

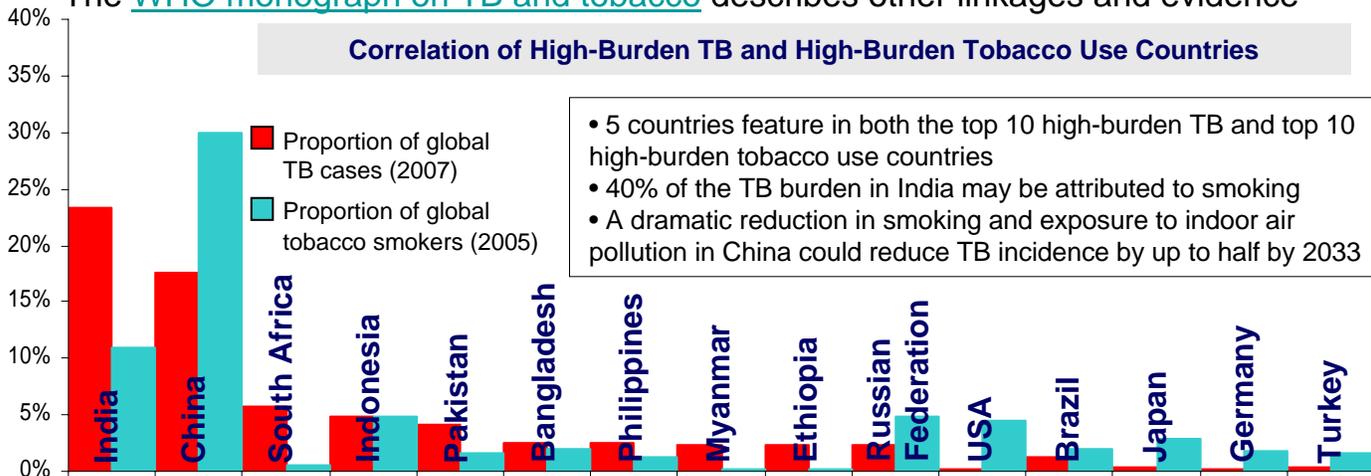


# TUBERCULOSIS & TOBACCO

## - A STRONG ASSOCIATION -

- Smoking substantially increases the risk of TB and death from TB
- More than 20% of global TB incidence may be attributable to smoking
- Controlling the tobacco epidemic will help control the TB epidemic
- Smoking is a risk factor for TB, independent of alcohol use and other socioeconomic risk factors
- Smoking increases the risk of TB disease by more than two-and-a-half times
- The [WHO monograph on TB and tobacco](#) describes other linkages and evidence

Correlation of High-Burden TB and High-Burden Tobacco Use Countries



- 5 countries feature in both the top 10 high-burden TB and top 10 high-burden tobacco use countries
- 40% of the TB burden in India may be attributed to smoking
- A dramatic reduction in smoking and exposure to indoor air pollution in China could reduce TB incidence by up to half by 2033

### The Tuberculosis Epidemic:

- 2 billion people are infected with the TB bacilli
- TB is a disease of poverty with the vast majority of deaths occurring in low- and middle-income countries with more than half of all deaths occurring in Asia
- There were 9.27 million new TB cases in 2007
- 1.75 million people died from TB in 2007
- 5% of all TB cases have multidrug-resistant TB

### The Tobacco Epidemic:

- More than 1 billion people smoke with nearly 70% of them living in low- and middle-income countries
- Tobacco use is the leading preventable cause of death
- More than 5 million people die per year from tobacco use. Unchecked, the epidemic will kill more than 8 million people per year by 2030

## WHO-Recommended Policies to Combat Tobacco and TB

- Control tobacco everywhere, but especially where people are at risk of TB infection
- Coordinate national TB and tobacco control programmes
- Cross-train TB and tobacco control health workers
- Register TB patients' tobacco use and offer them counselling and treatment
- Promote and enforce smoke-free policies, particularly where TB services are delivered
- Integrate brief tobacco interventions (5 'A's and the 5 'R's) into TB control programme activities
- Implement smoking cessation procedures through PAL (the Practical Approach to Lung Health)

## Public Health-Oriented Actions

### TB control programmes can support tobacco control by promoting policies to:

- Apply price and tax increases
- Provide protection from exposure to tobacco smoke
- Ban tobacco advertising, promotion and sponsorship
- Regulate the packaging and labelling of tobacco products
- Raise public awareness of tobacco risks
- Treat tobacco dependence

These and other recommendations are featured in the [WHO Framework Convention on Tobacco Control](#)

Smoking cessation can be targeted through **PAL**, the **Practical Approach to Lung Health**, which:

- Is a patient-centred approach to diagnosis and treatment of common respiratory illnesses in primary health settings
  - Promotes symptom-based and integrated management
  - Seeks to standardize service delivery through development and implementation of clinical guidelines
- PAL and other recommendations are featured in the [WHO Stop TB Strategy](#)

## Patient-Oriented Actions

### The 5 'A's

- ASK** TB patients about their tobacco use
- ADVISE** them to quit
- ASSESS** their willingness to attempt to quit
- ASSIST** in their attempt to quit
- ARRANGE** follow up with them

### The 5 'R's

- RELEVANCE** – ensure TB patients know their treatment will be more effective if they quit smoking
- RISKS** – point out all the risks of continuing to smoke including the risk of TB relapses
- REWARDS** – educate the TB patient about the many other benefits of quitting smoking
- ROADBLOCKS** – ask the TB patient to identify obstacles to quitting smoking
- REPETITION** – continue to encourage the TB patient to quit smoking

## Pilot Projects and Next Steps

- **Egypt, Indonesia, and Nepal** - smoking cessation actions have been introduced in health services through PAL in pilot sites
- **Kyrgyzstan** - smoking cessation services are in place through PAL in the majority of the primary health-care facilities of Kyrgyzstan
- **Brazil** - Smoking cessation has been included in TB-care services in Rio de Janeiro

### Next Steps

- Monitor, evaluate and document smoking cessation through PAL and TB-care services
- Expand successful pilot projects to other target settings
- Increase political awareness of the worsening effects of the overlap of TB and tobacco use
- Raise awareness across ministerial departments on the health, social and economic benefits of strengthening joint TB and tobacco control