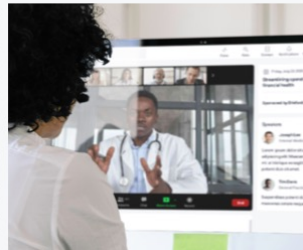
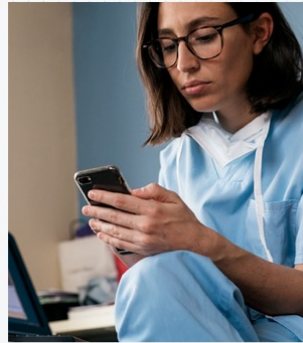
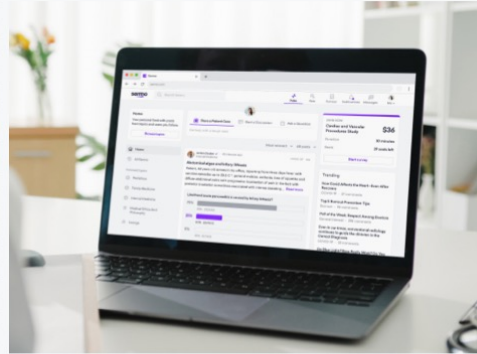
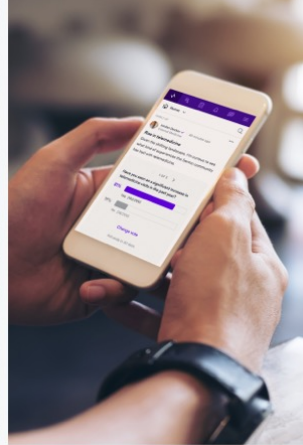


Doctors' Survey: India results

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: India

Smoking is rare among physicians in India.

- 9% of physicians are past smokers.
- 5% are current smokers.
- A large majority have tried to quit, with “cold turkey” the most popular and most effective method.
 - Only 10% of smokers have no plans to quit.
- Health is the primary reason to quit; habit formation, stress reduction, and enjoyment are the primary barriers to quitting.

All training topics are widely seen as valuable.

- 78% of physicians have had at least some training.
 - 85% are at least moderately interested in training.
- Effectiveness of specific tools and methods (55%) and motivational interviewing (54%) are the training subjects of greatest interest.
- Lack of awareness is the chief reason for not participating in training.

Executive Summary: India

Conversations with patients about smoking focus on support – either social/family or counseling/therapy.

- 92% of physicians proactively discuss smoking at least sometimes with their patients who smoke.
 - NAB comments that after COVID, doctors in their practice are placing higher importance on discussing patients' smoking history, especially with patients with COPD, lung diseases, hypertension, cardiothoracic, gastrointestinal diagnoses
 - 94% consider it a priority.
- Social/family support (86%) and counseling/therapy (81%) are the most frequently recommended methods of smoking reduction/cessation.

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

- 84% of physicians believe that combustion causes more harm than nicotine.
 - 21% completely believe.
- Between 71% and 88% of physicians believe that nicotine directly causes various smoking-related ailments.
 - For Lung Cancer, COPD, and Atherosclerosis, 49%-58% agree completely.

Research design

Glossary of terms:

GAB: global advisory board

NAB: national advisory board



Research Design

- For this research project, Sermo conducted 2,383 online interviews of physicians in India.
 - Interviews were conducted between February 3, 2022 and April 11, 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.

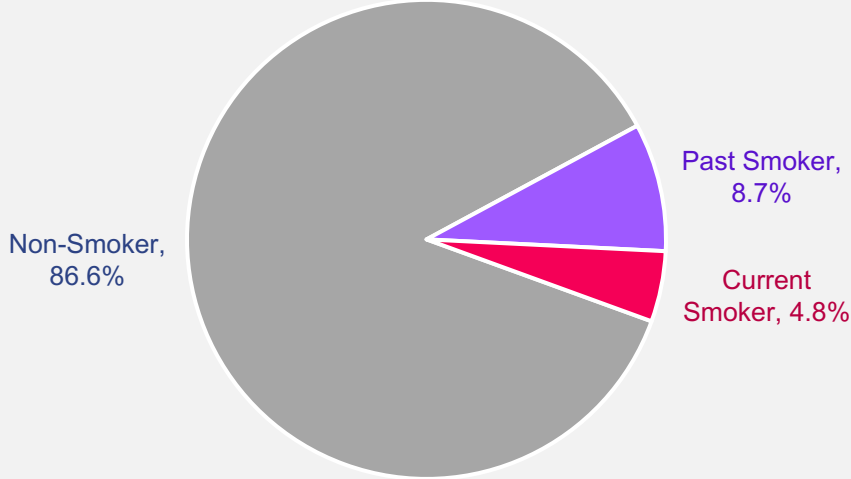
- Sample consisted of physicians in the following specialties:
 - Family/General Practice
 - Internal Medicine
 - Cardiology
 - Pulmonology
 - Oncology
 - Psychiatry
- Data were weighted to represent the population of physicians with respect to age, gender, and specialty.
- As a follow-up, 2 NAB qualitative interviews conducted in February 2023
 - PCP – 12 years in practice working at a private hospital with consulting in the ICU. High COPD caseload. Former smoker.
 - Pulmonologist – consults in a series of corporate hospitals and conducts cessation seminars locally.

Smoking-related behavior

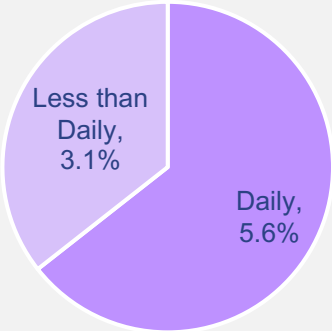


Only about 1 in 8 physicians have ever smoked, and less than 5% smoke currently. For those who do or did smoke, daily smoking is most prevalent.

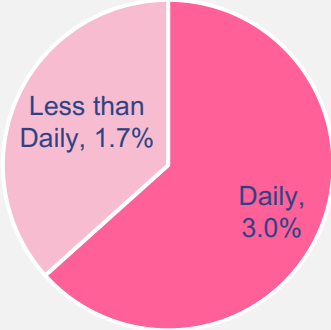
Total



Past Smokers



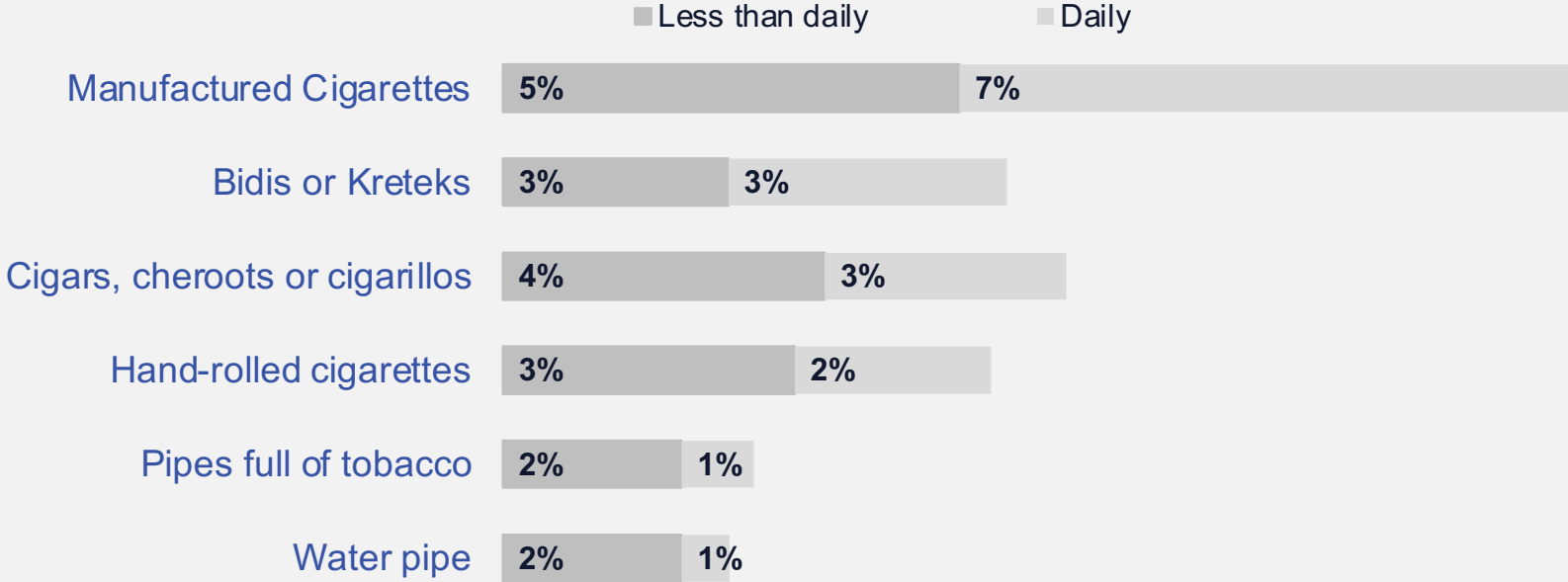
Current Smokers



Base = all physicians, n=2,383.
S13. Which of the following best characterizes your own tobacco smoking habits?

Manufactured cigarettes are the most frequently used (currently or formerly) form of combustible tobacco. Several other products have about equal usage, with pipes least commonly used.

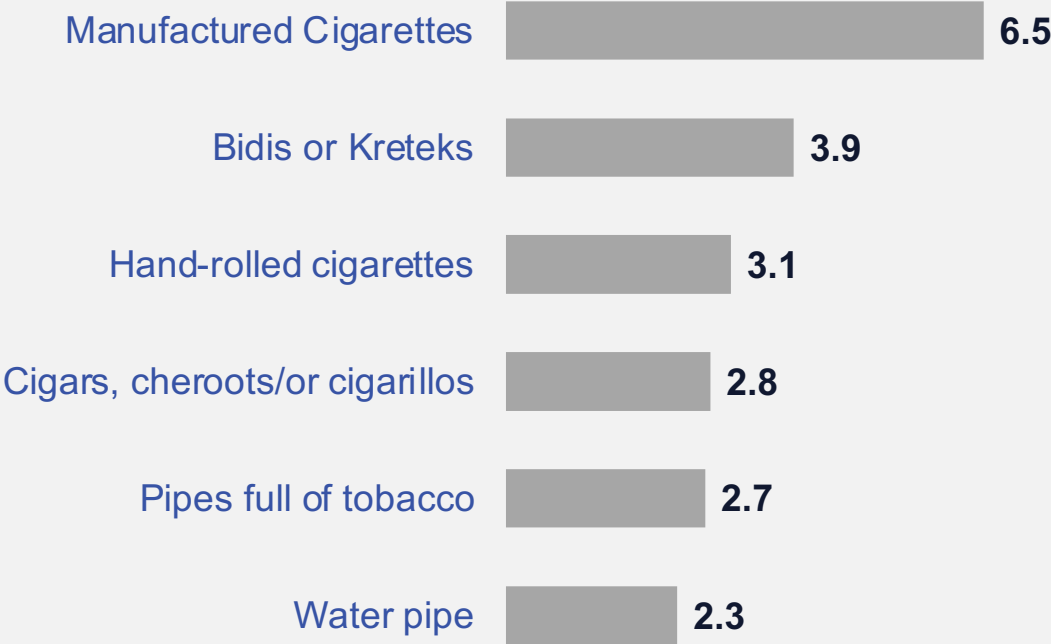
% who use or used combustible tobacco products



Base = all physicians, n=2,383.
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

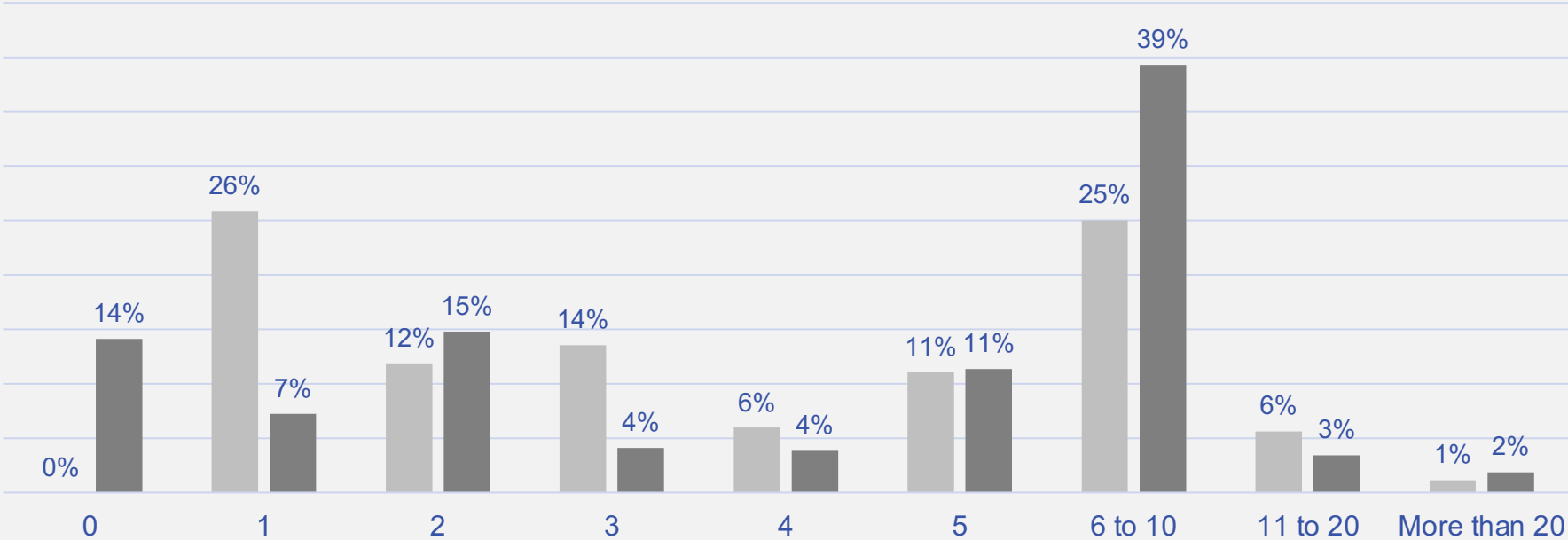


Base=users of each product (varies).
Q16v2. For how long did or do you smoke each type of tobacco product? Write in the approximate number of years, rounding to the nearest whole number.

About half of past smokers quit after one to three attempts. More than 85% of current smokers have attempted to quit at least once, and about two-thirds have tried to quit three or more times.

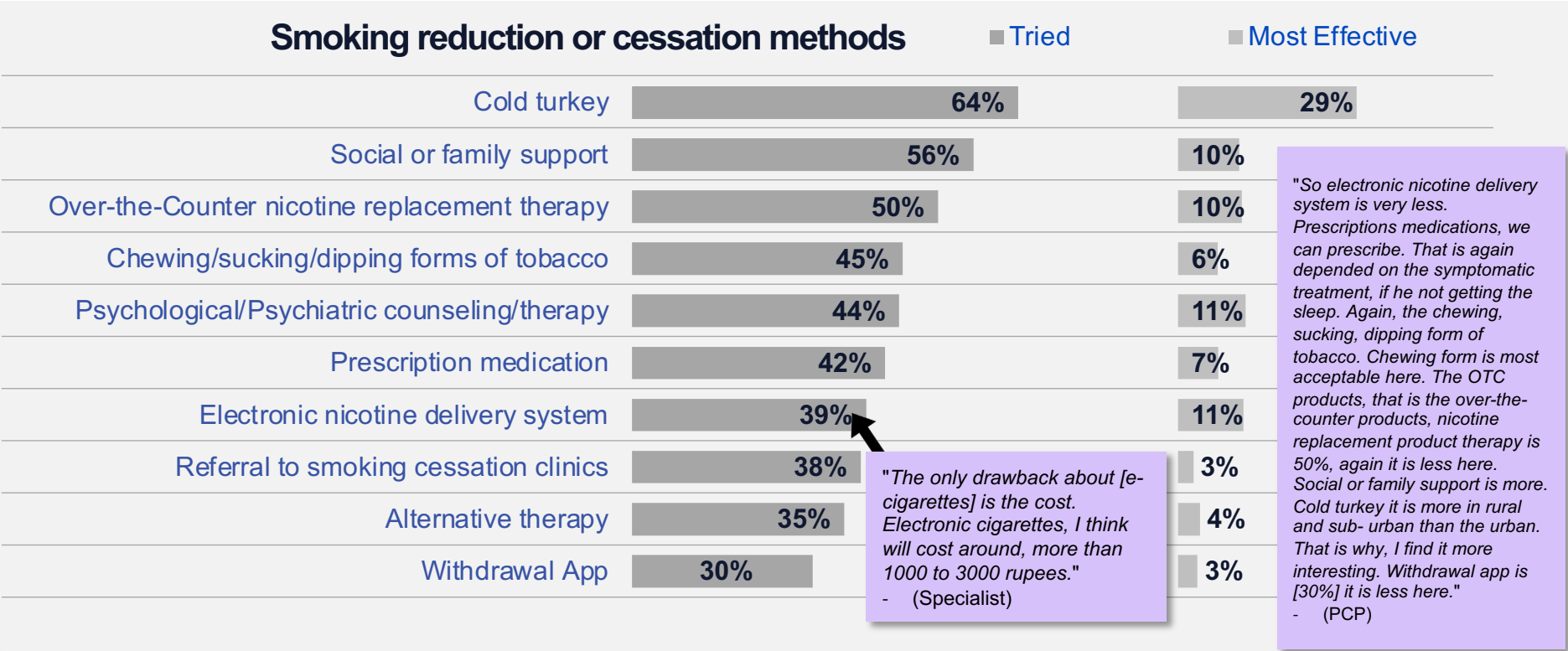
Number of attempts to quit

■ Past smoker ■ Current smoker



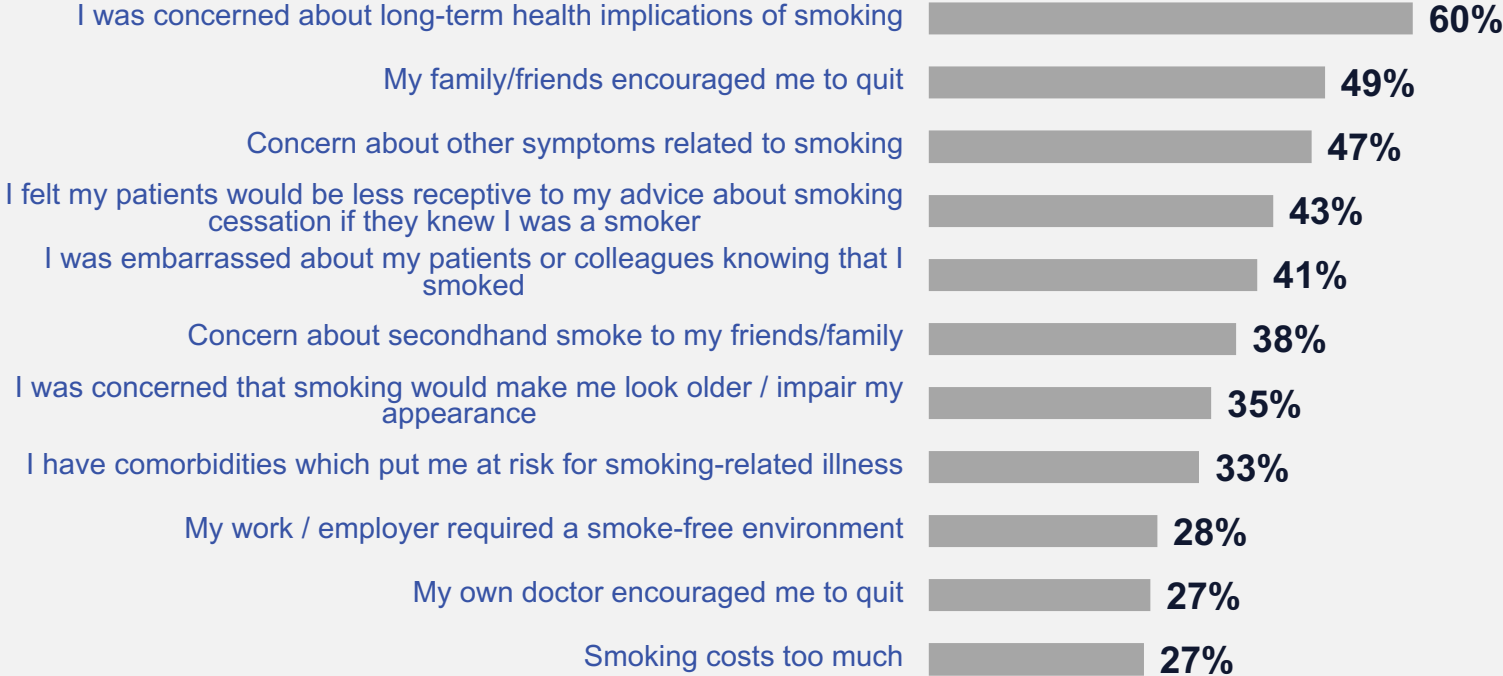
Base= Past smoker (n=208) or Current smoker (n=112)
Q20. Approximately how many times, if any, "did you attempt to quit smoking before you were successful in quitting"/"have you attempted to quit"? Enter a 1 if you quit on your first try.

“Cold Turkey” is the most popular, and by far the most effective, method of smoking reduction or cessation. Among smoking replacements, over-the-counter nicotine replacement and oral tobacco are preferred.



Long-term health is the most prevalent reason for deciding to quit. Encouragement by family/friends, and symptoms of smoking, are also important for many.

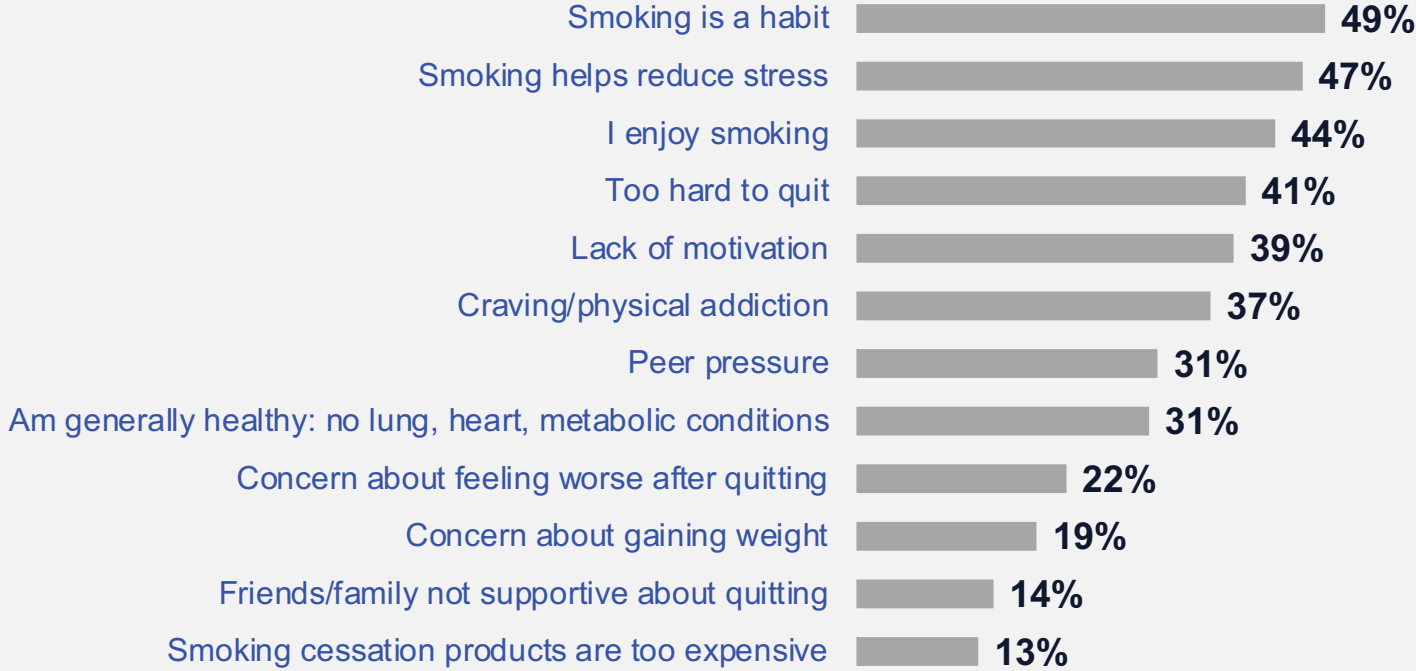
Reasons for deciding to quit smoking



Base=attempted to quit at least once, n=305.
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 about habit formation, stress reduction, and enjoyment.

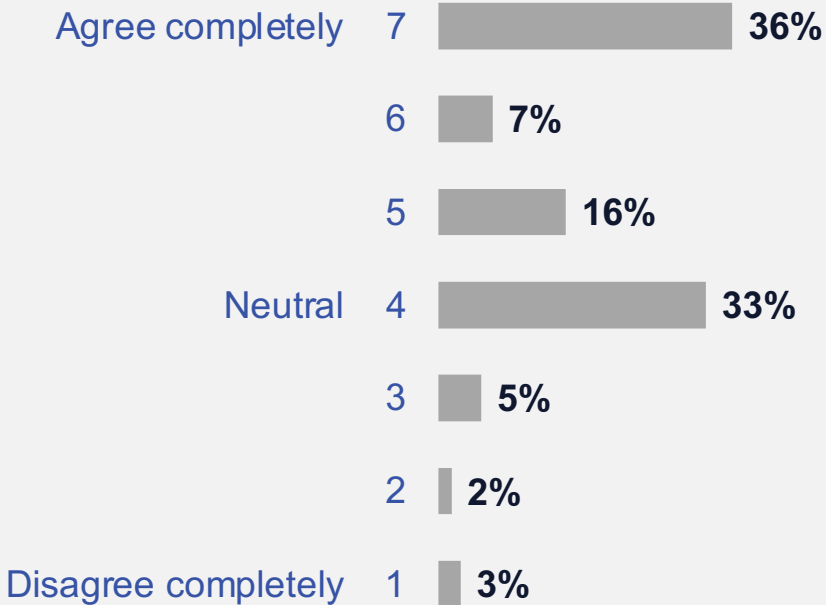
Barriers preventing quitting



Base=Current or Past smokers, n=320.
Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

90% of current smokers plan to quit in the future.

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



Base=Current smokers, n=112.
Q40. Select the number that best reflects your level of agreement. 1=Disagree Completely, 4=Neutral, 7=Agree Completely.

Substitutes for smoking are not used widely, frequently, or very often.

"Chewing and sucking that is little more [available]. But wants to be adopt more electronic nicotine system by physician is more. But here less facility is available. Because of lack of availability and easy choice of method."
 - (PCP)



*Personally Used Products

■ Ever Used ■ Currently Use

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

Chewing/sucking/dipping



38% 32%

Electronic nicotine delivery



31% 29%

Base = all physicians, n=2,383.

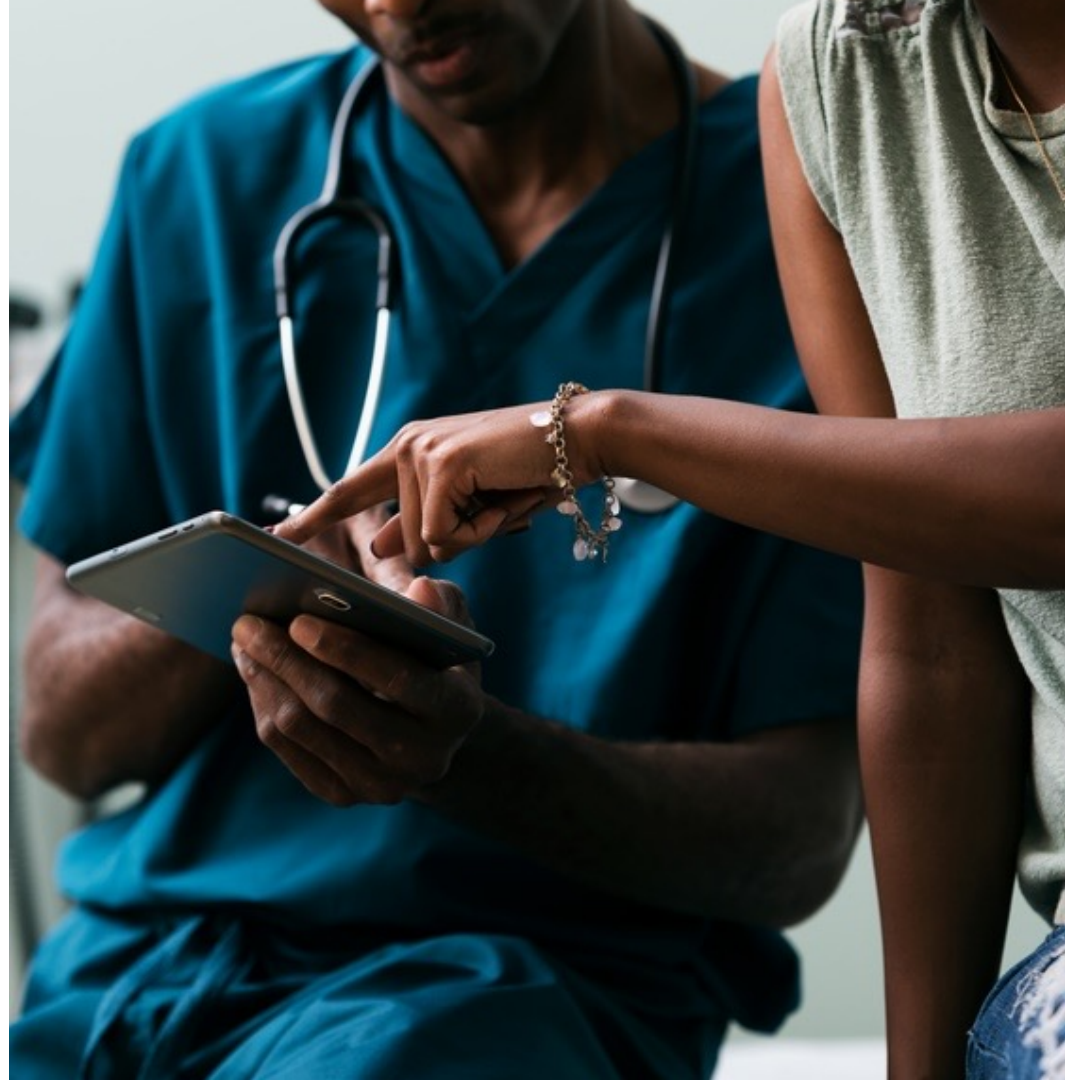
*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?

Base = varies by product (Chewing/sucking/dipping, n=307; Electronic Nicotine Delivery, n=262).

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

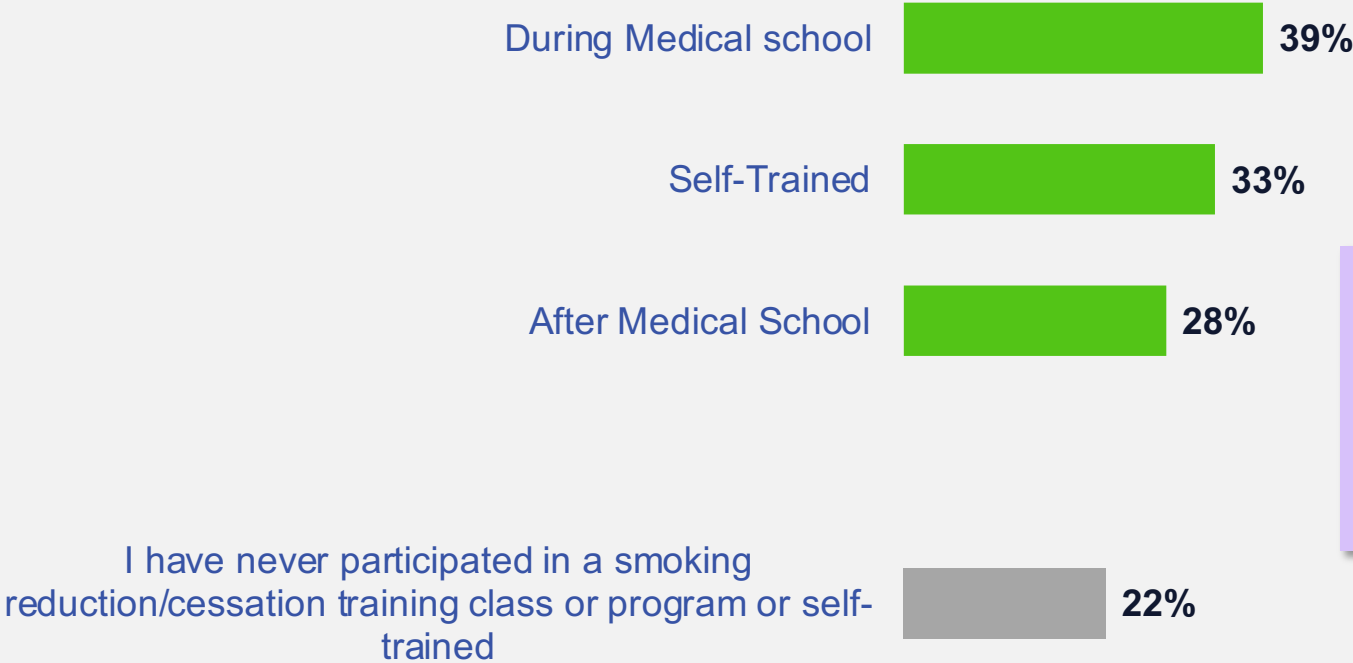
***Q47. For how long did you personally use each type of product?

Training



78% of physicians have had at least some training on smoking cessation.

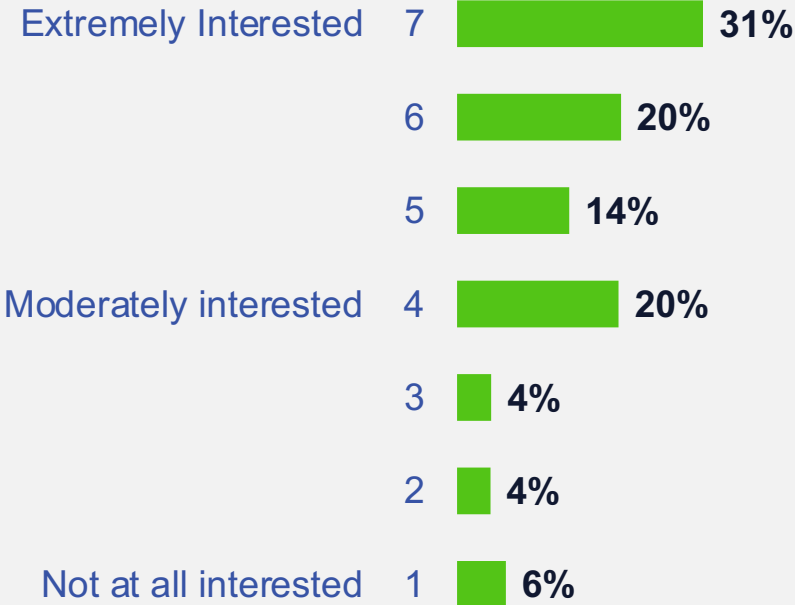
Training on Smoking Cessation



"Even the government of India will send, but most of the physician were of private sector, they don't have this mandatory to take the training. During the medical school whatever the training they have got, that we have to run with the show. We are not getting much training after medical school."
- (PCP)

Just over 85% of physicians are at least moderately interested in training.

Interest in training (at least Moderately Interested)



Data reflects respondents' experience post Covid i.e. an increase in interest in training by physicians

Recommendation to increase the extremely interested % of physicians:

- CME's on the mortality rate due to smoking.
- Continuous notification about training, new drugs and new research on smoking cessations via both paid and free apps.
- Newsletter / flash papers on harm of smoking to be available to physicians

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

Base = all physicians, n=2,383.
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.

The 5-As are most often presented in training. Brief mentions are least prevalent.

Approaches communicated in training

5-A's: Ask about and record smoking status, Advise smokers of the benefit of stopping in a personalized and appropriate way, Assess motivation to quit (using stages of change model), Assist smokers in their quit attempt, Arrange follow up with stop smoking



83%

Motivational Interview (understand why the patient smokes and how to encourage quitting)



76%

3-A's: Ask about and record smoking status, Advise patient of personal health benefits, Act on patient's response



75%

Brief mention (e.g., smoking is bad for you: you should quit)



58%



"This is brief mentioning is again less [than expected]. Because for a physician smoking is bad for him he already know that and he know every pharmacology, everything. Brief mention is not accurate."
- (PCP)

Base=has taken training, n=1,891.
Q50. Which of the following approaches were communicated in the training you completed?

All training topics are widely seen as valuable.

Value of training topics (at least Moderately Valuable)



Base=items covered and recalled in training, sample size varies.
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.

Social/family support and counseling/therapy stand out as the subjects most frequently covered.

Specific methods covered in training



↑
Cost prohibitive in rural areas, and thus limits its relevance in a country that is largely rural

←
"That alternative therapy must be more here. The people are practicing more ayurveda and that yoga and then some breathing exercises. Here the people are more." - (PCP)

←
"Withdrawal app is okay acceptable. Because nowadays everyone is having smartphones but they don't use it that is a problem." - (PCP)

Base=has taken training, n=1,891.
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 is the chief reason for not participating in training.

Reasons for not taking training



Not enough training opportunities are available in India – need more CME's on smoking cessation during medical school.

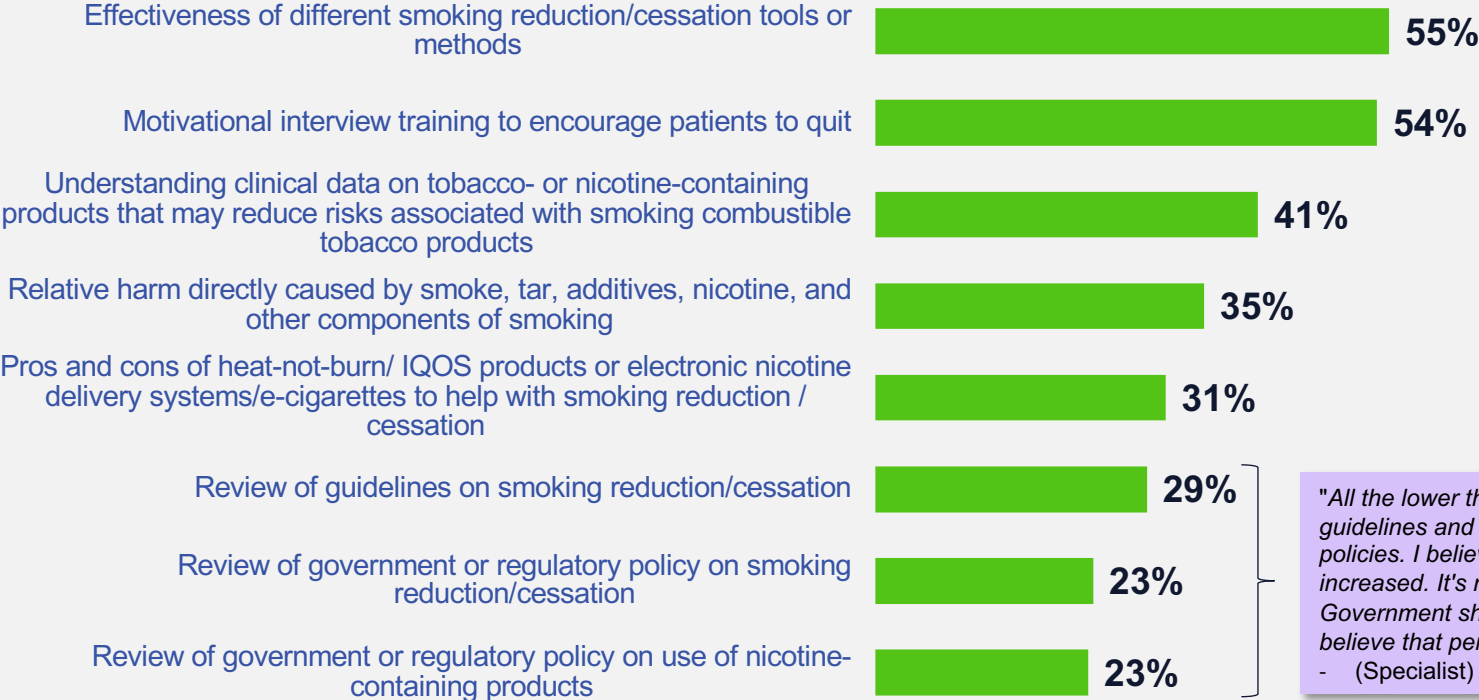
"Second must be more. Too busy." - (PCP)

Base=has not taken training, n=492.

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

Effectiveness of specific tools and methods, and motivational interviewing, are the training subjects of greatest interest. There is very little interest in government/regulatory policy.

Top-3 training subjects of interest



*"All the lower three things are there like guidelines and the government regulatory policies. I believe that percentage should be increased. It's not in the 20-24 % like that. Government should actually take care of that. I believe that percentage should be higher."
- (Specialist)*

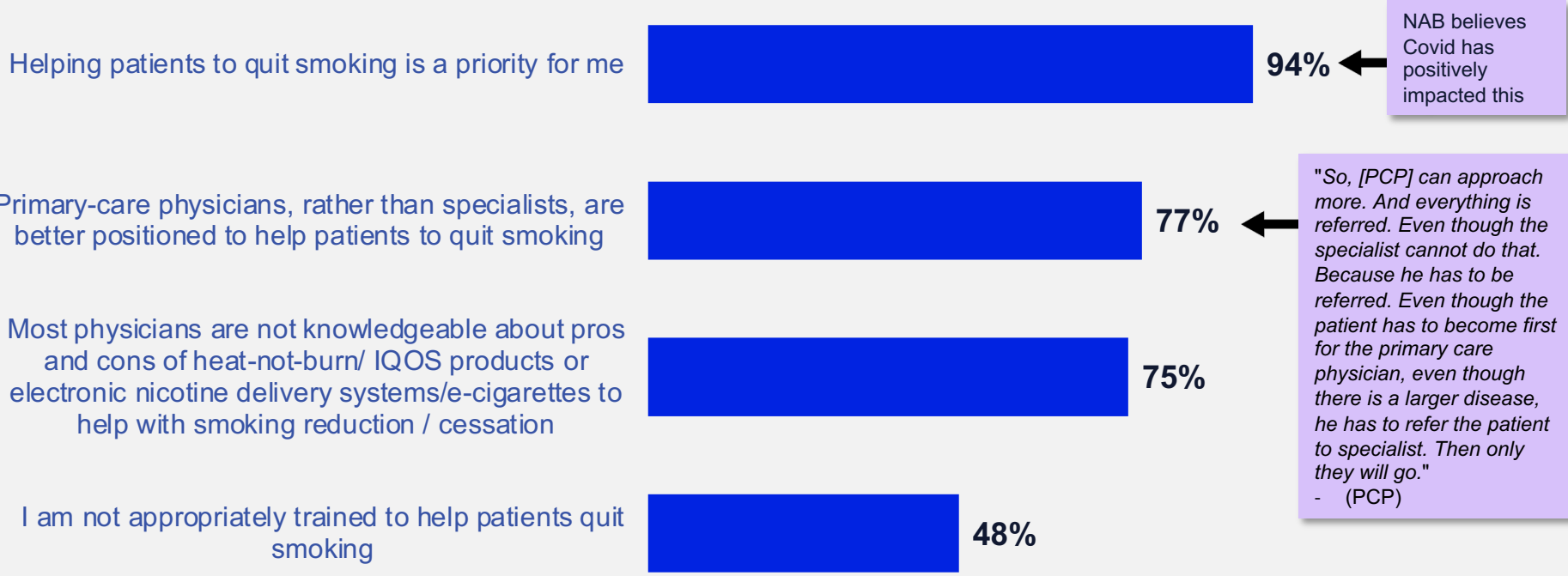
Base=interested in training, n=2,141.
Q77. If you were to take training on smoking reduction/cessation in the near future, what topics would be of the greatest interest to you? Select up to 3.

Discussions with patients



94% of physicians consider helping patients quit smoking to be a priority. About half believe they are not appropriately trained to do so.

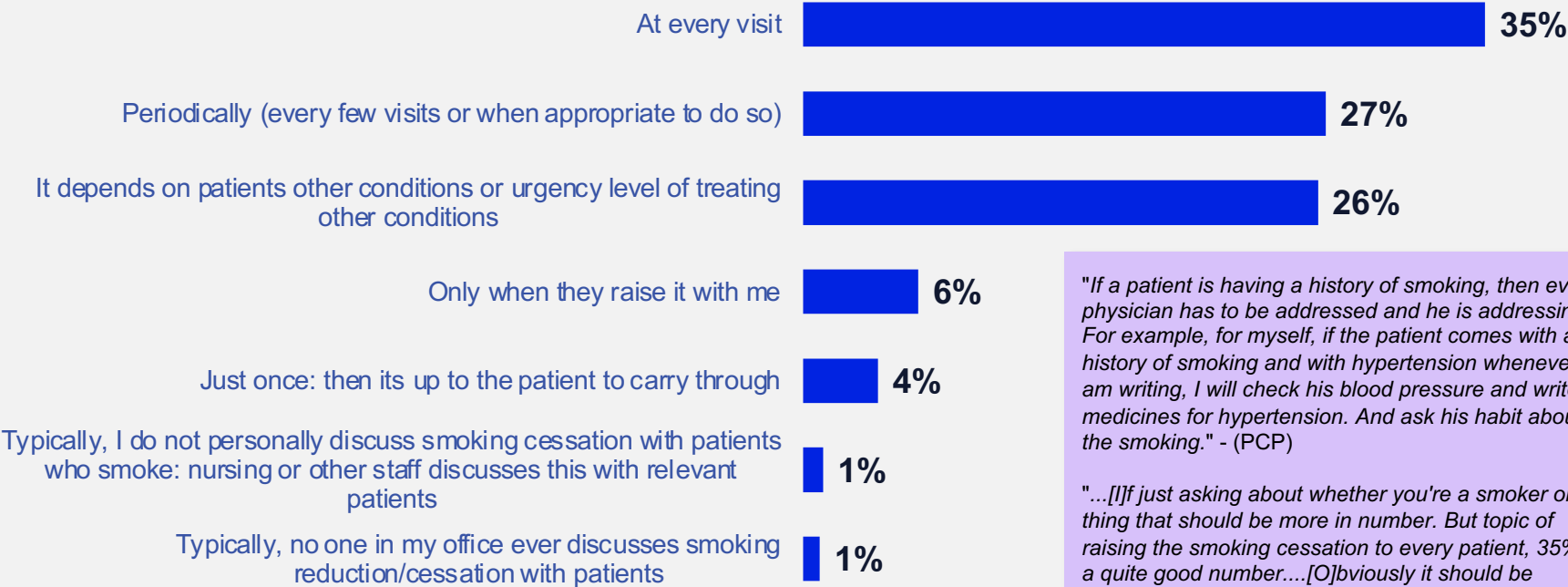
Agreement with statements about smoking (at least Moderately Agree)



Base=all physicians, n=2,383.
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



"If a patient is having a history of smoking, then every physician has to be addressed and he is addressing. For example, for myself, if the patient comes with a history of smoking and with hypertension whenever I am writing, I will check his blood pressure and write the medicines for hypertension. And ask his habit about the smoking." - (PCP)

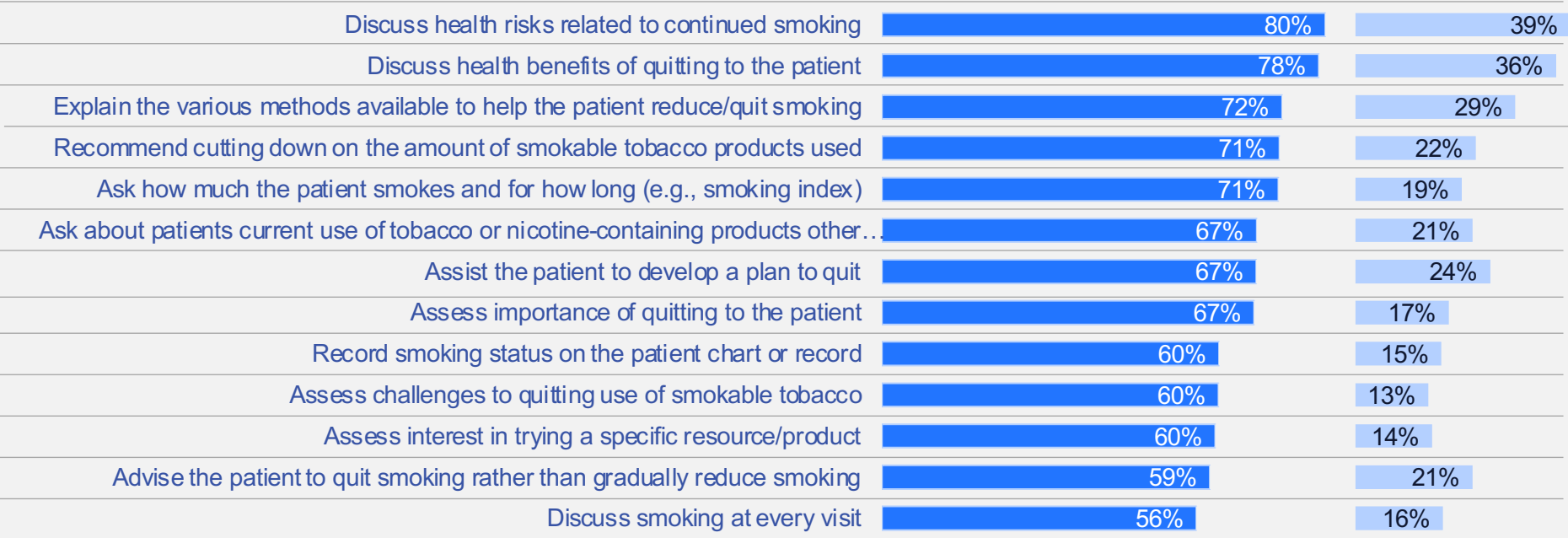
"...[I]f just asking about whether you're a smoker or thing that should be more in number. But topic of raising the smoking cessation to every patient, 35% is a quite good number....[O]bviously it should be increased." - (Specialist)

Base = all physicians, n=2,383.
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. Recommending reduction/cessation, and explaining the methods for doing so, are also frequent.

Discussion/action with patients who smoke

■ Selected ■ Top 3



Base = all physicians, n=2,383.
 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?

Numerous kinds of advice are frequently given to patients.

Advice given to patients at least Sometimes - top items

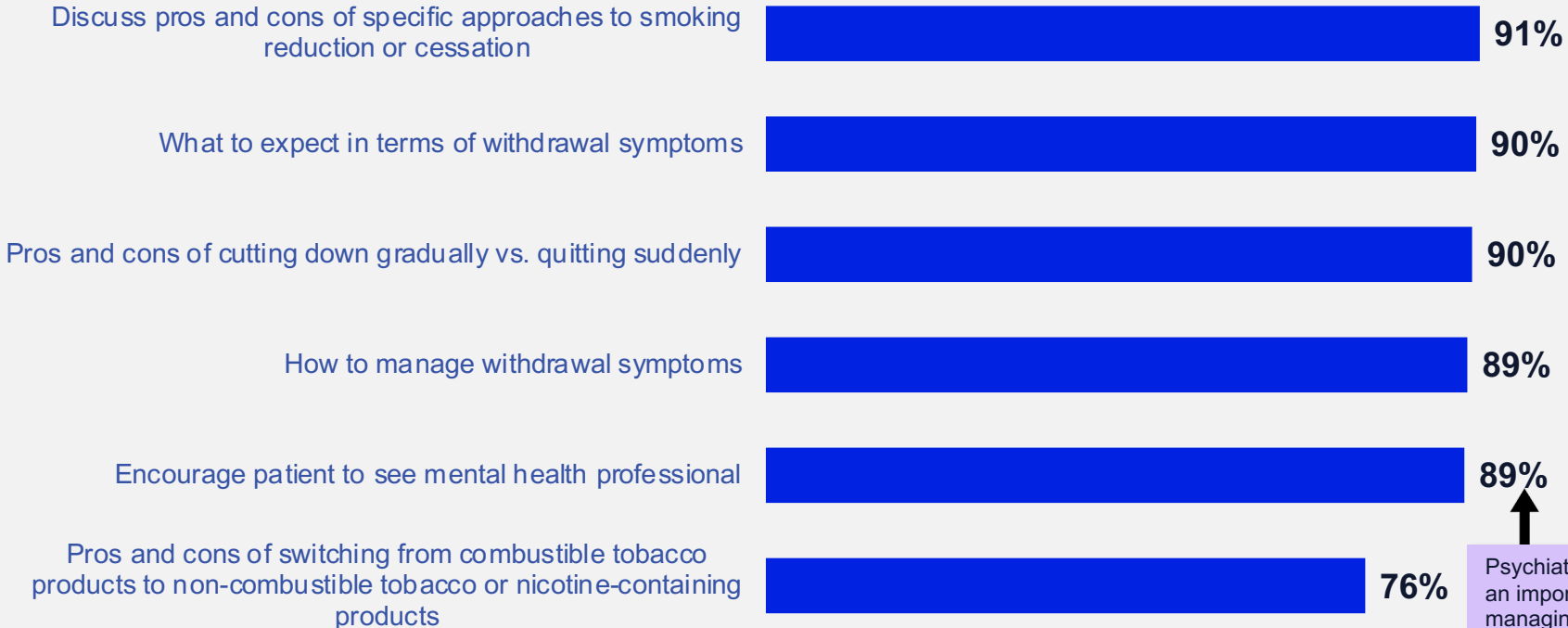


Base=discusses smoking cessation, n=2,337.

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.

Non-combustible tobacco is the least frequent subject of physician advice – though still quite frequent.

Advice given to patients at least Sometimes (continued)



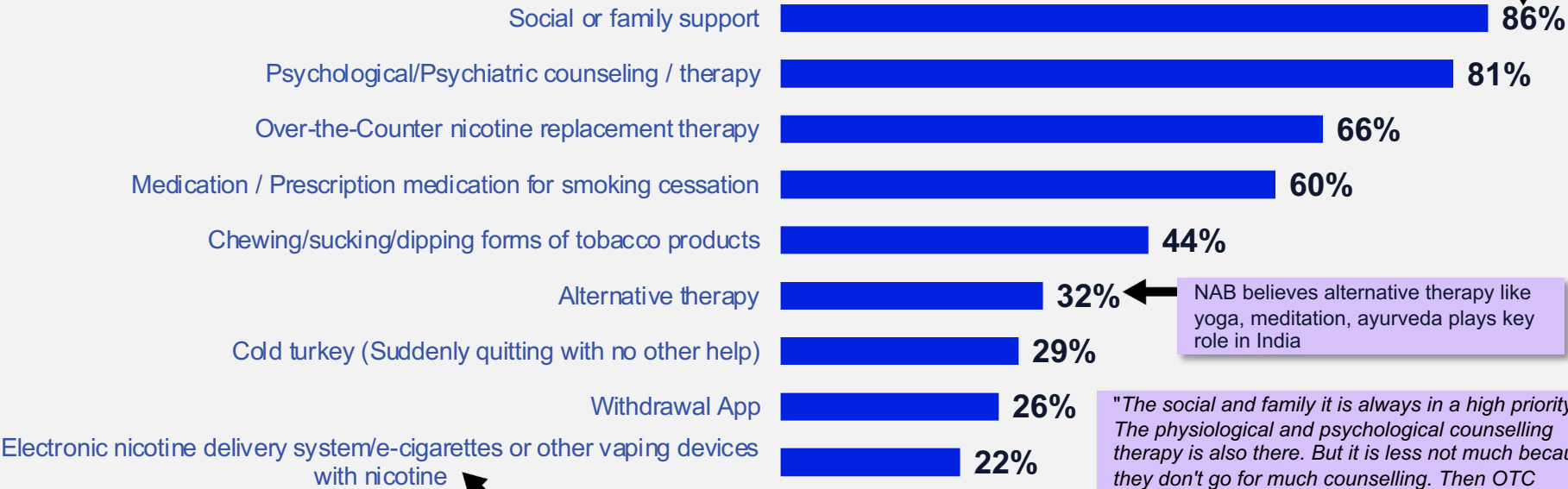
Psychiatrists can play an important role in managing addiction

Base=discusses smoking cessation, n=2,337.
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.

Social/family support and counseling/therapy are the most frequently recommended methods of smoking reduction/cessation. Quitting “cold turkey” and electronic nicotine are mentioned much less frequently.

Recommended methods of smoking reduction/cessation

Critical in India.



NAB believes alternative therapy like yoga, meditation, ayurveda plays key role in India

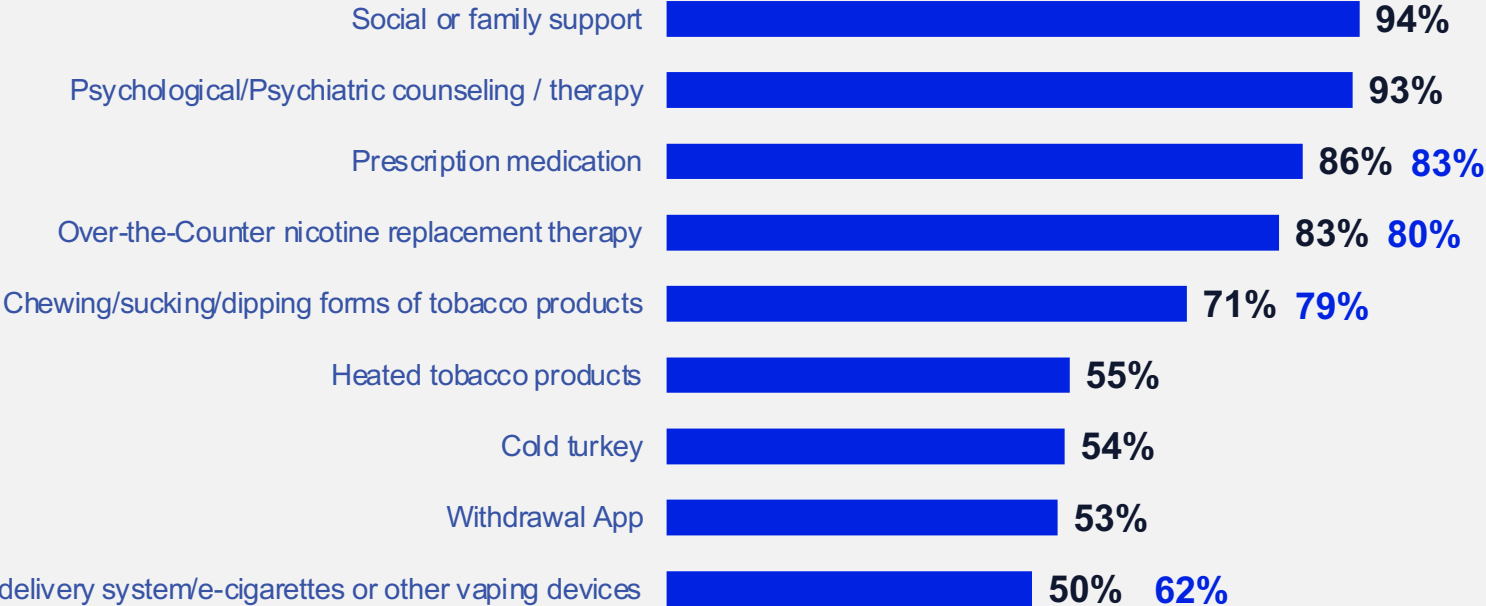
"The social and family it is always in a high priority. The physiological and psychological counselling therapy is also there. But it is less not much because they don't go for much counselling. Then OTC Nicotine it is there. Nowadays it is popularizing. Here again as I told you alternative therapy should be high; Yoga and meditation should be improved."
- (PCP)

NAB comments that electronic nicotine device systems are very rare in India and are seen as a status symbol. However, they believe it should be perceived as a therapeutic option, available like a medicine and in pharmacies after seeking medical personnel rather than available to be purchased in shops and online as it is currently

Social/family support and counseling/therapy are the interventions seen as most effective. Medication and OTC nicotine are seen as effective, but also concerning.

Effectiveness (at least Moderately Effective)

At least moderately concerned



Base=all physicians, n=2,383. 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 overall less beneficial than electronic nicotine.

Advice about smoking reduction/cessation methods

	Electronic nicotine	Oral tobacco
May reduce or stop patients use of combustible tobacco	74%	77%
May lower risks associated with using combustible tobacco	68%	51%
May still have some health risks associated with inhaling vapor/aerosols	68%	50%
May provide health benefits to the patients, their families, and population as a whole	61%	46%
Should not be used along with combustible tobacco	61%	48%
Should be used only until the patient quits smoking, rather than on a long-term basis	54%	62%
May be used on a long-term basis as a substitute for combustible tobacco	28%	20%

Base=recommends each item: electronic nicotine n=521, oral tobacco n=1,058.
 Q115, 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 impacted the behavior of physicians and patients.

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

I am more determined to help my patients who smoke, to quit or reduce tobacco consumption than before COVID



91%

My patients who smoke are more willing to commit to quitting or reducing smoking than before COVID



85%

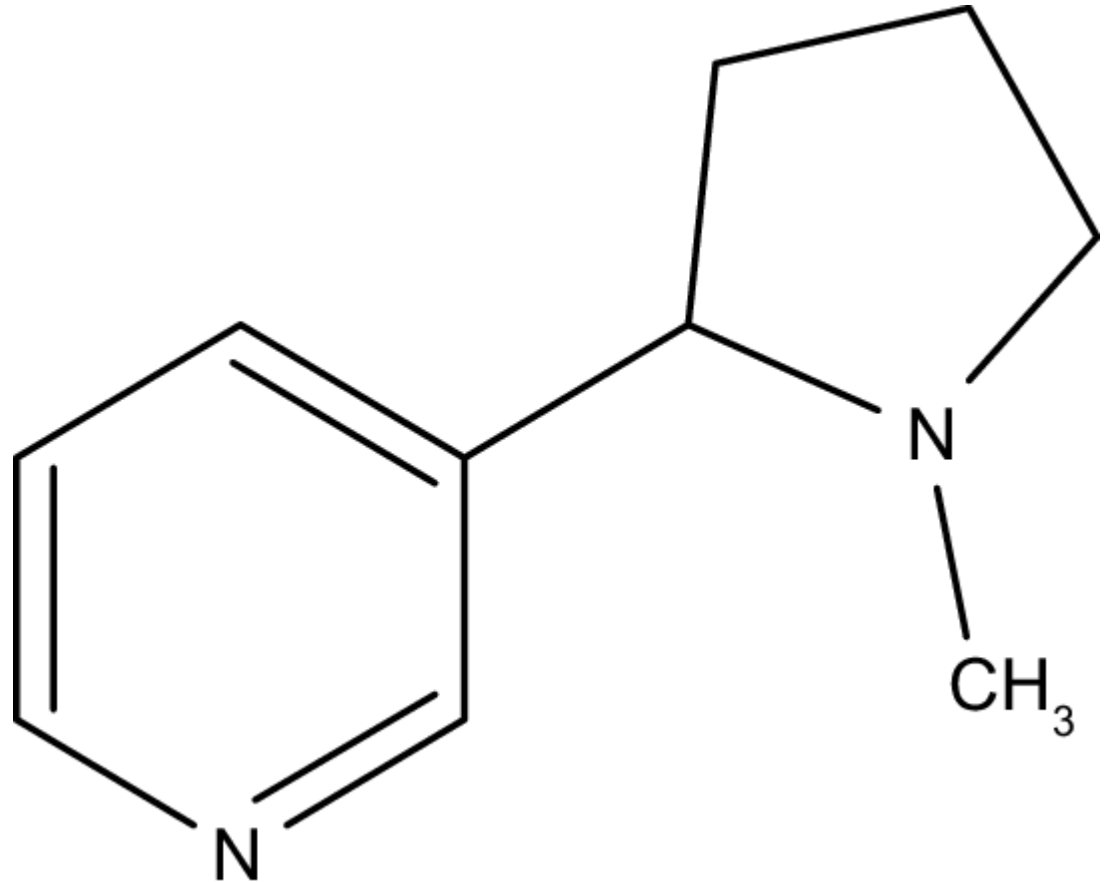
I have changed how I discuss and/or treat smoking cessation with my patients who smoke



84%

Base=prioritizes helping patients quit smoking, n=2,240.
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

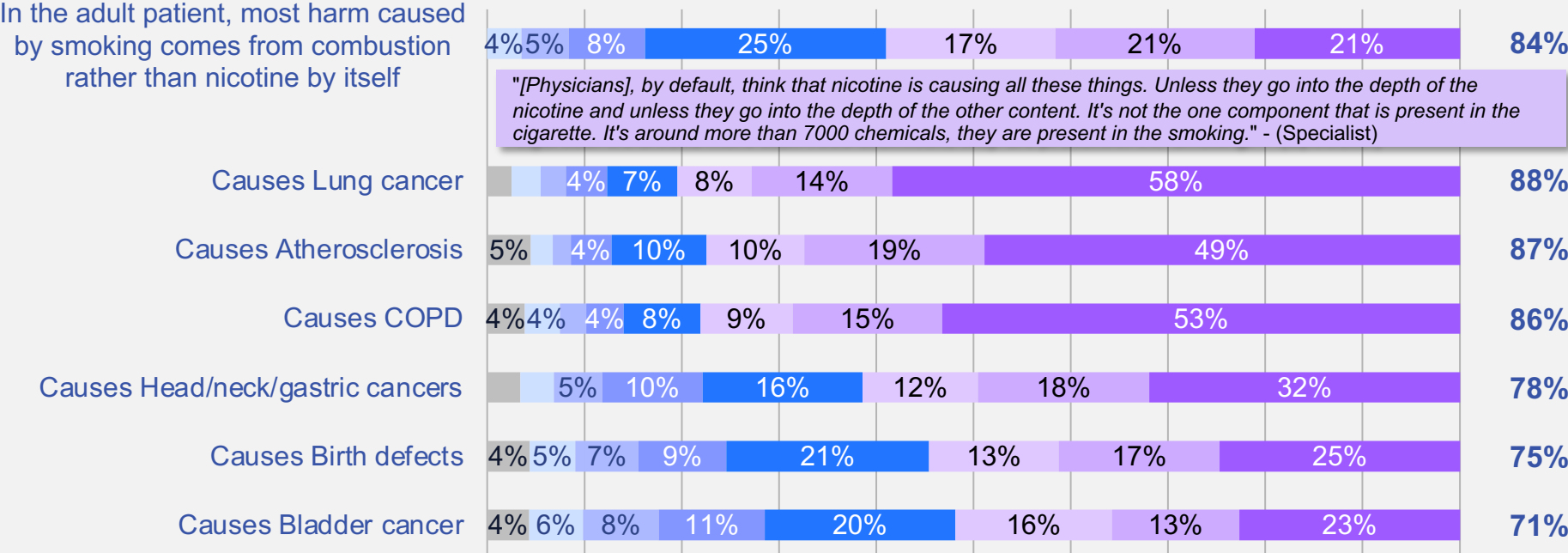


84% of physicians believe that combustion is more harmful than nicotine. Most physicians believe that nicotine directly causes various smoking-related conditions, in some instances with about half or more completely agreeing.

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=2,383.
 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 label <4% not shown

Public policy and professional guidelines



At least 65% of physicians are familiar with tested phrases and guidelines/policies.

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



Base=all physicians, n=2,383. 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.

Nearly all physicians are familiar with national and international guidelines.

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

"The guidelines as such, in India we don't have much government guidelines."

"Regulatory agencies and policies and discussions, it is very less. International guidelines are there. WHO guidelines are there. Here in also guidelines are there."

- (PCP)

National guidelines



International guidelines (e.g., WHO)



Framework Convention on Tobacco Control (FCTC)



Base=familiar with guidelines, n=1,872.

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 – with the exception of beliefs about relative taxation.

Government decisions

	Electronic nicotine	Oral tobacco
Restriction of smoking in public places	55%	54%
Distribution, sales, promotion, or use is restricted	50%	50%
Distribution, sales, promotion, or use is banned	41%	42%
Level of nicotine allowed is regulated	36%	36%
Changes in regulation are pending	35%	28%
Regulation is like any other tobacco product	32%	35%
Are taxed at higher rate than cigarettes	31%	24%
Taxed at lower rate than cigarettes	20%	32%
Not taxed at all	16%	18%
Don't Know/Not Sure	8%	7%

Base=familiar with policies, n=1,775.
 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.

Physician opinions

	Electronic nicotine	Oral tobacco
Should be banned altogether	34%	36%
Should be available only through physicians or pharmacists	33%	30%
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)	30%	27%
Should be widely available to adults who wish to reduce/quit smoking	29%	31%
Should be taxed and regulated the same as combustible tobacco products	22%	17%
Should be available wherever cigarettes are sold	17%	19%
Don't Know/Need more evidence before deciding	8%	6%

Base = all physicians, n=2,383.
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

This survey/report/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.

The contents, selection, and presentation of facts, as well as any opinions expressed herein are the sole responsibility of the authors and under no circumstances shall be regarded as reflecting the positions of the Foundation for a Smoke-Free World, Inc.

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