Nicotine patch pilot project comes to successful completion

Oregon's pilot project to help tobacco users quit by providing a starter kit of two weeks worth of free nicotine patches has come to a successful completion, officials in the Oregon Department of Human Services' Tobacco Prevention and Education Program said today.

The pilot project, launched on October 5, was one of the first of its kind in the nation. It was originally scheduled to run until June, but demand quickly exceeded supplies.

"Since the October launch, the Oregon Tobacco Quit Line has received more than 10,000 calls, 20 times its normal volume," said Mel Kohn, M.D., state epidemiologist at DHS. "DHS was able to assist about 6,000 tobacco users and distribute more than 56,000 patches.

Kohn said the response to the patch giveaway shows most Oregonians who use tobacco want to quit and that they need more assistance to succeed. He added that the next step is to track and evaluate the results of the pilot project to determine how many people successfully quit using tobacco through nicotine replacement therapy. An evaluation report is scheduled for release spring 2005.

"We are excited by the initial response because quitting saves lives and money," said Kohn.

Medical experts say nicotine replacement therapy, such as the patch, can greatly increase the probability that a smoker or chewer will quit. Patches gradually reduce the amount of nicotine in the blood stream to help people successfully stop nicotine addiction.

The pilot project, funded with voter-approved tobacco taxes. provided tobacco users with two weeks of free nicotine patches. Health care insurers were encouraged to provide the remaining six-weeks of patches needed for the eight week treatment period. Several public/private partnerships with health insurers were developed through the project.

"Providence Health System, PacifiCare and three of the health plans serving Oregon Health Plan clients, in particular, really stepped up to the plate and made it easier for their members to obtain nicotine patches," said Kohn.

Providing cessation support is more cost-effective than paying for the treatment of tobacco-related disease, according to Kohn. Yet, about 350,000 Oregon smokers do not have cessation benefits covered in their health plans.

Tobacco use costs Oregonians about $1.8 billion a year in direct costs of medical care and indirect costs due to illness, disability and death.

While nicotine replacement patches are no longer free to all callers, they will be made available to uninsured Oregonians for a limited time, as well as to people on some insurance plans. Quit Line personnel will help callers find out if they are still eligible.

The toll-free Oregon Tobacco Quit line provides free service to all Oregonians. To talk to a cessation counselor, call 1-877-270-7867. Cessation specialists are available seven days a week from 5:00 a.m. to 9:00 p.m.

Reminder: Antibiotics won't help colds

You feel lousy…you've got a sore throat, a runny nose, watery eyes and aching muscles. You also have a million things to do and all you want is something to knock this illness out. So you go to your doctor to get an antibiotic. But, after the examination, the doctor says that you don't need an antibiotic, you've got a bad cold and colds are caused by viruses.

Here's the kicker: There's nothing yet known to science that can knock out a cold virus. So what does the doctor prescribe? Some herbal tea, a big box of tissues, and a few more days to recover.

Many of us know are familiar with that experience. We go to the doctor for something that will help us feel better, and get a dose of frustrating advice.

But the truth is that giving antibiotics for a viral cold is not only useless (you'll recover in the same amount of time whether or not you take antibiotics), it is potentially dangerous and expensive.

Health researchers estimate that half of all antibiotics prescribed in the United States are used to "treat" conditions that don't require them. Beside spending money unnecessarily, prescribing unneeded antibiotics is dangerous in several ways.

All antibiotics can cause side effects. Some can upset stomachs or cause diarrhea. Women who take antibiotics are prone to developing vaginal yeast infections, and all antibiotics can cause allergic rashes (or worse) in sensitive individuals. If an antibiotic is truly needed—to treat strep throat or pneumonia, for example—then the benefits clearly outweigh the risks of these side effects.

A more dangerous aspect of taking unnecessary antibiotics is the emerging problem of bacterial drug resistance.

Our bodies are full of billions of bacteria – on our skin, in our mouths, and throughout our stomach and intestines. Most of these bacteria are harmless, but a few among the billions are potentially harmful. Under normal circumstances, the harmless bacteria tend to keep the harmful ones in check. But all bacteria have potential to develop genetic mutations that can make them resistant to antibiotics.

Consider this situation: A person with a small number of harmful, antibiotic-resistant bacteria takes an antibiotic that kills enough harmless bacteria that the harmful ones begin to reproduce unchecked and cause a big problem. This is not mere speculation.

A few years ago, an epidemic of severe intestinal infections among children in the Midwest was traced to contaminated hamburger meat served at a fast-food chain. When health researchers looked closely at the epidemic they found that the children with the worst cases had received antibiotics for other reasons before they ate the contaminated meat. The researchers speculated that antibiotics had killed off enough harmless bacteria so that bacteria from the contaminated meat meat no resistance. Children who hadn't taken antibiotics were mostly spared serious infections.

Even more disturbing was that, when researchers examined the medical records of the sick children, they found that many of the children hadn't needed antibiotics in the first place.

Already there are strains of tuberculosis, staphylococcus, gonorrhea, and many other infectious bacteria in all parts of the world that are resistant to antibiotics. Methicillin-resistant Staphylococcus aureus (MRSA) has been a problem in hospitals and nursing homes for many years. Antibiotics are marvelous; they can be lifesavers. But we need to use them wisely and only when they're really needed.

To learn more about bacterial drug resistance and the wise use of antibiotics, go to the website for the Centers for Disease Control and Prevention (CDC).

Evening chats offer information

Arthroscopic rotator cuff repair will be the topic for discussion January 12, 6-7:30 p.m., by orthopedic specialist Brooke Benz, M.D. The use of arthroscopic techniques is changing both perceptions and treatment of shoulder pain and other problems. Shoulder arthroscopy uses three small holes to peer into the shoulder.

January 19, 6-7:30 p.m., the topic will be oral cancer. Kae Cheng, D.M.D., M.D., will discuss how to recognize oral cancer, early detection, and its management. Oral rehabilitation and reconstruction with prosthesis and dental implants will also be introduced.

These free, no registration required, talks are presented by Tuality Healthcare and held at the Tuality Health Education Center at 334 SE Eighth Avenue, Hillsboro. For more information, call 503-681-1700 or visit <www.tuality.org>.