

Tobacco use in high priority groups during pregnancy

Gillian Gould^{1,2} Rebecca Hyland¹, Ratika Kumar¹, Allison Hart¹, Marilyn Clarke¹, Nicola Mercer¹, Nicole Ryan¹, Gina La Hera Fuentes¹, Tabassum Rahman¹, Amanda Baker¹, Michelle Kennedy (Bovill)¹ Melissa A Jackson^{1,3-5}, Amanda L. Brown^{1,3-4}, Adrian J. Dunlop^{1,3-5}, Kym Yuke⁶

¹ The University of Newcastle, School of Medicine and Public Health, Newcastle, NSW, Australia

² Southern Cross University, Faculty of Health, Coffs Harbour, NSW, Australia

³ Hunter New England Local Health District, Drug & Alcohol Clinical Services, Newcastle, NSW, Australia,³

⁴ Hunter Medical Research Institute, Newcastle, NSW, Australia,

⁵ Drug & Alcohol Clinical Research & Improvement Network, Surry Hills NSW, Australia

⁶ Inala Indigenous Health, Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Brisbane, Australia

Chair: Professor Gillian S Gould, Faculty of Health, Southern Cross University, Australia

Chair's email: gillian.gould@scu.edu.au

Aim: To present new developments and findings from four studies on Aboriginal and Torres Strait pregnant women and pregnant women attending substance use clinics. To explore new information and innovative strategies to improve health service level practices for smoking cessation in these populations.

PRESENTATION 1: Co-development and engagement for iSISTAQUIT digital interventions

Presenting Authors:

Rebecca Hyland¹, Ratika Kumar¹, Allison Hart¹, Marilyn Clarke¹, Nicola Mercer¹, Nicole Ryan¹, Gina La Hera Fuentes¹, Gillian Gould²

¹ The University of Newcastle, School of Medicine and Public Health, Newcastle, NSW, Australia

² Southern Cross University, Faculty of Health, Coffs Harbour, NSW, Australia

Presenter's email: ratika.kumar@newcastle.edu.au rebecca.hyland@newcastle.edu.au

Background: We describe the process of community engagement and participation through advisory panels and a professionally designed social media campaign to co-develop digital interventions for iSISTAQUIT (implementation phase of Supporting Indigenous Smokers To Assist Quitting) and enhance uptake of the iSISTAQUIT training.

Description of Model of Care/Intervention: iSISTAQUIT project aims to train health providers in providing smoking cessation care to Aboriginal pregnant women using fully online resources available via self-paced modules. Through iSISTAQUIT, we hope to create a sustainable intervention that is acceptable to the community, supports women, health providers and community

Effectiveness: iSISTAQUIT is solidly grounded in consumer and community participation. This project has achieved effective ongoing involvement of consumer and community stakeholders at multiple levels namely organisations, health providers and Aboriginal women and community members. Throughout this project, Advisory Panels have been established (including membership from existing SISTAQUIT panels on education and social media and the development of an overarching governance body comprising a majority Indigenous representation). Our panel members meet virtually to connect, share, learn, implement, make decisions, and guide the engagement, direction, and outcomes of iSISTAQUIT.

Conclusion and Next Steps: A unique social media campaign has also been initiated, which will be designed and executed by an Aboriginal media company in consultation with various advisory panels mentioned above. This social media campaign will create awareness about iSISTAQUIT among Aboriginal communities and stakeholders as well as ascertain the acceptability and effectiveness of this engagement method. We will evaluate (using survey instruments and interview guides designed with inputs from the community and panels) the success of this campaign to inform similar advertising strategies for future research.

Disclosure of Interest Statement:

This work is supported by funding from the Australia Dept of Health. Gillian Gould is supported by an NHMRC and CINSW Translating into Practice Fellowship (APP1150165).

PRESENTATION 2: Development of digital tools aligned to the service delivery model for the iSISTAQUIT intervention

Presenting Authors:

*Gina La Hera Fuentes*¹, *Nicole Ryan*¹, *Marilyn Clarke*¹, *Gillian Gould*^{1,2}

¹ The University of Newcastle, School of Medicine and Public Health, Newcastle, NSW, Australia

² Southern Cross University, Faculty of Health, Coffs Harbour, NSW, Australia

Presenter's email: gina.laherafuentes@newcastle.edu.au,
Marilyn.Clarke@newcastle.edu.au

Background: Training aligned to the service delivery model should be incorporated in health care systems and applied in different areas. For pregnant women this could aid the timely provision of smoking cessation treatment. This is particularly urgent for Aboriginal women who smoke to address the 'closing the gap' target of improving infants' birth weight.

Description of Model of Care/Intervention: iSISTAQUIT was designed to address the learning needs for smoking cessation care of health professionals consulting with Aboriginal pregnant women. iSISTAQUIT team developed interactive eLearning modules and a decision support application compatible with several electronic medical records. Nurses, doctors, smoking cessation specialists, and Aboriginal Health Workers provided feedback about the tools.

The eLearning tool includes cultural awareness, the Aboriginal 8 ways of learning and patient simulations. A Topbar/PenCS app assists health providers during their consultation with the pregnant woman. For our intervention, different indicators for the care process have been based on the ABCD (Ask/assess; Brief advice; Cessation; Discuss psychosocial context) approach.

Effectiveness: The alignment of the eLearning with TopBar is designed to guide the flow of the consultation supporting evidence-based care. The interactivity of the tools encourage the service delivery in a standardized manner. Health professionals provided positive feedback about both tools, highlighting their simplicity and interactivity.

Conclusion: The fidelity of the use of the tools will be tested over the next 12 months. Different benefits could be obtained while using clinical decision support systems, from identifying and treating patients promptly to monitoring their evolution.

Disclosure of Interest Statement:

This work is supported by funding from the Australia Dept of Health. Gillian Gould is supported by an NHMRC and CINSW Translating into Practice Fellowship.

PRESENTATION 3: Factors associated with and experience of smoke-free pregnancy among Aboriginal and Torres Strait women

Presenting Authors:

*Tabassum Rahman*¹, *Amanda Baker*¹, *Gillian Gould*^{1,2}, *Michelle Kennedy (Bovill)*¹

¹The University of Newcastle, School of Medicine and Public Health, Newcastle, NSW, Australia

²Southern Cross University, Faculty of Health, Coffs Harbour, NSW, Australia

Presenter's email: Tabassum.Rahman@uon.edu.au gillian.gould@scu.edu.au

Introduction / Issues OR Introduction and Aims: This paper examines factors associated with smoke-free pregnancy among Aboriginal and Torres Strait Islander women, and qualitatively explore their experience of smoking cessation during pregnancy.

Method / Approach OR Design and Methods: The data came from an Indigenous-led online study on non-pharmacological ways of smoking cessation conducted with Aboriginal and Torres Strait Islander women, in partnership with Aboriginal communities, August and October 2020. This analysis includes participants who had a pregnancy-related quit attempt (N=103). Chi-squared test and logistic regression models were used to identify factors associated with smoke-free pregnancies. Women's experience of staying smoke-free and smoking cessation was further explored qualitatively.

Key Findings OR Results: Women who reported accessing an Aboriginal Medical Services (AMS) had 4.5 times higher odds of having smoke-free pregnancies. Living in major cities increased the odds of having smoke-free pregnancies by 33%. Women made multiple quit attempts at different stages of pregnancy. Their experiences vary during and across pregnancies. Where complete cessation was not possible, women adopted alternative strategies to minimise tobacco-related harms to their unborn baby e.g. reducing cigarette consumption and smoking only occasionally.

Discussions and Conclusions: Culturally appropriate and Indigenous-led care is critical in ensuring the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Positive changes towards quitting smoking in pregnancy contributes to positive pregnancy outcomes and protect babies from tobacco-related harms in utero and beyond.

Implications for Practice or Policy (optional): Adequate funding for AMS-led smoking cessation initiatives is needed to garner positive health outcomes for Aboriginal and Torres Strait Islander peoples across generations.

Implications for Translational Research (optional): Future research on intergenerational health benefits of positive changes in women's smoking behaviour during pregnancy is warranted.

Disclosure of Interest Statement:

The study is supported by funding from the National Heart Foundation Aboriginal and Torres Strait Islander Award, grant number 102458. Michelle Kennedy (Bovill) is funded by a National Health and Medical Research Council Early Career Fellowship, grant number 1158670. Amanda Baker is funded by a NHMRC Senior Research Fellowship.

PRESENTATION 4: Tobacco smoking among pregnant women who use other substances: A survey of antenatal clinician's attitudes, experiences, and practices.

Authors:

Melissa A Jackson¹⁻⁴, Gillian Gould^{2,3,5}, Amanda L. Brown¹⁻³, Amanda L. Baker², Adrian J. Dunlop¹⁻⁴

¹Hunter New England Local Health District, Drug & Alcohol Clinical Services, Newcastle, Australia, ²School of Medicine and Public Health, University of Newcastle, Newcastle, Australia, ³ Centre for Brain & Mental Health Research, University of Newcastle and Hunter Medical Research Institute, Newcastle, Australia, ⁴Drug & Alcohol Clinical Research & Improvement Network, Surry Hills, Australia, ⁵Southern Cross University, Faculty of Health, Coffs Harbour, NSW, Australia

Presenter's email: Mel.Jackson@health.nsw.gov.au

Introduction and Aims: Up to 94% of pregnant women with other substance use concerns smoke tobacco. Pregnancy provides an opportunity to address smoking but historically, clinicians prioritise substance use treatment over tobacco. While practices may be changing, few studies have addressed antenatal clinician views or experiences in managing smoking in this population.

Design and Methods: Clinicians from NSW Health Substance Use in Pregnancy and Parenting Services (SUPPS) were invited to complete an anonymous online survey to understand their attitudes towards smoking cessation, clinical practice and what they see as motivators and barriers to smoking cessation for this group.

Results: Of SUPPS clinicians (N=28), 75% consider that providing brief smoking cessation advice helped clients address tobacco use, 80% feel responsible for providing smoking cessation treatment and 87% think women can cease nicotine and other substances simultaneously. Over 90% feel confident in their knowledge of tobacco related harms and agreed that harm-reduction was the optimal approach for these clients.

Clinicians saw baby's health (97%), financial stress (72%) and desire to cease all substances (69%) as the most common motivators for smoking cessation. The use of smoking as a coping mechanism for stress (100%), partner smoking (97%) and difficulty stopping multiple substances simultaneously (97%) were the main barriers.

Clinicians sampled unanimously ask and record smoking status and tobacco use detail. Eighty-six% discuss reduction although <50% discuss abstinence. Ideal treatments should include women-centred care (68%), substance use support (64%) and a combination of support strategies (64%), 54% thought NRT was somewhat effective for this group.

Discussions and Conclusions: SUPPS clinicians appear to actively support smoking cessation treatment but encourage reduction rather than abstinence. Access to treatments may provide more effective smoking-related care.

Implications for Practice: Targeted treatments offering multifaceted support that address identified barriers may assist SUPPS clinicians address smoking in this high-priority group.

Disclosure of Interest Statement: The authors have no conflict of interest to declare.

Discussion Section:

Aims and outcomes of the session:

Aims: *To present new developments and findings from four studies on Aboriginal and Torres Strait pregnant women and pregnant women attending substance use clinics. To explore new information and innovative strategies to improve health service level practices for smoking cessation in these populations.*

Desired outcomes: *Increased knowledge about how tobacco use impacts women from special populations including Aboriginal and Torres Strait women and women attending substance use clinics, with an emphasis on the theme of maternal health. Improved understanding of the importance of co-design with special populations and describing the application via practical examples. Providing opportunity for the audience to analyse the strengths of each study and provide feedback for the presenters via an interactive discussion.*

Each paper will be briefly summarised by the discussant and strengths described.

Discussion points with the audience will include, for example:

Paper 1: In your practice/service delivery do you use co development/ co design approaches for service delivery? What area of practice do you use these processes for?

Paper 2: Do you have robust data collection systems in you service? Are there any areas of improvement that you can see for data management in your service/ tobacco treatment space? Is there training in place for your clinicians to provide smoking cessation support for your clients?

Paper 3: In your service what does culturally appropriate service delivery look like? Is this an area that could be improved upon? How?

Paper 4: From your experience with this special population do you think an increase in use of smokerlyzers NRT, Quitline and phone apps would benefit this group?

Discussant: Kym Yuke, Tobacco Treatment Specialist, Inala Indigenous Health, Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Brisbane, Australia

Discussant's email: Kym.Yuke@health.qld.gov.au

Disclosure of Interest Statement:

Gillian Gould is supported by funding from the Australia Dept of Health and an NHMRC and CINSW Translating into Practice Fellowship (APP1150165). Michelle Kennedy (Bovill) is supported by funding from the National Heart Foundation Aboriginal and Torres Strait Islander Award, grant number 102458 and is funded by a National Health and Medical Research Council Early Career Fellowship, grant number 1158670. Amanda Baker is funded by a NHMRC Senior Research Fellowship (APP1135901) .