EDITORIAL

Impact of tobacco cessation on tuberculosis control

Tara Singh Bam

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Tuberculosis (TB) is the leading infectious killer worldwide. In 2016, 1.7 million people died from TB, including 0.4 million people infected with the human immunodeficiency virus.¹ Tobacco smoking is a significant risk factor for TB, with an increased likelihood of infection, death, relapse after treatment and greater clinical severity, and longer delays in TB diagnosis and treatment. Research has shown that 50% of deaths from TB among Indian men were attributed to smoking,² current cigarette smokers in South Korea had a 40% increased risk of incident TB and were 55% more likely to die of TB than non-smokers,³ longer delay was significantly associated with current smoking in Nepal (adjusted odds ratio 2.03, 95% confidence interval 1.24–3.31),⁴ and the World Health Organization reported that TB rates could decline by as much as 20% if smoking was eliminated.¹

Early identification of persons with TB and early treatment are key components of effective TB management and prevention. In this issue of *Public Health Action*, Erin Whitehouse and colleagues present a systematic review on several aspects of smoking cessation interventions among persons with TB.⁵ A variety of health providers trained and engaged in smoking cessation programmes, including physicians, nurses, clinic staff and community health volunteers as well as family members, resulted in an increase in smoking cessation of 15–82%. They also reported that smoking cessation programmes might be feasible within regular TB services integrated into primary health care (PHC). Easy access to smoking cessation interventions within TB control programmes can contribute to promoting smoking cessation among persons with TB, which could improve TB treatment outcomes. Standard smoking cessation guidelines, training, monitoring and evaluation are critical elements to integrate into TB programmes.

Published evidence strongly suggests that smokers who quit reduce both their risk of becoming infected with TB and their risk of dying from it.^{2,3} Thus, prompt identification of smoking behaviour and

smoking cessation are critical for improving TB treatment and reducing the transmission of TB in the community. Government and health providers should make more accessible resources available to help tobacco users quit. The PHC workers should be on the frontline of tobacco cessation and promotion of awareness programmes. As they reach many tobacco users and affected families directly, they can interact swiftly, they can provide comprehensive arguments, and they are typically the most trusted source of information. Tobacco cessation should be integrated into their regular work by training them to A) ask the patient/visitor if they smoke or are exposed to second-hand smoke, B) give brief advice about stopping tobacco use, and C) give cessation support with regular monitoring. ABC can be offered within 5–10 minutes through existing PHC services.

The End TB Strategy provides an opportunity for greater alignment of efforts to fight both the TB and tobacco epidemics. Government commitment and investment are essential for joint strategic policy development, planning, implementation and monitoring. Elimination of tobacco smoking among TB patients will help toward the elimination of TB.

References

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AFFILIATION

1 Tobacco Control Department
International Union Against Tuberculosis and Lung Disease
Singapore

CORRESPONDENCE

Tara Singh Bam
Tobacco Control Department
International Union Against Tuberculosis and Lung Disease
Singapore
e-mail: tsbam@theunion.org

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