

Quitting for good

SISTAQUIT is set to launch in 30 health services across Australia with the challenging aim of helping Aboriginal and Torres Strait Islander women not only understand the dangers of smoking during pregnancy, but to ultimately quit for good

Whilst Australia on the whole is leading the way in terms of low prevalence of tobacco usage, with only around 13 per cent of adults smoking, the country's Aboriginal and Torres Strait Islander population remains disproportionately affected by smoking, with 40 per cent among Aboriginal and Torres Strait Islander people and 45 per cent Indigenous pregnant women classed as smokers. Associate Professor Gillian Gould of the University of Newcastle in Australia, is leading a new initiative to offer Indigenous women both guidance and practical help to quit smoking for good.

Whilst Gould acknowledges that health professionals have done their utmost to draw attention to the health issues surrounding tobacco usage during pregnancy and have tried to offer brief advice to help women quit smoking, they have had neither the resources or confidence to make a sufficient impact. Many Indigenous pregnant women thus receive mixed messages, and often believe that cutting back is enough. The SISTAQUIT (Supporting Indigenous Smokers To Assist Quitting) in Pregnancy project however, is specifically targeting Aboriginal Medical Services as a means to build smoking cessation capacity, believing this more targeted approach will create a far greater impact than previous general positioning. Gould and her team have also put together a novel set of training tools to aid them in getting their message across. Using instructive webinars and video resources, the team believe these offer an effective, efficient and cost-effective way of getting key messages across, especially in rural and remote areas. One video features Aboriginal obstetrician Dr Marilyn Clarke explaining in very basic and easy to understand terms, why smoking is bad for unborn babies, whilst delving deeper into the issues than simply citing low birth weight. From a practical standpoint however, SISTAQUIT isn't simply about lecturing on the perils of smoking, but also offers the women practical aids to quitting, such as oral forms of nicotine replacement therapy (NRT), which are not currently subsidised in Australia, and help to make a quit plan taking into account the women's individual psychosocial circumstances. Health professionals will be encouraged to follow up the pregnant women, and make sure she has all the help she and her family need to go smoke-free.

The team are currently recruiting the final few health services needed to undertake SISTAQUIT's largest trial yet, but Gould has already received positive feedback: 'We have heard from our pilot study that it has helped the health services and it's gone beyond just the women who are signing up to be participants in the project. Other women are quitting. It's having this ripple effect, which is something we didn't really appreciate.'

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