Psychoactive Substances: A collaborative approach to reduce harm from Psychoactives in our Hawke’s Bay communities

The Hawke’s Bay District Health Board (HBDHB) Eastern District Police, Ngati Kahungunu Iwi Incorporated, the non government organisations (NGO’s) sector and community groups have worked collaboratively responding to community wide concern of the extreme negative health and social impacts of using psychoactive substances (synthetic cannabis). During this time there was limited legislation to tackle this problem and the intention was to address the immediate community issues and put a plan in place for the expected legislation change. The Psychoactive Substances Act (2013) has now passed and regulates the sale of psychoactive substances. The Territorial Local Authorities within Hawke’s Bay have developed local approved product policies to restrict the sale in residential areas.

Synthetic Cannabis is one psychoactive substance often referred to as “herbal highs” or “legal highs”, under many different brand names, e.g. K2, spice, northern lights, white rhino and everest. It is an unpredictable mixture of dried shredded plants sprayed with artificial chemicals that are usually smoked. Current legal sales in Hawke’s Bay are limited to 3 retailers, 2 in Hastings and 1 in Napier.

The reported health effects include nausea, tremors, seizure, hallucination, reduced inhibitions, euphoria, chest pain, racing heart, high blood pressure, rapid breathing, dizziness, agitation, violent behaviour and paranoia. There have also been reports of renal damage. People with mental health conditions are at increased risk of psychosis. There are also reports of addiction and withdrawal problems such as insomnia, memory problems, vomiting, constipation, weight loss, anxiety and craving for the drug. Police have reported violent behaviour and offences of theft associated with psychoactives.

There is very little knowledge or understanding about the long-term effects of psychoactives. Community members across all socio economic groups, ages and ethnicities have been reported to be using psychoactives.

Withdrawal Support Groups “Had enough of the Stuff”

This is for people either considering coming off psychoactive substances or who have already begun to withdrawal. Napier Health Centre are running group support sessions. Contact Community Mental Health & Addiction Services 06 878 1809 ext 4220

Community Surveillance and Reporting

There is ongoing coordination between the HBDHB and Eastern Districts Police. Community and organisations are recommended to provide public health or community police information about any illegal sales or purchasing of psychoactive substances. Particularly the sale from
non-licensed premises and the sale and purchase to those under 18 years of age. Reporting of breaches please contact

• Sergeant Nigel Hurley Community Relations, Napier Police 06 831 0700 extn 67151  
• Maree Rohleder Health Protection, Napier Health Centre 06 834 1815 extn 4287

Reporting adverse effects

Currently the Ministry of Health recommends the reporting of adverse effects caused by psychoactive substances to:

• Centre for Adverse Reactions Monitoring (CARM) carmnz@otago.ac.nz or 03 479-7247
• National Poisons Centre 0800 POISON (0800 764 766) 24 hours a day, 7 days a week

Resources

Psychoactive Substances resources are available from the Health Promotion Resource Room, Napier Health Centre, 76 Wellesley Road, Napier. wendi.wolfen-duvall@hawkesbaydhb.govt.nz or phone 06 878 8109.
Hepatitis C screening and referral

Epidemiology

There are likely more than 50,000 HCV infected people in NZ, but fewer than half are aware of their infection. Any risk exposure, which might be as innocuous as anti-D post-partum prior to 1992 or just a single recreational needle exposure might have caused infection.

The risk factors for hepatitis C are:
• Ever injected drugs;
• Ever got a tattoo or body piercing using unsterile equipment;
• Lived, or had medical attention in a high risk country (South East Asia, China, Eastern Europe (including Russia), or the Middle East);
• Had a blood transfusion, or received blood products, prior to 1992;
• Ever been in prison;
• Was born to a mother living with hepatitis C.

Anyone exposed to these risk factors should know their hepatitis C status.

There is useful information on the Ministry of Health and Hepatitis Foundation websites.

http://www.hepatitisfoundation.org.nz/

GP management and referral

Patients with positive hepatitis C serology should have confirmation of active infection by viral load (PCR) and genotype testing - even if LFTs are normal. If they are PCR positive they should be referred to the Hawke’s Bay Hospital Hepatitis Clinic for further assessment of liver fibrosis and treatment options. They should also be tested for Hepatitis B and HIV status.

Current treatment of HCV infection is changing and in the future it is likely that treatment of all genotypes will be interferon-free using oral therapies for as few as three months. However these combination oral options are not yet registered globally, are only available through various trials and realistically some years (? 3 or more) away. The first oral therapy recently registered in NZ is Boceprevir. It is important to appreciate that this is only an option for Genotype 1 virus and is taken in addition to the current treatments of Peg-Interferon and oral Ribavirin - hence it is no easier than our current protocol. This triple combination can however double cure rates to 60-70%. Patients most likely recommended for this combination are those with relatively advanced liver fibrosis who cannot afford to wait for other oral treatments.

If you have any need for further information contact Andrew Burns through the DHB Hepatitis Clinic.

Public Health Advice is available by email
If you prefer to receive this bulletin by email in PDF format, instead of hard copy, please let us know by email to

lester.calder@hbdhb.govt.nz.
Disease Surveillance Summaries

Selected Hawke's Bay disease notifications for Sept 2013 to Feb 2014 compared to the average for the same period during 2008-2012

Note: *denotes p<0.05

Selected notifications March 2013 to February 2014

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<thead>
<tr>
<th>Disease</th>
<th>Hawke's Bay</th>
<th>New Zealand</th>
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<tbody>
<tr>
<td>Campylobacteriosis</td>
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<td>6897</td>
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<tr>
<td>Chlamydia</td>
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<td>28316</td>
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<tr>
<td>Cryptosporidiosis</td>
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<td>1210</td>
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<tr>
<td>Giardiasis</td>
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<td>1751</td>
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<tr>
<td>Gonorrhoea</td>
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<td>3423</td>
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<td>Hepatitis A</td>
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<td>105</td>
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<td>Latent tuberculosis infection</td>
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<td>384</td>
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<tr>
<td>Lead absorption</td>
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<td>Legionellosis</td>
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<td>Meningococcal disease</td>
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<td>Pertussis</td>
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<td>Rheumatic fever</td>
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<td>Salmonellosis</td>
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<tr>
<td>VTEC/STEC infection</td>
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<tr>
<td>Yersiniosis</td>
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<td>509</td>
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</table>

Hawke's Bay rates are annualised crude rates per 100,000 population calculated from 2013 mid-year estimates.

Note: The figures for Chlamydia & Gonorrhoea are for the 12 months ending Dec 2013.
Immunisation Issues

Education sessions

Education sessions on the National Immunisation Schedule changes which come into effect from 1st July this year.

Central HB 6th May, 1.00-2.00pm, CHB Health Centre
Hastings, 6th May, 5.00-6.00pm, Education Centre, HB Hospital
Napier, 12th May, 4.00-5.00, Lecture theatre EIT, Taradale
Wairoa, 15th May, 1.00-2.00, Committee Room, Wairoa Hospital

Meningococcal Vaccination

Meningococcal vaccination is recommended for many groups in our community but not funded, these are detailed in Table 16.1 in the 2011 Immunisation Handbook, page 291. One of the groups of increased risk is young adults in their first year of residence in hostel type accommodation, including boarding schools. Vaccination for this group is either a quadrivalent conjugate vaccine or a meningococcal C conjugate vaccine.

Meningococcal vaccine is funded for adults and children pre or post splenectomy or for a community programme to control an outbreak being managed by the Medical Officer of Health.

There are a number of strains of meningococcal bacteria which cause disease in NZ. No vaccine covers all of the strains nor do they provide long-lasting protection: most provide between 3 – 5 years. The Immunisation Advisory Centre have a resource on their homepage detailing the different meningococcal vaccines available in NZ this can be found at www.immune.org.nz

Vaccinations in pregnancy

There are currently two vaccinations recommended and funded during pregnancy.

Influenza vaccination is on the National Immunisation Schedule. It is recommended by The World Health Organization and funded at any stage throughout pregnancy. Vaccination of pregnant women has been found to be highly effective in preventing influenza and its complications for this group and will also offer protection to the newborn for a short time after birth. As it is an inactivated vaccine there are no safety concerns.

Pregnant women who contract influenza have significantly higher rates of hospital admissions than women who are not pregnant.

Boostrix is currently funded for pregnant women between 28 to 38 weeks gestation to protect them and their infants against pertussis. New Zealand still has increased numbers of pertussis notifications. Infants are the group most at risk of serious outcomes from this disease. On-time immunisation for the infant is also important so that it can build its own immunity as soon as possible. Boostrix vaccination is available for other adults in close contact with babies and is recommended by the Ministry of Health but is not currently funded.

The bulletin is also available on the Hawke's Bay District Health Board website:

http://www.hawkesbay.health.nz/page/pageid/2145871321