

Extending a Step Further: Offering Tobacco Cessation Counselling to Contacts of Tuberculosis Patients

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Tuberculosis continues to have large impact not only on health but social and economic fronts as well in India. Same is the story with tobacco use with its ill effects touching not only health but the socio-economic facets as well. When both occur together they can result in devastating consequences.

The global adult tobacco survey conducted in India suggests that 35% of adults use some or the other form of tobacco out of which 9% use it in smoking form [1]. While the youth tobacco survey among adolescents in 13-15 years of age also showed tobacco usage at a high rate of around 15% with around 4% using it in smoking form [2]. This suggests that the habit of tobacco usage is picked up early in life right from the school age. The tuberculosis tobacco nexus suggests that we can expect higher rate of tobacco usage among tuberculosis patients. A study from southern India shows that 94% tuberculosis patients were ever smokers and 71% current smokers at the time of study [3].

It is accepted that patients consulting and taking treatment for tuberculosis is an opportunity for the health workers coming in contact with them for offering tobacco cessation counselling. At such points of contact the patient is more likely to be receptive to the advice for quitting tobacco. Hence, the revised national tuberculosis control program guidelines offer tobacco cessation counselling services to tuberculosis patients [4]. The program advocates for use of 5As and 5Rs approach for such counselling. Yet focus needs to be on maintenance of tobacco cessation and prevention of relapse among these tobacco user tuberculosis patients. As is shown in this study where it was found that although good quit rate was achieved among tuberculosis patients around the time of diagnosis, around half of them relapsed with resumed smoking after a passage of six months post treatment [3]. Thus continuing with the motivation to prevent relapse is an area that needs focus.

Looking at the prevalence data of tobacco usage among adolescents and adults in general population in India it is expected that a significant proportion of the OPD attendees in a general practitioner's clinic would be using tobacco. As the tuberculosis or tobacco control program in India stands today there are no dedicated counsellors

available at the primary health centres for tobacco control. In such a situation it would be difficult for the limited number of staff members including the doctor and paramedical staff to offer one to one counselling service to all these tobacco users. With ever growing list of health programs the medical staff is finding it difficult to devote more time to patient counselling. In such situation it becomes imperative that the tobacco cessation counselling at these health centres be targeted to specific group of people. The close contacts of tuberculosis patients are one such target group. This group needs attention. There are hardly any studies measuring tobacco usage among contacts of tuberculosis patients. One such study reports that the ever usage of tobacco was around 75% among those male patients who died of tuberculosis and the same among household contacts was 40% [5]. One of the reasons why tobacco cessation activity should be focus on this group of people is that they are at high risk of catching tuberculosis infection. Also they are expected to be more receptive to counselling since they are witness to what damaging effects tuberculosis can do to patients. Going by these points it makes a strong case for concentrating tobacco cessation counselling services to contacts of tuberculosis patients. Of course it goes without saying that the counselling service should focus on the contacts only after the tuberculosis patients themselves are well covered by such services.

References

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