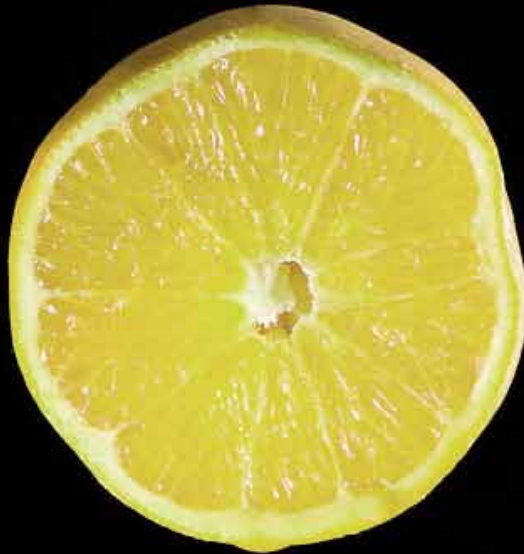


THE C FILES

WA's Hepatitis Newsletter

Issue 122 | February 2011

**HEP C
IN PRISONS**



**BABY
MORGAN'S
STORY WITH
HEP B**

**LEMON
DETOX**

**& OTHER FAD DIETS
WHAT ARE THEY REALLY
DOING TO YOUR LIVER?**



**METHADONE &
HEP C TREATMENT**

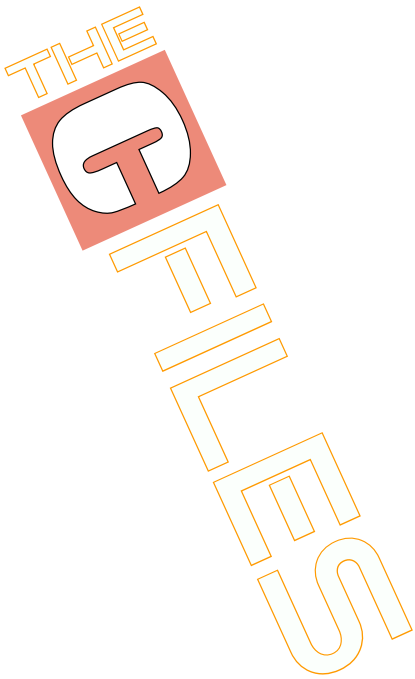


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The CFiles is the official newsletter of
hepatitiswa
A community-based non-profit organisation.

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Note from the Editor

Welcome to a new year and new articles from HepatitisWA!

We have had an exciting start to the year with the addition of a Hepatitis B Community Development Officer - so stay tuned for her greetings in the next *CFiles*. In addition, we have secured the contract to present sexual health and blood-borne virus education in all the public prisons and detention centres in the metro area.

Accordingly, there is an article on page 8 which explores hepatitis C in our prisons. To start off this edition I have included an inspirational story of little Morgan, who beat the hepatitis B virus through treatment and is a happy, bouncy little girl.

Something which I have been hearing on the radio and seeing on TV and the internet is a fad called the 'Lemon Detox Diet'. Like most fad diets, its affect on our bodies is questionable. This article explores why maintaining a healthy, balanced diet is the best for a person's health!

Lastly, WASUA's contribution looks at using methadone while on hepatitis C treatment.

**Mailing details changed? Please let us know on
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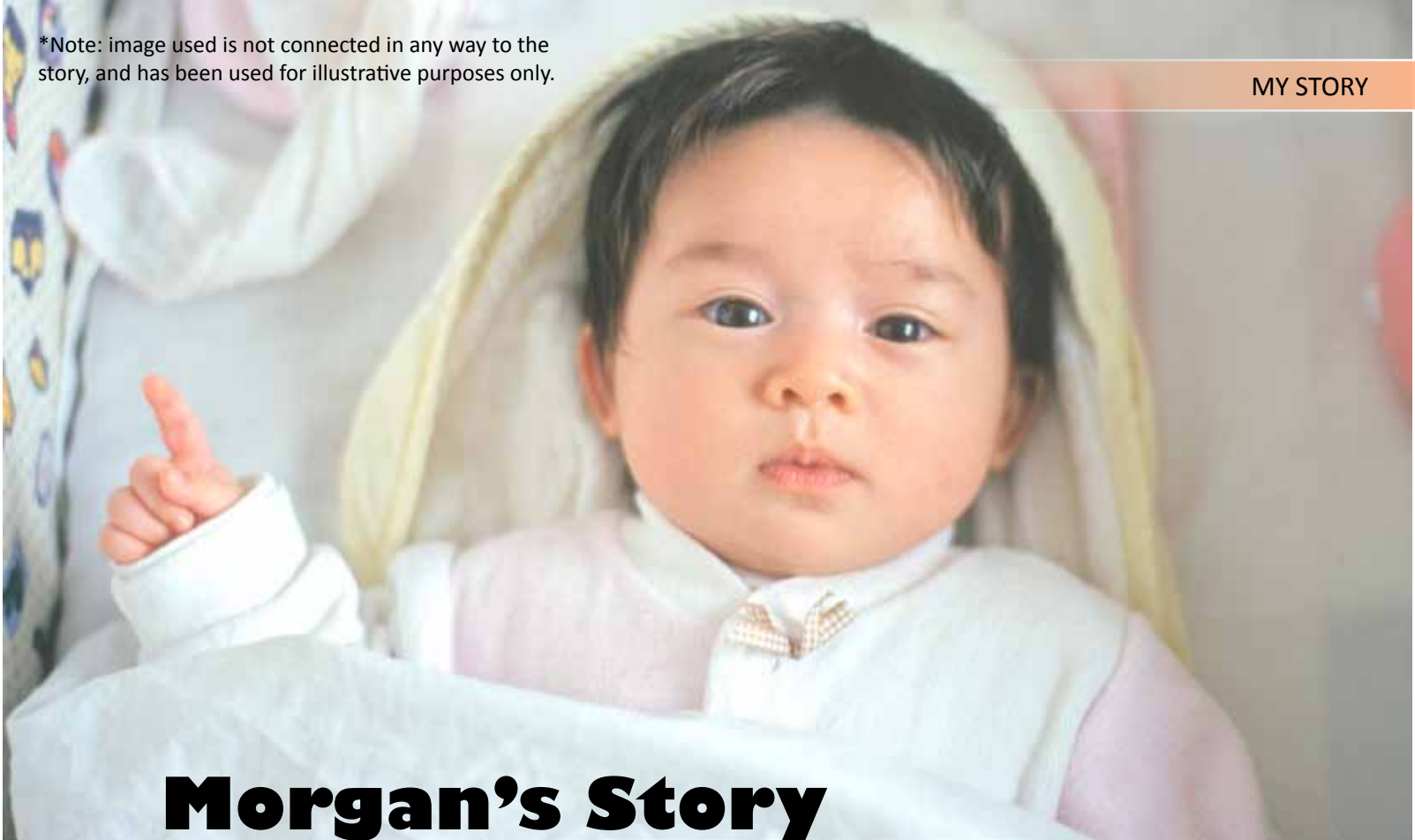
About the Cover

Various detoxes and diets are touted as quick and easy solutions for weight loss, clearer complexions, and other perceived ailments. In the article on page 6, we aim to uncover some liver truths which are more often than not excluded from diet promotions. The image was taken by J.Rio.

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Opinions published in the CFiles are not necessarily those of the editor or of HepatitisWA (Inc). Information in this newsletter is not intended to take the place of medical advice from your GP or specialist. You should always get appropriate medical advice on your particular needs or circumstances.



Morgan's Story

Successful Treatment of a Child Living with Chronic Hepatitis B

When Helen Kane and her husband adopted their daughter in China, they knew nothing about hepatitis B. They certainly never imagined that their beautiful new baby could have hepatitis B. And they had no idea that their future would be filled with hospital visits, blood tests, and a paralyzing fear of losing their child to this unknown liver infection.

Among the most difficult challenges they would ultimately face was whether to treat their child with a potent drug called interferon that required three painful injections each week and promised a lackluster 30 percent chance of success.

This was a decision the Kanes, a middle-class professional couple who live outside Washington D.C., never thought they'd be making when they adopted 10-month-old Morgan. In China, their daughter had tested negative for hepatitis B, so the couple assumed she would be free of the virus that has infected 60 percent of the Chinese population and chronically infects 10 percent.

Shortly after they returned home, Morgan was retested for hepatitis B, as recommended for all international adoptees. A week later, a nurse called with the results.

"I remember that call clearly," Helen said. "I was at an outdoor restaurant having a cup of coffee with Morgan

in her stroller when my cell phone rang. The nurse told me Morgan had a 'touch' of hepatitis¹. I got off the phone and started crying. I called my husband, but it was too difficult to explain to him over the phone." With that phone call, the family's life was turned upside down.

"In the beginning, we were absolutely devastated," Helen recalled. Tests indicated that Morgan had a high viral load (a lot of virus in her bloodstream) and that the infection was already causing significant damage to her liver. "Of course I had no idea then what the test results meant, or the significance of the various hepatitis B antigens and antibodies."

The Kanes took Morgan to a pediatric gastroenterologist at the Johns Hopkins Medical Center. "I can still remember asking our doctor why we should treat Morgan, given the low chance of success and the difficulty of treatment," Helen recalled. "Her reply was, 'because you have to try anything you can to prevent her from ever needing a liver transplant.' Her statement truly had a profound effect on our decision. We decided that even though the odds were low, we had to try."

Four months after arriving from China, Morgan underwent her first liver biopsy². This is a procedure that involves removing a small sample of liver tissue with a surgical needle.

“One of the most difficult things to do was to sit with Morgan for nine hours while depriving her of food before the procedure,” Helen said. “She went from being a happy baby, to a quiet, withdrawn baby wondering why we wouldn’t feed her.”

“I’ll never forget carrying my little one into the operating room and trying to soothe her as they placed the mask over her face,” she continued. “Later, we could hear her screaming as we entered the recovery room. She was so angry with us! It was difficult trying to comfort a terrified baby when she has a board strapped to her hand and an IV hooked to it.”

That night at the hospital, Morgan received her first interferon injection. Later at home, the Kanes began to administer the injections three times a week. They designated a guest room that Morgan rarely played in as the “shot” room. “We would have everything ready for her so all we did was quickly give her the shot and then immediately calm her by placing her in a warm bath following the injection,” Helen recalled.

Morgan also underwent bi-weekly blood tests to monitor her response to treatment. “The interferon shots were tolerable, but the blood tests were very hard on her. Morgan could sense when it was time for a blood draw and became withdrawn. When she began to talk, I remember the pain I felt when I told her we were going to get her blood drawn and she screamed back, ‘No! No blood!’ When the words came out of her mouth, I was so taken aback,” Helen said.

As with most children who receive interferon for chronic hepatitis B infections, Morgan had few side effects from the drug. “She did experience some muscle and joint pain, and she was certainly more fatigued than the average child, but as a baby she had the luxury of sleeping, as opposed to adults who must resume work,” Helen said.

Despite the difficult treatment, Morgan’s personality blossomed. She was a cheerful and resilient patient with an outgoing personality. She quickly became a favorite among clinic staff.

Unfortunately, six months of interferon did not reduce Morgan’s high viral load or liver damage. “I remember talking with another mother whose daughter was also not responding to interferon treatment,” Helen recalled. “She told me she had finally accepted that her family would always be living with hepatitis B. Her statement was a wake-up call to me. It was the first time I realized

we might be living with Morgan’s hepatitis for the rest of her life and I began to actively research hepatitis B on my own.”

Since interferon did not work, Morgan’s doctor recommended trying the oral antiviral drug called lamivudine (Epivir-HBV), which at the time had not yet been approved for children (it was approved for adults in 2002, and shortly afterwards for children).

At age 2 1/2 years, Morgan required a second liver biopsy before starting one year of lamivudine treatment. After nine months on lamivudine, Morgan began to respond to the drug and her viral load decreased to undetectable levels in the bloodstream, which meant there was a lot less virus attacking her liver.

Current drug treatments such as interferon or lamivudine rarely result in a “complete cure”, which is achieved only when the immune system gets entirely rid of the virus and then develops protective antibodies against future exposure to the virus. For Morgan, though, after a full year of lamivudine treatment, she tested negative for the hepatitis B virus.

By Christmas, Morgan tested positive for the protective antibodies – she had experienced a complete cure from a chronic hepatitis B infection. “It was the best Christmas present we could have ever received,” Helen said with tears in her eyes.

It has been three years since Morgan cleared the hepatitis B infection. Today, she is a bubbly, seven-year old with no signs of liver damage.

“It’s funny, we never did ‘celebrate’ like you might think we would when Morgan cleared the infection,” Helen explained. “We are still almost afraid to talk about it, as if it would tempt fate. We know Morgan will always be at higher risk for liver disease than someone who has never been infected. But we couldn’t be happier with her successful treatment.”



Reprinted with permission.
The article can be found at the Hepatitis B Foundation at the following link: http://www.hepb.org/patients/personal_stories_morgan.htm

Editor’s Note:

1. While Helen Kane was told of her daughter’s diagnosis over the phone, this is not the recommended practice. Preferably ALL test results, irrespective of the outcome, should be delivered face-to-face.
2. Liver biopsies are a currently requisite for hepatitis B treatment.

Volunteering at HepatitisWA

Why volunteer at HepatitisWA?

As the stories about cleaning up after the recent floods in Queensland have shown, support from volunteers makes any task a lot more efficient and easier. It can also leave volunteers with a feeling of having helped others and contributed to something worthwhile.

Volunteering at HepatitisWA involves answering people's questions and concerns regarding hepatitis on the phone as well as interacting with clients who visit the office. In order to do so, volunteer staff will first receive very comprehensive in-house training in all matters hepatitis A, B, C as well as our needle & syringe service. At quiet times the friendly and supportive staff at HepatitisWA aim to keep you busy with a range of easy office tasks.

As part of raising the public awareness of hepatitis, health promotion stalls and activities are conducted at high schools, colleges, university O-days and music events such as Big Day Out, all of which require volunteers to help our staff. Just imagine, spending a few hours educating people about the dangers of blood borne diseases while being able to hear your favourite music band!

So, if you like to interact with people from all walks of life and can spare about 4 hours every fortnight, why don't you consider joining the cheerful team at HepatitisWA!

Thanks to Eva, HepatitisWA Volunteer, for writing this.

If you are interested in volunteering with us, please contact the Volunteer Coordinator at cdo@hepatitiswa.com.au or on (08) 9227 9806. Alternatively the application form can be downloaded from our website, www.hepatitiswa.com.au



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CHRONIC DISEASE SELF MANAGEMENT

BY LYN TOLLIDAY
INFORMATION & SUPPORT OFFICER AT

hepatitis*wa*

WHAT IS CHRONIC DISEASE?

A simple definition of 'chronic disease' would be any medical condition that has existed for more than six months and is ongoing. Such diseases often do not improve and, sadly, are rarely completely cured. Examples of chronic disease include asthma, diabetes, heart disease and chronic obstructive pulmonary disease (COPD) which includes emphysema.

While the number of aged adults, and their life expectancy, has tended to increase in every century since the 14th century⁴, advances in medicine have, over time, not only increased our life expectancy but allowed the development of ageing and chronic disease as a specialty area in medicine. Gerontology is the scientific study of ageing and the problems associated with ageing¹. As a female, if I had been born in 1910 I would have had a life expectancy of 58.8 years (or 55.2 years if born male). Born in 2008 I would have a life expectancy of 83.7 (for females) or 79.2 years (for males)². Essentially, 100 years ago we had far less people living with a chronic disease than we have now – simply because they didn't live long enough to develop chronic diseases. This increasing incidence of chronic disease presents a challenge for health services both in Australia and around the world. It is estimated that by 2020 80% of the disease burden in Australia will be due to chronic disease³. That's only a little under 10 years away.

Why is it such an issue? Living with a chronic illness has a profound impact on the well-being of individuals physically, emotionally and mentally. So profound that it may make it difficult to carry out normal daily activities and maintain healthy relationships. Indeed, chronic disease may put their healthy (or healthier) partner into a carer role which may, in turn, create difficulties within the relationship.

In many cases however, health outcomes may be improved through good self-management in collaboration with appropriate medical management.

WHAT IS CHRONIC DISEASE SELF MANAGEMENT?

Chronic Disease Self Management (CDSM) is part of an overall strategy for the management of chronic disease. CDSM relies on the development of a strong collaborative *partnership* between patient and health care providers, with appropriate communication between providers when necessary. The patient is provided with information, strategies and support to problem solve and manage their own condition as far as is possible. Supporting people to control their own health outcomes goes a long way to improving their physical, mental and emotional health – improving their quality of life! – and to reducing health care costs in the future⁵. With an aging population, we need to seriously look at self-management as a way of both improving health outcomes and decreasing health costs.

Developed by Hepatitis C Victoria **Hep C: Take Control** is based on the generic CDSM courses developed by Lorig and by Stanford but with adaptation to specifically target hepatitis C, liver health and associated issues⁶. The programme focus tested extremely well and has sufficient versatility to be used for people preparing for treatment as well as for people who are choosing to not do treatment, or for whom treatment is not appropriate as well as for people for whom treatment has been unsuccessful.

Hepatitis C Victoria held a one-day facilitators workshop in September after the Hepatitis Conference for interested staff from other hepatitis agencies around Australia. During the conference I had enjoyed some in-depth conversations with two nurses from Ballarat Health who had been involved with the focus testing and they were both very impressed with the programme and excited by the positive outcomes achieved. I can happily state that the facilitators workshop lived up to the promise of those conversations. As is usual for CDSM courses, the programme runs for six sessions. Sessions are normally scheduled to last 2-3 hours (including a break) and are held one per week to allow participants time to practise the skills aspect of the programme.

Expressions of Interest

Anyone interested in participating in a Hep C: Take Control course please contact Lyn on (08) 9227 9800 or by email at support@hepatitiswa.com.au as we are planning to run at least two courses this year.

Promotion, dates and venues are yet to be organised so get in early and get your name down.

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DIETS, DETOXING AND YOUR LIVER

There are many diets and detoxes out there with claims that you can lose weight, cleanse your body of toxins, or clarify your complexion - all without restricting yourself. The latest craze that I've been hearing on the radio and TV is the Lemon Detox - the one that Miss World Australia 2010 promotes as her *pièce de résistance* in preparing for the competition.

The concept of detoxifying one's body through diet has been around for centuries, such as those for spiritual or cultural reasons. Today, there is a myriad of detox diets ranging from the one-day fasts to the five-day juice diets to three-week detox programs. Although the diets may differ, what they all have in common is a focus on severe food restriction for a limited time period.

DETOX DIETS DEBUNKED

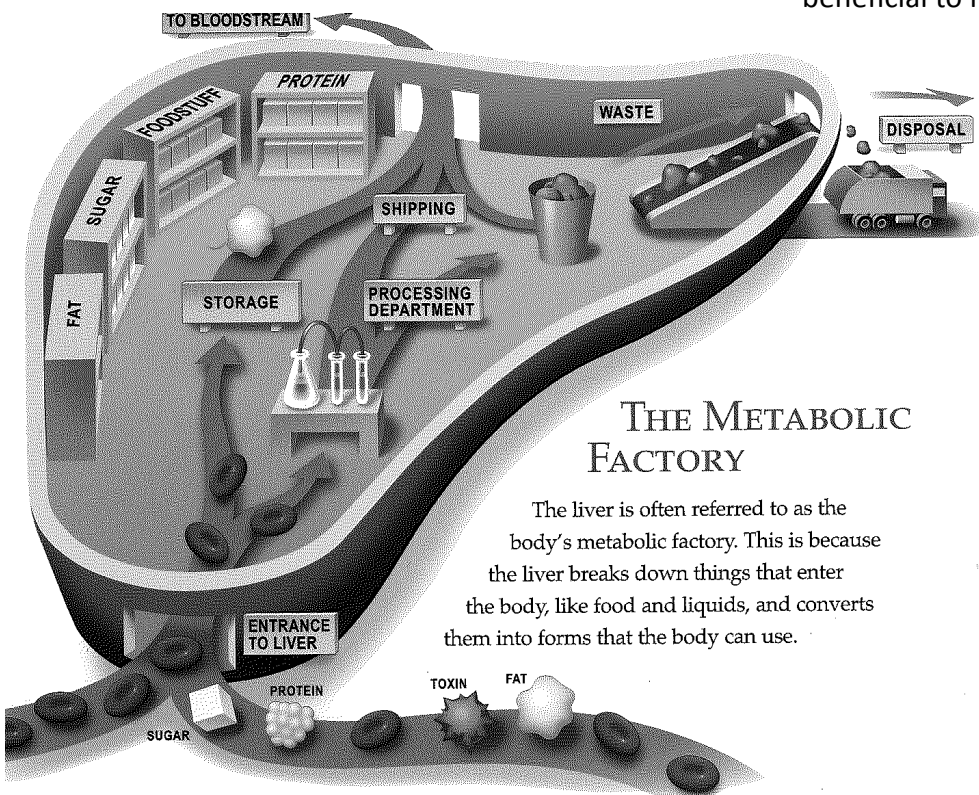
Detox diets are very popular, with people advocating health and beauty benefits such as:

- Weight loss
- Fewer headaches
- Improved complexion
- Decreased bloating

While attributed to the power of the detox diet, the most likely explanations for the results are not so mysterious. First of all, a person may experience fewer headaches when detoxing because they are drinking more water and thus improving their hydration as well as cutting out caffeine and alcohol. Mind you, the caffeine withdrawal may initially cause headaches and irritability! An improved complexion can be attributed to better hydration and the increased intake of nutrients from fruits and vegetables. Lastly, by reducing a person's total calorie intake they will have some weight loss and reduced bloating. The decreased bloating can also be attributed to a diet which has been reduced in salt.

'Diets' in general promote a healthy lifestyle with a focus on fruits and vegetables and reduced calorie intake. Eating more fruits and vegetables is the basis of a healthy diet as they are low in calories but full of vitamins, fibre, and antioxidants that all promote health and fight disease. As detox diets cut out particular food groups which contain lots of calories (such as fast foods, dairy and meats), it is easy to see how the total calorie intake is reduced. As a lot of Australians consume too many calories it would be beneficial to reduce the total intake a bit.

However, your body needs a certain amount of nutrients and calories to be able to perform everyday tasks, such as metabolising food into energy. The danger with diets is that a lot of them reduce the total calorie intake too much, forcing the body into starvation mode - where the body loses fat but also muscle in the short term. In the long term, the body slows down its metabolism (the ability to breakdown food into energy) and stores fat for future use. As a result, a person won't have as much energy to function or exercise, and will find it harder to concentrate. There are other dramatic side effects which may include dizziness, mood changes and hunger. That being said, individuals on the lemon detox diet may experience headaches and a variety



It is only the liver that can purify the blood stream...
and we only have **one** liver.

of other symptoms due to deficiencies in needed protein, vitamins and minerals while on the detox. In addition, due to the extreme nature of the lemon detox any weight lost during the detox can be expected to be regained once the diet stops.

HOW YOUR BODY DETOXES

The liver is nicknamed the metabolic factory, as it converts the nutrients we consume into energy while sorting out the waste. It acts as a giant filter for our bodies, and everything that we consume passes through the liver on a continual basis.

The liver is able to break down or transform substances which would otherwise be toxic to our bodies, such as chemicals, alcohol, drugs, ammonia and metabolic waste. These are then excreted from the body as they have no further use. The liver also removes microorganisms (bacteria, fungi, viruses and parasites) from the bloodstream. It acts as a gateway which stops anything harmful in the bloodstream from getting into our other organs or deeper into our body. Some foods, especially meats which are not fresh or have been preserved, can contain higher bacterial loads and therefore can overwork the liver if eaten regularly.

Some methods used by detox diets achieve results by fasting or eating fibre-rich diets to cleanse a person's bowels. At an extreme, fasting can be a temporary way to eliminate waste products - however, for a lot of people these toxins will be released quite rapidly and can cause some quite disagreeable side effects (think of the headaches and irritability from caffeine withdrawals!). Rather than going to extreme lengths to remove toxins suddenly, it is better to keep the liver's filter functioning efficiently and safely every day. By following a liver-friendly diet, a person can keep their liver healthy and clean. While it is good to eat fibre-rich foods, the bowels are an eliminating organ and do not detoxify or cleanse the bloodstream as the liver does.

"It is only the liver that can purify the bloodstream and we only have one liver."

- Dr. Sandra Cabot (2011).

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Other diets claim that an increased intake of liquids will 'flush out toxins'. While it makes sense to stay hydrated (seeing as our bodies are approx. 70% water) there is no scientific evidence to date that supports the idea that excessive water consumption can eliminate toxins out of the body faster or more efficiently than the liver already does.

THE EFFECT OF DIETING ON THE LIVER

Diets that severely restrict the types and amounts of food consumed put a lot of strain on the liver and digestive system. This is due to the fact that the liver needs adequate amounts of nutrients to carry out its normal work. Like a car running on no petrol, under the conditions created by many detox diets, the liver will have problems working efficiently.

The lemon detox diet gives the body only lemon juice, water and maple syrup to run on - hardly the range and amount of nutrients our liver needs to perform all of its functions: producing bile to break down fats, breaking down toxins, storing energy and essential vitamins and minerals, regenerating liver cells... I could go on and on. As you can see, the liver requires a healthy diet full of a range of foods in order to keep us happy and healthy.

SAFETY CONCERNS

If a person does decide to start a detox diet, they should be sure to consult with their doctor first. There are groups of people who should never follow this type of diet, including children of all ages, pregnant women, and individuals with diabetes. Without research backing up claims made by these various detoxification diets, people should be very sceptical.

To improve one's health it is better to make long-term changes, such as eating a more plant-based diet, increasing the amount of water a person drinks, and cutting out the things which are not healthy for our liver (alcohol and fatty foods).



Hep C in Prisons

BY LYN TOLLIDAY

In June 2005 it was estimated that between 30-40% of male prison entrants and 50-70% of female prison entrants, equating to some 7,500 to 10,000 men and women entering prisons in Australia, were positive for hepatitis C. This is an overall rate of 34% compared to a rate of approximately 1% for the general population (Ref 4). The National Prison Entrants' survey in 2007 indicates that WA has an overall rate of 21% for prison entrants (around 37% for males and 40% for females with a history of injecting drug use) compared to 35% for the nation overall (Ref 2).

Interestingly, based on self-reported HCV status in 2004 of 145 prisoners who believed they were negative some 26 (18%) were positive; of 24 who were unsure some 14 (58%) were positive. In 2007 the figures are slightly lower with 35 (16%) of 224 believing themselves negative and 12 (41%) of 29 who were unsure being positive for hepatitis C (Ref 2).

Considerable health risks are created for both prisoners and staff by the high rates of HCV and transmission within prison settings. Prisoners and prison staff are exposed to the risk of violence within those settings and officers may be exposed to the risk of needle-stick injury during cell searches. Prisoners, under current policies, have no access to sterile injecting equipment while incarcerated. These risks found within the prison setting extend to the communities from which prisoners come and to which they return on release (Ref 1).

One method of reducing the risk of hepatitis C transmission is to reduce the pool of virus within a community. Essentially this would need to be done by increasing the rates of people successfully undertaking hepatitis C treatment and clearing the virus, at the same time as reducing the number of new infections occurring. Currently, the level of treatment for hepatitis C is approximately 1.6% or 3,500 people per year. This would need to at least double to have some impact. If we were to increase these numbers further to 12,000 people a year it is predicted that there would be a saving of \$273,000,000 in total costs (health and social), approximately a 20% reduction

liver transplants required, new cases of liver failure and liver cancer and in the number of liver-related deaths (Ref 3).

In the 2007 Prison Entrants' Survey only 1 of 208 prisoners found to be HCV+ve had ever accessed HCV treatment. This prisoner was, in fact, on treatment at the time of his incarceration (Ref 2). This situation has improved somewhat since 2007.

Incarceration can be seen as an opportunity for change and an opportunity for improvement. The Hepatitis C Virus Model of Care (2009) expresses this opportunity in health terms (p.30)

"3.3.2 Custodial Settings

Prison Health Services aim to offer care to prisoners which parallels that which is offered in the broader community. This standard includes programs to provide:

- Assessment;
- Prevention including vaccination;
- Harm minimisation including needle & syringe programs;
- Drug & alcohol services;
- Mental health services;
- Hepatitis C treatment services;
- Vaccination and education for families, and
- Through care for after release. "

Prisons contain a large pool of hepatitis C, as can be seen from the figures above and can provide the ideal opportunity for a man or woman to undertake treatment for their hepatitis C. There are advantages to providing treatment to people in the prison setting and in our next edition we plan to bring you an up-date on what is happening with hepatitis C treatment in WA prisons.

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2. *National Prison Entrants' Bloodborne Virus & Risk Behaviour Survey 2004 & 2007*
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Telaprevir Receives Quick FDA Review

January 25, 2011

Likely due to its ability to dramatically improve the hepatitis C cure rate, Vertex's telaprevir will get a priority review by the FDA.

FDA awards Vertex speedy review for hepatitis C drug

Boston Business Journal - by Julie M. Donnelly
Thursday, January 20, 2011

Vertex Pharmaceuticals Incorporated says the U.S. Food and Drug Administration has informed the company that it will make an approval decision on its drug target to treat hepatitis C by May 23rd. The FDA decided to give the company a so-called priority review for the drug, because it treats a disease where there is a high unmet medical need. This shortens the review period to six months from the usual 10 months.

Continue reading this entire article:

<http://www.bizjournals.com/boston/news/2011/01/20/fda-awards-vertex-speedy-review-for.html>

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METHADONE & HEP C

My name is Rod Hatch. I am the ORPACS Worker at WASUA. ORPACS is the acronym for the rather long-winded: "Opioid Replacement Pharmacotherapy Advocacy and Complaints Service".

Pharmacotherapies are designed to replace the use of illicit opiates such as heroin. They include methadone and buprenorphine, which is marketed as Subutex or Suboxone. Problems and misunderstandings often arise for those illicit drug users who elect to embark on a pharmacotherapy program. My role is to help resolve any issues or disputes which may arise between users of a pharmacotherapy program and their health service providers. The ultimate goal is to retain people in maintenance programs thereby reducing the harm that may be sustained by their illicit drug use.

Stabilization on a pharmacotherapy such as methadone or buprenorphine enables drug users to explore opportunities to improve their lives in other areas such as family relations and employment. Treatment of hepatitis C (HCV) can also be considered.

Long term intravenous drug users who have, perhaps reluctantly, considered the option of methadone or buprenorphine maintenance know something of its charms and pitfalls. Methadone/buprenorphine maintenance treatment has generally been considered the most effective treatment for opiate addiction. Pharmacotherapies introduces a higher level of stability into a drug user's life, enabling neglected issues such as healthcare to be more effectively managed. In the United States the death rate

amongst illicit drug users on methadone is 30% less than illicit drug users not on methadone. That's quite an incentive to enter treatment...

Of course, intravenous drug users come into an opiate maintenance program with a broad range of issues and problems in addition to their drug habit. As mentioned, HCV infection rates are high. The risk of contracting and transmitting diseases, such as hepatitis C or HIV, is usually greatly reduced by entering an opiate maintenance program. This is because the pharmacotherapies (methadone/buprenorphine) are administered orally (as required by a pharmacotherapy program) and injecting drug behaviours, such as the use of needles, are greatly reduced or cease.

Good outcomes from opiate maintenance programs tend to require at least twelve months on the program, usually more. Many punters (drug users) have no exit strategy at all. They are quite happy to stay with a maintenance program indefinitely. It's a "safe harbour". Those dropping out or exited from an opiate maintenance program within the first year are often those having trouble complying with program requirements. These requirements can appear onerous. For example, daily monitored dosing at an authorised dispensing site (usually a pharmacy) and the financial costs involved can impact heavily on drug users, who can be on welfare benefits and financially "strapped" or it may interfere in employment opportunities, which then prevent punters from obtaining financial security. However, these requirements have to be weighed against the unpredictability of continued illicit drug use.



The WA Substance Users Association have a dedicated section of the Cfiles, aimed at highlighting important services, providing practical information and discussing current issues and trends facing people living with hepatitis C.

Perth NSEP			Clinic Hours
Mon - Wed 10am to 4pm	Thurs - Fri 10am to 8pm	Sat & Sun 10am-12pm, 12.30pm-4.30pm	Tuesday & Thursday 10am - 4pm

Closed Public Holidays

WASUA provides a number of services on premises at **519 Murray Street, West Perth**, including:

- NSEP (Needle and Syringe Exchange Program)
- Free hep A and B vaccinations for hepatitis C positive people.
- Free blood testing in a friendly confidential environment
- Drug treatment support and referral
- Peer education and training
- Street-based outreach
- Advocacy and support for users
- Safe injecting and safe disposal education and resources
- Hepatitis C/blood-borne virus information and resources

For more information: **(08) 9321 2877**
www.wasua.com.au

TREATMENT

BY RODNEY HATCH
Opioid Replacement Program Advocacy
and Complaints Service (ORPACS)

It is well known that injecting drug users comprise of 80 – 90% of people who have hepatitis C infections. Some individuals who are infected with hepatitis C develop chronic liver disease. This can gradually lead to serious liver damage. Medical management involves monitoring liver function, a recommendation of abstinence from alcohol and, for a growing number, antiviral therapy. Methadone use is generally considered unproblematic in that it is considered safe for the liver unless the liver is so damaged that it cannot handle methadone very well.

Components of the medical management for hepatitis C treatment will include:

- testing for a range of viral infections
- education and counselling regarding at-risk behaviours
- education about hepatitis transmission and symptoms of acute and chronic hepatitis
- education about care and treatment of liver disease
- vaccination against Hepatitis A and B infection

In addition, participation in a support group as part of integrated medical care enhances treatment outcomes. A peer support group for those who are considering treatment, are in treatment or are post treatment is held at WASUA by Chrissy Ryan every Thursday evening at 6pm till 7.30pm at the WASUA office.

Pharmacotherapy for opioid dependence is not a contraindication to hep C treatment. Successful pharmacotherapy for opioid dependence brings stability to a user's life, improves the level of compliance with care and treatment regimens and generally promotes good outcomes.

The general proviso amongst medical service providers is that treatment for opioid dependence should be provided prior to treatment for hepatitis C. It is argued that active drug users are a "difficult group to treat" because treatment would not be effective due to the problems inherent in the illicit drug using lifestyle. Difficulty maintaining ongoing compliance with the treatment regime and the risk of re-infection due to ongoing injecting practices are cited as problematic. However, some clinical trials appear to refute these claims, concluding that success rates are not significantly different than non-drug-using patients. It would appear that high motivation, relevant education and implementation of safe-using practices amongst active drug users are the necessary requirements that

could ensure for this group a similar success rate to those who are no longer injecting.

Pegylated interferon in combination with ribavirin is the conventional treatment for HCV. Adverse effects of this treatment may simulate opioid withdrawal symptoms and be confused with insufficient methadone dosage. On the other hand, hepatic inflammation in the presence of HCV has been associated with lower methadone requirements. Possibly, hepatic infection with HCV may disrupt intrahepatic methadone metabolism. Medical evaluation of your situation will be necessary.

I have only touched on some of the issues that may be encountered seeking HCV treatment as a pharmacotherapy recipient. Please contact me if you have any queries regarding your pharmacotherapy regime. I am able to be of service if you are having problems regarding your maintenance regime.

If you wish to commence a pharmacotherapy treatment program, you can contact our treatment referral officer, Frankie Valvasori, here at WASUA who will refer you into a program.

Frankie (Treatment Referral) and myself (ORPACS) are available to help you with your enquiries. Please telephone WASUA as we don't have long waiting lists - you will be seen within a day or so if necessary.

Rodney Hatch
ORPACS

orpacs@wasua.com.au

Opioid Replacement Program Advocacy
and Complaints Service, WASUA



Ph: 08 9321 2877
Mob: 0400 145 562

Steroids are no short cut

Steroid abuse is on the increase again.

Popular some years ago, anabolic steroids fell into disfavour as their side-effects became apparent and "roid-heads" became objects of ridicule.

Sadly, a new generation - one perhaps not yet fully exposed to the downside of steroids - is being seduced by the false promise of a shortcut to a perfect body.

In their own time these youngsters will discover the truth - that a steroid-inflated body is about as convincing and impressive as a fake tan and that the personal cost of abuse can be horrendous.

Even if the purity of black market steroids could be guaranteed (it can't), abusers run the risk of detrimental impacts on their personalities and behaviour. "Roid rage" is just the tip of an iceberg of psychological symptoms that produce the opposite of the self-esteem and self-assurance that many abusers are seeking.

The physical symptoms are potentially dreadful too. Bodies out of proportion, unwelcome "man boobs", shrunken genitals and acne explosions are just the

beginning. Internal damage is prevalent and can be irreversible.

To the extent that steroid abuse reflects anxiety among young men about their body image, it represents a growing problem that demands serious attention. Like eating disorders in both young men and women, the problem is a symptom of an increasingly prevalent mental health issue.

Hospital admissions and many social studies indicate that growing numbers of young people are so anxious and depressed about their apparent failure to conform to the socially approved body image that they will endanger their physical health in an attempt to attain their perceived "ideal".

It is hard to isolate a single cause for this trend, but poor diet, coupled with widespread obesity and, ironically, publicity campaigns designed to combat obesity are involved in the mix. The promotion in the entertainment media of a narrow range of body types as "ideal" has frequently been blamed for inducing body image anxiety in females. Nowadays it might just as fairly be blamed for producing the same effects in males.

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Injecting Steroids and Hepatitis C

Anabolic steroids are chemical substances which affect the processes of the body by promoting the storage of protein and growth of tissue - used by some people to effectively 'bulk' up.

There are people who use steroids who understand the risks of injecting: such as the transmission of viral hepatitis and HIV if equipment is shared, along with abscesses, bacterial and fungal infections, and vein damage. They know how to eliminate or reduce the risks through methods such as using new equipment every time, and filtering the substances appropriately.

However there are also people who do not understand these risks, and therefore are unlikely to protect themselves from blood-borne viruses and other harms from injecting drug use. A life sentence is a high price to pay for such a short term gain.

Useful Contacts & Community Links

HEALTH

HepatitisWA

Information, support and referrals for people living with or affected by hepatitis. Education for work places, pharmacies, schools or other groups. Participation in community events. Call the Info and Support Line on **(08) 9328 8538** (metro) **1800 800 070** (country) www.hepatitiswa.com.au

WA AIDS Council

provides a wide range of services in the prevention of HIV, and the treatment and care of people living with HIV/AIDS, including a Needle and Syringe Exchange Program (NSEP). **(08) 9482 0000** www.waids.com

Quit Line

Smokers Information & Treatment **13 18 48**

Gay & Lesbian Community Services of WA

provides a service which allows people to explore homosexuality as it relates to them personally, without judgement or prejudice. Included in this are issues such as identity formation and coming out, and relationship difficulties. **(08) 9420 7201** www.glcs.org.au

WA Substance Users Association

provides services that are non-judgmental and user friendly. These include a health clinic for BBV and STI testing, hepatitis A&B vaccinations, general health information and referrals, as well as a Needle and Syringe Exchange Program (NSEP). **(08) 9321 2877** www.wasua.com.au

Pregnancy Assistance

provides confidential and extensive counselling in the following areas: abortion alternatives, job/study continuation and financial assistance. **(08) 9328 2929** www.pregnancyassistance.org.au

Magenta-Sex Worker Support

Magenta offers support, health services, education and information to female, male and transgender workers in the sex industry. We provide confidential and sex worker friendly services. **(08) 9328 1387**

Street Doctor **(08) 9347 5488**

Derbarl Yerrigan Health Service

is an Aboriginal Community Controlled organisation. **(08) 9421 3888** www.derbarlyerrigan.com.au

LEGAL

Legal Aid WA

provides information, advice and other legal help, and assessment for aid grants to cover legal fees. **1300 650 579** **1800 241 216 (TTY)** www.legalaid.wa.gov.au

Aboriginal Legal Service of WA

provides legal aid services to Aboriginal and Torres Strait Islander peoples. **Phone: 08 9265 6666** **Freecall: 1800 019 900** www.als.org.au

The Western Australian Equal Opportunity Commission

The anti-discrimination information gateway. **08 9216 3900 (metro)** **1800 198 149 (country)** www.antidiscrimination.gov.au

NATURAL THERAPIES

Australia Natural Healthcare Centre
57/76 Newcastle St, Perth WA 6000
(08) 9228 8828

Australian College of Natural Medicine

170 Wellington St, East Perth WA 6004
(08) 9225 2900

Chinese Medicine & Accupuncture Association of Australia

84 Edward St, Perth WA 6000
(08) 9227 5766

OTHER

Relationships Australia

provides relationship support services to enhance human and family relationships. **1300 364 277**

Men's Domestic Violence Helpline
1800 000 599

Women's Domestic Violence Helpline
1800 007 339

Telephone Interpreter Service
13 14 50

Pharmaceutical Benefits Scheme (PBS) Australia
1800 020 613

Australian Organ Donor Register telephone enquiries
1800 777 203

Medicines Line Australia
1300 888 763

Cancer Council WA Helpline: 13 11 20

Membership Form

TAX INVOICE

Please complete your details below in block print

Last Name: First Name: (Mr/Mrs/Ms/Dr)

Agency /Organisation:

Address:

Suburb/Town: State: Postcode:.....

Phone: Email:

Please tick your membership category

Unwaged \$11.00 incl. GST

Waged \$22.00 incl. GST

Associate/Organisation: \$55.00 incl. GST

Payment options

1—attach cheque or money order made payable to HepatitisWA

2—attach copy of EFT receipt—BSB 066118 Acct 10021906 HepatitisWA

3—in person at 187 Beaufort Street, Northbridge

HepatitisWA (Inc) is an income tax exempt charitable entity and deductible gift recipient. Your membership and financial support enables us to continue our work in responding to hepatitis. Our quarterly newsletter, the *C files*, which carries the latest information on hepatitis C and related viral hepatides, is forwarded to all our members.

HepatitisWA (Inc) 187 Beaufort Street Northbridge WA 6003

t (08) 9227 9802 f (08) 9227 6545 e-mail info@hepatitiswa.com.au

Information (08) 9328 8538 Metro - 1800 800 070 Country

Web www.hepatitiswa.com



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Monthly Support Mornings. For when you need to talk, laugh, share, discuss, be you. We welcome people living with hepatitis C, family & friends to come on in!

Support Mornings

When: Third Tuesday of every month (eg: next is on October 20)

Where: 187 Beaufort St, Northbridge

Time: 10:00 - 11:30am

Phone: (08) 9227 9800

Does your organisation work with people who are affected by, or at risk of, viral hepatitis?

=

The ABC of Hepatitis
Viral Hepatitis Education and Training

HepatitisWA can provide you with **FREE** education and training for topics such as:

- Hepatitis A, B & C
- Workplace issues (eg.: Blood spill kits)
- Prevention and Transmission
- Pre- and Post Test Discussion
- Treatment
- Living with Hepatitis
- Co-morbidity issues (AOD and MH workers)
- Workforce Development
- Referral Pathways

Talk to Belinda today to arrange a workshop:
(08) 9227 9806 (metro) OR 1800 800 070 (country)