

# TB & Your Client: Alcohol and Drug Abuse

A Resource for Healthcare Providers in Primary Care Setting



## What I Need to Know



I wasn't takin' too good care of myself. I was drinking a lot and I got sick from TB. I didn't realize I was sick for a long time.



## Clients who Abuse Alcohol and Drugs:

- Are at higher risk for progression to active TB if they have Latent TB Infection (LTBI)
- May not recognize they are ill because they often feel unwell from their alcohol and drug abuse
- Especially marijuana, are at increased risk because it is smoked in small spaces and it makes people cough which spreads the TB germs into the air

## What My Client Needs to Know

### Latent TB Infection status



\*Tuberculin skin testing is not recommended for screening in this population unless HIV infected

Some activities increase risk- such as pot smoking



People with HIV are the highest risk for TB- get tested!



Signs and symptoms of TB



Importance of seeing health care provider early



## Consider screening your Client for active TB if:

- You are an RN (AAP), NP or Physician
- You are in a community with a high incidence of TB



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Inquire re : symptoms

Collect Sputum

CXR and Refer



NITHA TB Program



306-953-5034

## Who should use this resource:

Any health care provider who works with people with Substance Abuse problems including addiction counsellors, community health representatives/ developers, TB program workers, community/public health nurses, primary care nurses, nurse practitioners, and physicians.

## What I should know about clients who abuse alcohol and drugs and TB:

People who abuse alcohol and drugs are more likely to progress to TB disease if they have Latent TB infection. This is mainly because this abuse weakens a person's immune system.

Frequently people who are abusing alcohol and drugs feel unwell, so when they become sick from TB they may not realize they are sick for a long time. When they are finally diagnosed their disease has usually become so far advanced they become very ill, may have lost significant weight and have transmitted the germ to those around them.

Marijuana use has a strong association with TB. This is likely related to its use in confined spaces, sharing certain kinds of pipes that allow one person's exhaled air to be shared with another and the cough generation that is caused by smoking.

If a person is injecting drugs and sharing needles they are at high risk for HIV infection. People who have HIV are at very high risk for TB. Anyone with addictions issues should be screened for HIV regularly. **Anyone with HIV should be tested annually for TB.**

A person's risk for progression to Active TB may be further increased if they have other risk factors for TB.

## What I need to teach my Client with Alcohol and drug abuse problems about TB:

They need to know whether they have had a positive TB skin test (TST) in the past. If they have positive TST that means they have Latent TB infection and are at risk for Active TB disease.

They need to know that certain activities increase their risk of getting infected with TB. Especially marijuana use. This is because people usually smoke up in confined spaces with others. Smoking marijuana makes people cough so if someone has TB they are smoking up with they can easily become infected when they breathe in the air the sick person has coughed the germs into.

It is very important for them to know the signs and symptoms of TB:

**Cough that lasts more than 2 weeks, coughing blood, unexplained fever, night sweats, weight loss and loss of appetite, feeling tired or lazy.**

They need to understand that they should see their healthcare providers as soon as they have symptoms and to remind the healthcare provider if they have a history of TB or a past positive TB skin test. They can ask the health care provider to check them for TB.

## Consider Screening for Active TB:

If you are in a primary care setting and you are concerned your client is at risk for TB consider screening for Active TB. Ask your client about symptoms and collect sputum if coughing ( 3 specimens 8 hrs apart, one in early a.m.). Refer to Nurse Practitioner or Physician if you are an RN (AAP )for further testing such as Chest x-ray and for consultation with TB Prevention and Control as indicated. Consider extra-pulmonary TB in non-pulmonary presentations.

**Routine screening with TST for Latent TB infection is currently not recommended in the general population. If a person is known to have HIV they should be screened for TB with TST ( if past skin tests are negative) or with a blood test on an annual basis.**

## Additional Information



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