep B, C, or HIV, including 11% who were unsure. So it's a group with low testing rates, which matters given that Hep C prevalence has been shown to be higher among people who inject PIEDs than it is in the general population.

In our study, the group who reported recent, risky injecting practices were less likely to have ever been screened. Without general programs for all people who inject drugs, I wonder whether this group would otherwise come into contact with harm minimisation programs. To my knowledge, there are no funded peer-based programs, let alone steroid-specific programs. UN is aware of one peer led PIED project in Victoria.

**UN:** Where are they currently getting information on PIEDs and injecting?

**RR:** Participants most frequently ranked the NSP as the most reliable source of injecting information. However, participants more frequently sought advice from friends or online.

Around half of the guys in our study had told their doctor about PIEDs use and most of this group had related blood tests, but their access to testing for Hep C, Hep B or HIV was no higher than among the men who hadn't talked with a doctor about PIEDs. This makes me wonder what interaction doctors are having with their patients about safe injecting.

Matt Dunn has recently finished a round of interviews with men in regional areas who used steroids; hopefully this work among other future studies will tell us more about how people engage with health services and how services can improve.

**UN:** There are arguments that PIED users should be paying for their own equipment, not getting it free at an NSP or other service. What do you say about that?

**RR:** I'm wary about those kinds of arguments because they might contribute to a situation where users groups are forced to compete with each other. I can't see how that helps to strengthen services.

**UN:** We couldn't agree more.

**RR:** It is true, however, that NSP budgets have not increased in some time and I think that's where we should be focusing our attention.

Some areas are working with local pharmacies to stock the right injecting equipment - and improving availability in this way is a good thing. Addressing the stigma and discrimination that people often experience when seeking equipment from pharmacies or clinics is a barrier that also needs on-going attention. And of course, this is a bigger issue that impacts upon a lot of people.

At the moment the NSP is the most visible point of contact between people who inject PIEDs and healthcare - and in reality, we have little idea about the injecting practices and blood-borne virus transmission rates among people who use PIEDs but don't access the NSP. So there's a unique opportunity to support people to reduce harms associated with injecting PIEDs through the NSP, but there's also a need for peer-based programs and outreach.

**UN:** What do men who inject PIEDs think of the NSPs they attend?

**RR:** Here's a mix of comments we received:

"It's perfect, very nice people"  
"It is currently providing a good service for people like me otherwise we will be forced underground where it is not recommended"

"NSPs provide excellent service and help keep the community safe"  
"First time user (of the NSP) and was made to feel comfortable"

"Needles are normally expensive and without the program I might revert to harmful practices"  
"Keep unlimited supplies going and not restrict like some exchanges are doing"  
"Make one in Campbelltown"

"Provide images of legitimate steroids to save others from purchasing fake products which can possibly be harmful"

"(We need) Information and brochures on NSP locations around Sydney NSW. Hard to find this in a clear manner online"

# TOURNIQUET REFRESHER COURSE

Some people who inject drugs don't have much trouble finding veins, and don't need to use a tourniquet, while others have always used them as part of their injecting practice. Other people decide to add tournies to their injecting routine as they get older and their veins get harder to find over time. We thought it was timely to do a bit of a review so people could develop or update skills and techniques in using tournies to get the most out of them.

## WHY USE A TOURNIQUET?

The reason why tourniquets are recommended is because they make it easier to inject and easier injecting usually means safer injecting. There are two ways tourniquets help. First of all, the safest way to inject, reducing the risk of infections and track marks, is to make your veins sit up and pop out. The easiest way to do that for just a few minutes, long enough to inject into, is to cut off blood flow. Tourniquets are used to dilate veins, making them bigger and more prominent so they are easier to find and inject into. Secondly, dilating the veins helps to "anchor" them so they don't roll around as much when you're trying to insert the needle.

Two common misunderstandings people can sometimes have when using a tourniquet are around how tightly they put their tourniquet on and when and how to release it. A lot of people think "the tighter the better". While too loose tourniquets are not much help at all, putting a tourni on too tightly cuts off the circulation of blood into the arm altogether - you need blood to still flow so that veins will get bigger.

The other common mistake people make is that they do not realise they need to release the tourniquet before pushing on the plunger. If you don't release the tourni first you risk bursting the vein, creating resistance and bruising.

Some people don't like using tourniquets because they have difficulties releasing them. However there are ways to use tourniquets that can be easily removed with a one-hand action. If you are using a latex "bluey" then tie in a bow that can be pulled out easily with one hand. Practice makes perfect! See the NUAA video at <https://www.youtube.com/watch?v=Qq63gcvWDko&feature=youtu.be>

## HOW TIGHT SHOULD A TOURNIQUET BE?

You just need a light squeeze from your tourniquet! Make sure you can still feel your pulse at all times!

## WHEN DO I RELEASE THE TOURNIQUET?

As soon as you are sure your needle is in a vein, that is, straight after you get blood gently entering the syringe when you jack back.

## WHAT CAN I USE AS A TOURNIQUET?

Single use latex disposable "blueys" are available where you get your needles. These are recommended because hep B, hep C and HIV can be transmitted by blood on tourniquets. If you use a proper medical tourniquet, it's best not to let anyone else use it, not even your partner. Use belts or scarves only if you can guarantee that no-one else will use them as a tourniquet or wear them.

If you have trouble using a tourniquet, you can twist your shirt sleeve above the elbow and hold the twist under your arm. Again, be aware of blood. Remember, you don't have to see blood for it to be there. Another trick is to hold a can or other hard object under your arm and press down on it to get the veins in your arms up.

# THE WHY & THE HOW AND THE PITFALLS!

## HOW TO USE A TOURNIQUET, STEP BY STEP

1. Place the tourniquet above where you're trying to inject, and tighten it gently. Tighter is NOT better; make sure you can still feel your pulse at all times!
2. Squeeze your hand a couple of times. Sometimes tapping or rubbing the skin over the vein a few times also helps but there is no value in turning your arm around like a helicopter blade... remember, less can be more!
3. Be patient; give your veins a few minutes to fill up with blood and dilate.
4. Make sure the vein "bounces" when you press it. If it's more like a solid cord it is probably a collapsed or clotted vein, which is no good for injection.
5. Once you've found a usable vein, swab the skin above with an alcohol wipe. When the skin is dry, about 30 seconds, insert the needle into the vein at a 45-degree angle, bevel upwards.
6. You know you're in the vein when you get a small "jackback" of blood into the syringe. A large, bright red pulsating jackback of blood suggests you may have hit an artery.
7. While drawing blood back into the syringe is a way of checking that the needle is still in the vein, don't draw back too much blood before injecting as it can clot while still in the syringe, which may block it. If the needle accidentally comes out of the vein before you have injected, a syringe full of blood will also make it harder to know when you're in the next vein.
8. Once you know the needle is in the vein, RELEASE THE TOURNIQUET. Otherwise, when you push the plunger, your shot may burst the vein or cause backflow of the drug into the surrounding tissues, which is no fun at all. Be very still and release the tourniquet very gently, as the movement from the release can move the needle from the vein.
9. Now the tourniquet is loose and fluid from the syringe is allowed a clear passage through the vein, you can press the plunger. If you are concerned the needle has shifted in your vein, you can double-check that it's all still in place by jacking back again first. However, try to avoid jacking back too often as it can cause bruising and increase risk of track marks.

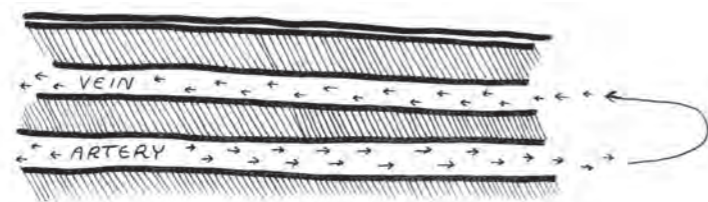


# MORE TOURNIQUETS

## HOW TOURNIES WORK... FOR THOSE WHO LOVE A SCIENTIFIC EXPLANATION!

To understand how tourniquets work and why things can go wrong it's important to know a bit about your blood circulation.

*Blood is carried from the heart through the arteries and back to the heart through the veins*



*Veins are low pressure and arteries are high pressure*

Blood carrying oxygen from the lungs is pumped around the body by your heart in vessels called arteries, and because it is being pumped away from the heart, the pressure of the blood in your arteries is relatively high compared to the pressure in your veins. People who have accidentally injected into an artery will know this, because bright frothy red blood tends to spurt out and needs a long period of firm pressure to make it stop bleeding, whereas after injecting into veins blood oozes out much more slowly.

The (arterial) pulse you can feel in your wrist is the pressure wave that coincides with the pumping action of the heart. When a doctor takes your blood pressure by pumping up the blood pressure cuff, he/she is measuring how much pressure is needed to cut off the blood flow in the arteries to the arm; that is the pressure needed to stop the pulse in your wrist. This pressure reading is the upper measure of your "blood pressure", which is normally about 120 mmHg.

## HAVING TROUBLE GETTING A VEIN?

Most of us know what it is like to not be able to find a good vein, even using a tourni. You may have to try the other arm. It really does help to stay calm - especially hard if you're sick - but try to take a few deep breaths and relax your muscles. Try to take short breaks in between unsuccessful attempts to keep yourself even-tempered.

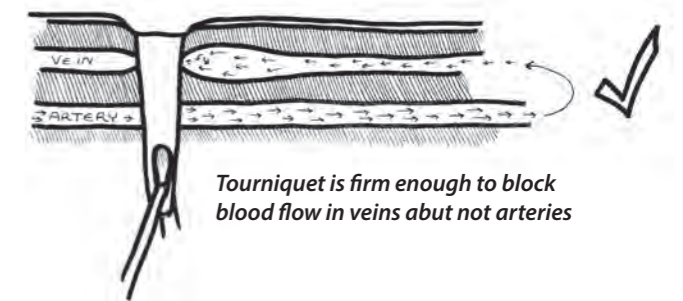
One reason we get panicky is when we have blood in the syringe from a partially successful attempt that might coagulate before we get our shot away. In reality, it can take up to twenty or thirty minutes for blood to clot in the syringe to the degree that a shot is not usable. The more hydrated you are from drinking water and the better your general health is, the longer you will have. So make sure you have drunk plenty of water before your shot to make your veins fatter and your blood thinner, then try to relax and focus, even if you are having trouble locating a good vein.

Stopping the bleeding from each puncture wound before moving on to the next injecting site is important from a blood-borne infection perspective and a good way to pace yourself so that you don't psych yourself out.

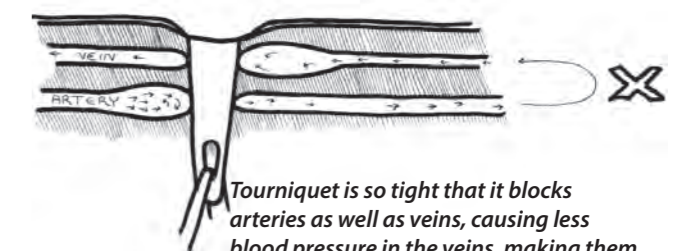
# MORE HARM REDUCTION

## HOW DO YOU KNOW YOUR TOURNIQUET IS TOO TIGHT?

1. You will notice that your veins don't dilate like they should.
2. Because the blood's oxygen supply to nerves and tissues in the arm has been cut off, you may feel some tingling, or pins and needles, in your hand. Your arm will become heavy and start to ache, then become painful and eventually numb. It will also look pale and then bluish.
3. When you let the tourniquet off, you'll feel a surge of warmth as the blood rushes back into the arm through the arteries. Not a good sign!

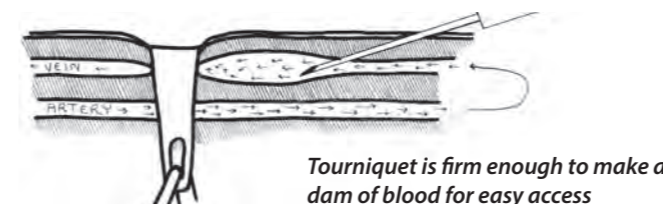


*Tourniquet is firm enough to block blood flow in veins about not arteries*

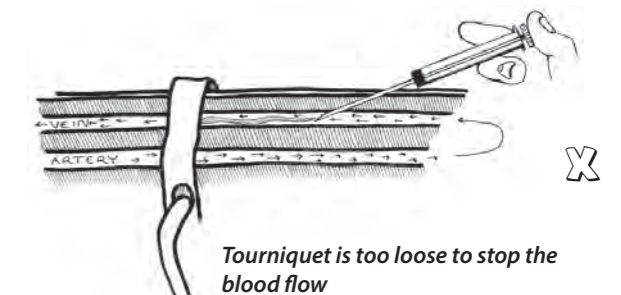


*Tourniquet is so tight that it blocks arteries as well as veins, causing less blood pressure in the veins, making them harder to find*

## BUT IF YOUR TOURNIQUET IS TOO LOOSE, IT WILL NOT STOP THE BLOOD FLOW...



*Tourniquet is firm enough to make a dam of blood for easy access*



*Tourniquet is too loose to stop the blood flow*

# DEAR DOCTOR

Thanks to our team of amazing doctors for their responses to this letter: Dr Hester Wilson, Dr Nadine Ezard, Dr Robert Graham, Dr William Huang, and Denis Leahy (Pharmacy Guild) with a special thanks to Dr Marianne Jauncey and Sarah Hiley at the Medically Supervised Injecting Centre for their particular input to this edition.

## Dear Doctor,

My veins are shot. It takes me a long time to get a shot away, and lots of holes and sometimes lots of fits as well because they get blunt when you keep putting them in with no result. Not to mention the frustration, the panic and the fear. I end up doing way too much because I never know when or if I am going to get another shot in. Because my main drug is fentanyl this can be dangerous. I think that I will die of overdose eventually doing things this way. Also it affects my tolerance which goes higher and higher. I pretty much my whole day just trying to get a vein. As soon as I get a shot away, it's time to start again.

I'm desperate. I hit on the idea of getting a catheter / cannula or even a central line like with dialysis patients put in place, so it's just there and I can inject when I need to. That would buy me a lot of freedom and give me a much safer way to inject. I could get my tolerance down and use more safely.

Can you please give me some advice on how to do that? Where can I get it done? How do I get the equipment to do it myself? Is there a way to get it in there permanently or would I need it replaced at times - if so, how frequently?

Ziv

## Dear Ziv,

It sounds like you are going through a rough patch and the need/desire/whatever you have to inject fentanyl is pretty strong when your body is perhaps trying to say 'hold on, enough already'. The risks you are taking are enormous, and our best advice is to consider a break, if not from drug use at least from injecting. As doctors we have to point out that we are very concerned with your letter. You are at high risk of overdose and infection and none of us want to be writing your death certificate. Your life is very important.

We are of course concerned with all fentanyl use; it's the reason for far too many preventable overdoses. With all fentanyl use, be very careful to calculate the amounts you are using and use less rather than more, especially if you are trying a new method of ingesting (which your veins are begging for) and need to work out how a new method will work. NUAA have a resource on fentanyl that we suggest you read and we recommend you talk to NUAA staff on 02 8354 7300 about the safest ways to use the drug and still get the effect you are seeking.

The practice of injecting larger amounts per injection in order to reduce the number of injections is also worrying as it is attached to a high risk of overdose. It is also self-defeating as it simply increases your tolerance for the drug and it is often the case that this practice leads to the necessity for an additional shot anyway. NUAA have some excellent new overdose resources - little cards that help you assess the risks of overdose, list the symptoms of overdose and explain what to do if one happens. If you call them they will send them to you. Please never use alone. Please make sure you have someone with you when you inject who can call an ambulance in case of overdose. Better still if they are trained in the use of naloxone.

Obviously getting into treatment is something you may have considered, but like many users you may be finding it hard to get on a program. There are simply not enough options for treatment. You might like to contact NUAA or ADIS on 02 9361 8000 to talk through what is available and might be suitable for you. An appointment with a good doctor who understands harm reduction and will respect your choices might be a place to start. All major hospitals in NSW have a drug and alcohol department and you will find some great doctors there. There are also some great GPs who will get you. As well, any doctor on this committee would be happy to talk to you - contact UN at NUAA for details.

Having said all that, we understand that the compulsion to use can be very strong and we want to point you towards reducing the harms of your drug use rather than unhelpfully telling you to "just say no". Let's talk harm reduction and explore the options you raise in your letter .....

# SEEKING HELP TO INJECT WITH BAD VEINS

As much as it seems like they might be a solution, cannulas and central lines are probably not the best option for you for a number of reasons. Here are some of them:

- None of the products associated with cannulas and central lines are commercially available. You can only get them through a healthcare service. Companies making these products do not sell to individuals who are not accredited health care providers.
- The administration of the techniques requires someone who is highly skilled. Inserting a cannula is not something you can do yourself, you need two hands to get them in. This is something even good doctors and nurses have trouble with.
- The same applies to central lines, with the additional difficulty that they are only inserted with a surgical procedure. There is no-one in Australia who would put in a central line for making drug use easier. In fact, if a patient has a central line for some medical reason and does not maintain connection with the hospital, or absconds as an inpatient, the police are called to get it taken out. This is because of the risks associated with them that must be monitored by medically trained people.
- Cannulas are very difficult to put into bad veins. The technique involves putting in a needle, then threading a tube in. The needles are large and are very hard to get in with bad veins and may damage veins even further.
- Lines used by dialysis patients require a procedure to strengthen the veins. A patient must be in good general health for this and the procedure could not be recommended for someone with problems with their veins and other health issues. By the sounds of it, with your veins the procedure would be refused even if you were a dialysis patient, simply because it may fail.
- There is a high risk of infection with both cannulas and central lines. In hospital, cannulas are changed every second day or so in order to avoid infection. They need to be regularly flushed and cleaned. Central lines need to be cleaned through after each use. The sorts of infections that can arise if these lines are not cleaned professionally are serious ones that can lead to amputation and even death.

So what are the alternatives?

You might look at femoral injection. You need a very good teacher for this, a doctor who can tell you the best way to approach it. Very few doctors are willing

to do this. You could talk to NUAA about options. We understand AIVL has developed a resource about femoral injecting and UN has a feature planned for an upcoming edition. We are unaware of any service that currently offers education in femoral injection. The risk of infection and other harms is extremely high. Although some people successfully use their femoral veins to inject over a protracted period, we all have seen severe complications arise from repeated femoral injecting including infections and blood clots that can lead to amputation.

There is the possibility of using an atomiser (or nozzle fitted to a syringe) which delivers a dose through the nose that is taken up very quickly - almost as quickly as injecting. If approached personally, MSIC would have a conversation with eligible people around this form of delivery to explain it all and to talk about other options.

Other ways include placing drugs inside the anus. While this is not very popular in Australia, people who use drugs in other countries find this a very effective way of taking their drugs. Despite popular belief, because of the ease with which the walls of the anus absorb drugs, this provides a very fast delivery of effect throughout the body - almost as fast as injecting and fast enough to produce a rush. You will feel the drugs as strongly and as long as you would if you injected them.

Fentanyl is also very successfully absorbed by putting the film against your gums and leaving it there to dissolve.

This final word is for those people with bad veins who may be panicking that they will lose their injection because they have a small amount of jackback blood in the syringe, thinking it will coagulate. Don't panic. The full process of coagulation, where blood moves from a liquid to a gel, can take 20 to 30 minutes in liquids, that is before you will not be able to push your drug mixture through your needle. Having said that, it is worth filtering twice or using a wheel filter to clear bacteria from the coagulating blood in the mix so you do not experience the symptoms and infections associated with injecting bacteria.

We have spoken about infection a bit in this response. It takes a lot of care to avoid the risk of septicemia, endocarditis, osteomyelitis and other deep infections that are a risk with injecting bacteria - as well as local abscesses and cellulitis and the immediate symptoms of nausea and headaches that signify an infection has occurred. Please be very careful no matter what method you use to keep infection at bay by injecting as safely as possible.

# NUAA KNOWS HOW

Dear NUAA,

I have a friend who is always getting "dirty hits". What are they usually caused by, how do you treat them and how can you avoid them?

Meg

Dear Meg

## What is a "dirty hit"?

A "dirty hit" is common parlance for unhygienic injecting - a shot that carries an infection and has immediate symptoms of feeling ill. They are totally avoidable which is lucky because the effect is something we all want to avoid; you can feel like you want to die for a few hours. Most of us have experienced it at least once and when you do, it really makes you want to review how you do things so you can avoid it in the future! If your friend is getting a lot of dirties, they really needs to rethink their injection techniques - or get some medical advice as they may not be dirty hits, there may be some other health problem that using is exaggerating.

Whether you are injecting stimulants or opioids, the feeling is the same and all the tips and information below will relate to you alike.

A dirty hit is caused by pollutants in a hit. They can come from any number of sources: dirt on your hands, substance that hasn't been filtered, bacteria from unsterile filters, unsterile water, bleach left behind (if you cleaned a fit or spoon but didn't rinse properly) or contaminants on your skin or injecting site.

There may be things that masquerade as a dirty hit so don't make assumptions. For example, we have heard of someone who was sold a crushed buprenorphine tablet and went into instant withdrawal, with similar symptoms. Food poisoning can also have similar symptoms.

## What are the symptoms?

Symptoms usually come on within thirty minutes. People experience slightly different symptoms, though most people have severe headaches and nausea, often with violent vomiting. You can also have diarrhoea, stomach cramps, chills and tremors (shaking). You may be light and sound sensitive.

There are times when septicaemia (extreme sepsis) can occur. The symptoms are rapid heart rate, chills, fever or low body temperature, skin rash, and confusion and light-headedness. If you aren't starting to feel better after about three hours, get to a doctor. If you feel extremely ill, don't hesitate to get medical attention at any stage. There are Medicare bulk bill doctors you can call and they will come to your house. You can also ring an ambulance on "000".

## What are the consequences?

We are concerned that your friend may be a candidate for endocarditis, a potentially life-threatening infection of the heart valve that can develop through repeated dirty hits. The symptoms can come on quickly over one to two days, with fever, chest pain, fainting spells, shortness of breath and heart palpitations. In severe cases, a person may suddenly collapse, have a rapid pulse and pale, cool, clammy skin. Sometimes, endocarditis builds up over months and the symptoms are more vague - a low fever, chills, night sweats, pain in the muscles and joints, headache, shortness of breath, poor appetite, weight loss, tiny broken blood vessels on the whites of the eyes, inside the mouth, on the chest, fingers and toes and odd chest pains. If treated early with antibiotics, endocarditis usually responds well. If you have these symptoms, it is really important to get yourself checked out properly.

Unsterile injecting can also lead to abscesses. At first they look like a raised lump or under the skin. Squeezing and poking can lead to infection. Skin abscesses can take a while to develop. They start as a soft bump but may get red and hot. If you leave it, it may go away, but if you squeeze it, it may get further infected. Antibiotics can help in the early stages, or get a doctor or nurse to lance it, clean and pack it. It's best not to try this yourself, get proper medical care so it doesn't get worse.

# NUAA PEERS KNOW ABOUT DIRTY HITS

## How to you treat the symptoms of a dirty hit?

As far as treating a dirty hit, most oldies think a hair of the dog can help, but you can treat your immediate symptoms with over-the-counter products. Get advice from your chemist. Remember that even though you are ill, whatever you have injected is still in your body working so careful of overdosing.

Make sure you are not alone, try and get someone to be with you. You may feel so ill that you are unable to move, so you may need someone to run to the chemist to get your aspirin and so on - or look after children. Sleep in a low lit room can be the best remedy. You need someone to monitor you while you are asleep. Extreme sepsis can mean you don't wake up, and some overdoses can begin with vomiting and headaches, especially stimulant overdose. Make sure your friend knows symptoms of overdose, including snoring and difficulty breathing.

If you can, drink water to flush out your system and ease your headache. A shower in low lighting can really help, especially if you get the water running on your head. If you have vomiting, make sure you drink water to stay hydrated but keep the sips small - or better still suck ice - to avoid a cycle of drinking and vomiting. If you are vomiting, you can let yourself get very thirsty and end up gulping which triggers you to vomit then you gulp then you vomit it ... well you get the idea. That all makes your headache worse.

## How do you avoid a dirty hit?

Your best bet is to use all new, sterile equipment - spoon, tourniquets, filters and of course fits. Try to use sterile water or boiled water or cold water from the tap. Water that has been let sit, even in a opened water ampoule, rapidly attracts bacteria, so try and get your water fresh. Check out User's News Edition #79 for some info on water.

It is also important to filter well, and perhaps if your friend is getting a lot of dirty hits, she should try a wheel filter for bacteria or even a sterifilt, depending on what she is using.

If you use special equipment, such as butterflies and wheel filters, you really should only use them once. They are not made for repeated use and it is impossible to clean them properly. We know they are expensive, but your health is worth an extra couple of dollars a day.

Washing your hands before shooting up and handling your drugs and apparatus is really important. Your best bet is warm water, soap from a pump pack and a paper towel. The best results come from rubbing with the soap

under running water for about as long as it would take to sing a verse of *Happy Birthday To You!*. Remove your rings and pay special attention to your finger tips, between your fingers and in the creases. If you don't have access to somewhere to wash your hands, at the very least try to clean your fingers with swabs, rubbing your hands together to create a friction.

Swabbing is very important. Swabs are soaked in 70% isopropyl alcohol and designed to kill bacteria. You can get as many as you want for free from your NSP.

First, swab the area you are using to mix up on. It can be helpful to use the same surface each time, perhaps a placemat, DVD cover or book. We like ours with a bit of sheen or gloss to it like plastic or glass so we know it's not very absorbent. Swab all your equipment - swab the spoon, swab the scissors... swab it all, a different swab for each implement.

Swabbing your skin is also best practice, both your fingers and your injecting site. Swab in one direction a few times. Ideally, you need to let it dry for 30 seconds before injecting. Remember, using a swab after your shot can make you bleed more and sharing swabs is a risk factor for blood borne viruses. NUAA has a great, short video on Youtube about swabbing: <https://www.youtube.com/watch?v=yDWVCA8xm8c>

## AVOIDING these things can certainly help:

- using fingernails to scoop out drugs
- licking the end of a needle before use
- touching, blowing on, or licking injecting sites
- leaving water out for longer than necessary
- smoking cigarettes while mixing up drugs
- reusing your own syringe
- using teeth to a filter from cigarette or open a drug baggie
- coughing on powdered drugs
- leaving fits with pre-mixed drugs in the sun
- sharing someone else's syringe
- injecting near skin infections and wounds, no matter how small.

## To recap

If you are getting lots of dirties, then we recommend that you review your practices. There is only so much we can say here! Your friend is welcome to call us to go through her practices or come into our NSP. Please use sterile equipment once only and be as clean as possible. If you do have a dirty hit, make sure you are with someone who cares about you and that you get medical help - you don't have to tough it out on your own!



# SIX THINGS

A phlebotomist is "a person trained to draw blood from a patient for clinical and medical testing, transfusions, donations or research". People who use drugs tend to have lots of blood tests, especially if we want to keep on top of blood borne viruses. We also often have tricky veins, or veins we want to protect from the larger needles used for gathering blood samples. If taken by an inept technician, blood tests can be an awful experience. Here are some tips to help your phlebotomist to get blood more easily and make the whole thing more comfortable and less stressful for everyone.

## take charge and work out how to get what you need... nicely



It's your body and your health. Take charge. You know what works for you. You are the one who will end up like a pin cushion if they miss. Let your phlebotomist know which veins are best, which direction to come in from, and what your body needs to get the best result. Recall where others have gotten blood before so you can pass that knowledge on. However, be prepared for them to balk at femoral, neck or foot injecting. These are all quite tricky places to get a needle into and most health professionals just won't be prepared to go there. If they are truly the only places you can get blood from, you may have to do it yourself.

Remember, needles used for taking blood are thicker than needles used for injecting drugs, and the needles have to be in for much longer than many injections, so if you don't want them disturbing a particularly delicate vein that is about to go on you, say so.

Of course communication is a two-way street, so while you are teaching them, learn from them and give them the freedom to do their thing. Some phlebotomists have been doing their jobs a long time and know a lot of great tips. So watch the truly great ones in action and learn some new tricks if you can. And if you find a treasure, ask them their name and make an appointment with them specifically in future.

Another conversation you can have is with your peers. Apart from being able to tell you what worked for them, they can identify which nurses are great phlebotomists and which ones have difficulty or get flustered so you know who to get and who to avoid when you make your appointment.

## it's all in the planning



If you are difficult to get blood from, then impromptu testing won't help anyone. You need time to get your veins ready for a test. If you know when your blood will be tested, you can get all the right things in place. Your best bet is to make an appointment for a test so you can work on getting your veins in tippy top order for your phlebotomist. Don't let anyone bully you into having a blood test immediately if you know you have trouble getting a vein and will need time to prepare.

## get that blood pumping

Exercise is another thing that will help you get your veins up. Body builders use the trick of a high volume of repetitions of arm curls using hand weights to get the veins up.



They also advise that the leaner you are in terms of low body fat, the more your veins will stand out. This advice of course is all about getting your veins up all the time, a la Arnie, and means counting your calories and exercising your cardiovascular system every day.

For the purpose of a blood test, any exercise that will invigorate the area you will be using for the test - usually the arm - will be helpful. Play a game of tennis, squash, hand ball or ping pong before your test! Or go the low tech way and just try swinging, pumping and curling your arms while holding a can of baked beans in each hand or squeezing on a rubber stress toy. Or try this one: Stand parallel to a wall with your arms straight out and hands on the wall doing a few push ups against a wall!

# 6 WAYS TO HELP YOUR PHLEBOTOMIST



## drink your veins happy

Hydrated veins are plump veins. Plump veins are happy veins that like to have needles in them.

Start drinking extra the night before your blood test, have a glass of water beside your bed, then have some more before the test. Try to drink a couple of litres. During the period of readiness, avoid diuretics like alcohol, coffee and colas that make you urinate a lot and leave you dehydrated.

## competition

We have three "help your phlebotomist" sample bags to give away! Each one includes something from each of the six tips: a LiverMates pen, a pocket-sized diary, an aluminium water bottle, a stress toy shaped like a liver, a microwaveable wheat heat bag and a medical tourniquet with quick release, as well as some hep B, hep C and HIV resources. Just text 0406 422 267 before 14 January 2016 with the words "My health matters to me". The 5th, 15th and 25th READER TO TEXT will win a pack. Can't get fairer than that!



## turn up the heat

Adding heat will make your veins easier to find.

Taking a hot shower, running your arm under hot water and adding a hot pack (like the ones made of wheat that you put in the microwave) will all help.

If you know a hot pack helps you, take one to your appointment with you and ask someone at the medical centre to heat it up in their microwave.

Then sit with it on your veins in the waiting room while waiting to be called for your test. Otherwise try a hot water bottle or even improvise with a plastic bag that can hold water at boiling point, wrapped in a towel.



## stop the flow

Of course, the easiest way to make your veins pop out for a few minutes is to cut off blood flow. If you know how using a tourniquet can help you, you can help them get it right.

They will know how to effectively use a tourniquet, but check out the article on tourniquets in this edition of UN as well as the NUAA video for the best tips on how to make tournies work for you on the NUAA website ([www.nuaa.org.au](http://www.nuaa.org.au)).

Tournies should be either disposable one use only, or used just by you alone. If they get blood on them, they can play a role in the transmission of hep C, and you don't have to see blood for it to be there.



# NUTRITION AND RECIPES

**The liver is a star player in keeping your body well nourished. It digests, processes and stores the nutrients we get from food, detoxifies our blood, and makes hormones and other things that our bodies need to function. It's so amazing that your body can function even with as little as 20% of a working liver!**

Despite its superhero-like qualities, your liver can be damaged by things such as an unhealthy diet, being overweight, excess alcohol or drug use and hepatitis viruses. Since hep C can increase your risk of other chronic diseases like diabetes and heart disease, it's particularly important for people living with hep C to eat well. Additionally, a healthy diet and being a healthy weight can slow the progression of liver disease, optimise immune function, improve energy levels and improve your mood.

People with hep C don't need to follow a special diet unless they develop advanced liver disease since the liver can still perform all of its normal functions even

with some inflammation or scarring. Just simple healthy eating is adequate as the body can still digest and use all of the nutrients from food — as long as you are providing it with enough of the right things!

## **Variety – the spice of life**

Regularly eating a variety of food from the five groups is the foundation of a healthy diet. Cutting out entire food groups puts you at risk of missing out on essential nutrients, not to mention limiting the number of yummy foods you can eat! When you plan your meals or write your shopping list, make sure you include:

Plenty of vegetables, including different types and colours

Fruit

Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes

Reduced fat milk, yoghurt, cheese and/or their calcium-fortified alternatives

# HEALTHY LIVER HEALTHY LIFE

## **Watch your waist**

The jury is in - excess body fat is bad news for your liver, heart and overall health, particularly if it's stored around your middle. If you have hep C, try to keep to a healthy weight with a healthy diet and regular exercise. However, if you are already overweight, even a small weight loss can result in significant improvements in Liver Function Tests.

## **From little things, big things grow**

Making healthy changes to your diet can be hard - whether it's a tight budget, a busy schedule, symptoms of hep C or side effects of treatment such as fatigue, poor appetite or nausea, sometimes things just get in the way. Luckily, nutrition doesn't need an all or nothing approach so if you don't have the 'perfect' diet, don't worry! Just one or two small and sustainable healthy changes can make a significant difference to your health.

## **WHAT'S YOUR HEALTHY NEW YEAR'S RESOLUTION?**

- Make is specific, measurable and achievable to make it stick
- Switch from full cream dairy to low fat products
- Eat fish twice a week
- Try a new vegetable each fortnight
- Go for a power walk after dinner 5 times a week

## RECIPES FOR A HEALTHIER YOU...

### **Pasta Primavera with Ricotta**

Serves 4

Try serving cold as a fresh and colourful pasta salad.

280g dried spaghetti  
1 large zucchini, finely diced  
400g broccoli, trimmed, cut into small florets  
1 bunch asparagus, trimmed, thinly sliced  
3 Roma tomatoes, deseeded, diced  
2 cloves garlic, crushed  
1 tablespoon olive oil  
1 ½ tablespoons balsamic vinegar  
1 cup basil leaves  
ground black pepper  
1/2 cup (125g) low-fat ricotta

Cook spaghetti in a large saucepan of boiling water following packet directions, or until al dente, adding zucchini, broccoli and asparagus for last 2 minutes of cooking. Drain well and return to the saucepan.

Meanwhile, combine tomatoes, garlic, olive oil and balsamic vinegar in a bowl.

Add tomato mixture and basil leaves to pasta and vegetables. Season with freshly ground black pepper. Evenly divide between serving bowls. Serve topped with crumbled ricotta.

### **Anything mince balls**

Serves 4

These easy mince balls are a great way to use up leftover starches and stray veggies in the crisper. Try using cous-cous, barley, quinoa or even chopped up pasta in place of rice. Make an extra batch and keep them in the freezer for lazy nights in or for emergency party canapés.

Cooking oil spray  
1 egg  
2 tablespoons light milk  
250g lean beef mince  
1 cup cooked rice  
1 cup grated vegetables (eg. zucchinis, carrots, mushrooms)  
1 teaspoon dried oregano  
1 teaspoon mild English mustard  
4 pita pockets  
8 tablespoons pasta sauce, to serve

Preheat oven to 180°C. Lightly spray a baking tray with oil. In a large bowl, beat egg, then add evaporated milk and beat again. Add the remaining ingredients and mix well. Use a fork to make sure rice is evenly distributed. Shape heaped tablespoons of the mixture into falafel-sized balls and place on prepared baking tray. Bake for 20 minutes until brown. Serve with pita bread and pasta sauce.

## Simple and quick for holiday eating ... and will give your liver a holiday as well!

### **Grilled piri piri fish with warm rice salad**

Serves 4

2 cloves garlic, crushed  
2 teaspoons lemon zest  
2 tablespoons lemon juice  
1/2 teaspoon chilli flakes  
2 teaspoons olive oil  
4 x 150g firm white fish fillets  
cooking oil spray  
1 large zucchini, halved, thinly sliced  
200g snow peas, thinly sliced  
150g roasted red capsicum, not in oil, drained, chopped  
3 cups cooked basmati rice  
2 tablespoons chopped parsley  
lemon wedges, to serve

Combine half the garlic, half the zest, all of the juice, chilli and olive oil in a shallow glass dish. Add fish and stir to coat. Cover and refrigerate for 30 minutes.

Spray a large chargrill pan or frying pan with oil and place over high heat. Grill fish for 2–3 minutes each side, or until cooked to your liking.

Meanwhile, spray a large frying pan or wok with oil. Add remaining garlic, zest, zucchini and snow peas. Cook, stirring, for 2 minutes, or until vegies are almost tender-crisp. Add cap-

sicum and rice. Cook for 2 more minutes, or until rice is heated. Stir in parsley and season with black pepper. Serve fish on rice salad with lemon wedges

### **Mango Ice Pops**

Serves 6

1 mango, flesh chopped  
1/3 cup fresh lime juice  
150g tub low-fat passionfruit yoghurt

Blend mango and lime juice in food processor for 1 minute, or until smooth. Spoon mango mixture into six 1/3-cup (80ml) capacity ice-block moulds. Freeze for 1 hour, or until firm. Pour yoghurt over frozen mango mixture in moulds. Freeze for another 2 hours, or until firm. To serve, remove from freezer and stand for 2–3 minutes before gently removing from moulds

THANKS TO ALBION CENTRE DIETITIANS AGAIN! ESPECIALLY MIRIAM, WHO IS MOVING ON. THIS IS HER LAST COLUMN. THANKS MIRIAM FOR YOUR GREAT RECIPES AND HEALTHY LIVING ADVICE... AND GOOD LUCK!

# Where to Score Fits



## SHOOT CLEAN!

NSP Location	Daytime N °	NSP Location	Daytime N °
Albury	(02) 6058 1800	Narellan	(02) 4640 3500
Armidale/Inverell	0427 851 011	Narooma	(02) 4476 2344
Auburn Community Health	(02) 8759 4000	Newcastle/Hunter	(02) 4016 4519
Bankstown	(02) 9780 2777	New England North	(02) 6686 8977
Ballina	(02) 6620 6105	Regional Area (referral service)	0427 851 011
Bathurst	(02) 6330 5850	Nimbin	(02) 6689 1500
Bega	(02) 6492 9620	Nowra	(02) 4421 3111
Blacktown	(02) 9831 4037	Orange	(02) 6392 8600
Bowral	ADM at back of Hospital on Ascot Road (02) 6639 6635	Parramatta	(02) 9687 5326
Byron Bay	(02) 4634 3000	Penrith/St Marys	(02) 4734 3996
Camden	(02) 4634 3000	Port Kembla	(02) 4275 1529
Campbelltown (MMU)	(02) 9718 2636	Port Macquarie	0417 062 265
Canterbury (REPIDU)	(02) 9522 1046	Queanbeyan	(02) 6298 9233
Caringbah	(02) 6455 3201	Redfern Harm Minimisation Unit	(02) 9395 0400
Coffs Harbour	(02) 6885 8999	Rosemeadow	(02) 4633 4100
Cooma	(02) 4827 3913	St George	(02) 9113 2943
Dubbo	0417 062 265	St Leonards (Royal North Shore)	(02) 9462 9040
Goulburn S.East	(02) 4320 2753	Surry Hills (Albion St Centre)	(02) 9332 9600
Grafton	(02) 9477 9530	Surry Hills (ACON)	(02) 9206 2052
Gosford Hospital	(02) 8788 4200	Surry Hills (NUAA)	(02) 8354 7300
Hornsby Hospital	(02) 4782 2133	Sydney (Sydney Hospital Sex Health Centre, CBD)	(02) 9382 7440
Ingleburn	(02) 6562 6022	Tahmoor (Wollondilly)	(02) 4683 6000
Katoomba/Blue Mountains	(02) 9360 2766	Tamworth	0427 851 011
Kempsey	(02) 9357 1299	Taree	(02) 6592 9315
Kings Cross (KRC)	(02) 6622 2222	Tumut	(02) 6947 0904
Kings Cross (Clinic 180)	(02) 6620 2980	Tweed Heads	(07) 5506 7556
Lismore	(02) 9616 4807	Wagga	(02) 6938 6411
Lismore - Shades	(02) 9977 2666	Windsor	(02) 4560 5714
Liverpool	(02) 9682 9801	Woy Woy Hospital	(02) 4344 8472
Manly	0427 851 011	Wyong Hospital	(02) 4394 8298
Merrylands	(02) 4474 1561	Yass	(02) 6226 3833
Moree	(02) 9881 1334	Young	(02) 6382 8888
Moruya	(02) 6670 9400	Redfern Harm Minimisation Program:	(02) 9395 0400
Mt DrUITT	(02) 9562 0434		
Murwillimbah/ Tweed Valley	(02) 9562 0434		
Marrickville Harm Minimisation Program	(02) 9562 0434		
Canterbury Harm Minimisation Program	(02) 9562 0434		

This is not a comprehensive list. If you can't contact the number above or don't know the nearest NSP in your area, ring ADIS on (02) 9361 8000 or 1800 422 599. ADIS also has a state-wide list of chemists that provide fitpacks.

## WHO YA GONNA CALL

### WANT PEER INFO



CALL NUAA  
ON 02 8354 7300  
OR TOLL FREE 1800 644 413  
WWW.NUAA.ORG.AU

CHECK OUT THE AIVL WEBSITE  
WWW.AIVL.ORG.AU



### WANT EQUIPMENT

AT AIVL'S ONLINE NSP  
DIRECTORY AND LEGAL GUIDE  
WWW.AIVL.ORG.AU/NSP

FOR CHEMISTS GO TO  
WWW.FINDAPHARMACY.COM.AU

CALL ADIS  
ON 02 9361 8000  
OR 1800 422 599

FOR NSPS OPEN  
OVER XMAS/NY GO TO  
WWW.NUAA.ORG.AU/NSP



### WANT SERVICES

CALL ADIS  
ON 02 9361 8000 OR 1800 422  
599  
WWW.YOURROOM.COM.AU

OPIATE TREATMENT LINE  
1800 642 428

STIMULANT TREATMENT LINE  
02 9361 8088 OR 1800 101 188

# BE AWARE OF WHAT YOU SHARE

Sharing injecting equipment  
can spread hep C so get good  
supplies from your NSP

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community-based  
organisation.

NUAA aims to promote the  
development of  
legislation and policies to  
improve drug users' social and  
economic well-being.

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ADVANCE THE HEALTH,  
RIGHTS AND DIGNITY OF  
PEOPLE WHO USE DRUGS  
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NUAA aims to  
improve the  
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STRAWBERRY HILLS  
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SEND US A STORY, YOUR  
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FOR  
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NUAA aims to  
provide  
information,  
education, and  
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people who  
use drugs.

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