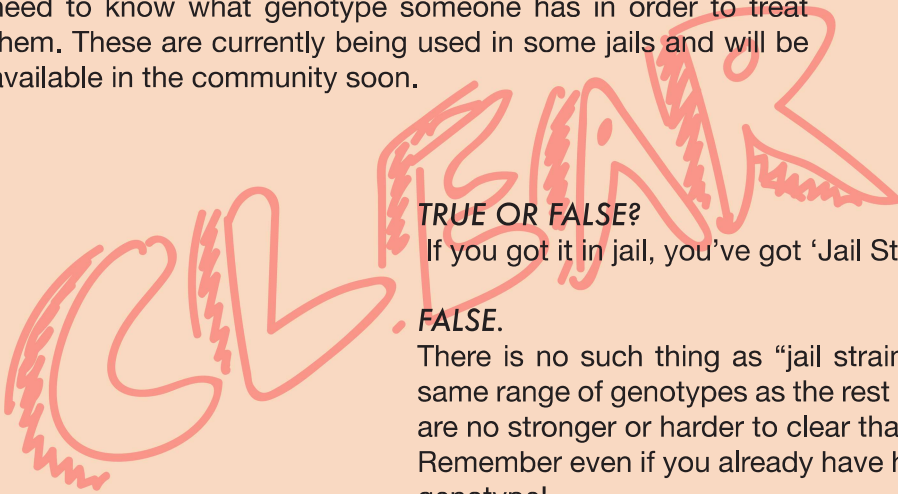


TRUE OR FALSE?

You can't cure genotype 1 hep C.

FALSE.

It used to be hard to cure, but these days there are drugs designed specifically to cure genotype 1. It only takes 1 pill a day for 12 weeks with a cure rate of 97%. There are also meds designed to cure all genotypes, so soon they won't even need to know what genotype someone has in order to treat them. These are currently being used in some jails and will be available in the community soon.



TRUE OR FALSE?

If you got it in jail, you've got 'Jail Strain'

FALSE.

There is no such thing as "jail strain". People in jail have the same range of genotypes as the rest of the population and they are no stronger or harder to clear than those in the community. Remember even if you already have hep C you can get another genotype!

TRUE OR FALSE?

If you use in jail, you are sure to get hep C.

FALSE.

No matter where you are, you can reduce the harms of using. If you use in jail, try to use Fincol (jail bleach) to clean fits as often as you can to prevent the spread of hep C. Get treated if you have hep C and encourage others you use with to get treated. In that way, you can help keep each other healthy.



TRUE OR FALSE?

Treatment makes you sick and your hair falls out.

FALSE.

The old interferon treatment made you very sick and had some dreadful side effects. Some people experienced hair loss and skin dryness to the point of sciatica. But that is all in the past.

Thankfully, with the new treatment, side effects are minimal. Some people may experience mild side effects like headaches, slight dizziness, dry mouth, diarrhoea or trouble sleeping. However, they are easily treated and usually only last the first week or two. While some people have more severe and longer lasting side effects, most people find they barely notice any.



TRUE OR FALSE?

I can't get tested because my veins are so bad.

FALSE.

You no longer have to have blood taken in the old way with a syringe in the crook of your arm, filling up vial after vial of your juicy red blood.

New testing only requires you to prick your finger and drip a bit of blood onto a card. That card is used for the testing.

“Dry Blood Spot” or DBS testing tells you if you are living with hep C. It is widely available in NSW and you can order a kit online through www.hivtest.health.nsw.gov.au. You can get an HIV and a hep C test done with the same kit.

“Point of Care” testing for the hepatitis C virus. Point of Care Testing can tell you whether you have hep C within an hour. It is possible to get tested and start treatment the same day. This test is only available through research studies at the moment.

“Fingerprick” tests can be done in 10-20 minutes and tell you if you have been exposed to the virus (antibody test)

Check out the article in this magazine for more information.

TRUE OR FALSE?

There's no point getting treated while you're using.

FALSE.

All people should have an equal chance to be as healthy as they can and for that reason you are eligible for treatment whether using or not.

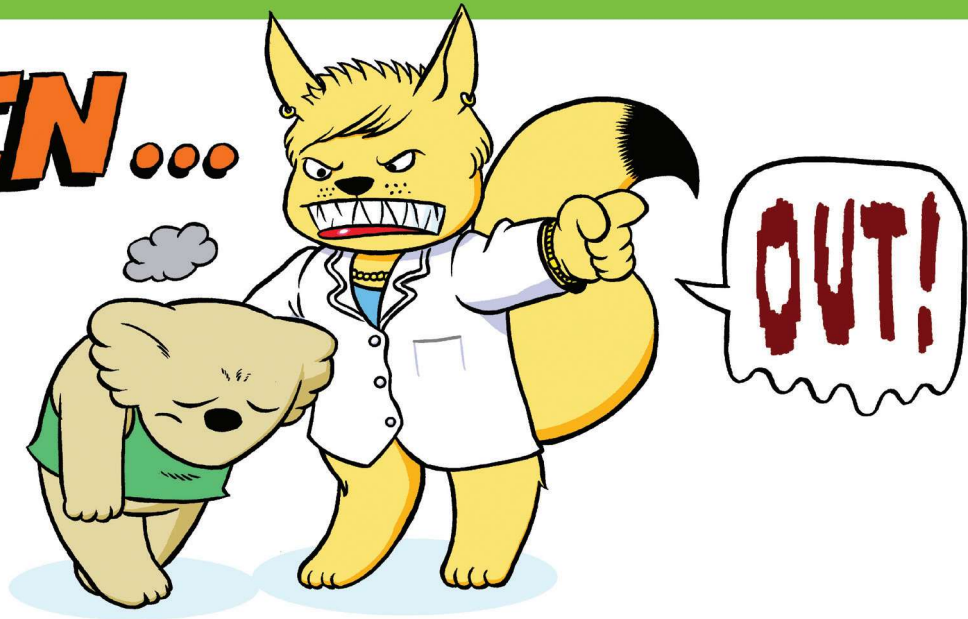
Some doctors think that users can't or won't take our meds every day, so think starting us on treatment will be wasted. But research shows that treatment has as much chance of succeeding with current users as with people who are abstinent.

Getting hep C cured is a huge step in reducing the harms around our drug use. Sometimes our drug use can mean we miss food or sleep, get infections more easily, and stress our bodies and emotions in other ways. So we need to balance some of these ups and downs by taking care of whatever health matters we can. Hep C affects the liver, an organ with many functions, and we can suffer exhaustion and mood swings (among other things) if it is not working properly. Curing our hep C can make a big difference in energy levels and our attitude towards life, as well as ensuring we don't get liver cancer later in life.

Hep C treatment is also used as a way of preventing the spread of hep C. The more users who are hep C-free, the fewer new infections will occur. On a personal level, being free of hep C is also the best way we have of making sure we don't pass it on by accident when we use with others — usually our partners and friends.

WHAT IF I'M USING?

THEN...



...NOW!

STIGMA AND
DISCRIMINATION
KILL.

TODAY
EVERYONE IS
ELIGIBLE
FOR HEP C
TREATMENT.

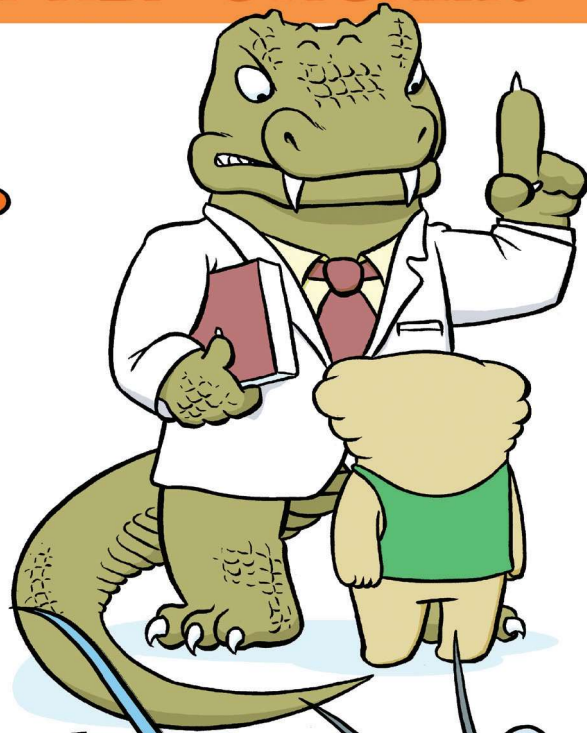


**IT'S A BIG CHANGE
FOR THE BETTER!**

WANT TO KNOW MORE? CALL NUAA ON 02 8354 7300 OR TOLL-FREE 1800 644 413.

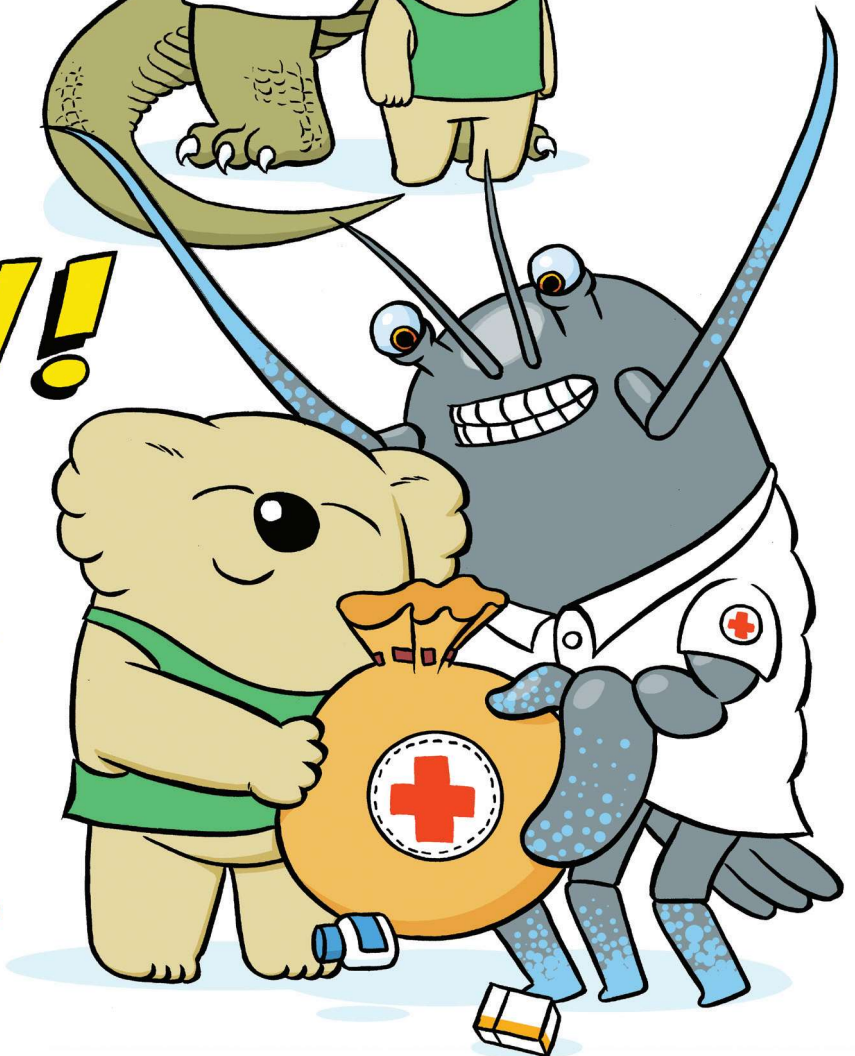
**WHAT IF I GOT TREATED AND CURED
BUT GOT HEP C AGAIN?**

THEN...



...NOW!

NO MORE
JUDGEMENT.
NOW YOU CAN
GET TREATED
AS MANY TIMES
AS YOU NEED.



**IT'S A BIG CHANGE
FOR THE BETTER!**



WANT TO KNOW MORE? CALL NUAA ON 02 8354 7300 OR TOLL-FREE 1800 644 413.

TRUE OR FALSE?

You only get one shot at treatment.

FALSE

You can receive treatment as many times as you need it. There is currently no regulation directing the number of times someone can receive hep C treatment. If you clear the virus, try to use sterile equipment for each shot but continue to get tested regularly. If you get it again, ask for another round of meds.

GARE

BOOBY

TRUE OR FALSE?

If you don't have symptoms from your hep C, you don't need to have it treated.

FALSE.

You may be symptom free for years. It doesn't mean that your liver is not being damaged. On average, it takes about twenty years for significant liver scarring to develop.

Your body will thank you if you get treatment before you begin to experience the symptoms that can occur with hep C (tiredness, sweating, mood swings) — and before serious and irreparable damage (including liver cancer) has been done to your liver.

TRUE OR FALSE?

It is okay to share fits with your partner.

FALSE.

It is never safe to share with anyone.

Some people think that sharing fits has the same level of risk as having unprotected (without a condom) sex. However, the chance of getting hep C through sex is very low.

Hep C is transmitted through blood to blood contact with blood carrying the hep C virus entering another blood stream through a wound. As a rule, this doesn't occur during sex, with obvious exceptions of adventurous sex (like some BDSM play and blood-play) and sometimes extended sex sessions (from friction wounds).

Some people also assume that if they have shared fits even once, they have shared the hep C virus and it is ok to continue to share. However, even if you have passed on the virus, there is a chance that you or your partner might clear it spontaneously. So get tested or re-tested; you may be surprised.

Given that we care about our partners and want to keep them safe, we should always act as though our partners are hep C free and try to avoid sharing fits.

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TRUE OR FALSE?

If you have hep C it is okay to share with other people with hep C.

FALSE

There are 6 main genotypes numbered 1 – 6 with several subtypes. Just because you have one genotype doesn't protect you against the others. You can get as many genotypes as you are exposed to. Each additional genotype potentially multiplies and accelerates the damage to your liver and can complicate treatment.

If you share with other people with hep C, you might make life worse for both you and them. Try to always use sterile equipment.

STERILE

TRUE OR FALSE?

You can get hep C from your own used fits

FALSE

You can make yourself very sick by using your used fits, because germs love moist environments like the barrels of fits. However, to get hep C you must come into contact with the blood of someone living with the virus.

TRUE OR FALSE?

You can only get hep C from sharing fits

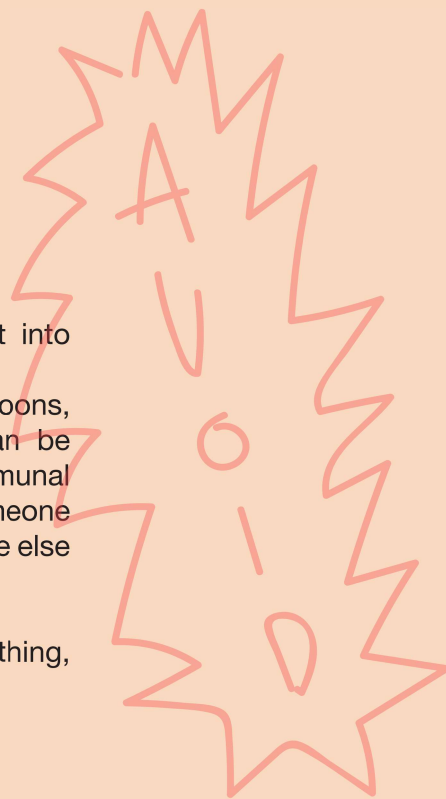
FALSE

Hep C is passed on wherever infected blood can get into someone's bloodstream.

The hep C virus in blood can live in all equipment — spoons, cotton, swabs, tourniquets — as well as fits. You can be exposed to the hep C virus if a used fit is put in a communal spoon to pull up gear or if you share a tourniquet with someone or use a piece of cotton ripped from one used by someone else to wipe their blood.

You should also avoid sharing toothbrushes and razors.

Remember, just because you can't see blood on something, doesn't mean it isn't there.



TRUE OR FALSE?

You can get liver cancer from hep C treatment.

FALSE

There has never been a case where someone ended up with a more damaged liver because of the current hep C treatments.

Sadly, there was a death in NSW a couple of years ago of a man who had just completed the treatment. However, his death was not from the medications, but because he received the treatment too late to be effective. A life-long injecting drug user in his 60s, he suffered poor general health including extensive infections from injecting and a severely damaged liver. He had twice failed to clear hep C with interferon treatment. Even though he cleared his hep C with the new treatments, he sadly died not long after.

Some of the current medications (called DAAs – Direct Acting Antivirals) should not be used for people with advanced liver damage. Any combination with a protease inhibitor (Viekira Pak, Zepatier, Maviret, Vosevi) should not be given to people with decompensated cirrhosis. People with chronic hepatitis B need to be assessed by a specialist as they may experience a dangerous flare up of hep B when hep C is treated.

The take home message is that if your case is more complex your case should be considered by a specialist and your treatment managed carefully.

If you are refused treatment for any reason, it's time to shop for a new doctor!

You also have the right to complain to the service you attended and/or the Health Complaints Commission (HCCC).

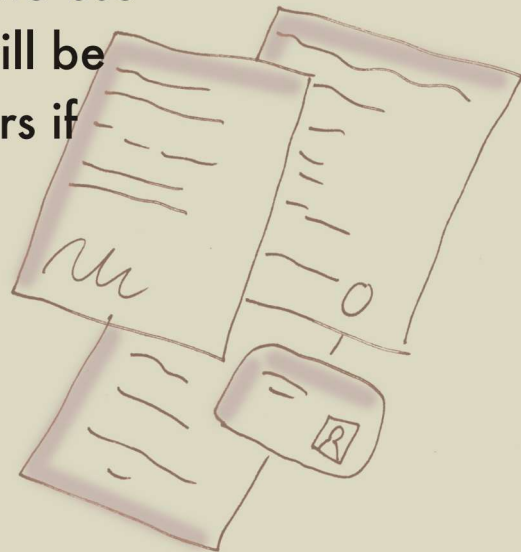
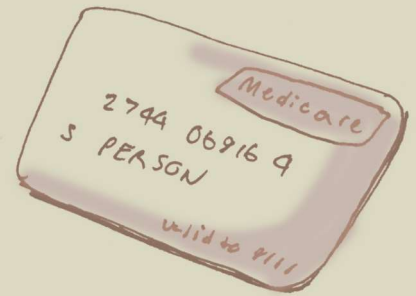
***The HCCC is on (02) 9219 7444 or google them.
You can get advice by calling NUAA on 02 8354 7300 or
Hepatitis NSW on 02 9332 1853 (they have a list of doctors
who do hep C treatment).***

You deserve to be treated and you deserve to be treated well.

IS IT FOR YOU?

My Health Record

“My Health Record” is coming, courtesy of the federal government. This information system puts all your healthinfo in the one central location on line so that it can be accessed by health professionals. It is up to you to decide if it will be a good thing for you. NUAA is concerned that stigma and discrimination might result if information about people who use drugs is easy to access. We will be supporting community members if they wish to opt out.



What is the “My Health Record”?

The “My Health Record” is an online summary of your personal health information. The record will include:

- Prescriptions dispensed
- Test or scan results
- Medical conditions and treatment

It will NOT include clinical notes. It will include up to two years of Medicare data. Tests and scans that took place prior to the record being created will not be added. Tests and scans that take place after the record has been created will be added.

You will be able to add personal health summaries, allergy information, care plan information, Indigenous status information and other personal information you choose to share.

What are the risks of “My Health Record”?

Once a “My Health Record” has been created, it will be available for government agencies to access. The current government has undertaken to modify the access conditions of the record but until they amend the legislation, health information can be disclosed to a range of parties other than you, your representative and your doctor, including operators of the IT

system supporting the record and their contractors. The information can also be disclosed for law enforcement purposes. If a health care worker is of the opinion that there is a serious threat to an individual’s life, health or safety, or they believe disclosure is necessary to prevent a serious threat to public health or safety, they can disclose information in your “My Health Record”.

The provisions in the “My Health Record” act are very broad and there are a number of circumstances where your health information can be shared with other people or agencies, including law enforcement or community services. The circumstances under which your data can be disclosed are very widely defined.

On July 31 2018, Commonwealth Health Minister Greg Hunt announced a number of changes including:

- You will be able to withdraw after the opt-out period ends
- Police and government agencies will need a court order to access information without patient consent

**NUAA recommends
that if you have any
concerns, you opt out**

What is the benefit of “My Health Record”?

There are benefits to the “My Health Record”. It will allow medical professionals full access to your health information. This information may benefit you by improving your care and support greater coordination of care. It may reduce duplication of tests and benefit the health system as a whole.

As a patient, you will have greater control over your health information. You will be able to see who has accessed your information through your online record and you will be able to restrict access to information to specific health professionals and which information is available.

What are the risks of “My Health Record” for people who use drugs or who have had hepatitis C?

Unless you can tailor the access to your record, a broad range of health care professionals will be able to access your health information, including prescriptions and pathology results. The reality for many people who use drugs is that we experience high levels of stigma once our history of drug use, treatment for issues related to drug use or exposure to hepatitis C is known.

Many of us cannot access adequate pain relief or experience discrimination based on drug use or hepatitis C status. The “My Health Record” will make this information more accessible to a very broad range of health care providers including dentists, pharmacists and hospitals. Many of our community are denied health care based on our drug use and this record has the potential to increase our experience of stigma and discrimination.

What is NUAA’s recommendation?

We recommend that at this stage, if you have any concerns about the above, you opt out. You can always opt back in at a later stage if you change your mind.

How do I opt out?

You can opt out on line at

<https://www.myhealthrecord.gov.au/for-you-your-family/opt-out-my-health-record>

You have until 14 November 2018 and will need your driver’s licence, passport OR Immicard as well as your Medicare Card. You can also opt out for your children up to 18 years old, but they can opt out for themselves if they are 14 or over.

If you don’t have enough ID, you can call 1800 723 471 and they will help you opt out.



ANY QUESTIONS?

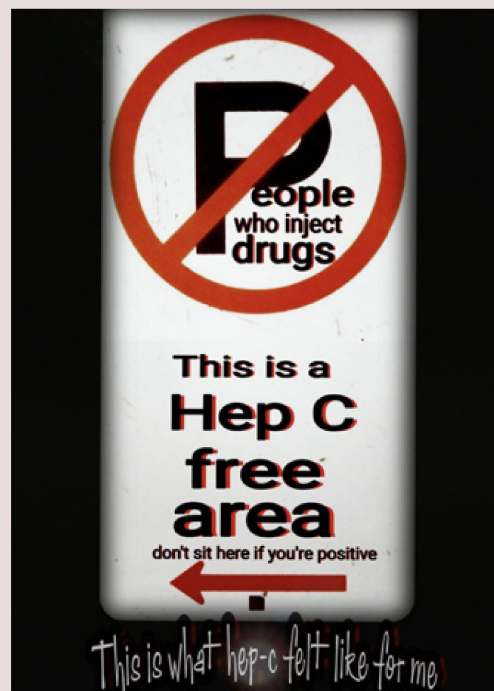
Email us at
nuaa@nuaa.org.au

or ring us on
02-8354-7300
or **1-800-644-413.**

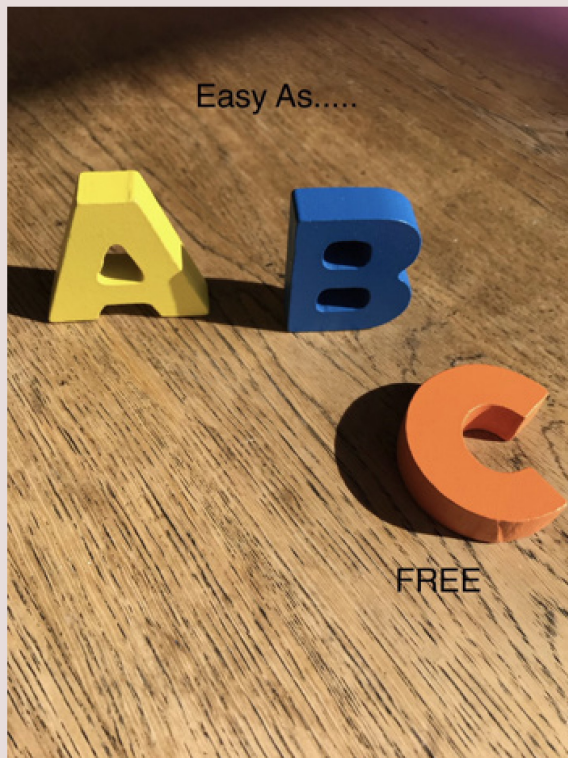
You have until
15 November 2018
to opt out of
"My Health Record".

Photovoice: Peers Share Their Thoughts About Hep C

Recently, NUAA held a competition called Photovoice. People were invited to send in photos with slogans to match to say how they felt about life with hep C. Thanks for all those who contributed! Here are some of our faves...



New easy treatment opens the doors on new living!



A: Tested. B: Treated. C: Free!



There's no need to feel isolated anymore.



I love entertaining safely!



WHERE TO SCORE FITS

These are only some of the NSP outlets in NSW. If you can't contact the number listed, or don't know the nearest NSP in your area, ring ADIS on (02) 9361-8000 or 1-800-422-599

INFORMATION AND ADVICE

ADVICE ABOUT TREATMENT / STOPPING USING / USING LESS / OTHER SUPPORT

ADIS (ALCOHOL & DRUG INFORMATION SERVICE):

1800 422 599 (24HRS, 7 DAYS). ALSO SEE [HTTP://YOURROOM.COM.AU](http://YOURROOM.COM.AU)

FAMILY DRUG SUPPORT: **1300 368 186 (24 HRS, 7 DAYS)**

NUAA: **1800 644 413 (MON-FRI 9.00-6.00)**

OPIATE TREATMENT LINE: **1800 642 428 (MON-FRI 9.30-5.00)**

STIMULANT TREATMENT LINE: **1800 101 188 (24 HRS, 7 DAYS)**

YODAA YOUTH SUPPORT: **1800 458 685 (24 HRS, 7 DAYS)**

LOCAL HEALTH DISTRICT DRUG AND ALCOHOL INTAKE LINES

For information on the harm reduction and treatment services in each area

CENTRAL COAST: **4394 4880**

ILLAWARRA SHOALHAVEN: **1300 652 226**

NEPEAN BLUE MOUNTAINS: **1200 661 050 (25HRS/7DAYS)**

NORTHERN SYDNEY: **1300 889 788**

SOUTH EASTERN SYDNEY: **9332 8777 (Northern); 9113 2944 (Central)**

SOUTH WESTERN SYDNEY: **9616 8586**

SYDNEY: **9515 6311**

WESTERN SYDNEY: **9840 3355**

FAR WEST: **1300 662 263**

HUNTER NEW ENGLAND: **1300 660 059**

MID NORTH COAST: **1300 662 263**

MURRUMBIDGEE: **1800 800 944**

NORTHERN NSW: **620 7600; 07 5506 7010 (Tweed Heads); 6620 7600 (Lismore)**

SOUTHERN NSW: **1800 809 423**

WESTERN NSW: **1300 887 000**

Key to Available Services

CL - Clinic/Nurse
D - Dispensing Machine

C - Hep C Treatment/Testing
N - Naloxone Training

O - Outreach

Location	Phone No.	CL	D	C	N	O
Albury	60581800	X	✓	✓	X	X
Armidale (Inverell/Tamworth)	0427851011	✓	X	X	X	X
Auburn Community Health	87594000	X	✓	X	X	X
Ballina	66206105	X	✓	X	X	✓
Bankstown	97802777	X	X	X	X	X
Bathurst	63305850	X	✓	✓	X	X
Bega	64929620	✓	X	✓	X	X
Blacktown	98314037	✓	✓	✓	X	✓
Bowral Community Health	48618000	X	✓	X	X	X
Brookvale	93885110	X	✓	X	X	X
Byron Bay	66399675	X	✓	X	X	✓
Campbelltown, Liverpool, Camden Hospital ED	87386650	X	✓	✓	X	X
Canterbury HARM	97182636	X	X	✓	✓	X
Cooma	64553201	✓	✓	X	X	X
Dubbo	68412489	X	✓	✓	X	X
Gosford	43202753	X	✓	✓	X	✓
Goulburn S East	48273913	✓	✓	✓	X	X
Grafton	66418712	✓	✓	✓	X	✓
Hornsby	94779530	X	✓	X	X	X
Ingleburn Community Health	47822133	X	X	X	X	X
Katoomba / Blue Mountains	47822133	X	✓	X	X	X
Kings Cross KRC	93602766	✓	✓	✓	✓	✓
Lismore HARM	66222222	X	✓	X	X	✓
Liverpool	87386650	X	✓	X	X	X
Manly	99772666	✓	X	✓	✓	X
Marrickville HARM	95620434	X	✓	X	X	X
Moree	67570000	X	✓	X	X	X
Moruya	44741561	✓	✓	X	X	X

Location	Phone No.	CL	D	C	N	O
Mt Druitt	98811334	✓	X	X	X	✓
Murwillumbah	66709400	X	✓	X	X	✓
Narellan Community Health	46403500	X	X	X	X	X
Narooma	44762344	✓	X	✓	X	X
Newcastle Harm Min Prgm	40164519	✓	X	X	X	X
Nimbin	66891500	X	✓	X	X	✓
Orange	63928600	✓	✓	✓	X	X
Parramatta	96875326	✓	✓	✓	✓	✓
Penrith/St Marys	47343996	✓	✓	✓	✓	✓
Port Macquarie	65882915	✓	✓	✓	X	✓
Queanbeyan	61507150	✓	✓	✓	X	X
Redfern HARM	93950400	✓	✓	✓	✓	X
Rosemeadow Community Health	46334100	X	X	X	X	X
St George	91132944	X	✓	X	X	X
St Leonards	94629040	X	✓	X	X	✓
Surry Hills ACON	94629040	✓	X	✓	X	✓
Surry Hills NUAA	83547343	✓	✓	✓	✓	X
Sutherland	95221046	X	✓	✓	✓	X
Sydney Hospital	93827440	X	✓	✓	✓	X
Tahmoor	46836000	X	X	X	X	X
Taree	65929315	✓	✓	✓	X	X
Tweed Heads	0755067540	X	✓	X	X	✓
Wagga Wagga	69386411	X	✓	✓	X	X
Windsor	45605714	X	✓	X	X	X
Wollongong/Port Kembla	42751529	X	X	✓	✓	✓
Yass	62263833	X	✓	X	X	X
Young	63828888	X	X	X	X	X

NUAA is the peer-run
drug user organisation

GET INVOLVED!

**BECOME A
MEMBER!**

Members, including people in prison, receive print editions of User's News and Invitations to community events including training and consultations

VOLUNTEER

NUAA is looking for volunteers for its Needle and Syringe Program and DanceWize - our new harm reduction program at NSW music festivals

**PARTICIPATE
IN TRAINING.**

NUAA conducts harm reduction and overdose prevention training across the state – register your interest and we'll let you know when we're in the area

Find out how to take the next step!

Check out our website www.nuaa.org.au or email nuaa@nuaa.org.au or call us on 02 354 7300 or 1800 644 413.