



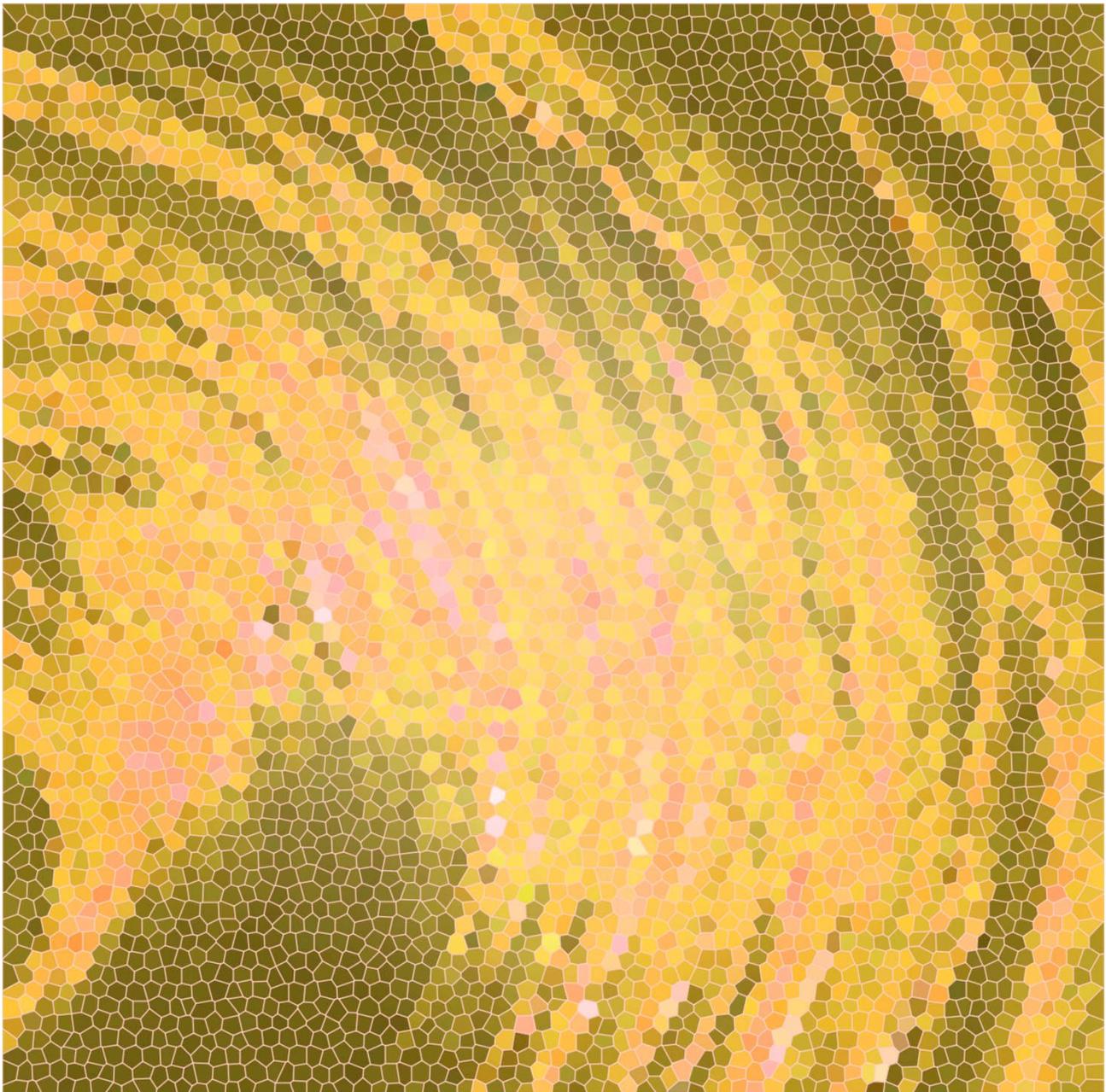
Public Health  
England



Adfam  
Families, drugs and alcohol

# Substance misuse and tuberculosis (TB)

Information for families affected



## What is TB?

TB is the short name for an infectious disease called tuberculosis. You can get TB by prolonged and close contact with someone who has TB in his or her lungs. They can pass the germs to other people when they cough. Not all forms of TB are infectious: only lung TB may be (but not always) passed on from one individual to another. Although the overall number of people diagnosed with TB in England continues to decrease, people with TB disease who use drugs and alcohol has increased. TB can affect any part of the body, but can only be passed on from one individual to another when it is affecting the lungs.

## What are the symptoms of TB?

If a family member has a persistent cough for more than 3 weeks and / or at least 2 symptoms below, they may have TB. They should ask to see a nurse or doctor urgently.

- persistent fever
- heavy sweating at night
- loss of appetite
- loss of weight for no reason
- unusual sense of tiredness and being unwell
- coughing up blood
- recent contact with someone who has TB

**Remember – Just because someone has had the vaccination for TB (BCG) does not mean that they cannot get TB!**

## Where should I direct them for help?

You should ask them or take them to see their GP if they have one. If not, you should help or advise them to obtain emergency GP registration, or take them to a walk-in centre, or talk to health care professionals that you or they may be in contact with eg staff at alcohol and drug treatment services. If none of these options are available then they should be directed to the local hospital emergency department.

## What is my role?

Be aware of the symptoms, and if you think a member of your family has TB, encourage them to seek medical assistance.

Support your family member at the time of diagnosis, during treatment and aftercare. For those on treatment:

- motivate them to complete the full course of treatment
- help them to keep their follow-up appointments

Provide appropriate information about the person with TB to medical staff. The medical team may need to know:

- contact details for the affected person
- name of their GP, social worker, or friends through whom contact can be made regularly
- treatment / drug regime they are on, whether prescribed or non-prescribed
- any health-related issues

You may be asked to supervise while your family member is taking their medication. This is called Directly Observed Therapy (DOT) and is optional. This will be explained clearly by the TB nurse or doctor if required.

## Can TB be cured?

**Yes. TB can be completely cured if the tablets are taken regularly for the full length of treatment, which is at least 6 months**

## Treatment

If a member of your family is diagnosed with infectious TB (not all TB cases are infectious), they may be admitted to hospital and treated in a single room until they are non-infectious (usually 2 weeks). They will then be discharged home to continue with their course of treatment and have regular follow-ups at the clinic. If they are not infectious they may start their treatment in a TB / chest clinic or at home.

If they stop taking the tablets, the disease could come back and become more difficult to treat because of drug resistance. The person with TB may become more infectious and pass the disease onto family and friends.

Medication will be supplied free of charge from a TB / chest clinic.

## What happens if the individual is drinking alcohol during treatment for TB?

There will be a high risk of liver damage. Regular blood tests will need to be done to ensure that the liver is functioning properly.

## What happens if the person with TB continues to take opiate substitute treatment (methadone or buprenorphine) during treatment for TB?

It is safe to take the two sets of treatments together, as long as the treatment is carefully monitored by a healthcare team. The interaction between opiate substitution treatment (OST) for example and methadone or buprenorphine, and TB medication is not clear. When a member of your family starts treatment for TB they may require a change to their OST dose. The dose will then need to be reduced at the end of TB treatment or the person may overdose. The same applies if a person is taking illicit drugs. It is very important to be aware of any medication they are taking.

### **What happens if he/she is co-infected with hepatitis B or C, or HIV?**

- one of the most common side-effects of TB drugs is liver inflammation, and this is more likely with hepatitis co-infection. The person affected will therefore have regular blood tests to monitor their liver
- HIV medications taken together with TB treatment may have side-effects and interactions requiring careful monitoring by the doctor. The individual's treatment will be monitored more closely; you can help by making sure that they keep their appointments

### **If a member of my family is diagnosed with TB will arrangements have to be made to decontaminate our home?**

No. Decontamination is not required, as the infection is not spread by sharing things such as kitchens, toilets, crockery, bed linen etc.

### **Am I or any other member of my family at risk?**

- if a member of your family has been diagnosed with the infectious form of TB, then a healthcare worker will get in touch with you to obtain a list of people who have been in close contact with the person diagnosed with TB
- then they will check whether you have been infected or show any signs of TB
- it is important that you get yourself and other family members checked if recommended by TB health care professionals
- if no one has contacted you while your relative is on treatment then contact your GP for advice

### **If a member of my family has been diagnosed with TB can I carry on with my day to day activities?**

Even if a family member has TB, you only have a small chance of being infected with TB or developing the disease.

### **Need to know more?**

Further information and contacts are available on:

- PHE website: <https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data>
- Adfam: Charity working with families affected by substance use <https://adfam.org.uk/>
- The Truth About TB website, [www.thetruthabouttb.org](http://www.thetruthabouttb.org), run by the UK's national tuberculosis charity TB Alert.
- Outreach service: Find & Treat team at <https://www.uclh.nhs.uk/OurServices/ServiceA-Z/HTD/Pages/MXU.aspx>

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Tel: 020 7654 8000  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: @PHE\_uk  
Facebook: [www.facebook.com/PublicHealthEngland](http://www.facebook.com/PublicHealthEngland)



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit OGI or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published December 2019  
PHE publications gateway number: GW-725



Public Health England supports the  
UN Sustainable Development Goals

