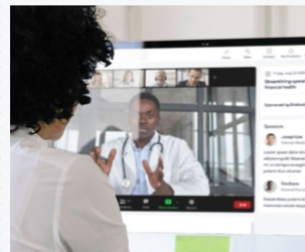
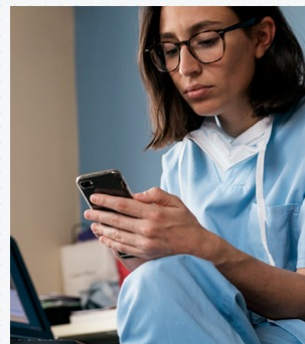
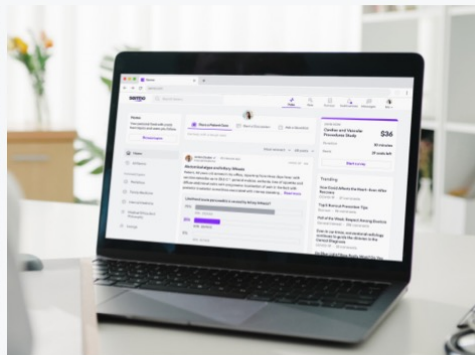
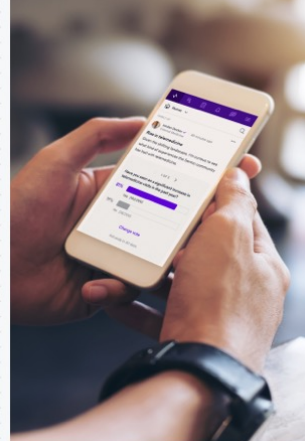


Doctors' Survey: Germany results

July 2023

This study was funded with a grant from the Foundation for a Smoke-Free World, Inc. ("FSFW"), a US nonprofit 501(c)(3), independent global organization.

sermo



Executive Summary: Germany

Many German physicians have been smokers.

- 30% of physicians are past smokers, which surprised the NAB interviewees as being extremely high
- 8% are current smokers.
- Most have tried to quit, with “cold turkey” by far the most popular and most effective method.
 - 20% of smokers have no plans to quit.
- Long-term health is the most frequently mentioned reason for quitting; habit formation and enjoyment are the primary barriers to quitting.

Training about the effectiveness of specific tools and methods is seen as most valuable.

- 70% of physicians have had at least some training.
 - 80% are at least moderately interested in future training.
- 66% cite comparative effectiveness as among their top subjects of interest.
- Lack of awareness, lack of opportunity, and being busy are the chief reasons for not participating in training.

Executive Summary: Germany

Conversations with patients focus on health risks and benefits.

- 93% of physicians proactively discuss smoking with their patients who smoke.
 - 83% consider it a priority.
- The health risks of smoking (71%) and the health benefits of quitting (68%) are the most frequent subjects discussed.
- Most physicians recommend over-the-counter nicotine replacement (64%) and social/family support (52%) for smoking cessation.

Physicians are likely to attribute specific negative health consequences to nicotine.

- 84% of physicians believe that combustion causes more harm than nicotine.
- Substantial majorities of physicians (ranging from 74% to 83%) believe that nicotine is a direct cause of various smoking-related ailments, with many believing strongly.
- This belief is reiterated in the NAB interviews - nicotine is believed to be less harmful than smoking but not harmless.

Research design

Glossary of terms:

GAB: global advisory board

NAB: national advisory board



Research Design

- For this research project, Sermo conducted 904 online interviews of physicians in Germany.
 - Interviews were conducted between March 17, 2022 and April 26, 2022.
- Qualified physicians:
 - Are licensed.
 - Are full-time.
 - Have been practicing for at least 2 years.
 - Spend at least 50% of their time in direct patient care.
 - See at least 20 adult patients per month.
 - See at least 5% of patients who smoke.

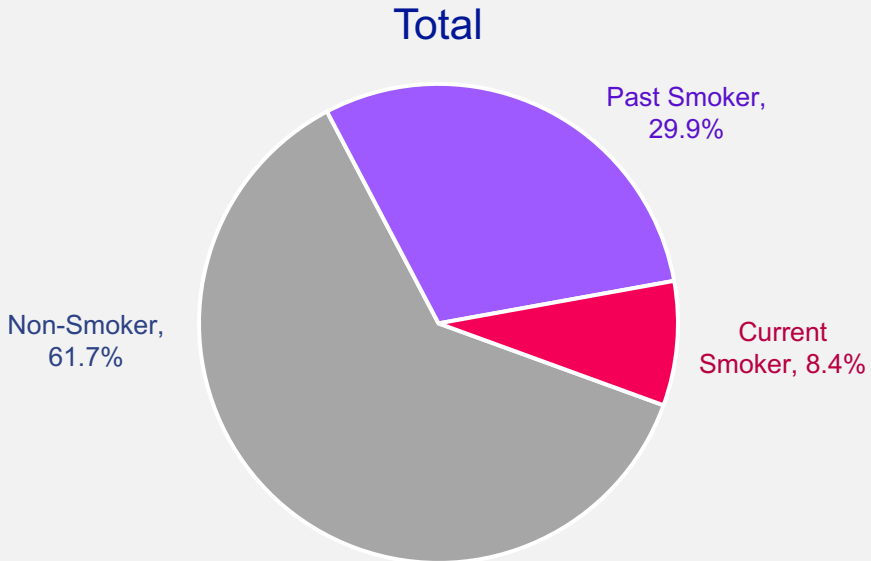
Relevant "*direct quotes*" or inferences from the Phase 4 Interviews with Global/National Advisory Board members (GABs/NABs) are included throughout this report in these purple boxes.

- Sample consisted of physicians in the following specialties:
 - Family/General Practice
 - Internal Medicine
 - Cardiology
 - Pulmonology
 - Oncology
 - Psychiatry
- Data were weighted to represent the population of physicians with respect to age, gender, and specialty.
- As a follow-up 2 NAB qualitative interviews conducted February 2023
 - PCP – General Medicine physician from a large community clinic
 - Psychiatrist – 24 years in clinical practice at an outpatient psychiatric institute they set up

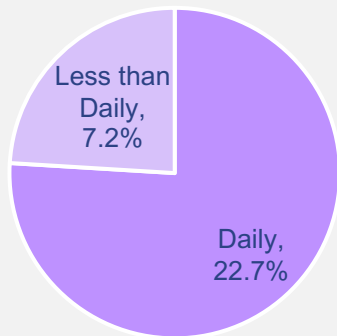
Smoking-related behavior



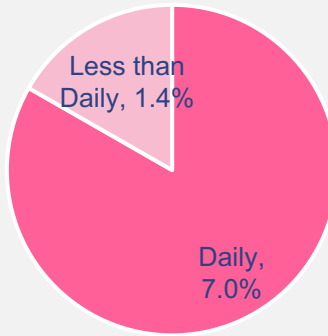
30% of German physicians are past smokers; 8% still smoke.



Past Smokers



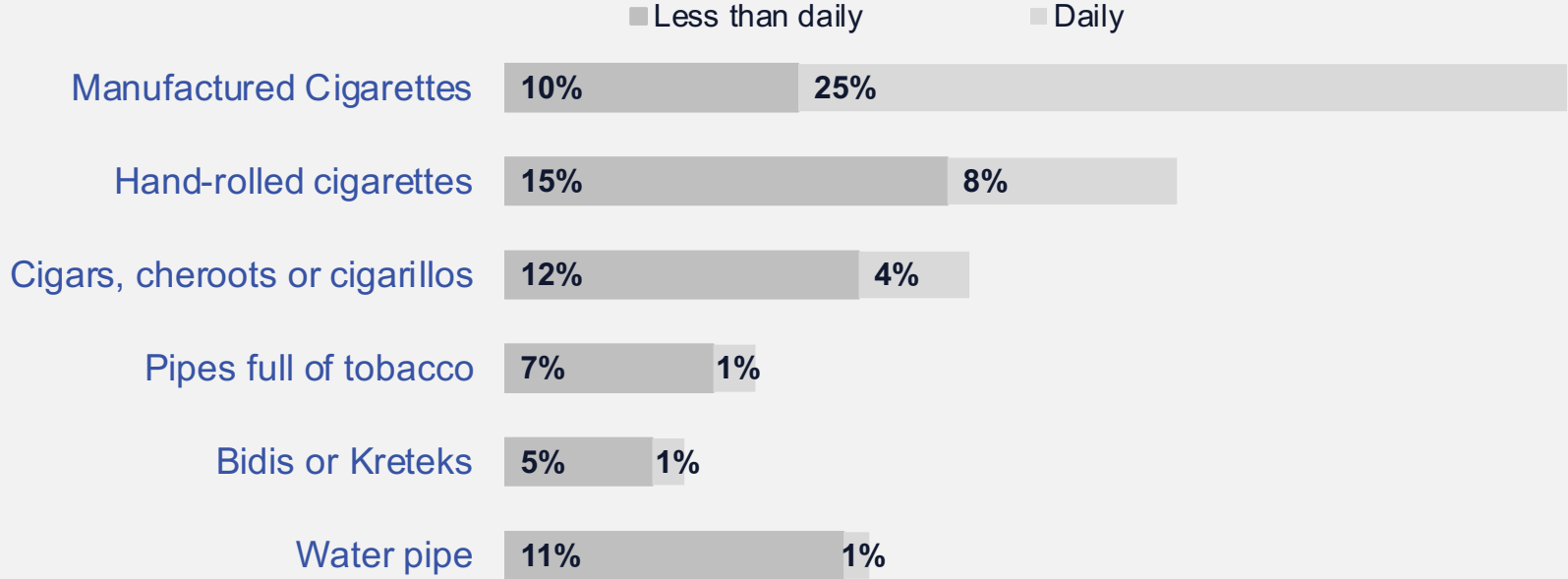
Current Smokers



Base = all physicians, n=904.
S13. Which of the following best characterizes your own tobacco smoking habits?

Manufactured cigarettes are/were very frequently used by German physicians. Hand-rolled cigarettes, and to a lesser extent cigars and pipes, are/were also popular choices.

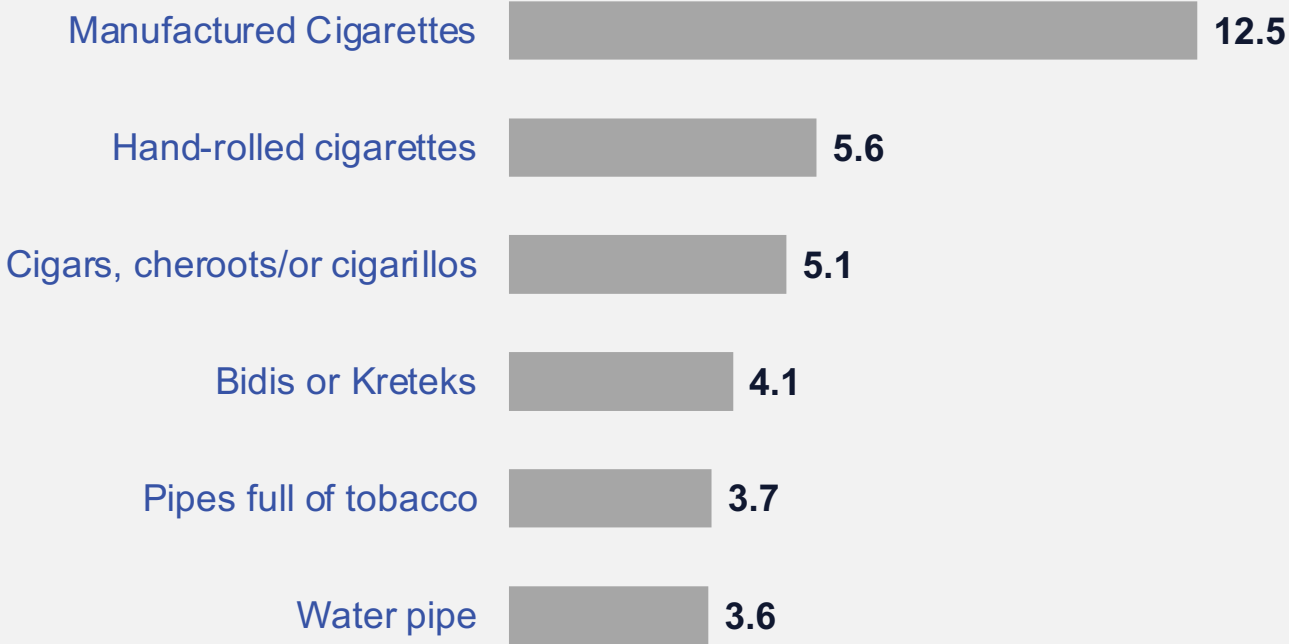
% who use or used combustible tobacco products



Base = all physicians, n= 904.
Q10. Earlier, you reported that you used to/currently smoke tobacco. Which of the following combustible tobacco products shown below did/do you smoke on a daily or less frequent basis? Non-smokers are coded as nonusers for all products.

Among users, manufactured cigarettes have the longest span of usage.

Average Years Used

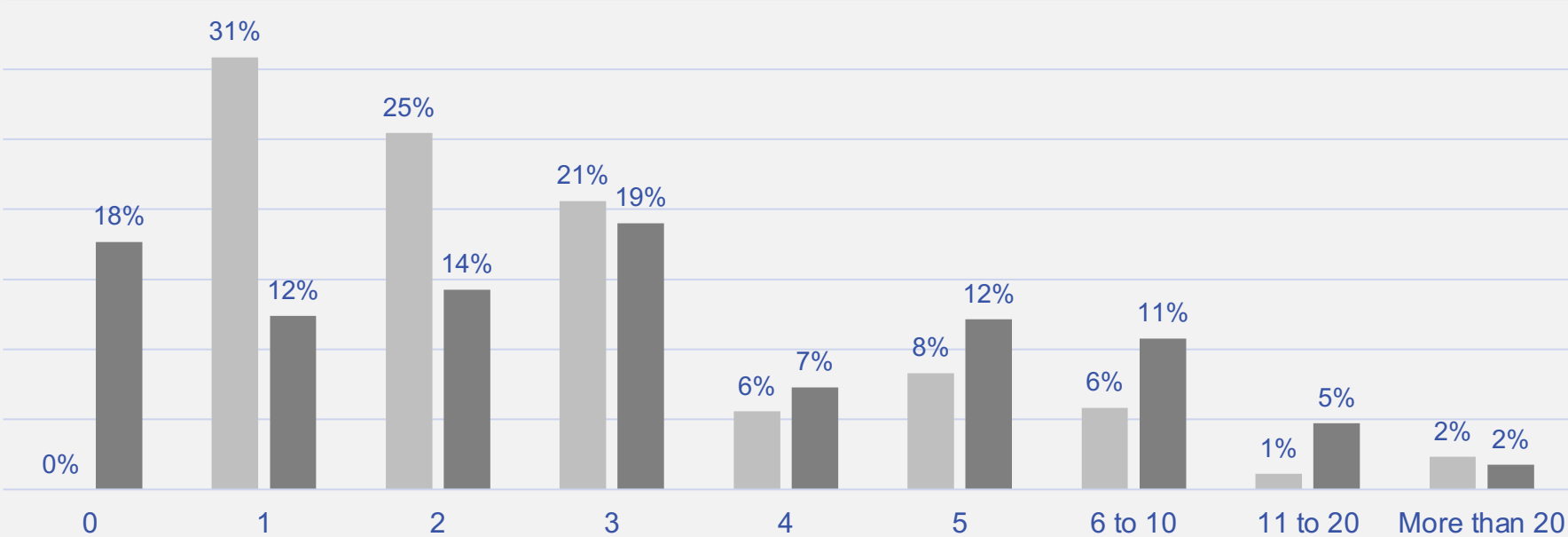


Base=users of each product (varies).
Q16v2. For how long did or do you smoke each type of tobacco product? Write in the approximate number of years, rounding to the nearest whole number.

A majority of past smokers quit after only one or two attempts. 82% of current smokers have attempted to quit at least once, and more than half have tried to quit three or more times.

Number of attempts to quit

■ Past smoker ■ Current smoker



Base= Past smoker (n=311) or Current smoker (n=74).
Q20. Approximately how many times, if any, "did you attempt to quit smoking before you were successful in quitting"/"have you attempted to quit"? Enter a 1 if you quit on your first try.

“Cold Turkey” is overwhelmingly the most popular, and most effective, method of smoking reduction or cessation.

Data resonates with respondents' experience

Smoking reduction or cessation methods

■ Tried

■ Most Effective

Method	Tried	Most Effective
Cold turkey	83%	57%
Over-the-Counter nicotine replacement therapy	30%	8%
Social or family support	27%	7%
Alternative therapy	18%	3%
Electronic nicotine delivery system	15%	3%
Prescription medication	14%	4%
Chewing/sucking/dipping forms of tobacco	13%	2%
Psychological/Psychiatric counseling/therapy	11%	5%
Heated tobacco products	11%	2%
Withdrawal App	9%	1%
Referral to smoking cessation clinics	8%	2%

"Cold turkey, it is plausible and most effective. I agree. From the people I know, it was like that. Prescription-free nicotine replacement is often done. Nicotine gum and plasters it is what I mentioned...It is not too effective, that is right. [30%], yes. Social and family support sometimes has the opposite effect if people nag them about it. The people say, well, now I am definitely going to smoke (if they are nagged about quitting). The alternative therapies... acupuncture is often done. I know a few who have done it with acupuncture. I also did training in acupuncture. Acupuncture is the most effective. The more expensive the acupuncture therapy is, the more effective it is."
- (Specialist)

Base=attempted to quit at least once, n=373.
Q25. When you were trying to quit smoking, regardless of whether you were successful or not, which of the following interventions or methods did you use as a smoking reduction or cessation aid?

Long-term health is by far the most prevalent reason for deciding to quit.

Reasons for deciding to quit smoking



Aligns with respondents' expectations:

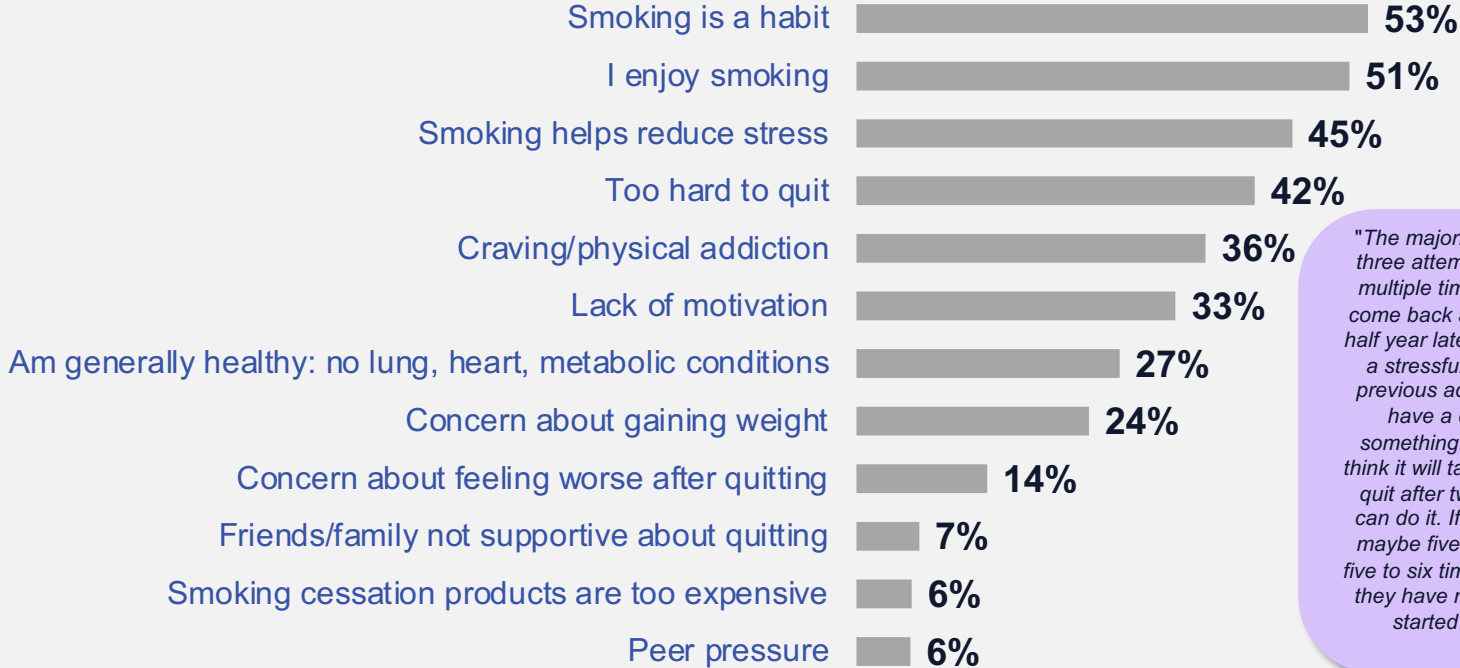
"Health consequences are the main point. Cough, breathlessness, etc... okay. Family, smoking costs too much. Passive smoking... it depends if they have kids or not. It plays a more significant role, then. I know many who have stopped smoking because of that, which must be explained a bit."

- (Specialist)

Base=attempted to quit at least once, n=373.
Q30. Which of the following reflect the reasons why you decided to quit smoking, regardless of whether you succeeded or not? Select all that apply.

The primary barriers to quitting are related habit-formation, enjoyment, and stress reduction. Concerns about potential consequences of quitting have little impact.

Barriers preventing quitting

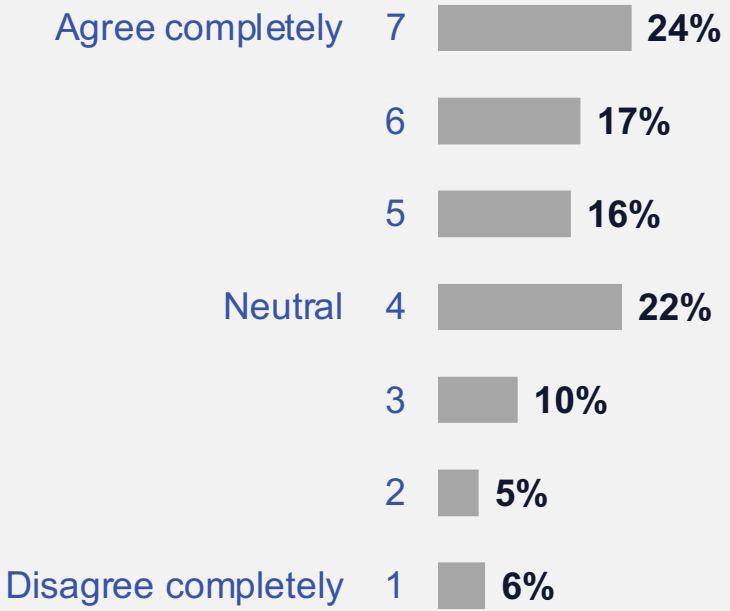


"The majority manage to do it after two or three attempts. Most of them have tried it multiple times. It is always an issue; they come back and say I managed it, and then half year later, they are back at it. Following a stressful situation, they return to their previous addiction. We know that it might have a calming effect or it does do something. It has a high relapse quote. I think it will take many attempts to be able to quit after two or three attempts until they can do it. If they are heavy smokers, then maybe five times. They must have tried it five to six times. The children come and say they have not stopped, and the job stress started again, etc. It is not easy."
- (Specialist)

Base=Current or Past smokers, n=385.
Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

80% of current smokers plan to quit in the future.

Plans to quit smoking in the future (at least Neutral)



Base=Current smokers, n=74.
Q40. To what extent do you agree with the following statement? Select the number that best reflects your level of agreement, where 1 = "Disagree Completely" and 7 = "Agree Completely"

Oral tobacco is the most commonly used substitute for smoking, but overall, substitutes for smoking are not used widely, frequently, or often.

"Sometimes the patients think with a release system the smoking is taken away from them. We need to be careful because we need to be careful that the patients do not get the feeling that it is all easy, and it is one thing that takes smoking away from them." - (PCP)

NABs were unfamiliar with electronic nicotine delivery and heated tobacco
Oral tobacco is a strange expression for German respondents - assumed snuff or chewing tobacco is meant

*Personally Used Products

■ Ever Used ■ Currently Use

Electronic nicotine delivery



**% of users who used daily

***% of users who used for > 1 year

32%

28%

Chewing/sucking/dipping



28%

26%

Heated tobacco



29%

32%

Base = all physicians, n=904.

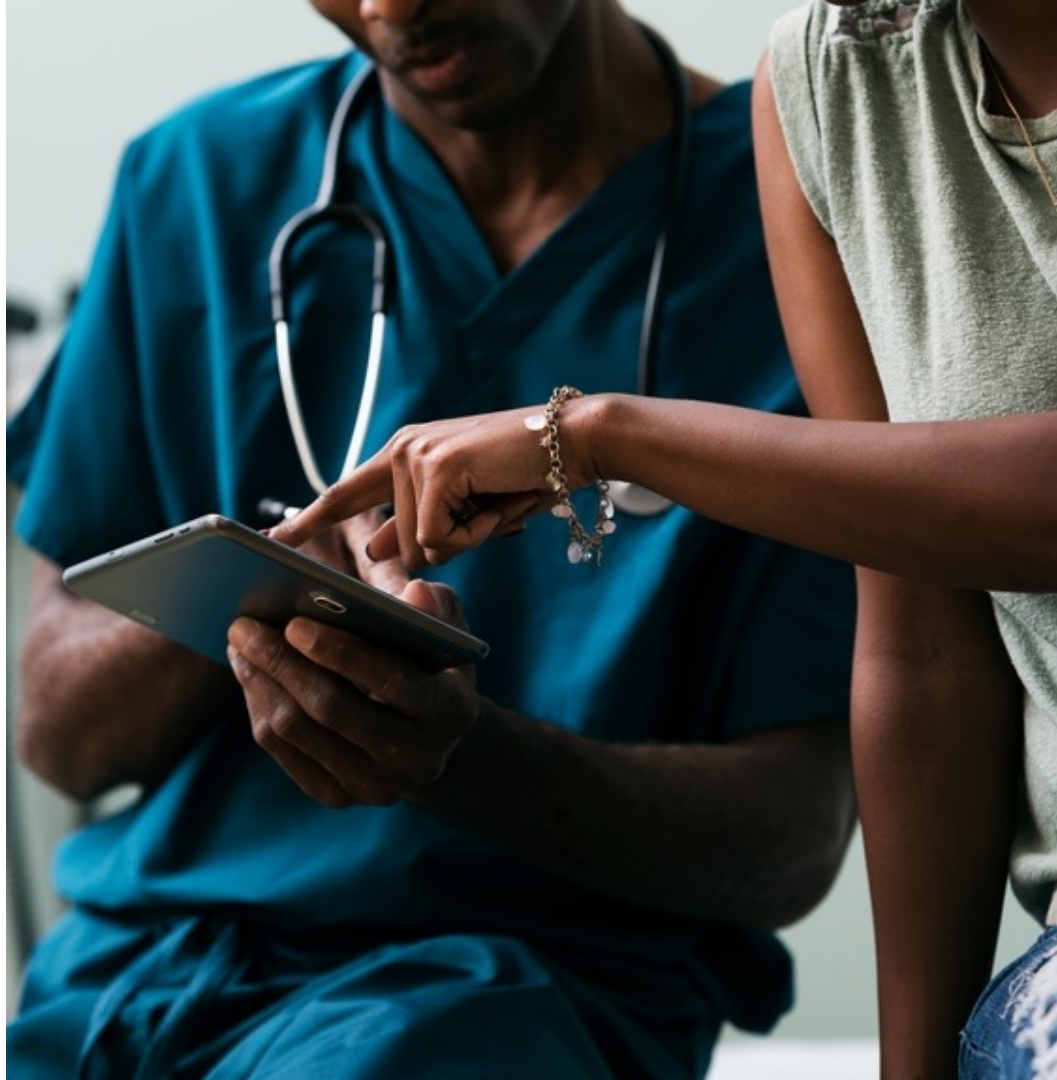
*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?

Base = varies by product (Electronic Nicotine Delivery, n=158; Chewing/sucking/dipping, n=173; Heated tobacco, n=109).

**Q46. How often do you currently or did you previously use these products for your own personal use?

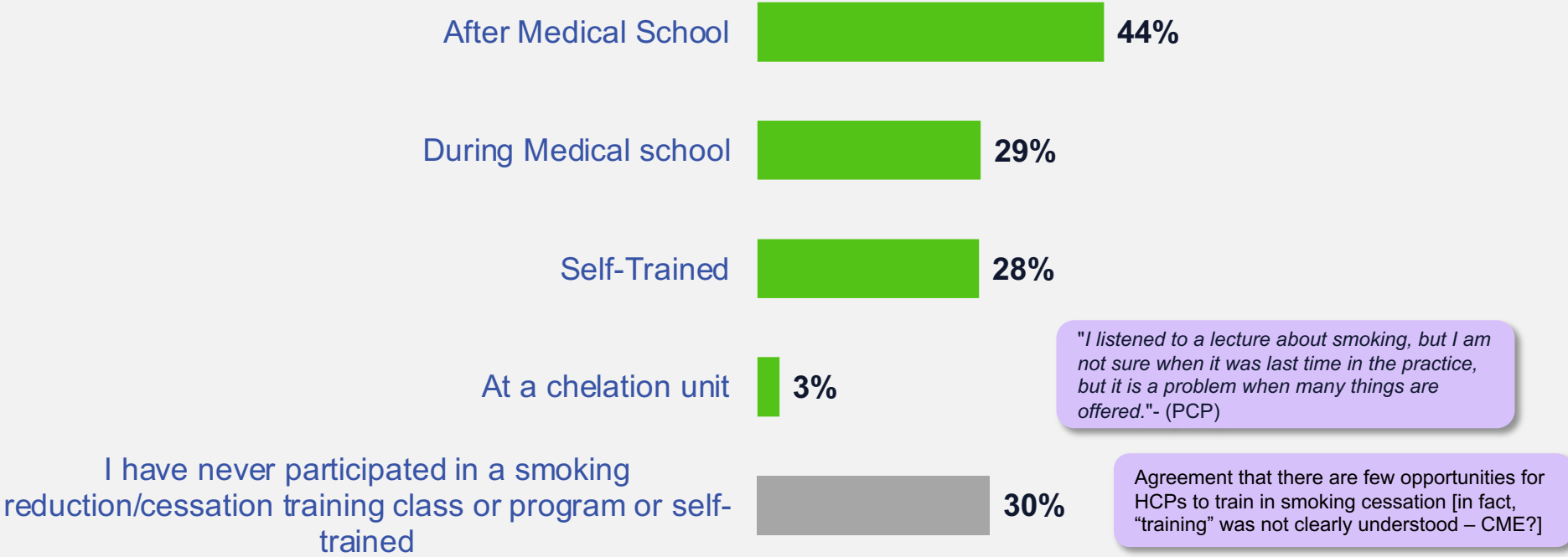
***Q47. For how long did you personally use each type of product?

Training



70% of physicians have had at least some training on smoking cessation.

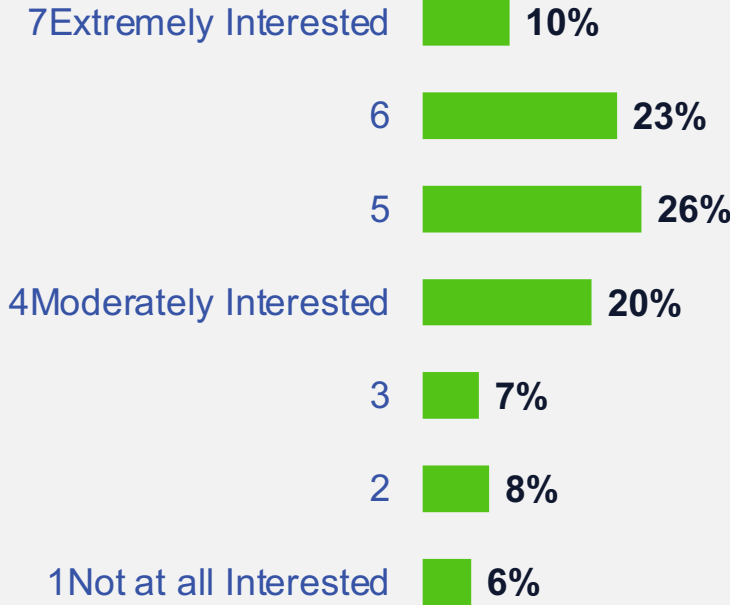
Training on Smoking Cessation



Base = all physicians, n=904.
S14. Have you personally participated in any training programs or classes, or self-trained, during or after medical school on how to help your patients who smoke to reduce or quit smoking? Select as many options as apply.

80% of physicians are at least moderately interested in training.

Interest in training (at least Moderately Interested)



Hypothesized that interest in training may be depressed because consultation on smoke cessation is not remunerated in the German fee system, i.e. they cannot invoice it

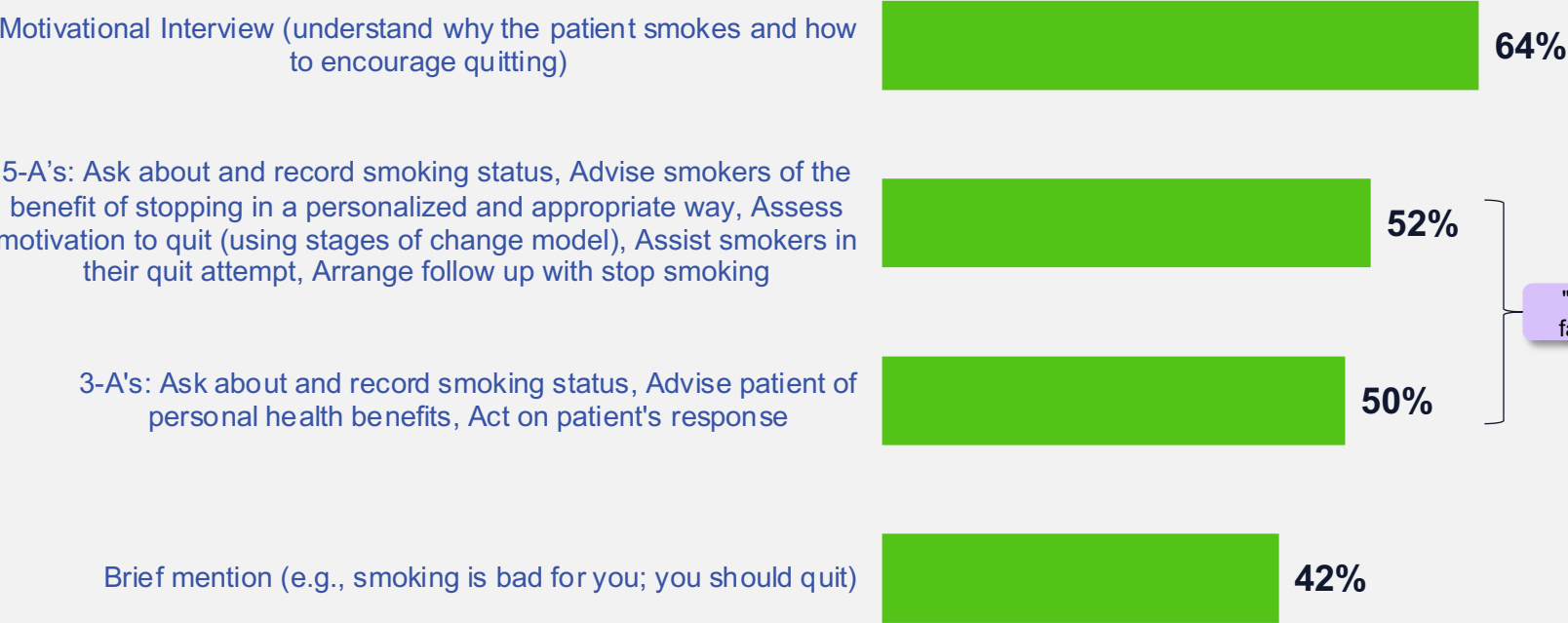
"I can imagine one point would be if, for example, there were a fee for the effort if you can reimburse it. It is not present at the moment; it is standard consultation therapy. However, if you make an effort, I monitor it, I count the cigarettes or so, then it is still much more efforts for my nurses, it is much more effort than reimbursed. It would be motivating to have a structured program, and this amount will be paid for it." - (PCP)

Note: Adding individual scores may not yield the same final score due to rounding

Base = all physicians, n=904.
Q75. To what extent are you interested in taking training on how to help your patients who smoke combustible tobacco products with reducing or quitting smoking? 1=Not at all interested, 4=Moderately Interested, 7=Extremely interested.

Motivational interviews are the most common training subject. The 5-As and the 3-As are discussed about equally often.

Approaches communicated in training



"5-A's" and "3-A's" not familiar to respondents

Base=has taken training, n=636.
Q50. Which of the following approaches were communicated in the training you completed?

All training topics are seen as valuable by at least 79% of physicians. Discussions of methods, plans, and motivations are seen as most valuable.

Value of training topics (at least Moderately Valuable)



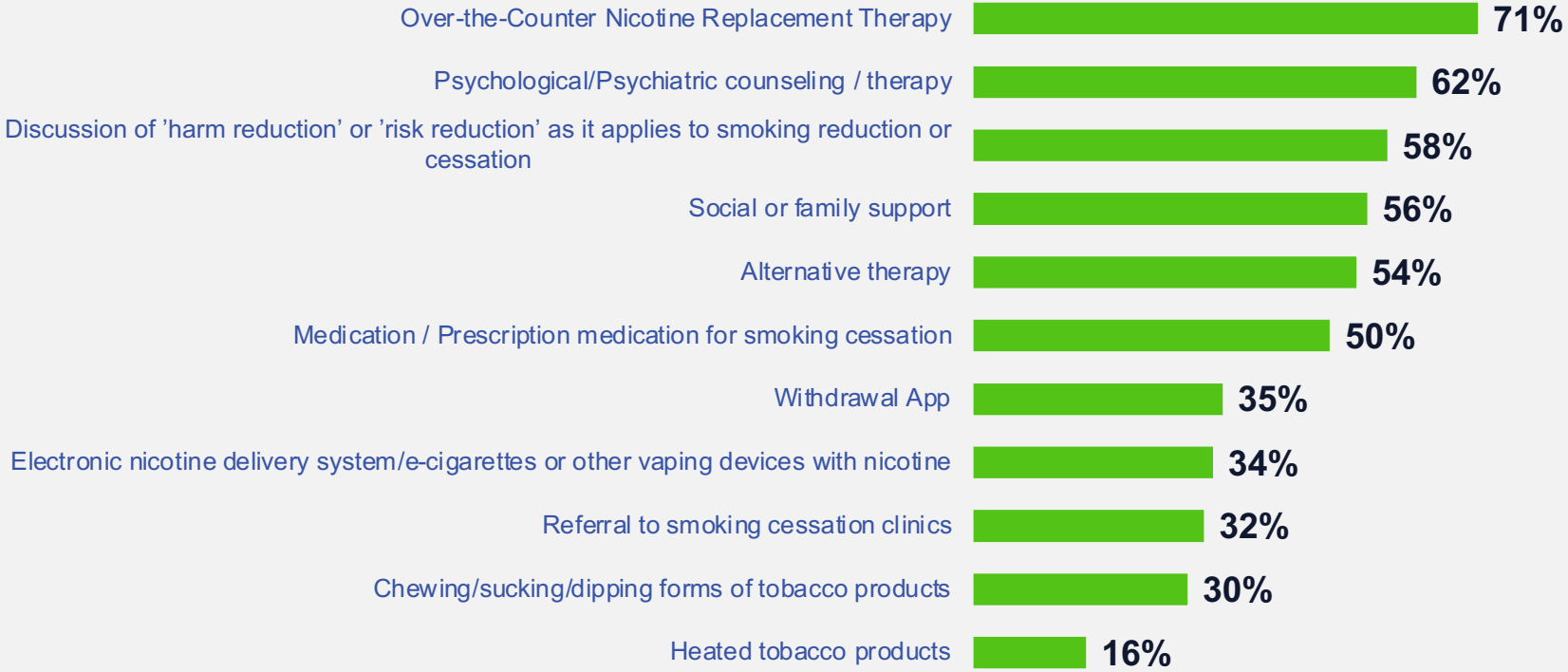
Base=has taken training, n=624.

Q60. How valuable were each of the following topics when you participated in training (or self-trained) on smoking reduction/cessation? Please select the number from 1 to 7 which best describes your level of agreement, where 1=Not at all Valuable, 4=Moderately Valuable, 7=Extremely Valuable.

Results for the top-4 categories are shown.

Most training includes replacement therapy. Various forms of counseling or therapy are included in training more than half the time, along with discussions of harm reduction.

Specific methods covered in training



Base=has taken training, n=636.
Q65. Which of the following specific interventions or methods on smoking reduction/cessation were covered in the training you completed (or self-trained) on this topic? Check all that apply.

Lack of awareness, lack of opportunity, and being busy are the chief reasons for not participating in training.

Reasons for not taking training

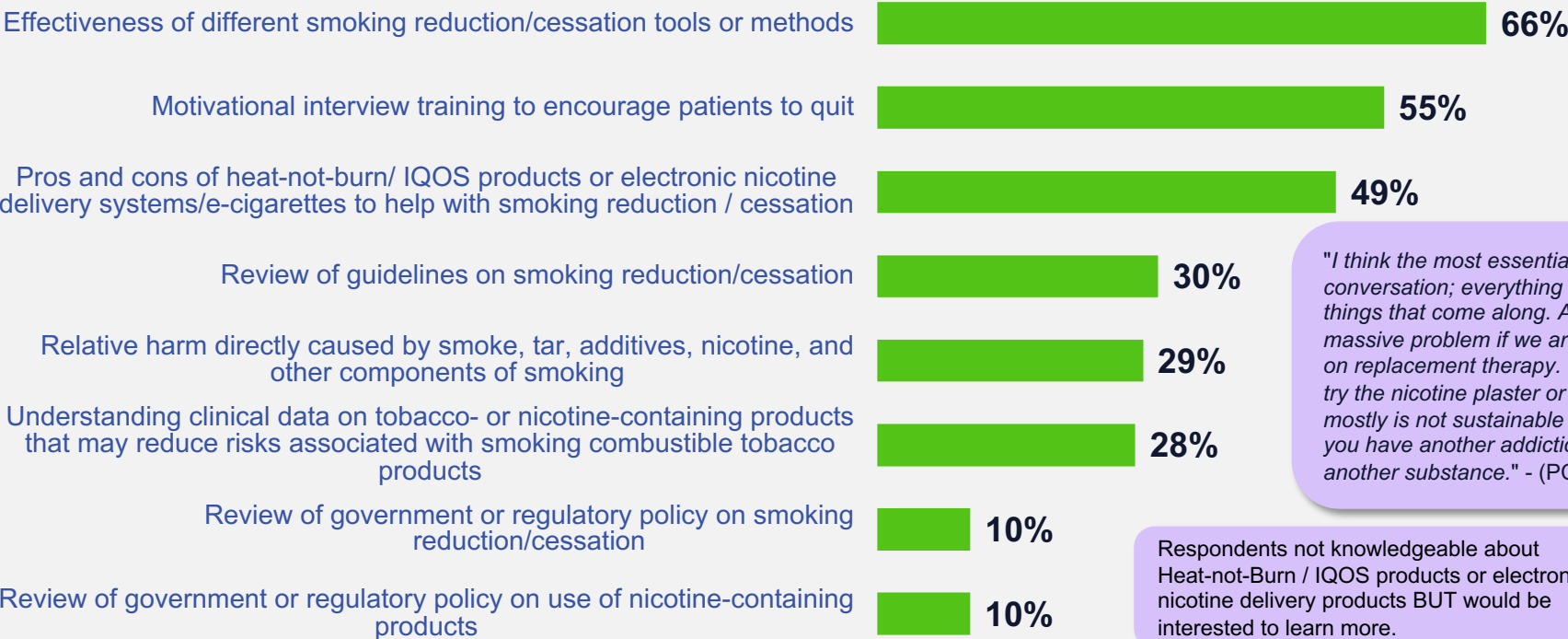


Respondents are not aware of any education or training in Germany... or have time for it. Furthermore, consultation and programs for smoke cessation (offered by individual physicians) is not remunerated in the German health system.

Base=has not taken training, n=268.
Q70. Which of the following reasons best characterize why you have not taken this kind of training? Select as many as apply.

The effectiveness of specific tools and methods is the training subject of greatest interest. Motivational interviewing is also popular. There is very little interest in government/regulatory policy.

Top-3 training subjects of interest



"I think the most essential is the conversation; everything else is things that come along. Also, it is a massive problem if we are fixated on replacement therapy. If we say, try the nicotine plaster or so, it mostly is not sustainable because you have another addiction to another substance." - (PCP)

Respondents not knowledgeable about Heat-not-Burn / IQOS products or electronic nicotine delivery products BUT would be interested to learn more.

Base=interested in training, n=777. Q77. If you were to take training on smoking reduction/cessation in the near future, what topics would be of the greatest interest to you? Select up to 3.

Discussions with patients



Helping patients quit smoking is a priority for 83% of physicians. Many see a lack of training and knowledge as widespread.

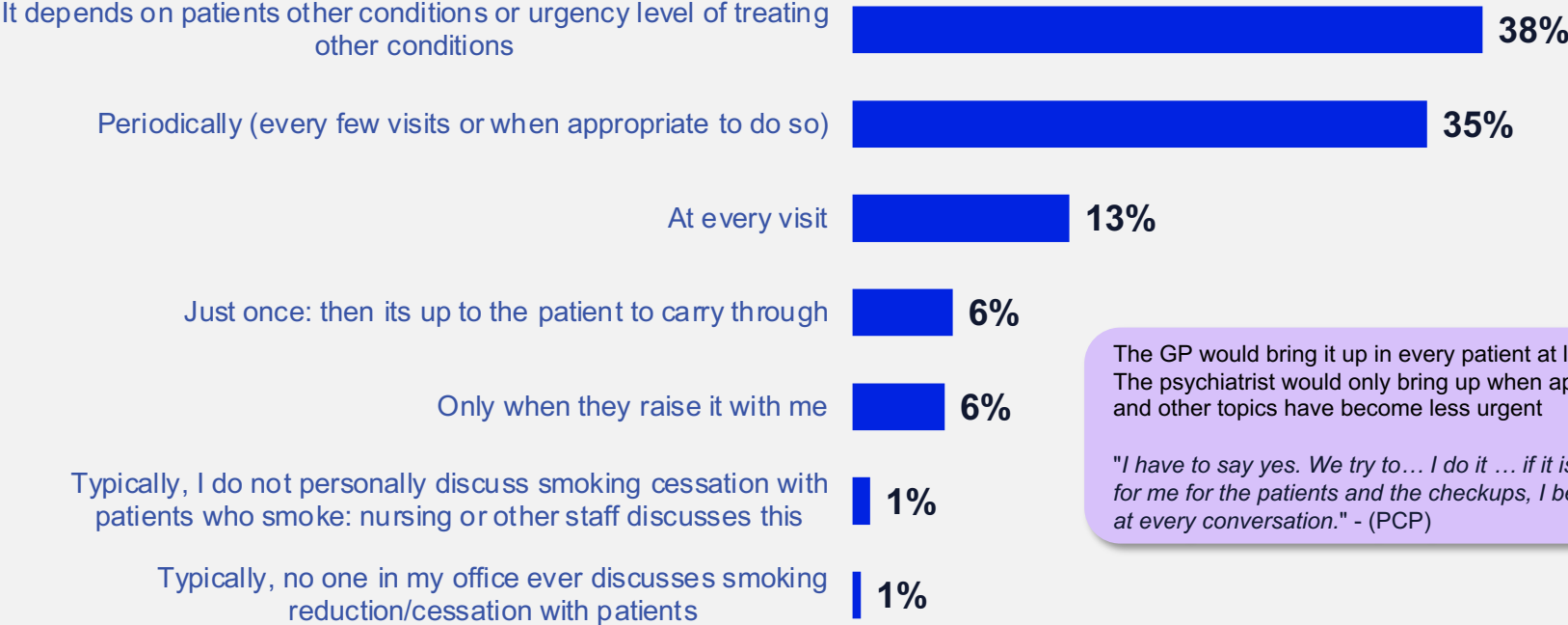
Agreement with statements about smoking (at least Moderately Agree)



Base=all physicians, n=904.
Q90. To what extent do you agree with the following statements about smoking? 1=Completely Disagree, 4=Moderately Agree, 7=Completely Agree.
Results for the top-4 categories are shown.

Most physicians don't discuss smoking at every visit, but only a small minority avoid such discussions entirely.

Approach to discussing smoking reduction/cessation



The GP would bring it up in every patient at least once
The psychiatrist would only bring up when appropriate and other topics have become less urgent

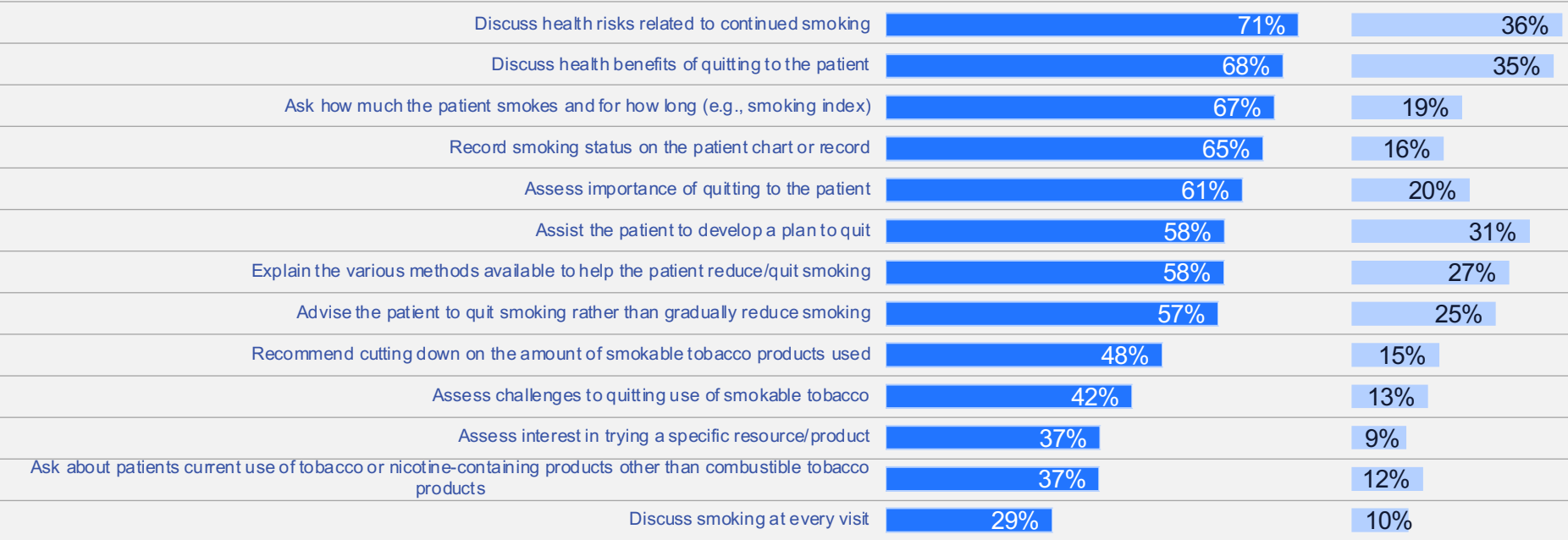
"I have to say yes. We try to... I do it ... if it is essential for me for the patients and the checkups, I begin with it at every conversation." - (PCP)

Base = all physicians, n=904.
Q106. Which of the following best describes how frequently you personally discuss the topic of smoking reduction/cessation with your patients who smoke?

Health benefits and risks are the most frequent forms of discussion/action about smoking. Collecting data is prevalent, but is not considered as important.

Discussion/action with patients who smoke

■ Selected ■ Top 3



Base = all physicians, n=904.
 Q105. Which of the following topics do you typically discuss or take action with your patients who smoke combustible forms of tobacco, regardless of other conditions they may have?

The health benefits of quitting are the most frequent subject of physician advice.

Advice given to patients at least Sometimes - top items



Base=discusses smoking cessation, n=893.
Q107. When discussing approaches for reducing or quitting combustible tobacco products use with your patients who smoke, how frequently do you offer the following kinds of advice to them? 1=Never, 4=Sometimes, 7=Always Results for the top-4 categories are shown.

Mental health, and non-combustible products, are infrequent subjects of physician advice.

Advice given to patients at least Sometimes (continued)

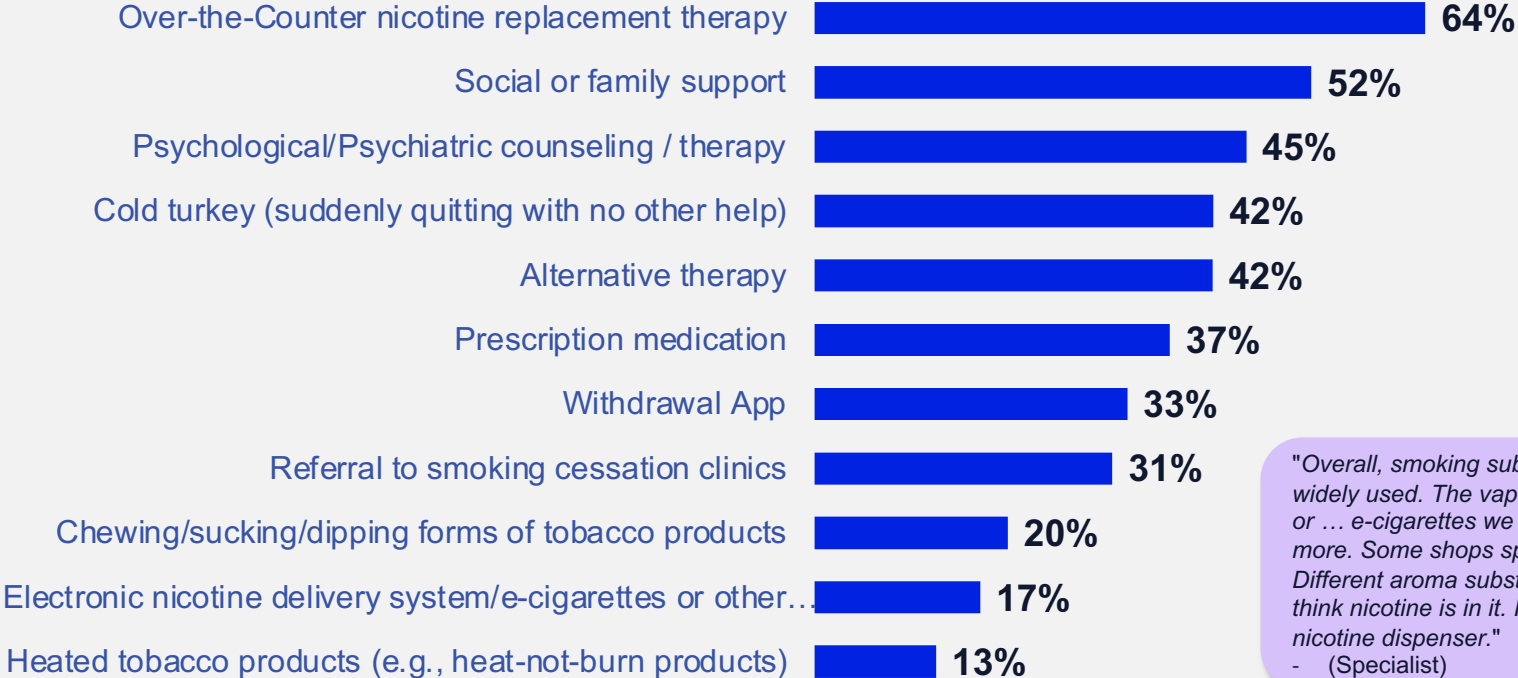


Base=discusses smoking cessation, n=893.

Q107. When discussing approaches for reducing or quitting combustible tobacco products use with your patients who smoke, how frequently do you offer the following kinds of advice to them? 1=Never, 4=Sometimes, 7=Always Results for the top-4 categories are shown.

Nicotine replacement is the most frequently recommended method of smoking reduction/cessation. Family support is also frequently recommended. Specific alternatives to smoking are least likely to be recommended.

Recommended methods of smoking reduction/cessation



*"Overall, smoking substitute is not widely used. The vapes. The vaporizers or ... e-cigarettes we see more and more. Some shops specialize in it. Different aroma substances are sold. I think nicotine is in it. It is an electronic nicotine dispenser."
- (Specialist)*

Base = all physicians, n=904.
Q110. Which of the following interventions or methods to aid your patients with smoking reduction/cessation do you typically recommend or prescribe to your patients who want to reduce or quit smoking? Check as many as apply.

All methods are seen as effective by a majority of physicians, with social/family support and counseling/therapy seen as most effective. The least effective methods are also generally the most concerning.

Effectiveness (at least Moderately Effective)

At least moderately concerned



Base=all physicians, n=904. Q125. How effective do you believe each of the following interventions are as smoking reduction/cessation aids, regardless of whether you recommend or use them in your own clinical practice, or regardless of availability in your country? 1=Completely Ineffective, 4=Moderately Effective, 7=Extremely Effective. Q126. How concerned are you about the safety of the following interventions, regardless of whether you recommend or use them in your own clinical practice, or regardless of availability in your country? 1=Completely Unconcerned, 4=Moderately Concerned, 7=Extremely Concerned. Results for the top-4 categories are shown.

Oral tobacco is seen as less effective, and as less appropriate for long-term use.

Advice about smoking reduction/cessation methods

	Electronic nicotine	Heated tobacco	Oral tobacco
May still have some health risks associated with inhaling vapor/aerosols	65%	59%	41%
May reduce or stop patients use of combustible tobacco	59%	64%	56%
May provide health benefits to the patients, their families, and population as a whole	57%	59%	42%
May lower risks associated with using combustible tobacco	56%	71%	48%
Should not be used along with combustible tobacco	47%	40%	33%
Should be used only until the patient quits smoking, rather than on a long-term basis	44%	35%	55%
May be used on a long-term basis as a substitute for combustible tobacco	24%	38%	25%

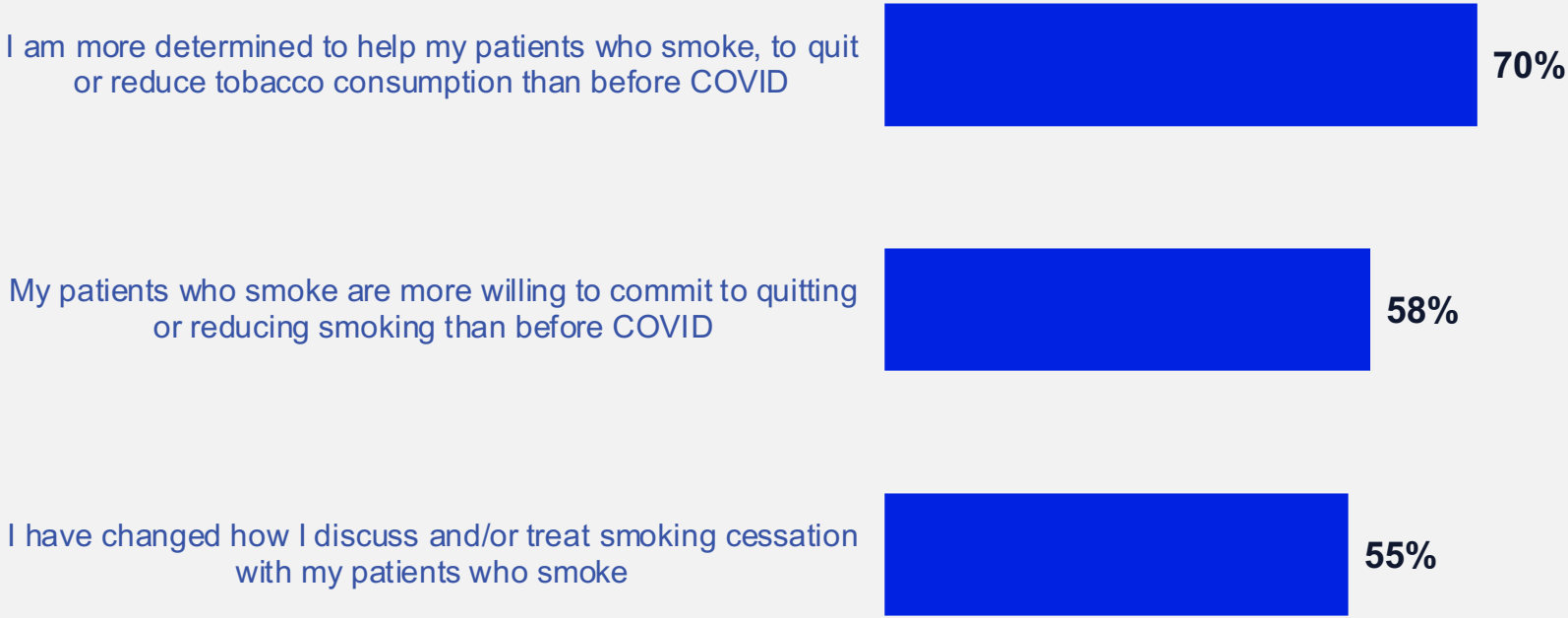
Nicotine still considered to be harmful in its own right e.g. leads to arteriosclerosis – but general knowledge was low

Regarding electronic nicotine, "It is better than the actual cigarette, it is not bothering others, and I have read something about it... it is damaging too, the nicotine... I do not know what else is included in it; it is only water steam with the aroma and nicotine in it. It is better than good tobacco because the damaging tar substance is out; it is just the aroma and nicotine that are consumed. It makes more sense than actual tobacco. It is interesting and surprising. Heated tobacco? What is that? Is that a hookah? It is also smoked, and it burns too. What is meant by heated tobacco? I cannot understand it."
- (Specialist)

Base=recommends each item: electronic nicotine n=159, heated tobacco n=113, oral tobacco n=170.
Q115, Q116, Q117. When you recommend _____ to your patients who smoke combustible tobacco products, what advice do you usually give them?
Select as many as apply.

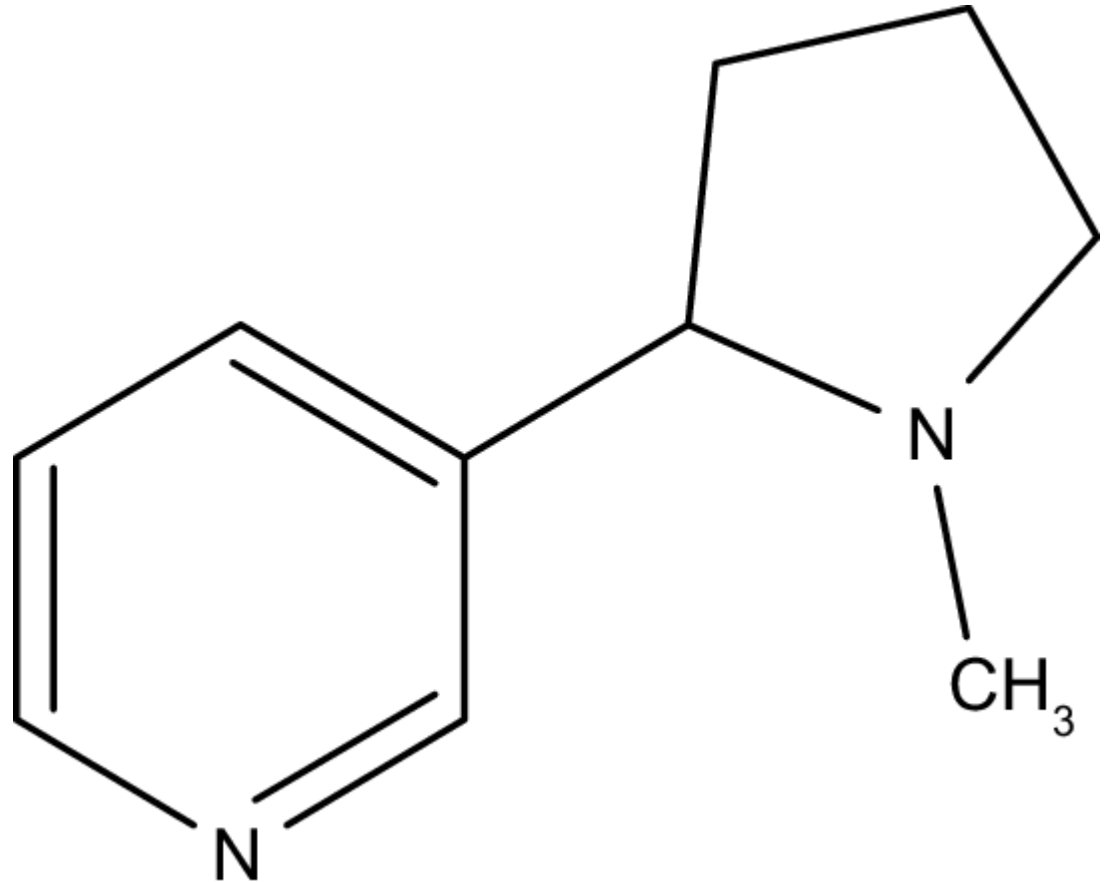
COVID has increased the determination of physicians and patients with respect to smoking reduction/cessation.

Impact of COVID on approach to smoking cessation (at least Moderately Agree)



Base=prioritizes helping patients quit smoking, n=744.
Q96. To what extent do you agree with the following statements about the impact of COVID on patients who smoke and your approach to encouraging smoking reduction or cessation? 1=Completely Disagree, 4=Moderately Agree, 7=Completely Agree. Results for the top-4 categories are shown.

Beliefs about nicotine



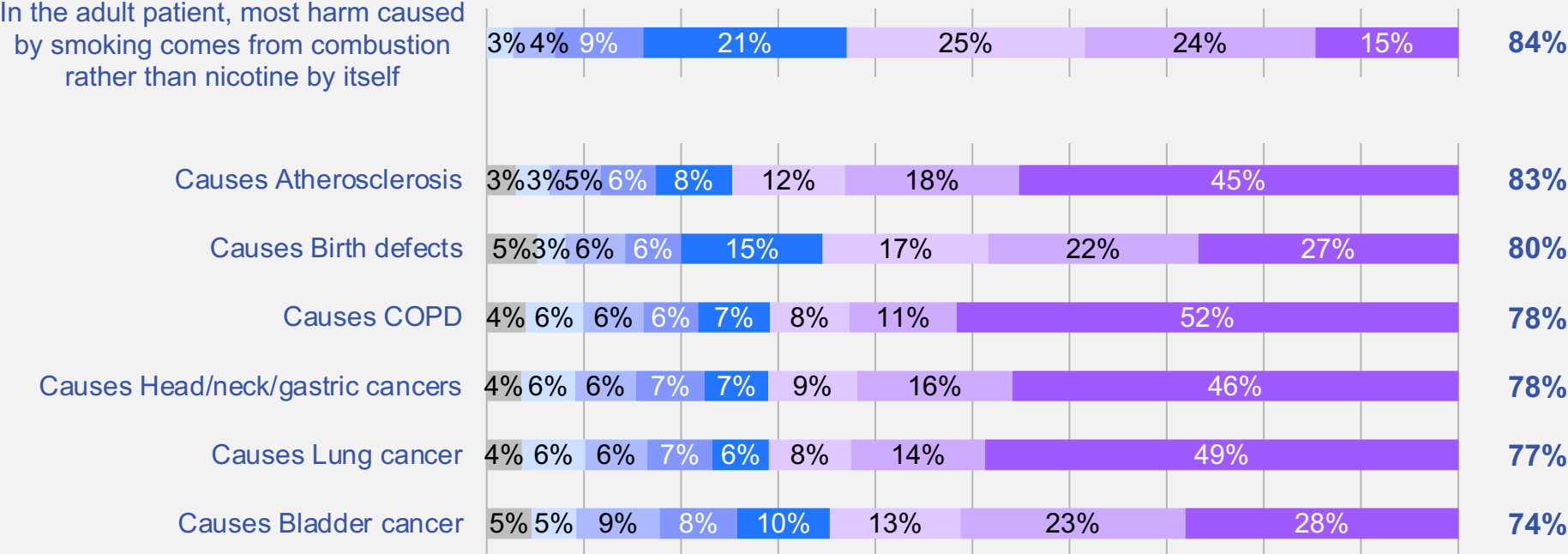
84% of physicians believe that combustion is the greatest cause of harm from smoking. Substantial majorities of physicians – from 74% to 83% – believe that nicotine directly causes various smoking-related conditions, with a substantial percentage completely agreeing.

Both respondents agreed that the main harm is caused by the smoke (the tar) and not by nicotine

Agreement with statements about nicotine

DK 1 Completely Disagree 2 3 4 Moderately Agree 5 6 7 Completely Agree

Top-4 agreement



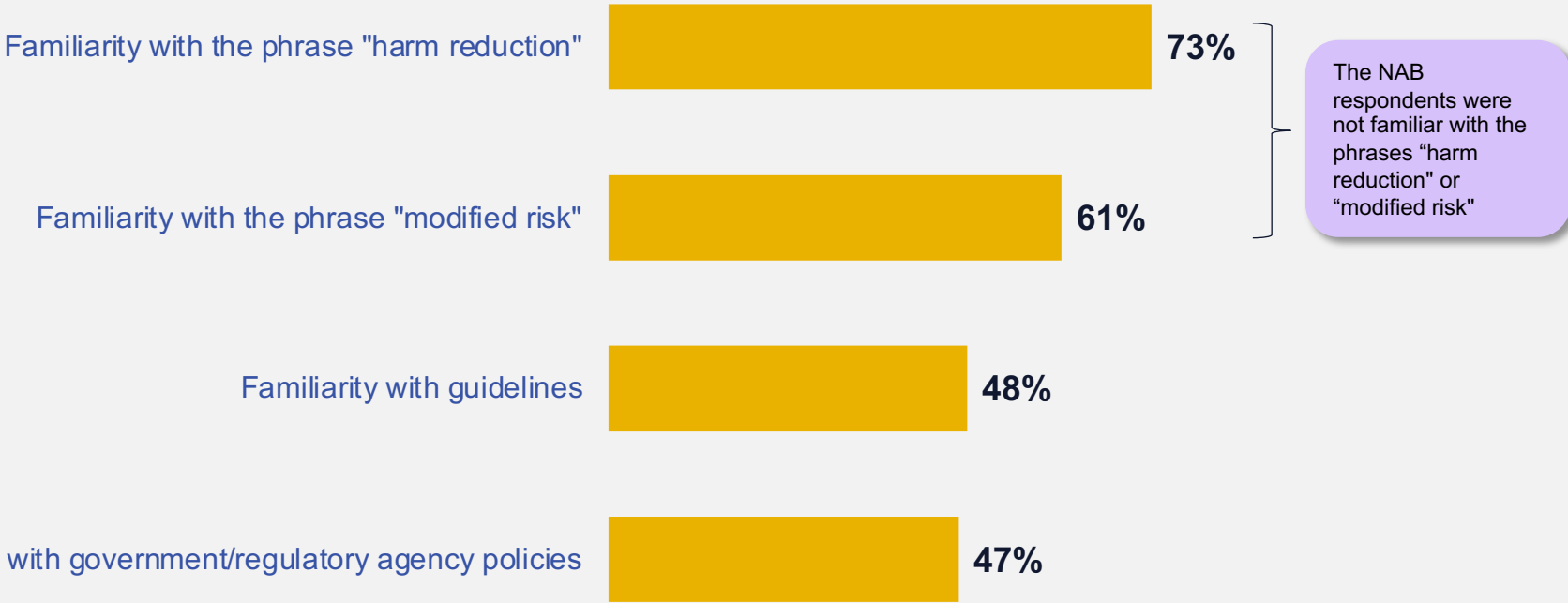
Base = all physicians, n=904. Q90. To what extent do you agree with the following statements about smoking? Q95. To what extent do you agree that nicotine by itself directly causes each of the smoking-related conditions below? 1=Completely Disagree, 4=Moderately Agree, 7=Completely Agree. Data labels <3% not shown

Public policy and professional guidelines



Most physicians are familiar with phrases related to smoking cessation; fewer are familiar with guidelines and regulations.

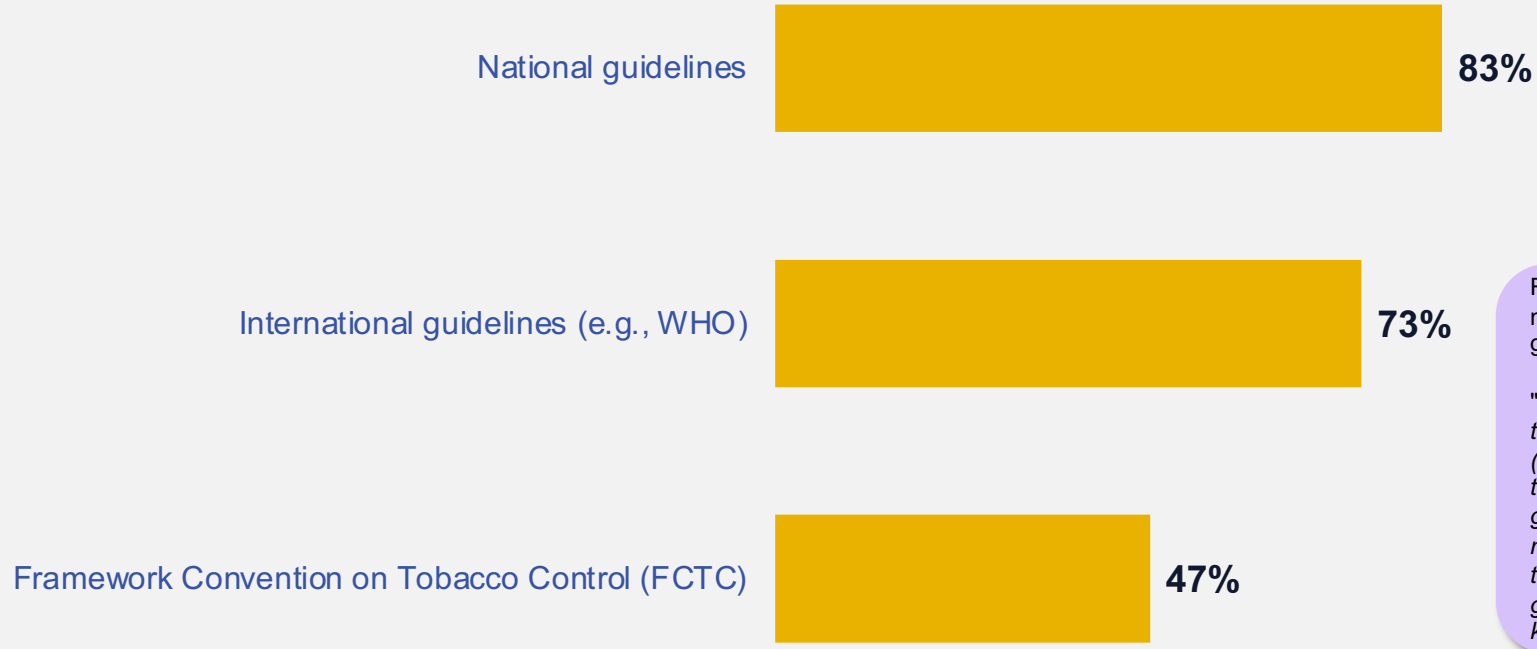
Familiarity with phrases, guidelines, and policies related to smoking cessation (at least Moderately Familiar)



Base=all physicians, n=904. Q133, Q135, Q141. Familiarity (related to smoking cessation), 1=Not at all Familiar, 4=Moderately Familiar, 7=Extremely Familiar. Results for the top-4 categories are shown.

Most physicians follow national and international guidelines. Following FCTC guidelines is less common.

Follows specialty national/international guidelines related to smoking cessation (at least Somewhat)



Respondents were not aware of guidelines

"No, I do not know if there are any (guidelines). I cannot tell. I know there are guidelines, but I do not know them. If then, it may be an S2 guideline, but I do not know." .- (PCP)

Base=familiar with guidelines, n=604.
Q140. To what extent do you follow national or international guidelines for your specialty when making decisions about how to treat patients who wish to reduce or quit smoking? 1=Not at all, 4=Somewhat, 7=Completely. Results for the top-4 categories are shown.

Physicians tend to see regulation of smoking substitutes similarly.

Respondents did not have any specific expertise about regulations for smoking substitutes

Government decisions

	Electronic nicotine	Heated tobacco	Oral tobacco
Level of nicotine allowed is regulated	40%	35%	34%
Distribution, sales, promotion, or use is restricted	31%	29%	22%
Regulation is like any other tobacco product	25%	25%	21%
Restriction of smoking in public places	24%	31%	14%
Changes in regulation are pending	24%	20%	11%
Taxed at lower rate than cigarettes	22%	21%	21%
Distribution, sales, promotion, or use is banned	10%	13%	10%
Are taxed at higher rate than cigarettes	10%	11%	8%
Not taxed at all	10%	11%	12%
Don't Know/Not Sure	22%	24%	25%

Base=familiar with policies, n=552.
 Q150. In your country, which of the following government or regulatory agency decisions have been made concerning the use of tobacco or nicotine containing products? Select as many as apply.

There is little to distinguish physician attitudes toward the availability of different smoking substitutes.

Respondents lacked knowledge and were uncertain on how to assess these products.

Physician opinions

	Electronic nicotine	Heated tobacco	Oral tobacco
Should be taxed and regulated the same as combustible tobacco products	36%	34%	29%
Should be widely available to adults who wish to reduce/quit smoking	31%	24%	30%
Should be available wherever cigarettes are sold	29%	24%	28%
Should be restricted as smoking cessation aids to use in certain patient types or clinical situations (e.g., patients who have failed to quit by other means)	24%	21%	20%
Should be banned altogether	16%	21%	17%
Should be available only through physicians or pharmacists	11%	13%	11%
Don't Know/Need more evidence before deciding	13%	14%	13%

Base = all physicians, n=904.

Q155. In your opinion, how should each of the following types of tobacco or nicotine-containing products be made available as smoking cessation aids, regardless of whether they are currently available in your country?

Disclosure

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