

- ▶ Screening and referral for hepatitis C
- ▶ Immunisation Issues

## **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 withdraw. 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](mailto: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](mailto:wendi.wolfen-duvall@hawkesbaydhb.govt.nz) or phone 06 878 8109.

# SYNTHETIC CANNABIS

## its time to stop...

If you or someone you know has been regularly using synthetic cannabis then read on

### WHEN YOU STOP USING

The first few days may be very intense and some users have reported strong symptoms and cravings for a few weeks. They have also reported a gradual return of wellbeing including, increased energy, clarity of thought, motivation, productivity and happiness.

Here are some of the things that you may experience

Physical health	Mental Health
Chest pain	Low mood
Heart palpitations	Suicidal feelings
Thrombosis	Paranoia
Seizures	Psychosis
Prostate swelling	Anxiety
Headaches	Panic attacks
Dizziness	Forgetfulness
Blurred vision	Difficulty concentrating
High blood pressure	Feeling emotional
Insomnia	Sleeping problems
Difficulty breathing	Confusion
Constipation	Fear of dying
Vomiting and diarrhoea	Cravings
Weight loss	Irritability and aggression
Dehydration	
Stomach issues	

### FOR SUPPORT CONTACT YOUR LOCAL GP OR FAMILY DOCTOR

If your symptoms are severe or increasing, or if you suspect they will be, go to your GP and tell them exactly what you have been using and what you are experiencing. Your GP will check your physical health and may give you a short term prescription for medication that will help with sleeping difficulty, anxiety, craving, nausea and vomiting.

### HELPFUL CONTACTS

There are a number of other organisations with confidential support services you can contact. Drug services or addiction services are often listed alongside mental health services, they may be part of your local District Health Board or listed as independent organisations.

**HAWKE'S BAY COMMUNITY MENTAL HEALTH & ADDICTIONS SERVICES (HBMHS)**  
Assessment, treatment and counselling. Services at Napier Health Centre include: Total Trough of the Coast\* drug services, Hawke's Bay Hospital & Central Hawke's Bay Health Centre. Call website, appointment.  
Napier: 06 878 8109 ext 5200  
Hastings: 06 878 1700 ext 5200  
Waikato: 06 838 7099 ext 4875  
CH181 06 858 9000 ext 5503

CENTRAL HEALTH KAIAPAPA (MORU DRUGS AND ALCOHOL SERVICE) 06 876 5100  
(No Patients Booked)

MANAWAI HOUSE (MORU) 06 830 7390  
EMERGENCY MENTAL HEALTH (EM-H) 24 hours a day - 7 days 0800 113 324

**NATIONAL ALCOHOL AND DRUGS HELPLINE** 1800 to 5000  
Adults (09) 741 7241 Youth (0800) 711 811  
[www.addiction.org.nz](http://www.addiction.org.nz) Text call to 254

**LIFELINE** 24 hours a day - 7 days 0800 543 354  
**NARCOTICS ANONYMOUS** 0800 638 630  
[www.orgofaddiction.org.nz](http://www.orgofaddiction.org.nz) [www.addon.org.com](http://www.addon.org.com)

**NOTE FOR PARENTS/GUARDIANS AND CAREGIVERS**  
IF THERE IS IMMEDIATE THREAT TO YOUR CHILD OR OTHER THEN CALL POLICE ON 111

A friend phoned and said "Oh, it's you! The old you is back!" That to me is the confirmation that it's all been worth it.

After two weeks of pretty relentless physical withdrawal things started to ease up

### IN PREPARATION FOR AND WHILE STOPPING

Find a support person and develop a plan, including who they can contact if more support is needed.  
Write down your reasons for stopping and read this when the going gets tough.

Allow yourself 10 days to get through the tough stuff (may include four days off work/school).

Get rid of all your synthetic cannabis. Check up on healthy food and drinks. Snack on small amounts.

Keep your fluids up. Use electrolyte replacement drinks (in moderation), avoid caffeinated drinks.

Use warm baths to relax and refresh yourself.  
Remind yourself the discomfort is because your body and brain are adjusting to being without synthetic cannabis. Things will get better.  
Organise some interesting activities eg videos, books, exercise and hobbies when you are up to it. Spend some time with friends.  
Keep in contact with healthy people.



## Ministry of Health Website

<http://www.health.govt.nz/our-work/regulation-health-and-disability-system/psychoactive-substances>

## NZ Drug Foundation Website

<https://www.drugfoundation.org.nz/>

# 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.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/hepatitis-c>

<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.

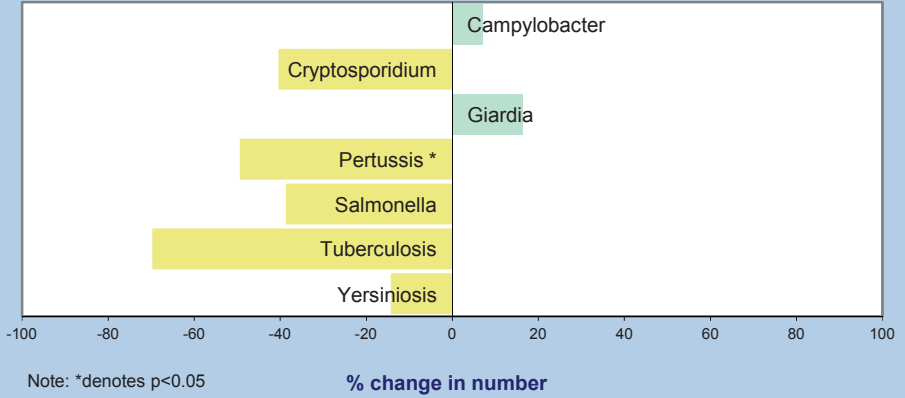
### ***Public Health Advice is available by email***

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](mailto: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



Selected notifications March 2013 to February 2014

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacteriosis	329	211.6	6897	154.3
Chlamydia	1321	850.6	28316	633.4
Cryptosporidiosis	98	63.0	1210	27.1
Giardiasis	68	43.7	1751	39.2
Gonorrhoea	243	156.5	3423	76.6
Hepatitis A	6	3.9	105	2.3
Invasive pneumococcal disease	22	14.2	471	10.5
Latent tuberculosis infection	24	15.4	384	8.6
Lead absorption	10	6.4	208	4.7
Legionellosis	2	1.3	148	3.3
Leptospirosis	12	7.7	58	1.3
Meningococcal disease	3	1.9	64	1.4
Pertussis	41	26.4	2809	62.8
Rheumatic fever	5	3.2	207	4.6
Salmonellosis	28	18.0	1094	24.5
Tuberculosis disease	4	2.6	272	6.1
VTEC/STEC infection	1	0.6	194	4.3
Yersiniosis	14	9.0	509	11.4

\* Annualised crude rate 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](http://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>