New study calls for urgent action to integrate anti-smoking strategies into TB, HIV and TB-HIV care

Edinburgh, 10 August 2015 - Research published today identifies a critical missed opportunity in current TB, HIV and TB-HIV programmes. Smoking and exposure to second-hand smoke are known to exacerbate these diseases, but evidence-based strategies to reduce tobacco use are not yet routinely included in treatment programmes. The paper, published in The International Journal of Tuberculosis and Lung Disease, makes the case that addressing tobacco use, as a modifiable risk factor common to both diseases, would improve TB and HIV outcomes and care.

“We are failing people with TB and HIV if we treat smoking as a ‘to do later’ issue. Practitioners and policymakers urgently need to address smoking as part of their care for people with TB and HIV,” said Dr Angela Jackson-Morris, of the International Union Against Tuberculosis and Lung Disease, Department of Tobacco Control, and lead author of the study. “Smoking is more prevalent among people with TB or HIV. It is associated with TB infection, TB disease, and poorer outcomes for TB treatment. People living with HIV are at greater risk from tobacco-related diseases and smoking may also inhibit the effectiveness of life-saving antiretroviral therapies. By incorporating a set of practical measures into everyday practice we can improve the treatment outcomes of men, women and children with TB and HIV.”

The paper identifies that current guidance on addressing smoking among people with TB and HIV does not draw together the critical links between the three issues. Its authors propose expanding the scope of TB-HIV collaboration to include anti-smoking strategies -- applying key actions from the World Health Organization’s ‘MPOWER’ package of evidence-based interventions for reducing tobacco use, to TB and HIV practice. These include recording and monitoring tobacco use among people with TB and HIV, creating smokefree health-care settings where tobacco advertising is banned, encouraging smokefree homes, and offering cessation advice tailored to fit TB and HIV treatment regimes. MPOWER is estimated to have averted 7.4 million premature deaths between 2007 and 2010.

“Smoking with HIV and TB creates a perfect storm that dramatically increases a patient’s risk for TB disease and for poorer outcomes and death from these two diseases,” said Eric Pevzner, PhD, MPH, Team Lead for Vulnerable Populations in the TB Prevention and Control Branch of the Centers for Disease
Control and Prevention and a co-author on the paper. “Treating TB and HIV provides an ideal opportunity to offer the support and advice proven to help patients quit tobacco and realize the benefits of life-saving treatments for TB and HIV. We know the MPOWER interventions work. We must act quickly to integrate these simple interventions that save time, money and, most importantly, lives.”

The authors also highlight opportunities that collaboration between TB, HIV and tobacco control programmes would offer: resource sharing, greater reach to vulnerable populations and the potential to streamline health systems for improved patient care.

TB and HIV are responsible for the greatest number of deaths across the world from communicable disease, while tobacco use is the leading cause of death overall.

Free access to the full study is available at: http://www.ingentaconnect.com/content/iuatld/ijtld/2015/00000019/00000009/art00003

About The International Union Against Tuberculosis and Lung Disease (The Union)
For nearly 100 years, The Union has drawn from the best scientific evidence and the skills, expertise and reach of its staff, consultants and membership in order to advance solutions to the most pressing public health challenges affecting people living in poverty around the world. With nearly 17,000 members and subscribers from 156 countries, The Union has its headquarters in Paris and regional offices in Africa, the Asia Pacific, Europe, Latin America, North America and South-East Asia. The Union’s scientific departments focus on tuberculosis and HIV, lung health and non-communicable diseases, tobacco control and operational research. For more information, please visit www.theunion.org, and www.tobaccofreeunion.org for more on The Union’s tobacco control work.

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