**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](www.who.int/tb) 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

**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