

Subject: Free online training for healthcare providers on best practice smoking cessation support for pregnant Indigenous women who smoke

Dear PHN CEOs

The Commonwealth Government, through the Department of Health, is funding the University of Newcastle to deliver the iSISTAQUIT program (online training to health professionals) under the Tackling Indigenous Smoking program. In addition to Aboriginal Community Controlled Health Services (ACCHS), mainstream services are particularly important recipients for the program, given that many Indigenous people attend such services.

The iSISTAQUIT training is likely to be of interest to mainstream services with a high proportion of Indigenous patients and those in areas where there is no local ACCHS. The training is free of charge and CPH points can be earned on completion of course.

iSISTAQUIT

The iSISTAQUIT intervention is a multi-component intervention aimed at improving health providers' (HP) provision of smoking cessation care to **pregnant Aboriginal and Torres Strait Islander women**. The training is a whole-of-service approach: any HP who sees a pregnant woman in any capacity would complete the training. Training is provided via webinars and a treatment manual. Resources to aid smoking cessation care include a flipchart and a patient booklet. Other resources supplied are a carbon monoxide meter and oral nicotine replacement therapy (NRT) (oral NRT now on PBS, but not all forms available). **(The use of CO meters for smoking cessation in health services has been temporarily suspended under COVID-19 conditions as an extra precaution related to infection control. If you are using CO-meters, Bedfont/coVita have put out new information and recommendations on the use of Smokerlyser on their website under the "Help" tab at www.covita.net)**

The training will be internet-enabled and self-paced and include on-line support via a community of practice. All-of-service training is optimal for organisational change and sustainability, so training includes all staff.

Systemic and other barriers for Indigenous maternal smoking cessation

Indigenous women want to quit smoking to protect their babies but can be hindered by psychosocial barriers: e.g. community norms, stressors, limited understanding of harms, lack of meaningful media messages, and lack of support and efficacy for quitting. A national survey of 378 GPs and obstetricians working in mainstream and/or Indigenous settings found clinicians lack confidence in prescribing NRT for both pregnant Indigenous and non-Indigenous women. Despite 95% believing that NRT is safer than smoking, only 5-21% prescribe NRT and only 5-14% follow women up.

Rationale for provider training

A Cochrane review of primary care providers reported that smoking cessation training of short duration (1-2 hours) significantly improves abstinence in patients. Trained providers help set a quit date, counsel, follow-up and give self-help materials. Intervention delivery by trained doctors had larger effects; thus GPs are important in this intervention.

Background

Tackling smoking in pregnant women can prevent chronic disease in two people (mother and baby). Quitting should be achieved as early as possible in pregnancy. Abstinence by pregnant women can be an important cornerstone for the whole family's respiratory health, by reducing tobacco smoking in the home, and by becoming community role models. However, Indigenous pregnant women currently quit at only half the rate of non-Indigenous counterparts.

Interventions using counselling and/or NRT in Indigenous adult smokers are effective but have not successfully been implemented into the Indigenous context for pregnant women. iSISTAQUIT has been designed to accommodate the lessons learned from previous randomised control trials undertaken among Indigenous smokers in Australia and Alaska and pre-empt the challenges described in this population in developing meaningful health messages, to ensure success.

A note about COVID-19

According to the [World Health Organization](#), smoking is likely to increase vulnerability to COVID-19. Transmission of the virus from hand to mouth may occur during the act of smoking, when fingers (and possibly contaminated cigarettes) are in contact with lips. People who smoke may already have lung disease or reduced lung capacity which may increase risk of serious illness. Conditions that increase oxygen needs or reduce the ability of the body to use it properly will put patients at higher risk of serious lung conditions such as pneumonia. Sharing any type of smoking product can also increase the risk of spreading COVID-19.

COVID-19 information is being specifically designed for and delivered to Indigenous Australians and HP who work with Aboriginal and Torres Islander patients. This information should complement information about iSISTAQUIT and about stopping smoking in pregnancy.

How to participate in iSISTAQUIT training

Nominations of mainstream health services that may be well-placed to receive iSISTAQUIT training should be forwarded to: isistaquit@newcastle.edu.au . The telephone contact for any queries is: 0436 297 180.

Health services which would like to participate but which may need to delay their commitment due to current COVID-19 priorities should also contact iSISTAQUIT to advise of their interest. Participating services are asked to register their interest by July 2020 at the latest.

Many thanks

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The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.