



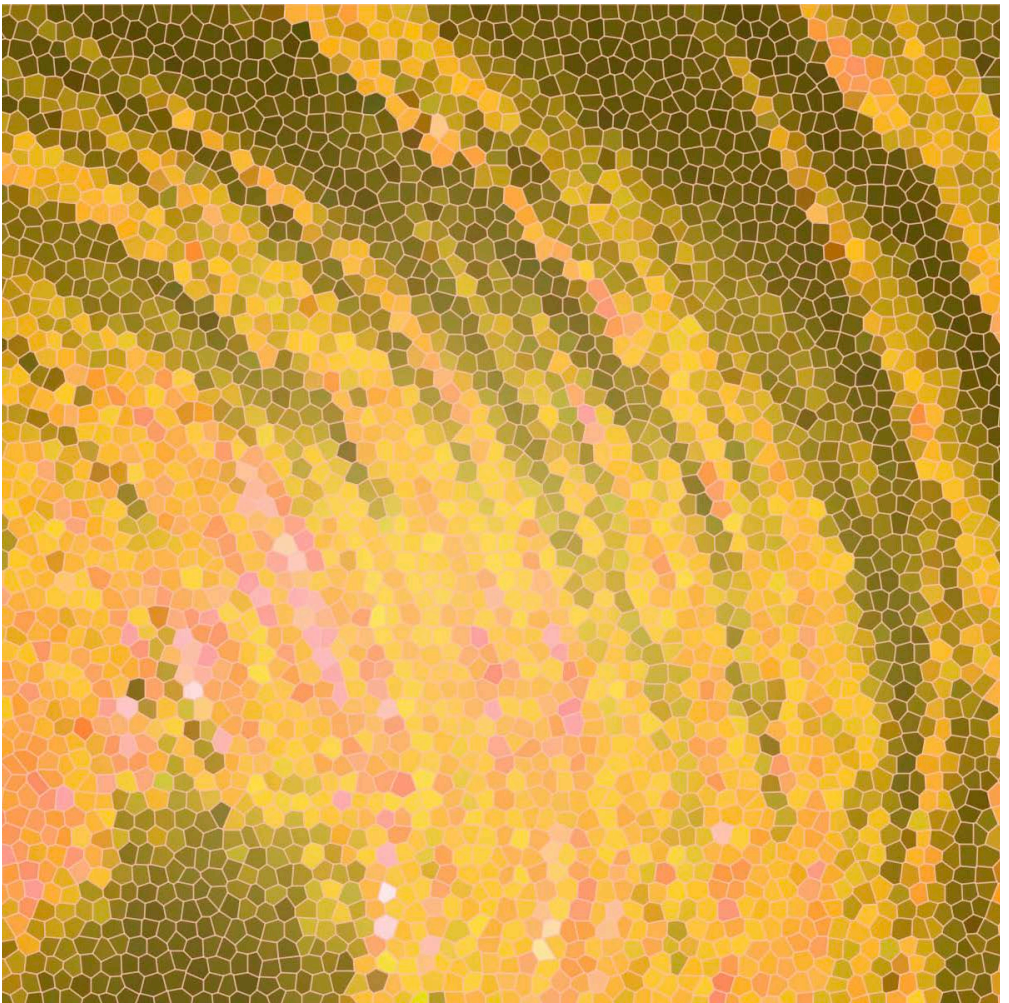
Public Health  
England



Adfam  
Families drugs and alcohol

# Substance misuse and 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. TB rates in the UK are on the increase, and individuals with a substance misuse problem are more likely to get the disease compared to the general population.

## What are the symptoms of TB?

If a family member has a persistent cough for more than three weeks and / or at least two 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 / 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 e.g. drug / alcohol workers who should know what to do. If none of these options is possible 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 patient to medical staff. The medical team may need to know:
  - Contact details for the affected person. Name of his/her GP, social worker, or friends through whom contact can be made regularly.
  - Treatment / drug regime they are on, whether prescribed or non-prescribed.
  - Any medical issues related to health.

You may be asked to supervise while your family member is taking their medication, that is, you may be responsible for watching them take it – this is called Directly Observed Therapy (DOT). This is optional and 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). He/ she will then be discharged home to continue with their course of treatment and regular clinic follow-up. 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. Patients 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 continues 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 patient continues to take substitute (methadone) medication during treatment for TB?*

- It is safe to take the two sets of treatment together, as long as the treatment is carefully monitored by a healthcare team. Substitute drugs, such as methadone, and TB medication affect each other. When a member of your family starts treatment for TB they may require an increased substitute drug dose. The dose will then need to be reduced at the end of TB treatment or the patient may overdose and could die. The same applies if a person is taking illicit drugs. It is very important to be aware of any medication he/she is taking.

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

- One of the commonest side-effects of TB drugs is liver inflammation, and this is more likely with Hepatitis co-infection. The member of your family 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>

<https://www.gov.uk/government/organisations/advisory-council-on-the-misuse-of-drugs/about#what-we-do>

Adfam: Charity working with families affected by substance use [www.adfam.org.uk](http://www.adfam.org.uk)

NHS Choices: <http://www.nhs.uk/conditions/Tuberculosis/Pages/Introduction.aspx>

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

## Find out more

For more information on our work and priorities please visit our website at [www.gov.uk/phe](http://www.gov.uk/phe).

You can also visit our Facebook page at [www.facebook.com/PublicHealthEngland](http://www.facebook.com/PublicHealthEngland) and follow us on Twitter (@PHE\_uk).

© Crown copyright 2013

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit OGL 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 November 2013

PHE gateway number: 2013277

This document is available in other formats on request.

Please call 020 8327 7018 or email [publications@phe.gov.uk](mailto:publications@phe.gov.uk)

