Doctors' Survey: Global results

July 2023

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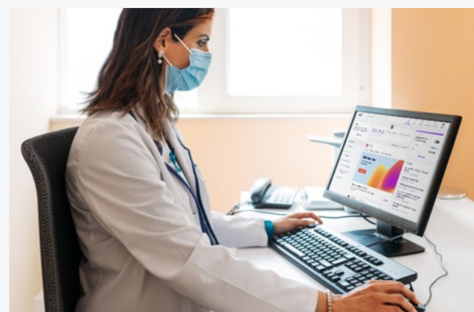
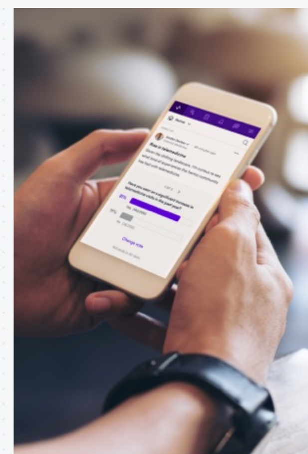
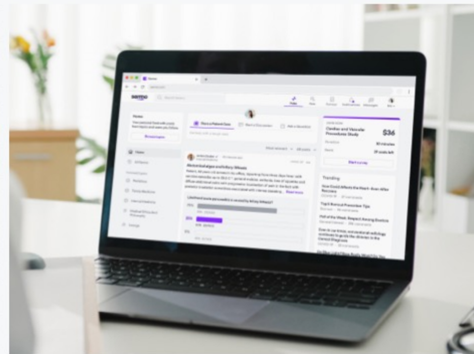

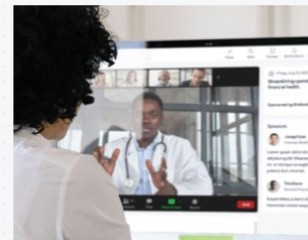

OBJECTIVES

Build a streaming physician insights delivery mechanism that will:

Inform meaningful smoking cessation, harm reduction programs

Develop physician smoking cessation, harm reduction advocates worldwide

Amplify findings and physician expertise

And ultimately, **SAVE LIVES** together

HOW WE DID IT

PHASE 1

Building an expert Advisory Board for continuous insights

PHASE 2

Setting up for success with pre-survey interviews

PHASE 3

Gaining actionable insights via an online survey

PHASE 4

Pressure-testing findings with post-survey interviews

PHASE 5

Making an impact together with educational & communication programs

Executive Summary: Global

Smoking behavior of physicians

- Across the 11 countries surveyed, an average of 22% of physicians were past smokers and 7% are current smokers.
  - The countries with the highest rates of past/current smoking tend to be in Europe.
- In most countries, at least three-fourths of physicians who smoke have attempted to quit.
  - "Cold turkey" is almost always the most prevalent method of smoking reduction/cessation, by far.
  - Unexpectedly and encouragingly, nicotine replacement therapy was reported by 1/3 of physicians as a method of smoking cessation/reduction. They may act as pioneers or ambassadors in championing this method for others
- Long-term health is cited as the primary reason to quit.
- Stress reduction, enjoyment, and habit are the most important obstacles to quitting.
  - Understanding why smoking is enjoyable, finding alternatives to break the physical habit and ways to reduce stress are key

Executive Summary: Global

Training - there is a deep lack of knowledge and training about smoking cessation / harm reduction methods

- On average, ¼ of physicians report never having participated in training about smoking cessation.
    - Lack of opportunity and lack of awareness are the most common reasons for not taking training.
- In nearly all countries, at least 80% of physicians are interested in training about smoking reduction/cessation, though reported interest does not always match real-world participation.
- Curation of both theoretical and practical content is seen as important to driving participation.
    - Effectiveness of different smoking reduction/cessation tools and motivational interview training are seen as the most valuable future topics.

Executive Summary: Global

Belief about nicotine - The level of misconceptions about nicotine is high and widespread

- Even though 78% of physicians at least moderately agreed with the statement that "In adult patients, most harm caused by smoking comes from combustion rather than nicotine itself," when specifically asked, an average of 73% of doctors at least moderately agree that nicotine causes lung, bladder, and head/neck/gastric cancer.

Executive Summary: Global

Discussions with patients

- In all countries a large majority of physicians – ranging from 71% to 94% - agree that helping patients quit smoking is a priority.
- In all countries, physicians report that they are very likely to discuss smoking proactively frequently – either at every visit, every few visits or when appropriate, or depending on urgency of other conditions.
    - Conversations with patients who smoke largely focus on the health benefits of cutting down or quitting, and the health risks of continuing.
- Recommendations for smoking cessation focus on general reduction / cessation rather than specific alternatives
    - On average, effectiveness of smoking reduction/cessation aids exceeds 50% for nearly all methods. Support, clinics, medication, counseling / therapy, and OTC nicotine are seen as most effective (over 75%).
    - GABs are encouraged by electronic nicotine delivery systems as a recommended method of smoking reduction/cessation but point to need for further data to substantiate its effectiveness and need for guidelines.
- GAB notes that doctors' own misconceptions about nicotine limit their ability to accurately educate their patients on the fact that they can get their nicotine without risking lung cancer.

Executive Summary: The training and education physicians need

The messaging – fight misconception of nicotine

- Nicotine is not the cause of smoking-related health conditions

The messaging – combustion-free

- Raise awareness of combustion-free smoking alternatives

The content – mixed methods, both theoretical and practical

- Provide support to physicians / clinicians on practical ways they can support their patients in smoking cessation

Research design

Research Design (Phase 3 and 4)

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.

PHASE 3

- Sermo conducted 15,335 online quantitative interviews of physicians in 11 countries: • China (CHN) • Germany (DEU) • United Kingdom (GBR) • Greece (GRC) • Indonesia (IDN) • India (IND) • Israel (ISR) • Italy (ITA) • Japan (JPN) • USA (USA) • South Africa (ZAF).
- Quantitative interviews were conducted from February 2022 to June 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 • At least 5% of their patients smoke.
- Sample consisted of physicians in the following specialties: • Family/General Practice • Internal Medicine • Cardiology • Pulmonology • Oncology • Psychiatry.
- See more demographic detail on slide 57

PHASE 4

- Post survey qualitative interviews conducted in October 2022 with 4 GAB members and in February – March 2023 with 18 NAB across countries surveyed in Phase 3
  - See more detailed profiles on final slides
  - NAB interviews were with physicians in the following specialties: Family/General Practice • Internal Medicine • Cardiology • Pulmonology • Oncology • Psychiatry.
  - Note: Interviews occurred prior to changes in Phase 3 quantitative reporting so commentary recorded was based on original data

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Research Design (Weighting and Data Presentation)

Approach to Weighting

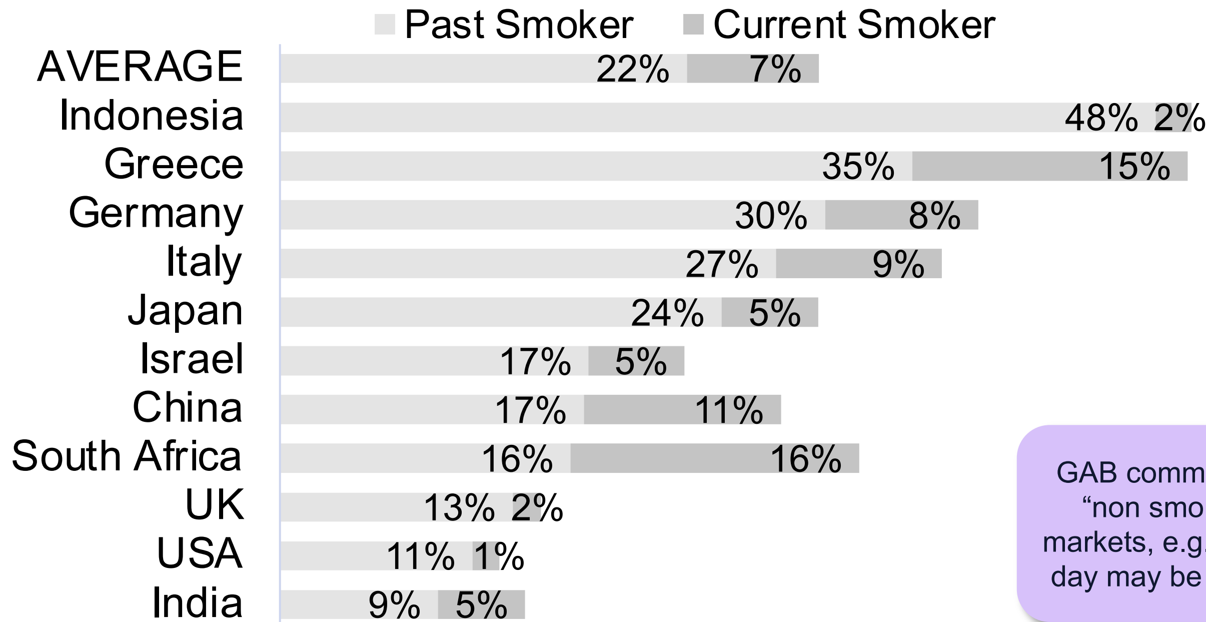
- Data were weighted within each country to represent the population of physicians with respect to…
  - Age
  - Gender
  - Specialty
- Weighting targets were based on data from WHO and OECD
- Weighted sample sizes and demographics can be found in the Appendix.

Data Presentation in this Report

- Results presented for each country are weighted
- Results listed as “AVERAGE” or “AVG” are computed as the arithmetic average of weighted results for the 11 countries studied.

Smoking-related behavior

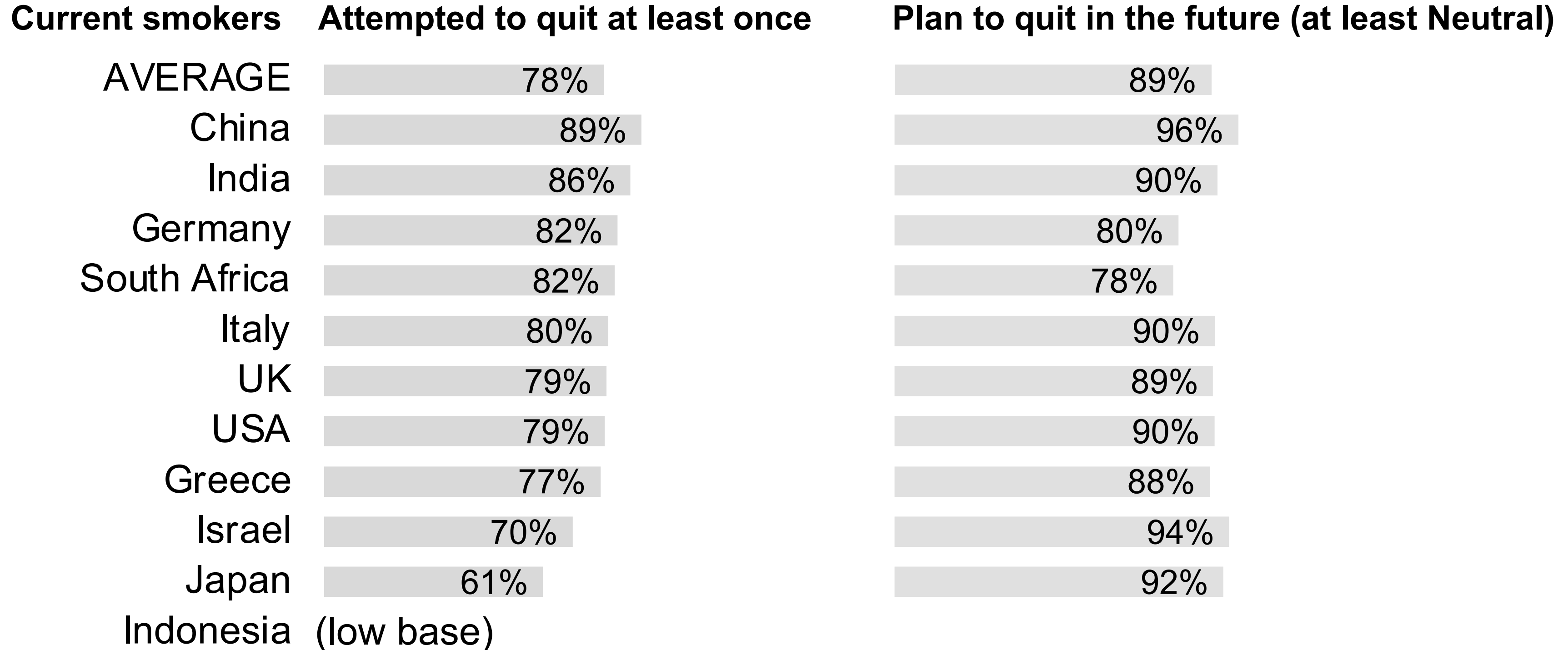
Past smoking is more prevalent than current smoking, usually by a considerable margin. The countries with the highest rates of past/current smoking tend to be in Europe.



GAB comments that the definition of "non smoking" may differ across markets, e.g. smoking 2-3 cigarettes a day may be considered non-smoking

Base = all physicians.
S13. Which of the following best characterizes your own tobacco smoking habits?
Non-Smoker defined as never having smoked at all or has smoked <100 cigarettes (5 packs), cigars, or other combustible products in his/her lifetime.

In most countries, at least 3/4 of physicians who smoke have attempted to quit. Among current smokers, plans to quit in the future are widespread.



Base = Current smoker.
Q20. Approximately how many times, if any, have you attempted to quit? Q40. Select the number that best reflects your level of agreement. I plan to quit smoking in the future. 1=Disagree Completely, 4=Neutral, 7=Agree Completely. Results for the top-4 categories are shown.

"Cold Turkey" is almost always the most prevalent method of smoking reduction/cessation. Typically, no other method even approaches its popularity.

Smoking reduction/cessation methods used by physicians

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Cold turkey (suddenly quitting with no other help)	70%	58%	83%	76%	79%	53%	64%	83%	69%	66%	79%	60%
Over-the-Counter nicotine replacement therapy	38%	49%	30%	32%	23%	52%	50%	28%	29%	30%	37%	55%
Social or family support	37%	61%	27%	35%	18%	72%	56%	29%	26%	19%	37%	31%
Electronic nicotine delivery system	26%	36%	15%	20%	24%	17%	39%	18%	34%		20%	35%
Prescription medication for smoking cessation	21%	33%	14%	8%	13%	16%	42%	16%	18%	12%	25%	37%
Chewing/sucking/dipping tobacco	21%	38%	13%	14%	9%	22%	45%	18%	21%	10%	18%	22%
Psychological/Psychiatric counseling / therapy	20%	45%	11%	10%	12%	33%	44%	12%	17%	7%	16%	11%
Alternative therapy	18%	37%	18%	12%	13%	11%	35%	12%	18%	4%	15%	22%
Referral to smoking cessation clinics	18%	37%	8%	14%	8%	20%	38%	16%	18%	11%	12%	13%
Heated tobacco products	15%	29%	11%	5%	23%	13%		10%	26%	14%	9%	15%
Withdrawal App	10%	22%	9%	3%	6%	8%	30%	7%	13%	6%	4%	3%

Base = attempted to quit at least once.
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?

NRTs as a primary method for smoking cessation was unexpected and encouraging

- GAB were encouraged to see 37% using NRT as the primary method for smoking cessation and believe these physicians could be “pioneers” or “ambassadors” in championing this method for others
- Furthermore, GABs observed that the figures for cold turkey were high
  - Advised better understanding of the country specific reasons behind the popularity of cold turkey
  - GAB posits this could be attributed to physicians being unfamiliar with alternative methods for smoking cessation or harm reduction and alternative forms of nicotine which suggests that physician education on other approaches with higher success rates is required
- GAB members observed the use of electronic cigarette and heat-not-burn products by Chinese and Indonesian physicians as cessation methods, in countries where such products are difficult to access
  - For example, utilization of heated tobacco products for smoking cessation by 29% of surveyed Chinese physicians was observed

“This strikes me as a huge starting point… if somehow we could tap into the physicians who have used electronic nicotine delivery systems to quit smoking, they should be super users or pioneers. And if we could find some way of… using them as ambassadors, I think that would be brilliant.”

Long-term health is by far the most important reason why physicians quit smoking.

Reasons why physicians decide to quit smoking

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
I was concerned about long-term health implications	72%	76%	74%	81%	84%	73%	60%	92%	68%	52%	72%	65%
My family/friends encouraged me to quit	42%	55%	30%	43%	33%	73%	49%	35%	40%	31%	41%	33%
Concern about other symptoms related to smoking	38%	52%	36%	29%	38%	50%	47%	40%	37%	24%	34%	35%
Concern about secondhand smoke to my friends/family	33%	59%	22%	26%	29%	48%	38%	22%	30%	34%	29%	26%
I felt my patients would be less receptive to my advice about smoking cessation if they knew I was a smoker	31%	37%	22%	30%	28%	34%	43%	27%	27%	21%	34%	40%
I was embarrassed about my patients or colleagues knowing that I smoked	30%	30%	23%	38%	18%	42%	41%	28%	24%	12%	40%	31%
I was concerned that smoking would make me look older / impair my appearance	24%	34%	23%	26%	15%	34%	35%	23%	19%	12%	27%	20%
Smoking costs too much	24%	22%	30%	31%	10%	31%	27%	13%	17%	19%	31%	39%
I have comorbidities which put me at risk for smoking-related illness	21%	31%	17%	16%	14%	17%	33%	17%	20%	24%	17%	20%
My work / employer required a smoke-free environment	20%	41%	11%	9%	9%	43%	28%	5%	21%	21%	13%	22%
My own doctor encouraged me to quit	12%	22%	5%	9%	3%	12%	27%	9%	9%	5%	14%	16%

Base = attempted to quit at least once.
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 stress-reducing effect of smoking is often cited as a barrier to quitting. Enjoyment and habit formation are also important obstacles.

Barriers preventing physicians from quitting

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Smoking is a habit	48%	51%	53%	50%	50%	29%	49%	50%	42%	49%	48%	58%
Smoking helps reduce stress	47%	64%	45%	45%	37%	43%	47%	49%	49%	43%	45%	54%
I enjoy smoking	46%	31%	51%	64%	54%	19%	44%	71%	54%	26%	54%	42%
Craving/physical addiction	39%	39%	36%	37%	59%	18%	37%	27%	41%	31%	44%	58%
Too hard to quit	31%	33%	42%	25%	27%	25%	41%	37%	18%	23%	28%	46%
Lack of motivation	30%	34%	33%	33%	13%	25%	39%	40%	29%	13%	30%	42%
Am generally healthy: no lung, heart, metabolic conditions	25%	31%	27%	25%	19%	33%	31%	20%	30%	12%	31%	16%
Concern about gaining weight	16%	14%	24%	13%	17%	8%	19%	20%	13%	12%	18%	13%
Concern about feeling worse after quitting	14%	18%	14%	5%	7%	22%	22%	18%	11%	8%	9%	20%
Peer pressure	13%	18%	6%	21%	2%	9%	31%	21%	5%	4%	18%	8%
Friends/family not supportive	7%	10%	7%	6%	2%	11%	14%	6%	6%	4%	5%	8%
Smoking cessation products are too expensive	7%	12%	6%	5%	0%	7%	13%	2%	5%	6%	7%	12%

Base = current or past smokers.
Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

Only a minority of physicians have used alternatives to smoking (for reasons other than reduction/cessation).

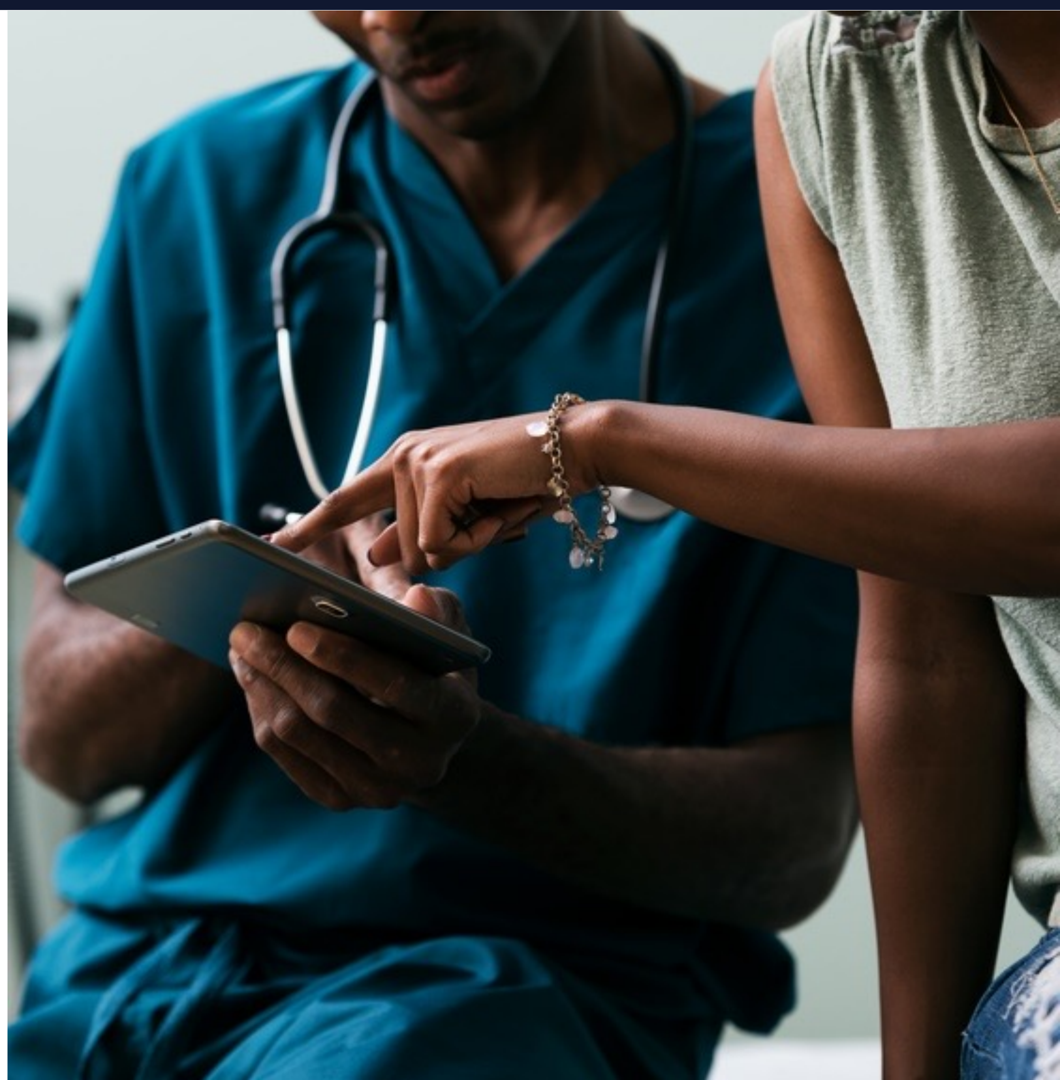
Physician use of alternatives to smoking

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Electronic nicotine delivery system	14%	17%	17%	12%	14%	16%	11%	9%	18%		10%	11%
Chewing/sucking/dipping forms of tobacco products	10%	15%	21%	8%	2%	15%	13%	4%	13%	6%	10%	4%
Heated tobacco products	9%	14%	13%	5%	14%	9%		5%	15%	11%	5%	4%

GAB comments that use of smoking alternatives is higher than expected, and these numbers may include recreational vapers versus ex smokers

Base = all physicians.
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)?

Training



Training on smoking reduction / cessation is not pervasive – ¼ of physicians report never having participated

Training on smoking reduction/cessation

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
After Medical School	40%	50%	44%	53%	32%	50%	28%	29%	37%	38%	51%	25%
Self-Trained	37%	36%	28%	45%	19%	41%	33%	25%	40%	42%	49%	46%
During Medical school	31%	29%	29%	36%	19%	46%	39%	13%	23%	19%	48%	40%
At a chelation unit	4%	3%	3%	2%	10%	0%		2%	5%	3%	2%	0%
I have never participated in a smoking reduction/cessation training class or program or self-trained	25%	22%	30%	17%	41%	19%	22%	43%	30%	27%	15%	9%

Base = all physicians.
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.

Lack of opportunity and lack of awareness are the most common reasons for not taking training

Reasons for not taking training

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Not given the opportunity to participate/not offered as coursework in medical school or after	43%	39%	40%	58%	70%	23%	25%	54%	58%	35%	52%	23%
Not aware of training opportunities	40%	49%	36%	53%	26%	52%	48%	28%	31%	42%	53%	24%
Too busy	27%	26%	36%	31%	26%	55%	28%	28%	12%	29%	24%	5%
Employer didn't offer or mandate training	25%	35%	24%	53%	10%	5%	14%	37%	34%	30%	30%	5%
Not my main clinical areas of interest	22%	25%	26%	29%	24%	25%	13%	22%	15%	17%	18%	31%
Not a priority in my practice	22%	34%	25%	19%	21%	16%	17%	26%	24%	26%	15%	22%
I have my own approach to helping patients quit smoking	17%	14%	19%	12%	14%	16%	27%	16%	17%	6%	23%	24%
Wasn't offered Continuing Education Credits for participating	13%	13%	7%	19%	3%	0%	13%	6%	19%		23%	11%
Specific training isn't necessary	13%	10%	17%	14%	7%	8%	7%	12%	16%	8%	17%	23%
Office staff has been trained	4%	3%	2%	12%	1%	0%	3%	3%	2%	2%	6%	0%

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

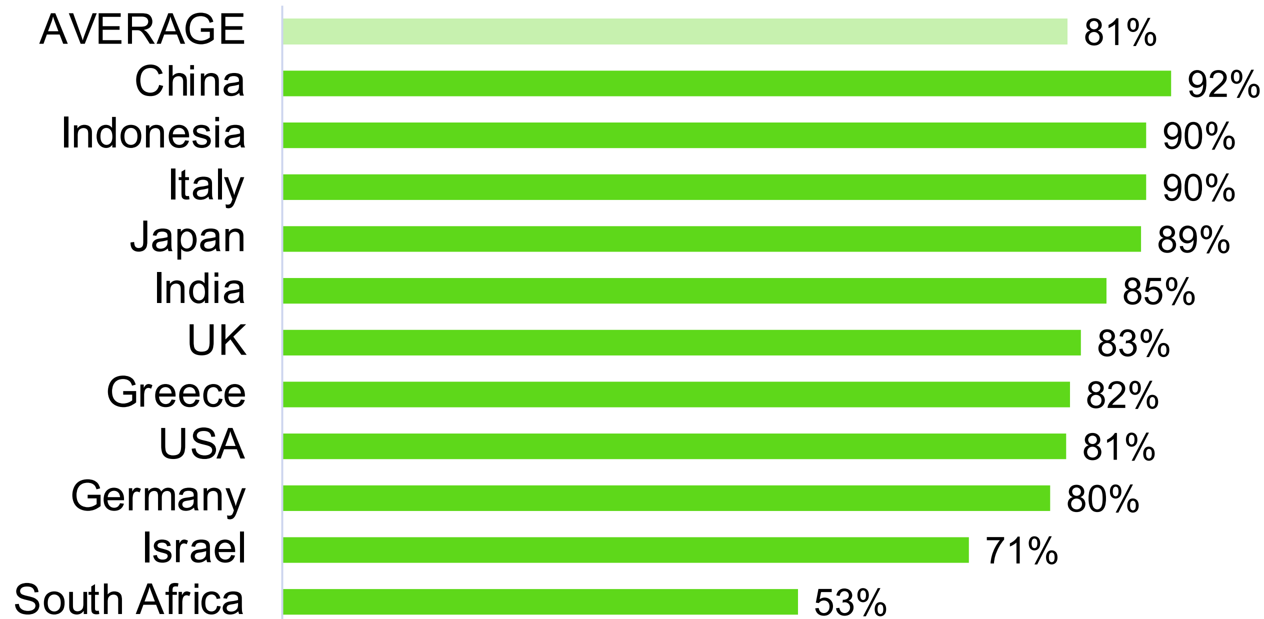
GAB were unsurprised but nonetheless disappointed to see low numbers trained

- GAB were unsurprised but disappointed to see 25% never having participated in a smoking cessation training and supported more training
  - Some believe smoking cessation training would ideally be delivered as part of medical school curriculum and residency programmes
  - Some GAB believe that physicians working in general practice, cardiology and pulmonology should have further training because it is most relevant to their caseloads and it is critical that doctors have the knowledge to advise smokers how to quit successfully
  - Some believe that training would ideally be mandatory for all employees
- Effectiveness of that training is yet another matter
  - 91% of South African doctors report having received training, yet 16% of them are current smokers (the highest rate of current smokers according to the data), so effectiveness of training needs improvement

"We're talking about a five-year medical school programme, at least in the UK, yet they can't get one lecture on it?"

"Maybe this is why they all are misinformed about nicotine. We're talking about the single largest cause of preventable death."

In nearly all countries, a large majority of physicians are interested in training about smoking reduction/cessation.



Base = all physicians.
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. Results for the top-4 categories are shown.

GAB comment that reported interest in training does not always match participation, and curation of content is important to driving participation

- 81% of the respondents reported interest in training
  - This is a higher than expected figure based on GABs' observation that training programs are offered (free) and not well-attended by physicians, nurses and administrative staff
  - 54% in South Africa seems reasonable and reflects the interest in training seen
- The data show that topics of interest and a successful approach would utilize mixed methods. It would include both theory and practical: teaching of the science and principles of smoking cessation and provide practical support to clinicians to help their patients
  - Risks of smoking and specifics about quitting are seen as most valuable for training, in particular effectiveness of different smoking reduction/cessation tools and methods and patient motivation
  - Record-keeping, and marginal changes in behavior, are seen as less valuable training topics

"When I try to invite them for a talk on this subject, with a free dinner & wine, they don't show up. So, I think there is a huge difference between what people say that they're interested in doing on a survey and what they actually do in real life."

Several topics related to the risks of smoking, and specifics about quitting, are seen as most valuable for training. Average perceived value is at least 80% for all subjects.

Value of training topics (at least Moderately Valuable)

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Explain the various methods available to help the patient reduce/quit smoking	92%	76%	94%	93%	93%	96%	93%	89%	92%	93%	94%	96%
Discuss health risks related to continued smoking	90%	78%	88%	90%	95%	97%	93%	82%	90%	93%	90%	99%
Assist the patient to develop a plan to quit	90%	76%	94%	91%	92%	92%	93%	83%	93%	92%	93%	93%
Motivational Interview	90%	72%	92%	90%	93%	95%	92%	85%	88%	93%	91%	95%
Ask how much the patient smokes and for how long	87%	72%	86%	86%	92%	93%	90%	84%	82%	91%	87%	91%
Recommend cutting down on the number of cigarettes/ tobacco products smoked	84%	72%	79%	81%	84%	91%	90%	77%	81%	90%	85%	96%
Record smoking status on the patient chart or record	83%	68%	79%	81%	88%	90%	88%	82%	81%	90%	84%	85%
Discuss alterative tobacco or nicotine sources other than smoking tobacco	81%	63%	81%	89%	74%	77%	84%	73%	84%	86%	82%	91%

Base = items covered and recalled. 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. 1=Not at all Valuable, 4=Moderately Valuable, 7=Extremely Valuable. Results for the top-4 categories are shown.

Physicians are most interested in training about future-oriented subjects: effectiveness of different smoking reduction/cessation tools and methods and patient motivation.

Top-3 training subjects of interest

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Effectiveness of different smoking reduction/cessation tools or methods	58%	53%	66%	69%	65%	35%	55%	71%	58%	44%	71%	53%
Motivational interview training to encourage patients to quit	47%	55%	55%	52%	46%	31%	54%	60%	43%	39%	49%	37%
Pros and cons of heat-not-burn/ IQOS products or electronic nicotine delivery systems/e-cigarettes to help with smoking reduction / cessation	41%	32%	49%	45%	55%	36%	31%	35%	52%	34%	37%	40%
Understanding clinical data on tobacco- or nicotine-containing products that may reduce risks associated with smoking combustible tobacco products	36%	37%	28%	34%	35%	42%	41%	31%	34%	31%	41%	45%
Relative harm directly caused by smoke, tar, additives, nicotine, and other components of smoking	35%	41%	29%	28%	24%	60%	35%	26%	38%	33%	29%	48%
Review of guidelines on smoking reduction/cessation	34%	28%	30%	35%	50%	22%	29%	42%	26%	50%	38%	25%
Review of government or regulatory policy on smoking reduction/cessation	15%	22%	10%	12%	5%	26%	23%	12%	13%	17%	8%	20%
Review of government or regulatory policy on use of nicotine-containing products	14%	15%	10%	11%	3%	25%	23%	8%	13%	15%	9%	20%

Base = interested in training.
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.

GAB comment that the concept of harm reduction is critical yet poorly understood, and education will be key to progress

- Physicians evidently have a poor understanding of what harm reduction means reflecting the lack of training they've received
  - Despite being specialists in their areas, basic science is misunderstood, as reflected by Italian oncologists (23% of the Italian sample in total) who mistakenly think nicotine causes lung cancer [*67% of Italian oncologists believe this*] and Italian cardiologists (30% of the Italian sample) who wrongly think nicotine causes atherosclerosis [*75% of Italian cardiologists believe this*].
  - This may reflect the cursory training they've received in smoking and harm
- Education on harm reduction issue is key to progress

Respondents across the globe acknowledge a deficit in education on harm reduction and smoking cessation – for example:

Training on smoking cessation lacking – low/no awareness of CPD courses; very low awareness of public policy and local or international professional guidelines

As reflected in South Africa doctors having lowest interest in training amongst countries surveyed, NAB comments that the results may reflect lack of time and reliance on physicians undergoing self study

Specialists, even more than PCPs, lack time to help and support patients with smoking cessation journey – they need to focus on treating the primary diagnosis; referring patients who smoke to a multi-disciplinary cessation clinic or qualified councillor, was suggested as a preferable option

Much work has to be done in terms of physician education

The NAB respondents were surprised by their own lack of knowledge on smoking cessation, although both practice it

Few physicians understand the concept of harm reduction or modified risk in alliance with smoking – education is absolutely critical

Some positive steps have been taken both by enforcement by the Government and from education of consumers, who are increasingly more open to quitting

Critical to provide patients with a solid understanding of the risks involved in smoking

Few physicians understand the concept of harm reduction or modified risk in alliance with smoking

HCPs need to collaborate with the government to deliver the message to patients about the risks associated with smoking and why it is important to give up

To achieve this, HCPs need to upskill and receive training and it needs to be prioritised across all key **stakeholders:** physician societies, British Cardiac Society, British Diabetes Society [European Society of Preventive Cardiology, European Society of Cardiology]

National campaigns on smoking also need to be run, to increase awareness at all levels across all different **platforms**: any social media, TV advertisement or video

China's smoking cessation clinic lack of systematic training: physicians (especially non-smokers) are unfamiliar with the harmful components of tobacco and how to set up detailed smoking cessation plans. There is also not enough time for follow-up. Smoking cessation is still according to traditional methods, and there is a lack of knowledge about new products.

The government does not pay enough attention to the issue of smoking cessation. They only focus on banning smoking in indoor places and do not publicize other smoking cessation measures.

More measures are needed e.g. public education, promote smoking guidelines to physicians, provide brochures about smoking cessation in hospitals, which can include the hazards of combustion, the cost-effectiveness of different smoking cessation methods, and ways to seek smoking cessation assistance

Beliefs about nicotine

Beliefs about nicotine as a direct cause of specific smoking-related ailments vary widely across countries – highest for Atherosclerosis, Lung Cancer, and COPD. Belief in the harm of combustion vs nicotine also varies across countries.

Agreement with statements about nicotine (at least Moderately Agree)

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
In the adult patient, most harm caused by smoking comes from combustion rather than nicotine by itself	78%	65%	84%	81%	79%	92%	84%	60%	86%	78%	72%	77%
Nicotine Average across 6 conditions	74%	86%	78%	60%	64%	91%	81%	68%	70%	85%	70%	62%
Nicotine causes Atherosclerosis	78%	92%	83%	65%	74%	89%	87%	71%	76%	89%	75%	57%
Nicotine causes Lung cancer	77%	91%	77%	60%	65%	97%	88%	69%	67%	88%	67%	82%
Nicotine causes COPD	76%	92%	78%	59%	64%	92%	86%	66%	69%	88%	66%	81%
Nicotine causes Birth defects	72%	80%	80%	61%	59%	89%	75%	68%	77%	71%	72%	62%
Nicotine causes Head/neck/gastric cancers	71%	82%	78%	59%	61%	90%	78%	65%	64%	87%	69%	51%
Nicotine causes Bladder cancer	69%	78%	74%	56%	63%	87%	71%	69%	69%	85%	69%	42%

Base = all physicians. 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. Results for the top-4 categories are shown.

Belief that nicotine causes lung cancer is a *critical* misunderstanding

- There is a false belief amongst doctors, even oncologists, that nicotine causes lung cancer. The knowledge that burning nicotine causes the most harm is understood by the NABs but is not believed to be widespread in society and even amongst treating physicians
  - Misunderstanding extends across different cultures: Europeans, Chinese, Indonesians, Japanese, South Africans, Israelis, Indonesians, US
  - 67% of Italian doctors believed this despite the fact that 23% of the Italian sample are oncologists [*67% of Italian oncologists believe this*].
  - ‘Light’ cigarettes mistakenly believed to be less harmful (Japan)
- Furthermore, these wrong beliefs are highly ingrained
  - It is not new data because the literature has long documented that nicotine doesn’t cause cancer
- Education is needed
  - New curriculum in medical schools
  - Sponsor educational gatherings for medical students

There is a clear need for education around nicotine and importantly, the different available non-combustible products

- Respondents believe education around nicotine and the *different available non-combustible products* should be communicated more clearly to both physicians and the general public i.e. that nicotine can be consumed in a less harmful way if not combusted
- However, changing the market society's perception of nicotine not only requires better education on the risks and dangers of nicotine consumption through combustion but also needs tight regulation of companies producing nicotine products to limit misconceptions around nicotine

"I think people should just make it known and also make the public know that it's more the combustion rather than the nicotine." [US]

"[We could have a] commercial which should say, 'It's not the nicotine causes this. It's the combustion and the tar in a cigarette. Don't smoke. Chew nicotine gum so you get your nicotine fix, but you don't get your tar and everything else." [US]

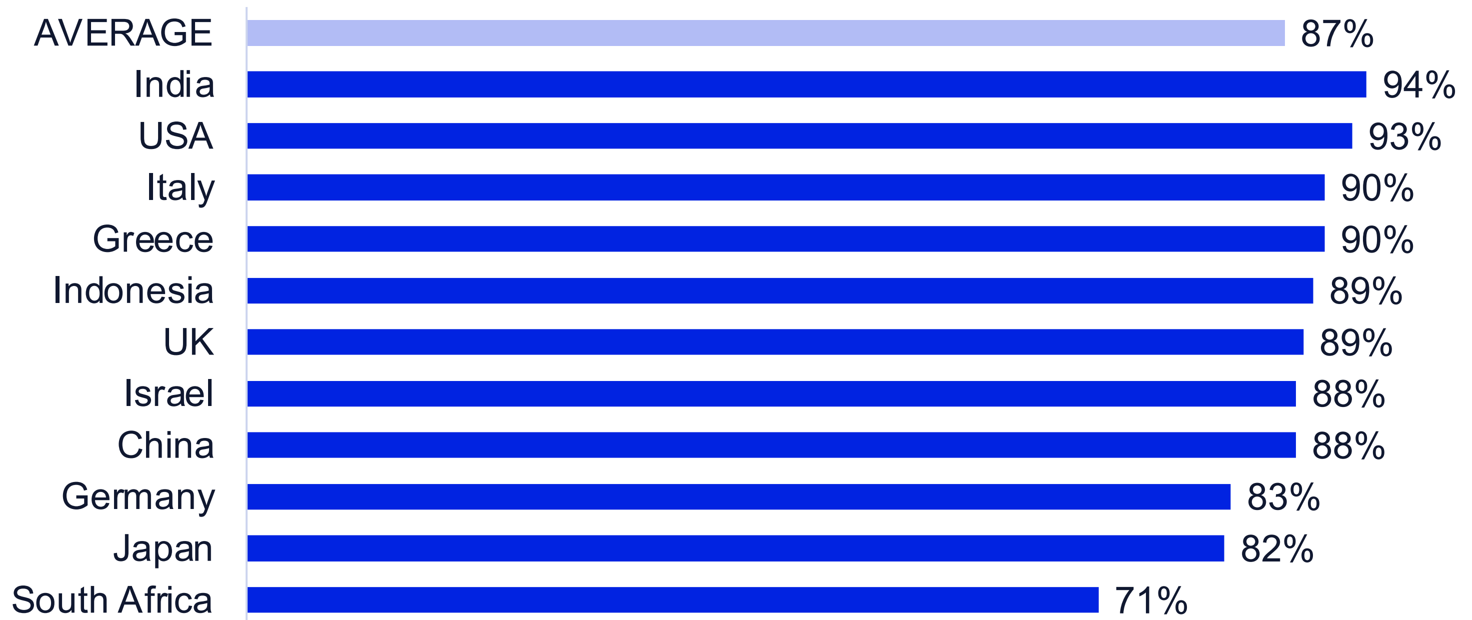
"The problem with nicotine is that it's addictive… and other things such as tar can cause more damage." (ZAF Specialist)

However, NAB respondents think it is misleading to suggest that nicotine causes no harm at all

- NABs understand that most harm is caused by burning the tar and material in the cigarette, but they also believe the following is important:
  - (i) nicotine is addictive and therefore increases dependence on nicotine-containing products
  - (ii) there have been recent reports of severe lung damage in people who vape and some NABs are less likely to recommend vaping now
  - (iii) nicotine increases blood pressure

Discussions with patients

In most countries, a large majority of physicians agrees that helping patients quit smoking is a priority.



Base = all physicians.
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.

GAB comment that data is encouraging, reflecting supporting patients to quit smoking is a priority for physicians

- GABs were encouraged to see a high percentage of physicians (87%) reporting that ‘**helping patients to quit is a priority**’
  - However, GAB notes that it is to be determined whether this is an aspirational priority or if it is actually reflected in practice
  - Surprisingly, Indian doctors have very high interest supporting smokers quit although smokeless use is already highly prevalent in India
  - In Italy, GAB expressed surprise at the high proportion of physicians indicating that ‘helping patients to quit is a priority’ given Italian doctors are considered to be very busy and have priorities other than helping with smoking cessation
- To raise the priority in those markets such as South Africa and Japan, a systemic approach may be needed e.g., driven by the medical profession or the specialist organisations for it to filter down to the individual doctors

"It’s fantastic, the figures, that it’s a priority for a great part of the physician population."

Note: Interviews occurred prior to changes in reporting so commentary recorded was based on original data

In all countries, physicians report that they are very likely to discuss smoking proactively at every visit, every few visits or when appropriate, or depending on urgency of other conditions

Frequency of discussing smoking reduction/cessation with patients who smoke

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Periodically (every few visits or when appropriate to do so)	32%	24%	35%	38%	32%	24%	27%	40%	28%	42%	30%	27%
It depends on patients other conditions or urgency level of treating other conditions	30%	34%	38%	32%	28%	28%	26%	29%	29%	17%	24%	44%
At every visit	24%	31%	13%	21%	32%	19%	35%	23%	32%	17%	41%	4%
Only when they raise it with me	7%	5%	6%	4%	3%	16%	6%	2%	4%	14%	2%	14%
Just once: then its up to the patient to carry through	5%	3%	6%	4%	4%	8%	4%	5%	4%	7%	2%	11%
Typically, no one in my office ever discusses smoking reduction/cessation with patients	1%	2%	1%	0%	0%	2%	1%	0%	0%	2%	1%	0%
Typically, I do not personally discuss smoking cessation with patients who smoke: nursing or other staff discusses this with relevant patients	1%	1%	1%	2%	0%	2%	1%	0%	1%	0%	1%	0%

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

Physicians typically discuss many smoking-related subjects with their patients; the health risks of smoking and the health benefits of quitting are the most frequently discussed subjects.

Discussion/action with patients who smoke

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Discuss health risks related to continued smoking	73%	63%	71%	78%	87%	63%	80%	73%	71%	67%	74%	78%
Discuss health benefits of quitting to the patient	73%	63%	68%	79%	86%	65%	78%	70%	68%	65%	74%	80%
Ask how much the patient smokes and for how long	66%	56%	67%	73%	77%	59%	71%	67%	62%	54%	72%	64%
Assess importance of quitting to the patient	65%	58%	61%	64%	76%	65%	67%	64%	53%	61%	69%	71%
Record smoking status on the patient chart or record	60%	54%	65%	77%	69%	52%	60%	53%	52%	51%	70%	55%
Explain the various methods available to help the patient reduce/quit smoking	59%	52%	58%	68%	63%	51%	72%	63%	51%	51%	70%	56%
Recommend cutting down on the amount of smokable tobacco products used	56%	47%	48%	62%	59%	60%	71%	44%	44%	40%	65%	74%
Advise the patient to quit smoking rather than gradually reduce	54%	53%	57%	48%	66%	66%	59%	53%	53%	51%	48%	35%
Assist the patient to develop a plan to quit	48%	48%	58%	43%	52%	37%	67%	45%	36%	42%	63%	40%
Assess challenges to quitting use of smokable tobacco	46%	39%	42%	49%	39%	42%	60%	43%	42%	33%	56%	62%
Assess interest in trying a specific resource/product	46%	41%	37%	56%	48%	37%	60%	35%	43%	32%	64%	54%
Ask about patients current use of tobacco or nicotine-containing products other than combustible tobacco products.	45%	42%	37%	51%	56%	36%	67%	32%	49%	33%	56%	36%
Discuss smoking at every visit	37%	36%	29%	30%	47%	39%	56%	34%	34%	38%	51%	10%

Base = all physicians.
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?

Recommended methods vary by country, but physicians tend to focus on general cessation rather than specific alternatives to smoking.

Recommended methods of smoking reduction/cessation

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Over-the-Counter nicotine replacement therapy	55%	41%	64%	71%	52%	43%	66%	44%	35%	50%	81%	55%
Social or family support	53%	69%	52%	38%	42%	60%	86%	58%	40%	30%	54%	49%
Prescription medication for smoking cessation	49%	36%	37%	55%	42%	19%	60%	69%	37%	41%	81%	66%
Referral to smoking cessation clinics	46%	55%	31%	80%	60%	21%		69%	38%	49%	40%	19%
Psychological/Psychiatric counseling / therapy	43%	56%	45%	30%	46%	38%	81%	35%	45%	28%	40%	26%
Cold turkey (Suddenly quitting with no other help)	30%	18%	42%	16%	39%	32%	29%	31%	38%	32%	35%	17%
Alternative therapy	25%	40%	42%	16%	23%	23%	32%	19%	30%	9%	29%	17%
Chewing/sucking/dipping forms of tobacco products	22%	26%	20%	32%	3%	10%	44%	21%	22%	13%	23%	29%
Electronic nicotine delivery system/e-cigarettes	21%	26%	17%	35%	20%	13%	22%	7%	35%		19%	19%
Withdrawal App	17%	22%	33%	10%	6%	9%	26%	24%	12%	24%	12%	13%
Heated tobacco products	13%	20%	13%	8%	29%	9%		5%	27%	11%	7%	4%

Base = all physicians.
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.

GABS are encouraged by electronic nicotine delivery systems as a recommended method of smoking reduction/cessation

- GAB are encouraged to see that 21% of physicians recommending electronic nicotine delivery systems as method of smoking reduction / cession
  - However, they point to the need for patient data to understand the impact of that physician advice in actually encouraging smoking reduction or cessation
  - They also point to a need for more data to support guidelines for vape use

"If 20% of smoking patients are actually trying vaping, I would hope that those patients would be then coming back and saying, 'Yes, I quit smoking. No big deal. It was easy.' So, maybe that would snowball."

"We have almost no data on how to use vaping effectively as a way to get people to quit smoking. We don't have a best practice guideline for this."

Reservations were expressed by some GABs and NABs with the safety of e-cigarettes and electronic delivery systems

There is no information from studies about the safety of electronic cigarettes, and physicians would like to get information from studies about it.

Respondents expressed concern about the use of e-cigarettes, mainly because they feel the effect of these devices have not been fully researched, and their safety have not been proven

Israeli ministry of Health sent messages to all doctors not to recommend them to patients as a substitute for smoking because they may be harmful (physicians do not know why but this has prevented wider use)

The habit of smoking is not broken with an e-cigarette - the pleasurable habit of smoking is continued (unlike for nicotine gum, for example)

Some physicians believe there are health issues associated with e-cigarettes and electronic nicotine delivery systems which makes them reluctant to recommend them

E.g. awareness of cases of lung injury

E.g. some studies suggest that e-cigarettes are also harmful (albeit less than normal cigarettes)

E.g. ENDS: some believe they cause atherosclerosis and coronary artery spasms

Concerns that some manufacturers (e.g. in China) will use poor quality, cheap ‘essence’ to improve the taste without increasing the cost, which they are concerned will cause more health problems

On average, perceived effectiveness of smoking reduction/cessation aids exceeds 50% for nearly all methods. Support, clinics, medication, counseling / therapy, and OTC nicotine are seen as most effective (over 75%).

Effectiveness of smoking reduction/cessation aids (at least Moderately Effective)

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Social or family support	82%	73%	88%	77%	79%	90%	94%	81%	82%	84%	79%	74%
Prescription medication for smoking cessation	81%	66%	74%	90%	76%	67%	86%	88%	77%	86%	94%	91%
Referral to smoking cessation clinics	81%	74%	78%	94%	84%	80%		88%	78%	91%	78%	68%
Psychological/Psychiatric counseling / therapy	79%	70%	86%	75%	82%	84%	93%	70%	83%	84%	76%	68%
Over-the-Counter nicotine replacement therapy	77%	61%	77%	86%	70%	71%	83%	67%	70%	85%	89%	85%
Cold turkey (Suddenly quitting with no other help)	57%	44%	70%	42%	65%	80%	54%	47%	66%	71%	54%	35%
Alternative therapy	57%	62%	67%	48%	50%	69%	55%	48%	66%	60%	53%	46%
Chewing/sucking/dipping forms of tobacco products	54%	57%	52%	56%	26%	51%	71%	51%	64%	65%	45%	59%
Electronic nicotine delivery system/e-cigarettes or other vaping devices	54%	55%	55%	76%	52%	43%	50%	39%	74%		54%	43%
Withdrawal App	52%	52%	63%	45%	40%	57%	53%	52%	57%	75%	45%	31%
Heated tobacco products	47%	51%	50%	48%	56%	41%		34%	67%	60%	41%	24%

Base = all physicians. 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. Results for the top-4 categories are shown.

Key results by smoking status

In some countries, Current Smokers are less likely than Nonsmokers or Past Smokers to have participated in training. There is generally not much of a training gap between Nonsmokers and Past Smokers.

I have never participated in a smoking reduction/cessation training class or program or self-trained

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Non-Smoker	25%	22%	27%	16%	40%	30%	22%	42%	29%	28%	14%	8%
Past Smoker	24%	21%	33%	24%	40%	7%	16%	46%	26%	23%	17%	12%
Current Smoker	30%	20%	42%		46%		17%		46%		26%	15%
Total	25%	22%	30%	17%	41%	19%	22%	43%	30%	27%	15%	9%

Base = all physicians. Blank cells indicate low sample size (n<50).
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.

Prioritization of smoking reduction/cessation generally does not vary substantially with smoking status.

Helping patients to quit smoking is a priority for me (at least Moderately Agree)

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Non-Smoker	87%	88%	85%	89%	93%	86%	94%	88%	92%	81%	93%	72%
Past Smoker	88%	89%	81%	86%	91%	92%	92%	89%	89%	84%	91%	80%
Current Smoker	79%	87%	68%		82%		91%		81%		86%	61%
Total	87%	88%	83%	89%	90%	89%	94%	88%	90%	82%	93%	71%

Base = all physicians. Blank cells indicate low sample size (n<50).
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.

In most countries, Nonsmokers are less likely to recommend cold turkey than Past Smokers. Compared to Current Smokers, Nonsmokers are generally more likely to recommend OTC nicotine, social/family support, prescription medication, and counseling; and generally less likely to recommend electronic nicotine.

Recommended methods of smoking reduction/cessation: Nonsmokers

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Over-the-Counter nicotine replacement therapy	55%	39%	68%	71%	52%	38%	66%	44%	37%	50%	82%	57%
Social or family support	53%	71%	56%	38%	46%	52%	88%	56%	42%	33%	55%	46%
Prescription medication for smoking cessation	50%	37%	36%	55%	39%	15%	61%	73%	39%	41%	82%	71%
Referral to smoking cessation clinics	47%	57%	33%	80%	64%	16%		70%	41%	51%	41%	15%
Psychological/Psychiatric counseling / therapy	43%	57%	48%	31%	47%	35%	84%	34%	46%	29%	41%	24%
Cold turkey (Suddenly quitting with no other help)	27%	15%	35%	13%	36%	32%	27%	28%	35%	30%	33%	7%
Alternative therapy	25%	41%	43%	16%	24%	22%	31%	19%	31%	9%	29%	13%
Chewing/sucking/dipping forms of tobacco products	23%	24%	21%	33%	4%	9%	44%	21%	24%	12%	23%	36%
Electronic nicotine delivery system/e-cigarettes	20%	24%	20%	35%	20%	11%	20%	7%	33%		19%	15%
Withdrawal App	17%	21%	30%	9%	6%	7%	25%	26%	13%	25%	11%	11%
Heated tobacco products	13%	18%	13%	8%	27%	8%		6%	26%	9%	7%	2%

Base = Nonsmokers.
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.

Generally, Past Smokers are more likely to recommend cold turkey than Nonsmokers, and are generally more likely to recommend social or family support than Current Smokers.

Recommended methods of smoking reduction/cessation: Past Smokers

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Over-the-Counter nicotine replacement therapy	54%	45%	56%	71%	52%	48%	64%	41%	32%	52%	78%	55%
Social or family support	52%	63%	47%	38%	42%	68%	70%	63%	40%	25%	51%	60%
Prescription medication for smoking cessation	47%	34%	39%	59%	49%	23%	54%	54%	36%	38%	75%	62%
Referral to smoking cessation clinics	45%	50%	29%	81%	53%	26%		66%	36%	45%	39%	26%
Cold turkey (Suddenly quitting with no other help)	40%	26%	53%	29%	44%	31%	40%	42%	48%	38%	51%	40%
Psychological/Psychiatric counseling / therapy	40%	53%	42%	28%	42%	40%	63%	31%	43%	26%	39%	31%
Alternative therapy	27%	37%	40%	18%	21%	24%	34%	21%	31%	8%	29%	31%
Electronic nicotine delivery system/e-cigarettes	24%	30%	13%	39%	20%	15%	31%	6%	38%		20%	30%
Chewing/sucking/dipping forms of tobacco products	21%	30%	19%	25%	2%	11%	48%	19%	20%	13%	23%	18%
Withdrawal App	18%	22%	35%	8%	6%	10%	34%	17%	13%	18%	17%	22%
Heated tobacco products	14%	23%	12%	9%	31%	10%		2%	26%	14%	5%	10%

Base = Past Smokers.
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.

Compared to Nonsmokers, Current Smokers are generally less likely to recommend OTC nicotine, social/family support, prescription medication, and counseling; and generally more likely to recommend electronic nicotine. Current Smokers are less likely to recommend social or family support than Past Smokers.

Recommended methods of smoking reduction/cessation: Current Smokers

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Over-the-Counter nicotine replacement therapy	49%	44%	59%		51%		54%		28%		55%	49%
Social or family support	43%	61%	40%		30%		69%		26%		26%	50%
Prescription medication for smoking cessation	43%	36%	42%		35%		48%		27%		62%	48%
Psychological/Psychiatric counseling / therapy	39%	50%	35%		50%		62%		36%		14%	28%
Referral to smoking cessation clinics	36%	46%	26%		61%				25%		32%	27%
Cold turkey (Suddenly quitting with no other help)	34%	21%	47%		39%		35%		33%		27%	38%
Electronic nicotine delivery system/e-cigarettes	29%	31%	15%		22%		40%		34%		29%	29%
Alternative therapy	28%	36%	39%		25%		34%		21%		17%	22%
Chewing/sucking/dipping forms of tobacco products	20%	30%	19%		0%		45%		10%		24%	12%
Withdrawal App	19%	22%	41%		5%		31%		6%		15%	13%
Heated tobacco products	19%	26%	11%		30%				34%		9%	4%

Base = Current Smokers. Blank columns indicate low sample size (n<50).
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.

In most countries, beliefs about the harm of combustion vs the harm of nicotine are similar for Nonsmokers, Past Smokers, and Current Smokers.

Agreement that in the adult patient, most harm caused by smoking comes from combustion rather than nicotine by itself (at least Moderately Agree)

	AVG	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF
Non-Smoker	78%	63%	83%	79%	81%	90%	84%	59%	86%	78%	71%	79%
Past Smoker	79%	66%	86%	88%	79%	93%	83%	63%	86%	79%	79%	69%
Current Smoker	80%	75%	87%		71%		81%		87%		80%	78%
Total	78%	65%	84%	81%	79%	92%	84%	60%	86%	78%	72%	77%

Base = all physicians. Blank cells indicate low base (n<50)
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.

Recommendations

A successful health campaign would educate on the concept of harm reduction and attract interest in novel ways

- Many respondents were not very familiar with the concept of harm reduction or modified risk – these are relatively new terms / concepts to some across many of the markets
- This means that physicians have focused only on quitting rather than actively recommending alternative methods as smoking cessation treatment
- NABs believe in the benefits of harm reduction and in changing the thinking that “the only way to be healthy is to quit smoking completely’’ - a different approach is worth pursuing
- Education is critical so physicians learn about alternative methods for (quitting or) reducing smoking recommended by guidelines -> to then recommend to patients

Recommendations for the campaign

1

Fight the bad science

Messaging focused on fighting misconceptions of nicotine

Educate on combustion-free products

"The principal efforts should be concentrated toward the change of this misperception about nicotine. I think that all the resources should be considered in order to eliminate this prejudice. This is the first step towards "the big change.""

2

Focus on empathy

Physicians speak about smoking habits in terms of risk and illness ***BUT*** smokers don't focus on the risk

Barriers to quitting are habit, enjoyment and stress reduction

"The specific message is that there are several ways to change. It is possible for people to change, that physicians are able to tailor intervention for their patients and that they are interested to promote health in their patients."

3

Personify

Use pioneers / ambassadors. Identify a physician who has used vaping to quit smoking and understand how it worked

Personal experience and a personal story is so motivating

"The personal story from a doctor who's been there would motivate people. And the people who've gone that route obviously understand it. Obviously, any physician who's actually decided to switch to vaping understands that it's not the nicotine that's going to kill him, otherwise, there will be no motivation to switch."

Recommendations for the campaign

4 Customize

Data needs to be country-specific, sent to individual scientific societies, individual patient organisations country-by-country and individual key opinion leaders country-by-country

Slides for KOLs or videos for patients, organisations and oncologists, COPD and stuff or scientific societies

5 Go where the eyeballs are

Dissemination is important, otherwise, you’ve done a lot of work that stays in our web sites and nobody is going to have a look at it

Best if campaigns are delivered through meetings or various media such as television, radio, billboards, and social media (e.g. Facebook, Instagram, TikTok)

Best if the campaigns are interactive

6 Engage Youth

Develop programs and initiatives for youth to educate them on the dangers of smoking to prevent them from starting to smoke

Appendix

Phase 3 Quantitative Sample (weighted)

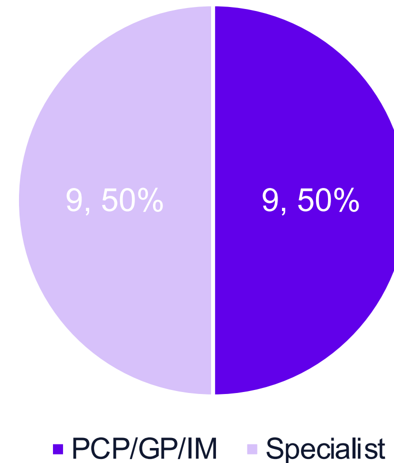
	CHN	DEU	GBR	GRC	IDN	IND	ISR	ITA	JPN	USA	ZAF	TOTAL
	China	Germany	UK	Greece	Indonesia	India	Israel	Italy	Japan	USA	South Africa	Total Sample (unweighted)
Sample size	2,582	907	1,191	776	249	2,408	432	1,111	860	3,598	1,073	15,335
Male	56%	52%	54%	56%	47%	71%	59%	56%	76%	62%	60%	67%
Female	44%	48%	46%	44%	53%	29%	41%	44%	24%	38%	40%	33%
Age <30	4%	2%	2%	0%	11%	24%	1%	1%	2%	2%	6%	5%
Age 30 to 40	46%	27%	39%	20%	37%	37%	25%	22%	30%	28%	48%	31%
Age 41 to 50	31%	27%	33%	44%	30%	24%	27%	21%	26%	24%	27%	30%
Age 51 to 65	18%	37%	23%	30%	19%	14%	29%	42%	32%	32%	16%	29%
Age >65	1%	6%	2%	6%	1%	1%	19%	14%	10%	13%	3%	5%
Family/General Practice	24%	36%	55%	18%	54%	48%	37%	18%	13%	30%	73%	36%
Internal Medicine	27%	16%	4%	31%	7%	12%	19%	10%	36%	38%	0%	20%
Cardiology	20%	18%	15%	15%	15%	8%	17%	30%	16%	9%	7%	14%
Pulmonology	15%	11%	8%	17%	13%	11%	2%	11%	16%	5%	4%	10%
Oncology	10%	7%	9%	8%	6%	8%	6%	23%	2%	5%	4%	8%
Psychiatry	5%	12%	9%	11%	6%	14%	19%	8%	17%	13%	11%	12%

Phase 4: Global and national advisory board experts and advocates in smoking cessation

GAB and NAB Interviews Spanned All Countries from Phase 3

	GAB	NAB	Total Interviews
China		2	2
Germany		2	2
UK		1	1
Greece		2	2
Indonesia		2	2
India		2	2
Israel		2	2
Italy	2		2
Japan		2	2
USA		1	1
South Africa		2	2
Canada	1		1
Sweden	1		1
Total	**4**	**18**	**22**

The 18 NAB Interviews Were Split Amongst Specialists and PCP/GP/IMs



Phase 4: Global advisory board experts and advocates in smoking cessation

Anaesthetist, Canada

- Stop Smoking for a Safer Surgery: campaign to get people to stop smoking before upcoming surgery
- Campaigned to make his hospital smoking-free
- Started Quit by Vaping program
- Smoking cessation activist

Nephrologist, Sweden

- Interested in societal affairs
- Prior President of Swedish Medical Association, Swedish Association, Swedish Red Cross & member of other organisations including WHO
- Chairman of Snus Commission in Sweden

Expert in smoking cessation, Italy

- Researcher & expert in smoking cessation
- Work at smoking cessation centre & university
- Help people who are not motivated to quit via a reduction approach
- Personal motivation: former smoker & has had cancer

Professor of Internal Medicine, Italy

- Set up the first smoking cessation centre in Italy
- Interest in preventative medicine

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