

2 TAKING CARE OF YOURSELF:

BLOOD BORNE VIRUSES, BACTERIAL INFECTION AND INJECTING DRUG USE

- harm reduction — policy and practice 16
- blood borne viruses and injecting drug use 17
- HIV/AIDS 18
- hepatitis C and intravenous injecting drug use 22
- bacterial infections 27
- safer injecting 29
- looking after your health 33
- further information 34

harm reduction — policy and practice

Since the advent of HIV/AIDS, the term ‘harm reduction’ has become widely used. However, it is frequently used in ways it was never intended and there is still much confusion about what it means — and also about what is *doesn't* mean.

Harm reduction is an approach to drug use that has the reduction of harm as its primary goal, rather than the reduction of drug use. Obviously one way of reducing drug related harm is not to use at all. However, this is different to harm reduction, which attempts to reduce the risk of harm among people who cannot, or do not want to stop using drugs for whatever reason at the present time. Harm reduction measures frequently involve encouraging people to adopt safer injecting practices and to use drugs in different ways, e.g. to wash their hands before injecting, to use sterile injecting equipment, and to *not* share needles and syringes or other injecting paraphernalia.

The emphasis of harm reduction, as a policy, strategy or program, is on providing drug users with the education and resources to use more safely. Needle and Syringe Programs (NSPs) are a perfect example of harm reduction in practice: they provide users with clean needles/ syringes and other injecting equipment as well as access to information so that they are able to make informed choices and minimise the risk of blood borne virus transmission and other drug related harms.

Harm reduction accepts that drug use is an inevitable part of society, but that many of the harms associated with drug use are preventable and can be minimised. In addition to minimising harms to individual drug users, harm reduction is also concerned with minimising potential harms to the whole of society as a result of drug use. For example, providing syringe disposal facilities in public places is one way of minimising the potential risk of needle stick injuries in the community.

blood borne viruses and injecting drug use

Sharing a used needle, syringe or any other injecting equipment — including water, alcohol swabs, filters, spoons, tourniquets and so forth — with another person is a very effective method of transmitting a blood borne virus, including Hep C, Hep B and HIV (the virus that causes AIDS). If you share injecting equipment (including needles and syringes) with anyone infected with HIV or Hep C, the likelihood of becoming infected is extremely high. You can pass the virus on to others the same way. It is impossible to tell by looking at someone whether they have any of these viruses.

REMEMBER: NEW FIT EVERY HIT!

The prevalence of HIV/AIDS is very high among injecting drug users in many other countries, including the USA. Although the spread of HIV has slowed considerably in the USA — for example, seroprevalence has decreased in New York City from approximately 55–60% of injecting drug users in the early 1990's to around 15% today — injecting drug use still accounts for one in four of all HIV infections and HIV/AIDS is still a major public health problem.

In many other parts of the world, for example in Malaysia, Viet Nam, and Yunnan province in China, injecting drug use is the major mode of HIV transmission. In the Russian Federation, more than half of all reported HIV cases to date have been among injecting drug users.

Fortunately, the situation in Australia is very different. In fact, Australia has a well-deserved reputation in the international community for its prompt and innovative response to HIV/AIDS. Due to the implementation of a range of harm reduction measures (e.g. needle/syringe programs, drug user organisations like VIVAIDS and peer education programs about safer drug use, etc) infection rates have been prevented from rising above 2% among injecting drug users in this country. Ultimately, however, an HIV epidemic was prevented because drug users in Australia changed their injecting practices and educated themselves and each other about safer drug use.

BE 'BLOOD AWARE' AND WASH YOUR HANDS BEFORE INJECTING

**MOBILE NEEDLE AND SYRINGE PROGRAMS OPERATE ACROSS
MELBOURNE EVERY NIGHT OF THE YEAR. TO FIND OUT ABOUT YOUR
LOCAL SERVICE FREECALL 1800 888 236**

Refusing to use someone else's pre-used syringe or needle doesn't mean you don't trust them; it means you are protecting yourself and your future sexual and/or drug use partners. As well as preventing HIV and Hep C, using new equipment every time you inject means that you are also protecting yourself from a range of other drug related harms including endocarditis, blood poisoning, vein damage and scarring.

HIV/AIDS

The Human Immunodeficiency Virus (HIV) attacks the immune system, which is the body's defence against disease. You can live with HIV for years without any symptoms, although the virus is constantly multiplying (copying itself). This means that many people with HIV look and feel well, and may not even know they have HIV. A person infected with HIV is referred to as 'HIV positive'. When a person's immune system becomes severely damaged by HIV, they develop Acquired Immunodeficiency Syndrome (AIDS). They are then vulnerable to other infections and illnesses that their body could normally fight off (i.e. opportunistic infections) including infections of the lungs and other major organs, inflammation of the brain, a severe form of the herpes virus, thrush infections and particular types of cancer.

how is HIV/AIDS transmitted?

In order for HIV to be transmitted from one person to another three things have to happen. There must be:

- a point of exit from the infected person's bloodstream;
- a point of entry into the un-infected person's bloodstream; and
- a sufficient quantity of the virus.

insect bites

Bites from mosquitos and other insects **do not** transmit HIV/AIDS.

sexual transmission of HIV/AIDS

As already indicated, HIV can be transmitted via blood by sharing injecting equipment. You can also be exposed to HIV/AIDS through sexual contact (i.e. man to man, woman to man, man to woman and woman to woman). The virus lives in blood and other body fluids including semen, vaginal fluids and breast milk. Studies have shown that the pre-ejaculatory fluid (pre-cum) of some men with HIV also contains the virus and that withdrawal (pulling out before ejaculation) does not necessarily guarantee prevention of HIV transmission. The virus may be found in some other body fluids (e.g. saliva, tears) but not in sufficient quantities to pass on HIV. You cannot catch the virus from casual contact or kissing.

When you are having sex, there can be minute cuts or lesions in the skin that you can't see or feel. A person with HIV can pass on the virus when the infected semen and/or vaginal fluids get into your bloodstream via these cuts. Either partner can get HIV during intercourse. Don't take the risk!

safer sex

Safer sex means using condoms and water-based lubricant (oil-based lube like Vaseline can weaken the condom and contribute to it breaking). Get used to handling condoms: different colours, sizes or brands affect the level of sensitivity, so stretch them over your hands, blow them up, laugh at them, and then when it's time to use them they won't feel so strange. Sex may not feel quite the same at first, but adding lubricant helps and prevents them from breaking. As well as protecting yourself from HIV/AIDS, you are reducing the risk of other sexually transmitted infections (STIs) including herpes, gonorrhoea, genital warts, urethritis, syphilis and candida (thrush).

Be assertive about safer sex (e.g. using condoms). If someone cares enough to have sex with you, they should care about protecting you.

HIV transmission from the insertive to the receptive partner

Your rectum and anus is lined with a thin mucous membrane. During anal sex, there may be cuts through these membranes and if the insertive partner has HIV, infected blood or semen can enter the bloodstream of the receptive partner through these cuts. Remember: blood is not always visibly present.

HIV transmission from the receptive to the insertive partner

Research studies conducted to identify risk factors for HIV transmission have shown that the insertive partner in anal sex is also at risk of HIV infection — even if he doesn't ejaculate.

The eye of the penis (the meatus) is the opening of the urethra. Like the rectum, the urethra is lined with a thin mucous membrane. During anal sex, this membrane also gets damaged through ordinary friction. You might not feel the cuts, and blood is not always present.

Also, there may be cuts (whether visible or not) on the surface of the penis. HIV can be transmitted from the receptive to the insertive partner through these cuts. Remember, the rectum also has thin mucous membranes which get damaged as well.

giving oral sex

Giving oral sex is when someone else's penis or vagina comes into contact with your mouth. Information from the Victorian AIDS Council indicates that oral sex without ejaculation carries a very small risk of transmitting HIV from the penis or vagina to the mouth of the receptive partner. Taking blood, semen or vaginal fluids into your mouth will increase the risk.

If your mouth and throat are in perfect condition, then it is not easy for HIV to enter the bloodstream by oral sex. However, if there is any bleeding, gum disease, ulcers or other infections, you should take extra care. Cuts and bleeding can be caused by flossing, tooth brushing, eating sharp foods, throat infections, or having a dehydrated mouth. Avoiding these before oral sex will decrease the risk for HIV transmission.

You can rinse with salty water before oral sex to check if there are any cuts in your mouth. If your mouth stings or you have any mouth or throat conditions, consider using barriers such as condoms for fellatio, or latex dams for cunnilingus.

getting oral sex

Getting oral sex is when your penis or vagina comes into contact with someone else's mouth. The chance of transmitting HIV from someone else's mouth to your penis or vagina is extremely remote, according to information from the Victorian AIDS Council.

condoms

- If used properly, condoms can reduce the risks of HIV transmission. Laboratory tests show that HIV cannot pass through latex condoms.
- Use a condom that complies with Australian standards.
- Check the use-by date. Throw it away if the date has passed.
- Choose a condom that fits the size and shape of the penis, sex toy or dildo.
- Practise with different condoms for size, shape and comfort and to get used to their feel.
- Put the condom on before intercourse starts.
- You can try adding a drop of lubricant inside the tip of the condom to increase pleasure for the wearer.
- Squeeze the air out of the tip of the condom before rolling it on.
- If uncircumcised, pull the foreskin back before fitting the condom.
- Roll it all the way to the base of the penis or sex toy.
- Use plenty of water-based lubricant (such as Wetstuff, KY, Glyde, Surgilube, Muko, Lubafax or Climax) on the outside of the condom.
- Do not use oil-based lubricants such as Crisco, Vaseline or baby oil, which destroy condoms.
- Hold the condom at the base when withdrawing the erect penis.
- Only use condoms once — NEVER RE-USE THEM.
- Do not store condoms near excessive heat or cold, nor in places where sharp objects might damage them.
- Do not open condoms with your teeth.
- Some people think doubling up on condoms (using two at once) will give them extra protection. This is not true. In fact if you use two condoms at once you will increase the chance of them breaking due to the friction caused when they rub together.

HIV/AIDS testing

You should receive pre-test counselling before you are tested for HIV (pre- and post-test counselling is mandatory in Victoria). If you are thinking about having an HIV test, go to the people who can answer all your questions and explain all the implications. You may feel your family doctor is not the most appropriate person for you to approach, as it is

important to be able to speak openly and honestly about the risk factors for HIV. However, there are other places you can go, such as the Melbourne Sexual Health Centre (580 Swanston Street, Melbourne, ph: 9347 0244 or 1800 032 017) which provides an anonymous, free and non-judgmental service.

It will take up to three months from the time of infection for your body to develop antibodies. The test only detects antibodies, which are your body's response to exposure to HIV (not the virus itself) so it will only tell you if you were infected three months previously. You should take particular care and avoid engaging in unsafe behaviour during this three-month period, often referred to as the 'window period', or you may have to start all over again (another test, another three-month wait). So, as always, keep on with the safe injecting and safe sex practices.

Women considering pregnancy should consider having the HIV antibody test. While a combination of intervention methods can reduce the risk of vertical transmission (mother to child) to less than 2%, without such intervention or treatment the possibility of HIV transmission from mother to child is 15–30% in developed countries (and 30–45% in developing countries). The evidence indicates that 50–80% of infants are vertically infected during delivery; however, HIV transmission can also occur during pregnancy, after birth or via breast feeding.

There is also an associated risk (approximately 5%) of passing Hep C on to your unborn child (see the section on Hepatitis C below). HCV/ HIV co-infection appears to increase the risk of vertical transmission (15–20%).

disclosure

Generally, you are not obliged to tell anyone you are HIV positive. However, there are a few situations where the law requires you to disclose your HIV status. In some states, including Victoria, HIV positive people are legally obliged to tell any sexual partner, even if they intend to have safe sex. The Department of Immigration requires anyone applying for permanent residency in Australia to provide the results of an HIV test. When applying for superannuation or life insurance, you will probably need to answer questions about your HIV status.

treatment for HIV/AIDS

There are three basic types of treatments available:

- treatments used against the HIV virus itself (antiretroviral treatments);
- treatments used to stop you getting opportunistic infections (prophylaxis) or to treat them if you get them; and
- treatments to relieve or eliminate symptoms associated with HIV disease and the side effects of other treatments.

Antiretroviral treatments aim to reduce the amount of HIV in the body to the lowest level possible and to keep your HIV at a manageable level by preventing the virus from replicating (making copies of itself). Usually a number of different types of drugs are used

in combination: some people will respond better to particular drugs, or may get more severe side effects, so the treatment has to be worked out to suit the individual.

Since HIV can affect all parts of the body, each person with the virus can develop a different set of illnesses, infections or symptoms, and will therefore be prescribed a variety of drugs to deal with these. You may also be on a range of other treatments — methadone, oral contraceptives, treatments for illnesses not related to HIV, or drugs to reduce side effects like weight gain or diarrhoea. You will need to find out from your GP or specialist whether these interact with the combination therapies you are on.

The course of HIV infection has been significantly altered by the use of combination antiretroviral therapies and treatments for HIV-related opportunistic illnesses. These days many patients remain well long after infection and achieve a quality of life not previously possible; adherence to treatment is essential given the potential for drug resistance to develop if medication is not taken regularly. However, HIV remains a complex disease and its treatment continues to evolve.

Not a lot is known about how HIV drugs interact with illicit drugs; however, if you continue to use, there are some precautions you can take to minimise potential harm.

- Avoid taking HIV drugs and other drugs at exactly the same time; wait at least a couple of hours between doses.
- Some HIV drugs (particularly Ritonavir, and possibly other protease inhibitors) may cause dangerous, even fatal interactions with ecstasy, methamphetamine and other amphetamines.
- Tell your doctor about your drug use and try to find out about any known interactions.
- Drink plenty of water.
- Start with a smaller than usual amount of any illicit drug and monitor any unusual responses.
- Seek emergency medical help if you experience dizziness, sudden drowsiness, blurred vision, heart palpitations, vomiting or any other severe or unexpected effect.

further information about HIV/AIDS

See the listing at the end of this chapter.

hepatitis C and intravenous injecting drug use

‘Hepatitis’ means inflammation of the liver and is caused by one of a number of viruses. Hepatitis C is the most common form of hepatitis amongst injecting drug users. Often people who are infected with Hep C do not realise they have the virus because they do not experience symptoms. Some people (around 20%) recover completely from the infection; the rest (80%) are infected for life, although they may not feel ill for many years; 5–10% will develop serious liver disease such as cirrhosis (scarring) or liver cancer in the long term.

There are currently about 200,000 Australians infected with the Hep C virus, with an estimated 11,000 new infections occurring each year. The majority of new cases of Hep C infection are due to unsafe injecting practices.

types of hepatitis

Hepatitis A is usually a mild disease that does not become chronic (i.e. cause long-term health problems). It is passed on via food and water contaminated with faeces (shit) from an infected person and occasionally via oral/anal sexual contact.

Hepatitis B is a blood borne virus which is transmitted via blood and other body fluids including saliva, semen, vaginal secretions and breast milk. It is *not* passed on via water contamination or in food. It becomes chronic for a small proportion of adults and almost all small children who are infected.

Hepatitis C is also a blood borne virus; however, unlike Hep B it is found only in blood. It is *not* considered a sexually transmitted infection and cases of Hep C transmission involving sexual contact also involve quantities of blood. It is *not* transmitted via food or water contamination. It becomes chronic (i.e. long term) for about three-quarters of all people infected with the virus.

There are several strains or genotypes of Hep C as well as different subtypes of each strain. These strains are different in their genetic make-up, but are similar enough to still be labelled Hep C. There are six different genotypes (or strains) of the Hep C virus (1 to 6), with the prevalence of different genotypes varying from country to country, for example genotypes 1 and 3 are most common in Australia. It is possible for users who continue high-risk practices to be infected with a different strain or be re-infected with the same strain.

There are vaccines for both Hep A and B; however, there is *no* vaccine for Hep C.

transmission of hep C

The vast majority of cases of Hep C in Australia are due to sharing injecting equipment among injecting drug users (80%). Other people may have acquired the virus through:

- transfusion of blood products (5–10%) prior to 1990;
- non-sterile medical procedures or dental procedures;
- non-sterile tattooing or piercing procedures;
- needle stick injuries and occupational exposure to injected blood or blood products;
- some other form of blood to blood contact; and
- mother to child transmission during pregnancy and delivery (very low risk, with most babies born antibody positive and clearing the virus within 18 months).

Note: There are no documented cases of Hep C transmission due to needle stick injury from discarded needles documented in Australia. The only proven cases of Hep C acquisition through needlestick injury relate to clinical settings, where quantities of fresh blood were involved.

Risk of transmission is potentially influenced by a person's viral load and is increased during the initial (acute) stage of infection, which lasts up to six months after catching the virus.

sexual transmission

Hep C is *not* classified as a sexually transmitted infection. However, sex that involves blood (menstruation or any sexual activity that involves blood or bleeding) and blood sports are considered a low risk for transmission of Hep C.

When one partner is Hep C positive, couples may need to rethink their sexual practices to reduce the risk of blood-to-blood contact during sex. Using condoms and dams when a female partner is menstruating or when having anal sex may be advisable. Water-based lubricants can also avoid skin damage or abrasion during sex.

between long-term partners

Some drug users think that sharing equipment with long-term partners isn't risky, but this is not necessarily so. The infection may take many years before symptoms develop, and people who may only have injected a few times 15 or 20 years ago are now presenting with Hep C virus and liver disease.

It is important to remember there are number of different strains of Hep C and that just because you and your partner both have Hep C, it doesn't mean you've got the same type. By sharing injecting equipment, you run the risk of acquiring another strain of the virus — it is possible to be infected with more than one strain — which may complicate your health later on.

social contact and household transmission

Hep C is *not* passed on through social contact. Hugging, kissing, sharing food and drinks, plates, eating utensils or toilet facilities will *not* transmit the virus. To minimise the risk of transmission within the home it is suggested that people do *not* share razor blades, toothbrushes and sharp personal grooming aids, i.e. anything that may involve blood. When wiping up blood spills it is advisable to wear gloves, use paper towels, good quality detergent or bleach and plenty of cold water.

insect bites

Mosquitos and other insects *do not* transmit the Hep C virus.

testing for hep C

A test for Hep C has been available since 1990. Before this, it was referred to as 'non-A non-B' hepatitis. Hep C antibody tests (see below) are free if you take your Medicare card to a doctor who bulk bills. Free testing is also available from the Melbourne Sexual Health Centre (580 Swanston Street, Melbourne, ph: 9347 0244 or 1800 032 017).

hep C antibody test

The initial screening test for Hep C is a simple blood test, known as the HCV (Hep C virus) antibody test. To fight the virus our body produces antibodies. This test does not look directly for the virus itself but for the antibodies, which indicate that you have been exposed to the virus and have produced antibodies to fight it. However, this test cannot determine whether or not you are still infected with the virus or for how long you have been infected.

Antibody test results are usually clearly positive or negative, but sometimes they come back as 'indeterminate', which may indicate that the person is in the process of seroconverting (see below) or becoming infected. In this case a repeat test will be required.

Approximately 25% of people who are exposed to Hep C will clear the virus spontaneously. It is not known why some people clear the virus, and they will still test antibody positive. There are different strains of Hep C virus however, and it is possible for a person to become co-infected with more than one strain. It is not safe to assume that you are safe from re-infection just because you already have Hep C.

polymerase chain reaction test (PCR)

Those who test positive for Hep C antibodies should then be given a PCR (polymerase chain reaction) test to look for the presence of the actual Hep C virus and to establish current infection. Like the Hep C antibody test, the PCR cannot tell how long someone has been infected. PCR is a laboratory technique that amplifies the virus's genetic material to a level that can be detected. This technique consists of many stages and can be expensive, although it is covered by Medicare if you meet certain criteria.

The results of these tests can be confusing, so it is wise to have them explained by someone who has a good grasp of Hep C and the meaning of test results. This should be covered in pre-test counselling, but unfortunately many people do not receive adequate counselling and information prior to testing.

seroconversion

It can take up to six months from the time of exposure or infection for antibodies to be detected in the blood. This is sometimes referred to as seroconversion, or the 'window period'. It is important for users who keep injecting unsafely or sharing injecting equipment to be retested six months after their last suspected risk.

liver function test (LFT)

Liver function tests (LFTs) are blood tests which help to indicate the degree of the damage the virus is doing to your liver at the time of the test, and are a different test to the antibody test (above). Unfortunately, LFTs cannot tell how much residual or structural damage the liver may have accumulated over the course of the infection. A doctor can offer ongoing evaluation of your liver health by interpreting differences in LFT results over time and whether or not you have physical symptoms or signs of liver disease. LFTs can be done monthly, quarterly, twice yearly or annually, depending on each individual case.

liver biopsy

A liver biopsy is the removal of a small sample of liver tissue for examination under a microscope. A biopsy is usually performed at a hospital under a local anaesthetic and is the only test which can provide an accurate indication of the state of your liver and the degree of damage it has.

It is difficult to predict who will develop Hep C related liver disease and/or cirrhosis (see below), as it can take years to develop; again, a biopsy is necessary to determine whether treatment is required and/or likely to be effective.

cirrhosis

When the liver is under attack from viruses, or from chemical poisons like alcohol, it can respond by forming scar tissue. Cirrhosis refers to structural changes to the liver caused by continual scarring.

There are various stages or degrees of cirrhosis. When cirrhosis is advanced, blood cannot flow through the liver properly and the liver is unable to function adequately. Severe cirrhosis can be fatal. People with cirrhosis also have an increased chance of developing liver cancer.

disclosure

If you have Hep C you are under no legal obligation to tell anyone. It is your decision who to tell, why and how. This includes in the workplace. Regardless of your Hep C status, it is generally the employer's responsibility to employ standard infection control and to ensure blood and body fluid precautions. If you are a health professional however, there are some exposure-prone procedures that you should not undertake if you are Hepatitis C positive. These procedures include some forms of surgery.

If you require more information, ask the service or facility you are using for Hep C related advice or health services, or contact the Hepatitis C Council of Victoria (see contact details at the end of this chapter) or the Department of Human Services (BBV/STI Program, Public Health Branch, ph: 9637 4101).

treatment

The genotype of Hep C you have (see 'Types of hepatitis', above) affects how likely you are to clear the virus after a course of anti-viral therapy, i.e. a 54% chance for genotypes 1,4,5 and 6 and a 70–80% chance for genotypes 2 and 3. Your genotype also determines the length of treatment required (i.e. either six or 12 months). It is also important to note that treatment outcomes are affected by many factors including a person's age, gender and viral load, etc.

anti-viral drugs

There have been significant changes to Hepatitis C anti-viral treatment in recent years. Previously, the only treatment for Hep C infection was Interferon. Interferon-only treatment had varied and significant side effects for many people and its success rate was not good, with almost half the people treated with Interferon failing to respond. The good news is that treatment has improved in recent years. A combination therapy of Interferon and Ribavirin is now the standard treatment for Hep C; it has fewer and less severe side effects for most people and a much higher success rate. However, some people still experience significant side effects from Interferon and Ribavirin and many require intensive support during treatment.

Ribavirin has been shown to cause birth defects in animals. Therefore, combination therapy is not available to women who are pregnant and/or breastfeeding, and clients must commit to two forms of contraception, both during treatment and for six months afterwards.

eligibility

Recent changes in eligibility criteria mean that current drug uses are no longer excluded from treatment. In addition, a liver biopsy is no longer a mandatory requirement for anti-viral treatment. Although treatment is not a viable option for all, by removing these sorts of barriers it is hoped that more people, and in particular more drug users, will consider the uptake of anti-viral treatment.

other treatments

There are other treatments available to Hep C sufferers. These include: traditional Chinese medicine (TCM), homoeopathy, naturopathy and any other practice that promotes a holistic, body nurturing philosophy. While these alternative treatments cannot clear the virus, they may contribute in significant ways to learning to live with the virus and to a person's quality of life. Contact your local natural therapy centre or the Australian Complementary Therapy Association (see contact details at the end of this chapter) for information about treatments available in your area. Also see 'Complementary Therapies' in Chapter 7, *Treatment Options*.

bacterial infections

Our bodies have a number of natural defences that protect us from disease and other infections. When we inject drugs into our body we bypass our main natural defence system, the skin. This leaves the body vulnerable to nasty infections and diseases from bacteria, fungi and viruses, including HIV, and the Hepatitis B and Hepatitis C viruses.

All drugs have harms associated with them and injecting drugs, outside a medical setting, carries the risk of bacterial infections. Injectable drugs which are used in medical settings are prepared in sterile laboratories, stored in sterile packaging and usually administered to the patient in a clinical environment. By contrast, illicit injectable drugs are not produced, stored or used like this and can be full of germs (bacteria) and a variety of other harmful particles.

To reduce the chances of harmful germs entering the bloodstream, it is important that everything used in preparing and administering an injection is clean: hands, injection site, water, spoon, etc., and that sterile syringes are used. (See 'Safer injecting', below.) Using clean, quality filters can also help reduce infections and injecting-related damage.

Filtering helps to remove insoluble particles and contaminants that can cause the body damage if injected. Although the effectiveness will depend on the filter materials and techniques used, filtering drugs can greatly reduce the chance of bacterial and fungal infections. However, it is important to note that ***no filter will remove viruses***.

endocarditis

Endocarditis is caused by bacteria found on the skin, which enter the bloodstream during the injecting process. The bacteria then lodges on the heart valves where it begins to grow, forming what are known as 'vegetations'. If left without treatment, the bacterial vegetations can destroy the heart valves either partly or completely, possibly leading to heart failure and death. Symptoms of endocarditis include high fever, pains in the chest, coughing, shortness of breath, delirium and possible collapse. Treatment for endocarditis involves a stay in hospital and intravenous antibiotics over a period of weeks. Treatment could include heart valve replacement for valves that no longer function effectively.

The best way to prevent endocarditis is to use a sterile injecting procedure and equipment. If your heart valves are already damaged and you inject drugs you are highly susceptible to getting endocarditis. You can reduce the chance of getting endocarditis by using a skin wash containing povidone-iodine and chlorhexidine, in conjunction with a sterile injecting procedure. (For more information on sterile injecting procedures contact VIVAIDS or your local Needle and Syringe Program. See Chapter 4 for NSP contact details.)

Sterile injecting procedures are not always practical or do-able, so keep your hands, injecting site, equipment and the surface on which you prepare your drugs as clean and new as you can. Don't cough or sneeze on your gear or injecting sites and always be sure to wash your hands in warm soapy water before and after every hit.

abscesses and septicaemia

An infected abscess is a formation of pus that collects under the skin in a localised area, caused by bacteria entering the tissue, often during the injecting process. The pus is made up of bacteria, white blood cells and dead or damaged tissue. You will first notice heat and swelling, and the area will be painful to touch either on or near the injecting site. You should not squeeze the pus out of an abscess, this is only likely to spread the infection. Infected abscesses need immediate medical treatment, which is likely to involve a course of antibiotics.

You can help to prevent abscesses by:

- not reusing fits, filters or other injecting equipment;
- always washing your hands and injecting site in warm soapy water prior to injecting;
- not missing the vein, as an abscess is more likely to form in the tissue;
- rotating injection sites so you're not using the same site repeatedly; and
- always using clean injecting equipment (needles, swabs, cotton wool/filters, sterile water, clean spoons, your own tourniquet etc).

An abscess is a local infection. If left untreated it can develop into septicaemia (or blood poisoning), which will affect your entire bloodstream. Once in the bloodstream, the bacteria can multiply rapidly, spread around the body and attack any organ. If septicaemia is not treated urgently, it can be fatal. Septicaemia, like an abscess, is treated with antibiotics, which are often given intravenously for a period of weeks. Symptoms of septicaemia can include high fevers, rashes, chills, severe shivering, loss of consciousness, restlessness, delirium and exhaustion.

safer injecting

In providing the following *harm minimisation information*, neither the authors nor Fitzroy Legal Service Inc. intends to condone or promote the unlawful consumption of drugs. People who do inject illegal drugs, however, are at risk of contracting or transmitting blood borne viruses and experiencing other harms. This information has been developed to assist injecting drug users to take steps that can help minimise risks to themselves and others.

hints for safer injecting

These hints cover 'best practice' principles, i.e. the most effective ways to reduce the risks of blood borne virus transmission and bacterial infections, taking into account the situations in which illicit drugs are injected.

'Best practice' assumes that everyone injecting will have sterile syringes that can be disposed of immediately after use. It is strongly recommended that users plan their injecting in such a way that they can incorporate best practice procedures when they use, wherever possible. For example, taking more sterile syringes than you think you need so you always have some spare is a good plan for avoiding risky injecting situations. The following tips relate to injecting illicit powder drugs, such as white heroin, speed or cocaine, etc. Contact VIVAIDS or your NSP for risk-reduction tips for injecting other kinds of drugs.

preparation

- **Gather the equipment you need:** new syringes (fits) in unopened packets, spoon, sterile water, swabs, cotton wool or other filter, tourniquet (if needed) and a sharps-safe or puncture-proof container.
- **Wipe down the surface** where you intend to prepare your hit with warm soapy water. If you can't find a clean space, put some newspaper down or split the paper bag that the syringes came in. Get rid of any clutter in the area (e.g. ashtrays etc).
- **Wash** with warm soapy water:
 - your hands;
 - the injecting site (e.g. your arm); and
 - the spoon.

It's important to use warm soapy water to wash as this helps to remove traces of blood and dirt, and helps prevent blood borne viruses and bacteria entering your body. If you don't have access to warm soapy water, use swabs to clean your hands, spoon and injecting site. It's a good idea to ask for extra swabs when you pick up your injecting equipment just in case you get caught short.

mixing up

- **Swab your spoon.** Always swab in one direction, otherwise you will just be spreading the bacteria back and forth rather than removing it. If you have to remove a lot of dirt you can scrub with a few swabs, but always finish with a fresh swab, wiped in one direction. It is important to wait until the alcohol from the swab dries — it does not take long and it is only truly effective once it has evaporated.

- **Place the drugs in the spoon.**
- **Take the syringe out of the wrapper and remove the orange cap.** Once you have opened your fit it is a good idea never to let it leave your hands until you place it in a sharps-safe. That way you can be one hundred per cent sure that it is your fit and that it has not come into contact with anyone else's blood.
- **Draw water** into the syringe and then squirt it into the spoon. It is best to use sterile water from an ampoule that you have just opened, but if you cannot do that the next best option is to use boiled water that has been allowed to cool. Whichever water you use, be careful not to stab and blunt the needle point as you draw up water. Never put a used fit into water that others might use.
- **Gently stir** the solution in the spoon. Use the end of the plunger to mix your drugs with water. If it doesn't readily mix then apply some heat, but be careful not to boil the solution. (Don't apply heat to a plastic spoon!)
- **Tear a small piece of clean cotton wool (or swab, tampon, etc), roll into a ball and add to the solution in spoon.** Ensure your hands are clean before touching the filter, otherwise as you roll it into a ball the surface dirt on your fingers will contaminate both it and the solution you drop the filter into. (Other forms of sterile filters may be available through your NSP)
- **Place needle point, flat edge down, onto the cotton wool/filter in the spoon and draw the solution up through the filter and into syringe.** Be careful not to blunt the needle tip by stabbing the spoon.
- **Hold the syringe upright, gently tap out any air bubbles and push the plunger to remove any air.**

injecting

- **Locate the vein and use a tourniquet if needed.** Tourniquets often get blood on them, so its best to have your own (something stretchy works best). Remember not to have it on too tight, or for too long.
- **Swab the injecting site.** Always swab in one direction rather than back and forth, as this action tends to move bacteria back and forth instead of removing it. Always wait for your injection site to dry before injecting (it doesn't take long).
- **Insert needle** into the vein at a 45-degree angle. Slide the needle in smoothly. One clean stab increases the chance of hitting a vein cleanly. Don't 'fish around', as repeated stabbing will cause bruising and scarring.
- **Slowly pull back the plunger.** Check that you are in the vein — a small amount of dark blood should trickle into the syringe. If the blood is frothy and light in colour, this means that you have hit an artery and you need to loosen the tourniquet, slowly withdraw the syringe and immediately apply pressure to the site.
- **If using a tourniquet, now's the time to loosen it.** Be gentle so that you don't move the fit or the vein. You shouldn't inject while the tourniquet is still on because there will be too much pressure on the vein (which can mean that some of the drug solution could leak out, which could in turn cause bruising or local infection).
- **Gently push plunger and slowly inject the solution.**

- **Withdraw the needle slowly and smoothly.** Withdrawing too quickly can cause damage to your veins. Being careful means that you will be able to use veins longer with fewer problems.
- **Apply pressure to the injecting site.** You can use the remainder of your cotton wool or a tissue; swabs actually encourage bleeding, which in turn encourages bruising. Keeping your arm straight will also lessen the chance of bruising.

cleaning up

- **Put your used syringe straight into a sharps container** (or puncture-proof container). Re-capping fits is unnecessary and a bad habit. It is also a sure way to get a needle stick injury. Only ever re-cap if it is not possible to dispose of the fit straight away in a puncture-proof container, and only if it is a fit that only you have used.
- **Wash your hands** with warm soapy water. Blood on your hands can transfer onto anything that you touch, so as soon as you're able to, wash your hands.
- **Don't leave any injecting waste lying around.** Leaving waste 'red-lights' an area and makes things harder for users everywhere.

Sloppy or unsafe injecting puts you at risk, not only of contracting and transmitting Hep C, Hep B and HIV, but also of dirty hits, bruising, blood poisoning and abscesses. These things are an unnecessary part of injecting drugs. If you choose to inject drugs, it is important to do it as safely and carefully as you can. This means using sterile injecting equipment, washing your hands before and after injecting, and disposing of equipment safely. If you have to use a used fit, read about cleaning fits below.

cleaning fits

There is **NO SAFE WAY** of eliminating the risk of viral transmission from used syringes. Some people use bleach, others recommend soapy water, but neither will guarantee that all traces of the Hep C virus (or Hep B or HIV) are removed from the syringe.

The best thing to do is stock up on equipment so you won't be caught short in the first place. **Be prepared.** If it's likely that you're going to be away from home and need to use somewhere else, take some sterile fits with you. Don't rely on other people. Remember that it's not illegal to carry new (or used) syringes. Be prepared and carry more than you expect to use — having too many won't hurt you, but getting caught short might put you in a difficult, risky position.

If you decide to inject with a used fit, you are taking the risk of becoming infected with Hep C and other blood borne viruses such as Hep B and HIV. Remember, even if you already have Hep C, HIV or Hep B, you are still at risk! While the only really safe way is to use a sterile syringe and practice safer injecting, you will be safer re-using a syringe that only you have used than any syringe someone else may have used.

If you decide to keep your syringe for re-use later, it is best to clean it as soon as possible after you have used it — preferably before the blood dries. At the very least, rinse it after use with water after your hit, then follow the following cleaning instructions below before you re-use the syringe. Be very careful not to rinse in water that anyone else might use for either mixing, rinsing or drinking, and don't spray anywhere where water droplets from your fit

can come into contact with anyone's injecting equipment, hands or injecting sites. Don't forget to wash your hands afterwards. Don't put your fit down where it might be mistakenly picked up by someone else. If you can, clearly mark your fit in some way so that you know it is yours.

step-by-step instructions for cleaning used syringes

- Prepare three separate containers. Fill one with clean water from the cold tap, for rinsing blood out of your fit. Prepare another with full strength bleach (make sure it has at least 5.25% sodium hypochlorite listed on the container, and check the use by date). Prepare the other with clean water from the cold tap, for rinsing the bleach out of your fit.
- Draw up water from the first container. Squirt the water out into your sink. Repeat until you cannot see any traces of blood.
- Take the fit apart and place it in the second container, covering it completely in bleach. Soak it for at least two minutes. If you can't soak it, draw the bleach up into the fit and shake it for at least 30 seconds. Squirt the bleach out into your sink (or where no one will come into contact with it). Repeat this process at least once more.
- Draw up fresh water from the third container into the fit. Don't use water from the first container because that will have been contaminated with blood. Squirt, flushing the water into your sink. Repeat the drawing up and squirting process at least six times, until all the bleach has been removed.
- If you don't have access to bleach, water and detergent may also help remove blood traces from the syringe. A strong alcohol such as straight vodka may also help clean the fit, especially if it has been thoroughly rinsed with detergent and water first.

The better you clean a fit, the better your chances of removing viruses and bacteria. However, there is **NO GUARANTEED WAY** of totally removing infectious particles from a fit someone else has used, no matter how clean it looks to the naked eye.

steroid users

Some people who inject steroids, such as body-builders, don't consider themselves as injecting drug users, and therefore do not realise they should take precautions to reduce the risks of sharing with friends.

recreational users

Many recreational injectors also do not consider themselves 'at risk' as they do not see themselves as 'drug addicts'. They mistakenly believe that blood borne viruses only affect so-called 'junkies'. Occasional users are more likely to share a friend's works because their drug use is often unplanned.

users with Hep C

Many users believe that if they have Hep C and someone else has Hep C, then it is OK to share injecting equipment, including fits. There are many reasons why this is **not OK**, including:

- the person you are sharing with could have other blood borne viruses as well, such as HIV and Hep B (there is no way to know what else someone may have);
- you or the other person may not actually have the virus, or may have cleared it spontaneously since your last test; and
- you may have different strains of the virus — it is possible to be infected with more than one strain of Hep C.

looking after your health

Many people think that if you use heroin or other illegal drugs you can't possibly be healthy. This isn't necessarily true. Most of the health problems that users have are not due to their drug use, but to poverty and poor nutrition and the circumstances that people often use in. Hepatitis B and C and HIV are not transmitted through heroin, they are transmitted through infected blood and by sharing injecting equipment. If you use sterile equipment every time, and don't let anything that has come into contact with infected blood contaminate your hit, you can avoid Hep B, Hep C and HIV.

Other problems, such as tooth decay and malnutrition, can also be minimised. Opiates like heroin and methadone reduce the saliva in your mouth which increases tooth decay; however, brushing your teeth twice a day, regular flossing and chewing sugar-free gum can reduce tooth decay. Ask your dental service about gels that can ease dry mouth syndrome and reduce decay. Drink plenty of water, less sweet drinks.

It can be difficult to eat well when you don't have much money. However, fresh fruit and vegetables are generally cheaper than take-away and junk food. A high fibre diet reduces constipation, which can be a problem if you're using a lot. A good diet can ensure that you maintain good health.

Other health-related problems that some users suffer from, such as septicaemia (blood poisoning), endocarditis (an infection of the heart), and abscesses (see information on these problems above), all result from non-sterile injecting practices. If you follow best practice safer injecting procedures (see 'Safer injecting', above) you should not run the risk of these types of ailments.

Overdoses are another life-threatening health risk that accompanies heroin use. Using an illicit substance can make it difficult to be sure of exactly how much you can use, particularly if you buy off unknown and different 'dealers' and/or you use very infrequently or you are not on a methadone or buprenorphine program. However, most overdoses result from using heroin with alcohol or pills, which enhance the effects of heroin. If you use other drugs (in particular other central nervous system depressants) as well as heroin, you may need less heroin than usual. The risks of overdose can be minimised by practising safer

using (e.g. not using on your own, etc) and by being informed about drug interactions. See Chapter 3, *What Causes a Drug Overdose?* for further information on this topic.

Having Hep C may make you more likely to experience liver problems, so it is important to be aware that nearly all drugs (including alcohol and prescription drugs) are processed through the liver. Some drugs are more harmful to the liver than others. Opiates such as heroin and morphine are not as hard on the liver as drugs like alcohol, but all drugs can put a strain on the liver, especially if it is already damaged. Other drugs like ecstasy, ice and cocaine are probably even harder on the liver than opioids like heroin.

If you continue using drugs, some strategies you can follow to reduce harm are to:

- follow best practice injecting guidelines;
- filter drugs when injecting (there are a number of different filters available, ask at VIVAIDS or your NSP to find out more);
- use clean water and sterile equipment;
- eat good food regularly; and
- make sure you get enough sleep.

further information

There are many organisations that can provide support to drug and alcohol users. Contact details for many of them are given in this Directory (in particular see Chapter 15, *Quick Guide*).

To find out more about drug use, available treatments and harm minimisation, call DirectLine on 9416 1818 (local call) or 1800 888 236 (toll free).

peer-based user organisations

Drug user organisations are known as ‘peer-based’ services, which means they are organisations run by and for those who identify as illicit drug users. Such organisations are usually membership based and support a community development and harm reduction philosophy. They frequently focus on the delivery of peer-based information, education and advocacy.

Almost every state and territory around Australia has some form of drug user group or organisation. The Australian Injecting and Illicit Drug Users’ League (AIVL) is a national organisation based in Canberra. AIVL has a website containing information about harm reduction at <www.aivl.org.au>.

Peer-based organisations base their health education and advocacy upon the following concepts:

- people who are disenfranchised from society (through illegal or socially unacceptable behaviours) often do not respond to messages or education delivered through the mainstream (because they have been ostracised from it previously);

- subcultures within society develop rituals and language unique to the subculture;
- people's identification as part of a group is a significant motivating factor in behaviour change;
- effective education is dependent upon the message's level of credibility and acceptability to the group; and
- people are more likely to listen to their peers than to an outsider, particularly within disenfranchised communities (because of issues of trust, belief, culture, language and rituals).

VIVAIDS

VIVAIDS (the Victorian Drug User Organisation) is a peer-based, state-wide organisation that represents the interests of injecting and other illicit drug users. VIVAIDS has a membership made up of current users, ex-users and people who agree with VIVAIDS' aims and objectives. The organisation is non-judgmental, promotes a philosophy of harm reduction and provides information and peer education (including advocacy and referral) on issues affecting drug users' health and well-being. It also produces a community magazine called *Whack*, written for and by drug users.

VIVAIDS provides specific education programs targeting drug overdose prevention and management, Hepatitis C prevention and treatment, safer partying and party drug use, young people and drugs, as well as providing advocacy, mediation and support specifically for those on pharmacotherapy programs (i.e. methadone, subutex and suboxone). For further information contact VIVAIDS.

VIVAIDS

128 Peel Street, North Melbourne, 3051

Ph: 9329 1500

Fax: 9329 1500

Email: vivaids@vivaids.org.au

RaveSafe

RaveSafe is a program of VIVAIDS. RaveSafe provides peer-based information, education and resources to reduce the risks of illicit drug use in the dance party, rave and outdoor festival scene. The RaveSafe team attends raves/dance parties to provide a safe chill-out space where partygoers can sit, relax and chat with peer educators about party drugs, safer partying, safer sex issues, drug interactions and other related health issues. RaveSafe peer educators can assist and reassure partygoers who are feeling unwell, anxious or freaked out by a drug experience, referring to medical treatment including first aid where appropriate. The RaveSafe team also provide fruit, earplugs, condoms and lube, up-to-date drug information, and are trained in crisis management and intervention. RaveSafe also conducts venue audits and information sessions for promoters and event organisers on the provision of safer dance parties.

For more information email: ravesafe@vivaids.org.au

Pharmacotherapy Advocacy, Mediation and Support Service (PAMS)

PAMS is an advocacy service provided by VIVAIDS (the Victorian Drug User Organisation). PAMS can provide information, support, education and resources, as well as mediation and complaints-resolution for people on pharmacotherapy (methadone/buprenorphine) programs. PAMS services are also available to service providers, families and significant others of people on treatment.

For more information telephone: 1800 443 844 (free call, statewide).

other organisations and helplines**AIDSline**

Telephone counselling and support for people with sexually transmitted diseases in general. Mon–Fri: 9am–10pm; Sat–Sun: 9–11am, 6–8pm.

Ph: 1800 133 392 (toll free)

Web: www.aidshep.org.au

Australian Drug Foundation

The ADF delivers information, undertakes community development, researches priority issues and advocates for change.

Ph: 9278 8100

Web: www.adf.org.au

Australian Federation of AIDS Organisations (AFAO)

AFAO is a non-government organisation representing Australia's community-based response to HIV/AIDS. AFAO's work includes education, policy, advocacy and international projects.

Web: www.afao.org.au

Country Awareness Network (Victoria) (CAN)

A rural-based organisation offering advocacy, education, information, referral, support and a lending library for people living with and/or affected by blood borne viruses (in particular HIV/AIDS and Hep C) and sexually transmissible infections. Open Mon–Fri 9am–5pm.

34 Myers Street, Bendigo 3550

Ph: 5443 8355

Email: can@can.org.au

Web: www.can.org.au

Hep C Australasia

Online peer support forum.

Web: www.hepcaustralasia.org/

Hepatitis C Council of New South Wales

This is an independent, charitable, community-based membership organisation offering assistance to people affected by the Hep C in NSW.

Ph: (02) 9332 1853

Web: www.hepatitisc.org.au

Hepatitis C Council of Victoria

The Hepatitis C Council of Victoria publishes a free booklet, *Impact — Hepatitis C Information*. Copies can be obtained by contacting the Council directly or by downloading it from their website.

Suite 5, 200 Sydney Road, Brunswick 3056

Ph: 9380 4644; 1800 703 003 (country callers)

Web: www.hepcvic.org.au

Hepatitis C Helpline

Provides anonymous and confidential telephone counselling and support.

Mon–Fri: 9am–10pm; Sat–Sun: 9–11am, 6–8pm

Ph: 1800 800 241 (toll free)

Web: www.aidshep.org.au

HIV, Hepatitis & STI Education + Resource Centre

The Education + Resource Centre (at the Alfred Hospital) has a library of information for people living with blood borne viruses such as HIV and Hep C. Documents and fact sheets can be accessed online, or phone the Centre first for opening times.

Ph: 9276 6993

Email: erc@alfred.org.au

Web: www.hivhepsti.info/

Victorian AIDS Council

6 Claremont Street, South Yarra 3141

Ph: 9865 6700; 1800 134 840 (toll free)

Web: www.vicaids.asn.au

See Chapter 6, *Drugs, Pregnancy and Breastfeeding*, for information about the use of alcohol and drugs and dealing with HIV/AIDS and Hep C during pregnancy and breastfeeding.