



A WHO / The Union Monograph on TB and Tobacco Control

Joining efforts to control
two related global epidemics



**World Health
Organization**



**International Union
Against Tuberculosis
and Lung Disease**

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EXECUTIVE SUMMARY

TB AND TOBACCO

An association confirmed

Associations between tobacco use and tuberculosis (TB) outcomes have long been suspected but until recently the predominant view was that existing studies were not adequate to provide confirmation of any link. However, more recent studies and some recent reviews of existing studies have seemed to provide a better-evidenced link between active and passive tobacco smoking and a range of TB outcomes including infection, response to treatment, relapse rates and mortality.

The WHO Framework Convention on Tobacco Control (WHO-FCTC), the first international drug control treaty to consider demand on an equal footing to supply and one of the most rapidly embraced of all UN treaties, came into force in February 2005. International programmes to respond to the global TB epidemic have been evolving for many years, receiving much needed boosts from the Millennium Development Goal (MDG) of halving TB prevalence and mortality by 2015 and the establishment of the Global Fund Against Aids, Tuberculosis and Malaria (GFATM).

In 2004, WHO Tobacco Free Initiative (TFI), the WHO Stop TB! Department (STB) and the International Union Against Tuberculosis and Lung Diseases (The Union) responded to the mounting evidence of links between tobacco use and TB by collaborating to examine whether “the integration of tobacco control and respiratory care services in Primary Health Care (PHC) settings can reduce smoking and the occurrence of TB among respiratory patients”. The first commitment under the collaboration was to see whether any causal associations between tobacco use and TB outcomes could be confirmed or quantified through a systematic review of the literature.

All relevant studies up to July 2005 that met a high standard of inclusion criteria were considered; following the review stages, 50 studies were reviewed in detail and scored for the strength of evidence. The review concluded that:

“This review indicates that passive or active exposure to tobacco smoke is significantly associated with **tuberculous infection** and **tuberculosis disease**. Active smoking is significantly associated with **recurrent tuberculosis** and tuberculosis **mortality**. These effects appear to be independent of the effects of alcohol use, socioeconomic status and a large number of other potential confounders.”

Joining efforts to control two global epidemics

Considerable increases in effect and efficiency had previously been found when the demonstrated associations between HIV/AIDS and TB had become the basis of joint prevention and regimes. The second phase of the WHO/The Union collaboration on tobacco and TB was to prepare a policy paper to provide guidance to managers of national TB and Tobacco control programmes to plan and implement joint tobacco control activities through the health care system within the framework of existing and evolving TB strategies. In the most developed of TB strategies currently in use, Practical Approach to Lung Health (PAL), the focus is on integrated treatment of all respiratory conditions and diseases in PHC settings.

Key elements of the policy are that the smokers among those presenting or being assessed at PHCs for TB or other respiratory diseases or conditions should be identified and offered counselling and other smoking cessation treatments. PHC facilities should operate as smoke-free environments and health staff and managers needed to be trained and supported in delivering smoking cessation treatments. The report suggests key indicators to be used in monitoring and evaluating the joint programmes. It concludes that:

“Since there is a relation between the tobacco and the TB epidemic, the National TB programme (NTP) and the National Tobacco Control Programme have mutual concerns. Opportunities must be created within the health care system to provide every TB patient who is a smoker encouragement and help to overcome the tobacco addiction. In addition every TB patient who is not a smoker must be made aware of the consequences of being exposed to secondhand smoke. Both Programmes have a duty to support the health delivery services to fulfil the responsibility in providing such assistance in the period during which the patient is treated with anti-TB chemotherapy. Through the identification and treatment of tobacco addiction among TB patients, higher levels of lasting treatment success will be achieved. NTP should also support tobacco control beyond the clinical interventions.”

“In turn, any progress achieved by the National Tobacco Control Programme in implementing effective population-based policies will reduce the prevalence of smokers in the population and will have an impact on TB infection, morbidity and mortality rates.”

“The National Tobacco Control Programme should also contribute to improving the NTP performance stressing TB-related issues in the information and advocacy campaigns about the health dangers of tobacco use and exposure to tobacco smoke, especially in countries where pulmonary TB is highly prevalent and people have a clear perception of this disease threat.”

A successful trialling of tobacco cessation treatments in conjunction with TB and respiratory health programmes will provide a basis for extending them to other health programmes where tobacco use contributes to or exacerbates the disease or condition under treatment. If identification and treatment of tobacco addiction becomes routine in programmes dealing with Maternal Health, Cardiovascular Diseases, Cancer and Diabetes it will be a significant step to such assistance being provided for any person attending a health unit for curative or preventive care.

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ABBREVIATIONS AND ACRONYMS

BCG	A vaccine named for ingredient bacillus Calmette-Guerin
BMI	Body mass index
CDC	Centre for Disease Control
CHD	Coronary heart disease
CI	Confidence interval
COPD	Chronic obstructive pulmonary disease
DOTS	Internationally recommended strategy for TB control prior to the introduction of the new Stop TB Strategy in 2006
GYTS	Global Youth Tobacco Survey
HIV	Human immunodeficiency virus
IARC	International Agency for Research on Cancer
The Union	International Union against Tuberculosis and Lung Diseases (Union, see below)
IVDU	Intravenous drug user
MDG	Millennium Development Goal
MOH	Ministry of health
NTP	National TB programme
OR	Odds ratio
PAL	Practical Approach to Lung health
PHC	Primary health care
PTB	Pulmonary tuberculosis
RR	Risk ratio

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