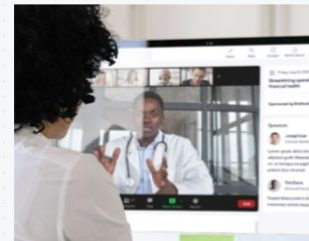
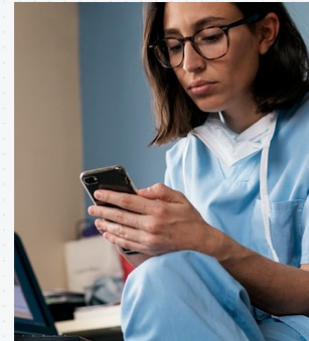
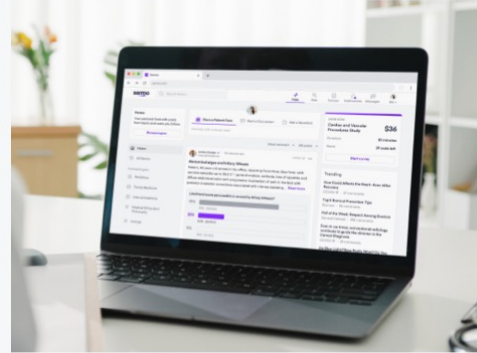
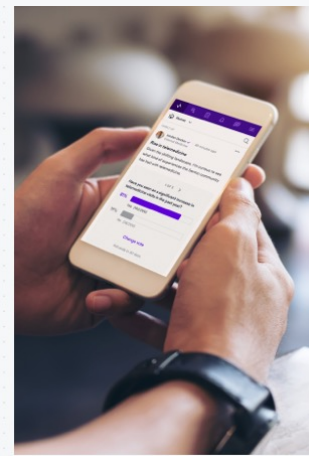
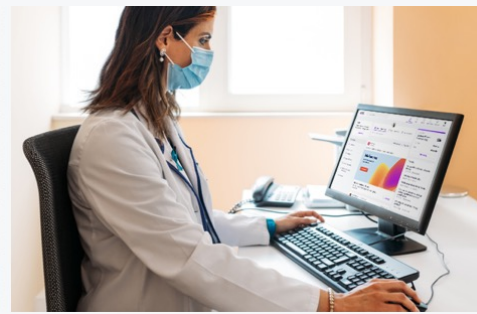


# Doctors' Survey: Indonesia results

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: Indonesia

Past smoking experience is highly prevalent among physicians in Indonesia.

- 48% of physicians are past smokers
  - Only 2% are current smokers.
- Social/family support is the most popular and most effective method for quitting smoking.
- Long-term health and encouragement from family and friends are the primary reasons for quitting; the stress-reducing effect of smoking is the primary barrier to quitting.

Training topics related to specific actions and risks are seen as most valuable.

- 81% of physicians have had at least some training.
  - 90% are at least moderately interested in training.
- 60% cite relative harm as among their top subjects of interest.
- Being busy, and lack of awareness, are the chief reasons for not participating in training.

# Executive Summary: Indonesia

## Conversations with patients about smoking focus on the health benefits of cutting down or quitting.

- 80% of physicians proactively discuss smoking with their patients who smoke at least sometimes.
  - 89% consider it a priority.
- Social/family support is the most frequently recommended method for smoking reduction/cessation.
  - Social/family support is also seen as the most effective method.

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

- Most physicians (92%) believe that combustion causes more harm than nicotine.
- Substantial majorities of physicians (from 87% to 97%) believe that nicotine is a direct cause of various smoking-related ailments, with many believing strongly.

# Research design



## Research Design

- For this research project, Sermo conducted 249 online interviews of physicians in Indonesia.
  - Interviews were conducted between June 3, 2022 and June 29, 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.

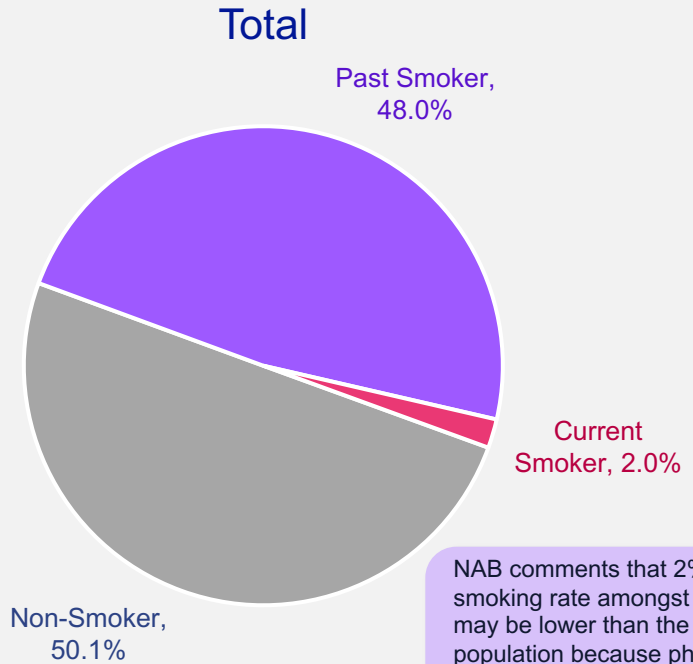
Relevant "*direct quotes*" or inferences from the Phase 4 Interviews with Global/National Advisory Board members (GABs/NABs) are included throughout this report in these purple boxes.

- 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 – 24 years in practice in a hospital setting
  - Pulmonologist and Oncology consultant – 18 years in practice, primarily public institutions (2 different hospitals)

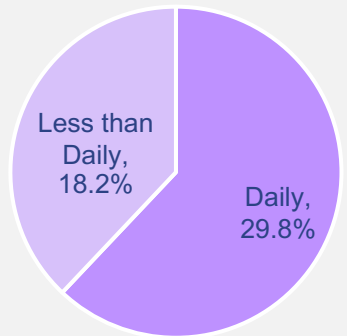
# Smoking-related behavior



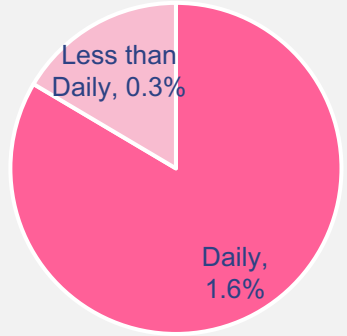
# Almost half of physicians in Indonesia report smoking in the past, but only 2% report smoking currently.



## Past Smokers



## Current Smokers



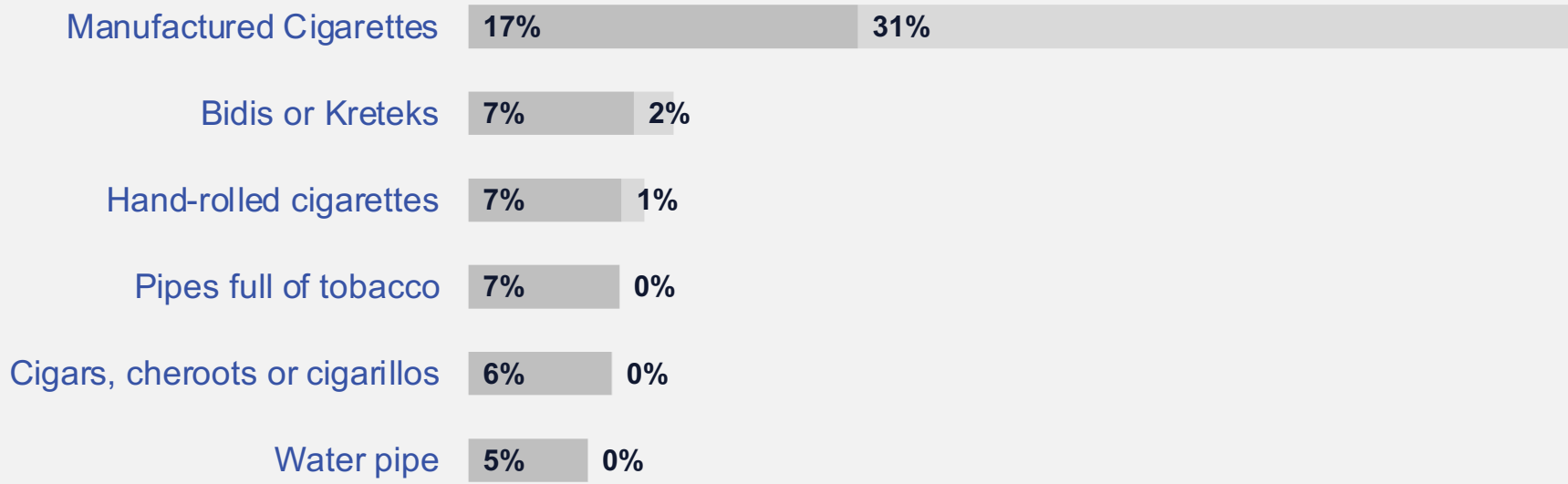
NAB comments that 2% current smoking rate amongst physicians may be lower than the general population because physicians are better educated about the harm caused by cigarettes.

Base = all physicians, n=249.  
S13. Which of the following best characterizes your own tobacco smoking habits?

# Manufactured cigarettes are by far the most frequently used (currently or formerly) form of combustible tobacco – used more than all other products combined.

## % who use or used combustible tobacco products

■ Less than daily      ■ Daily

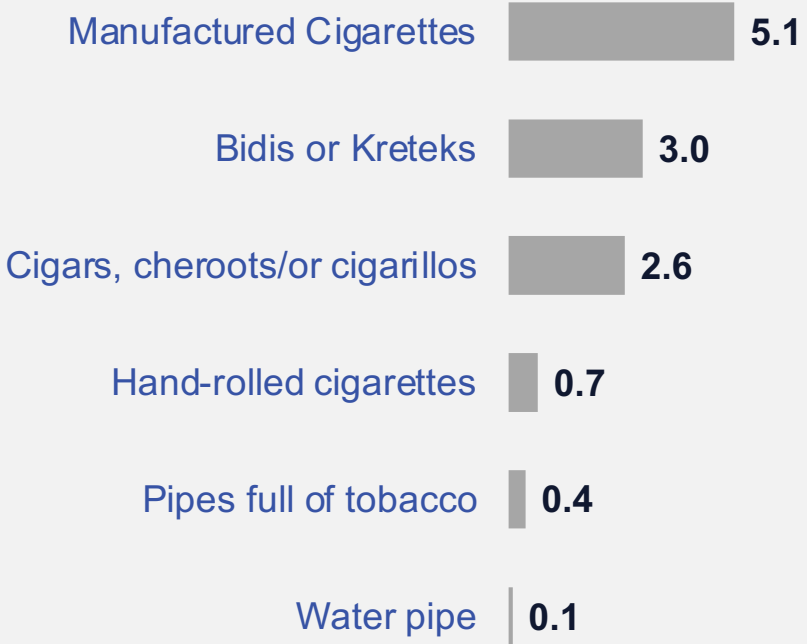


Base = all physicians, n=249  
Q10. Earlier, you reported that you used to/currently smoke tobacco. Which of the following combustible tobacco products shown below did/do you smoke on a daily or less frequent basis? Non-smokers are coded as nonusers for all products.



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

## Average Years Used

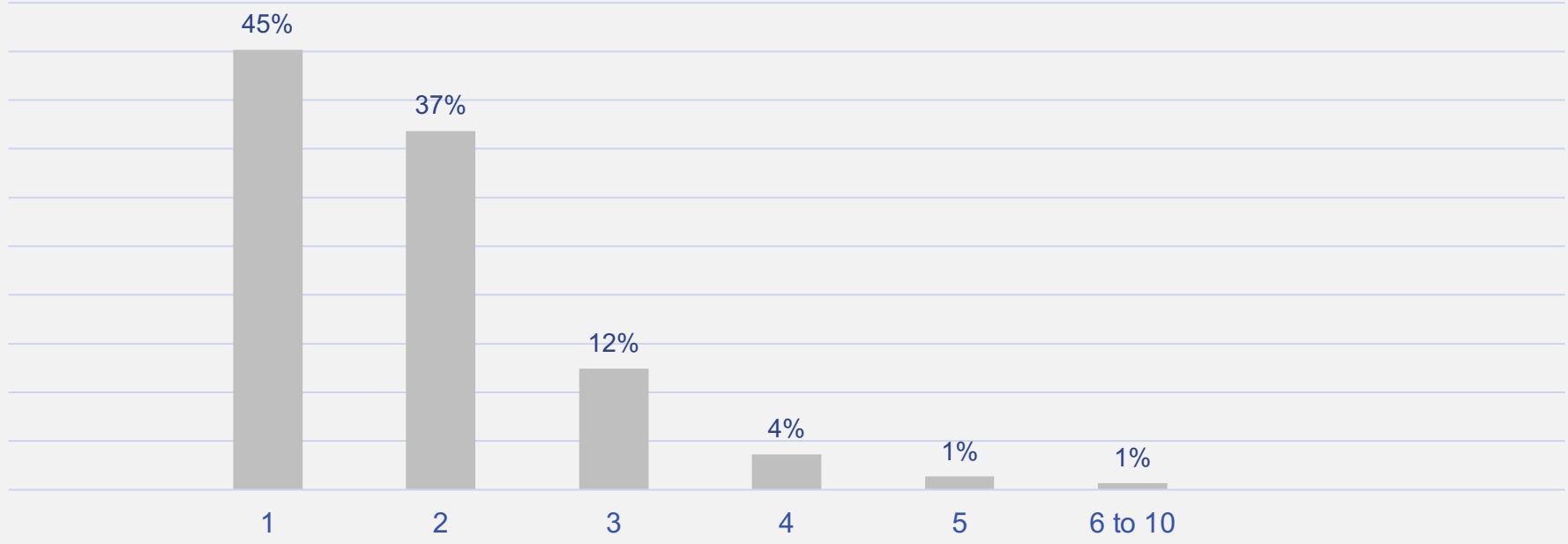


Base = users of each product (varies)  
Q16v2. For how long did or do you smoke each type of tobacco product? Write in the approximate number of years, rounding to the nearest whole number.

# The vast majority of past smokers quit after only one or two attempts.

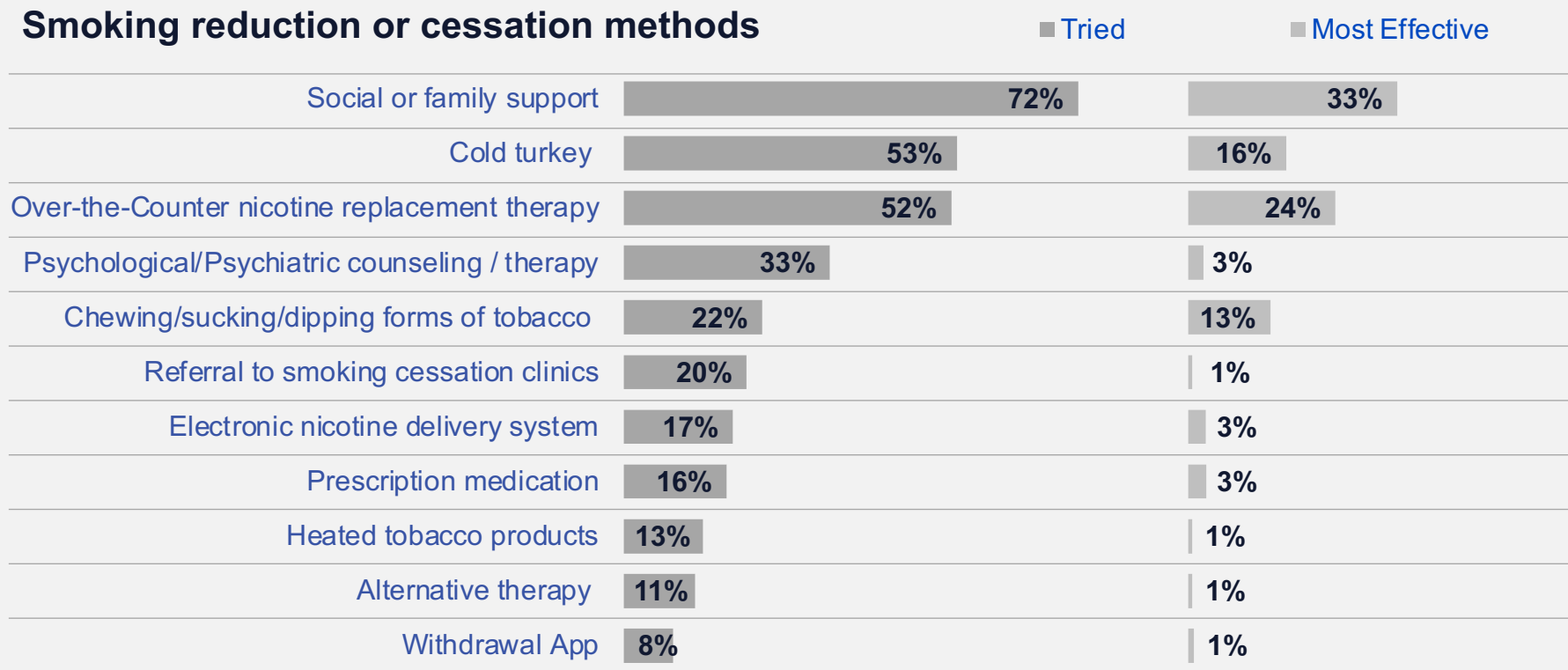
## Number of attempts to quit

■ Past smoker



Base = Past smoker (n=118), Current smoker (n=6\*\*): \*\*caution: very low base, not reported.  
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.

# Social/family support is the most popular, and most effective, method of smoking reduction or cessation.

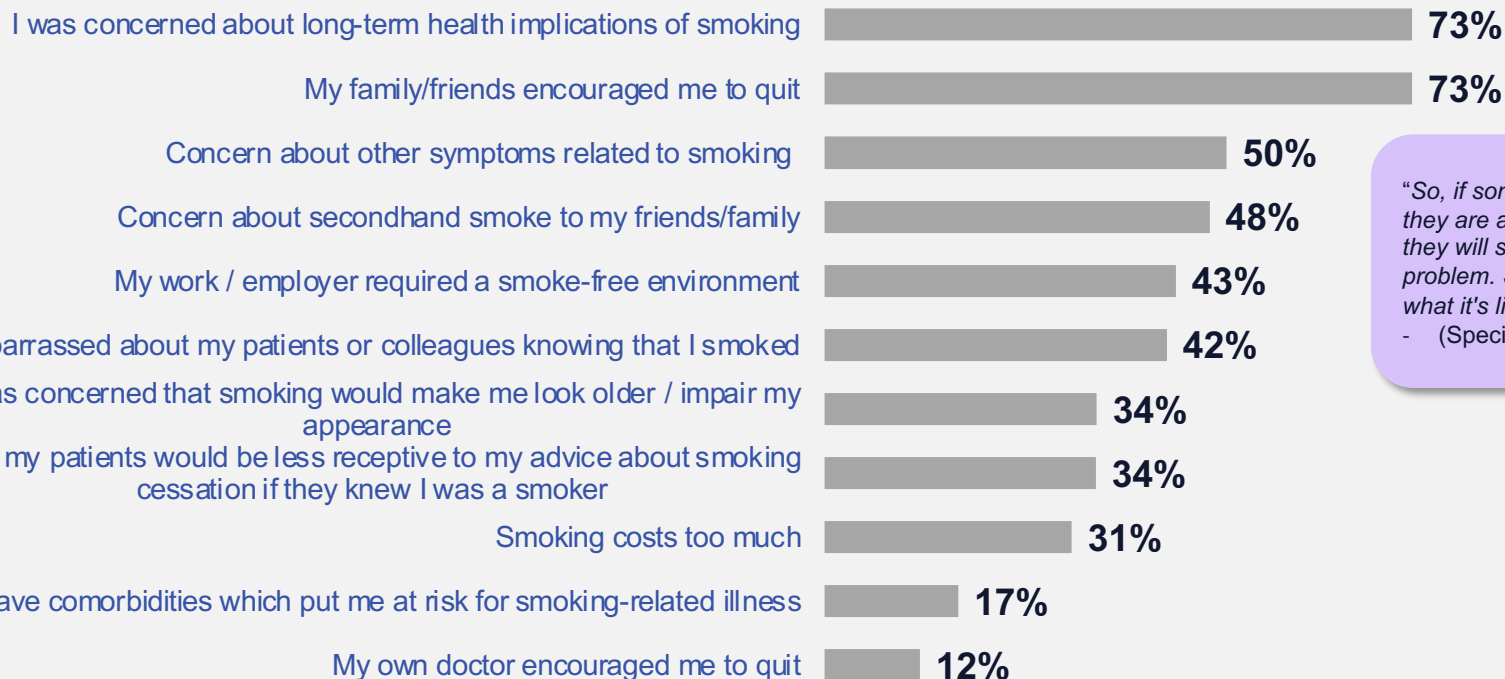


Base = attempted to quit at least once, n=124

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 and encouragement by family/friends are the most prevalent reasons for deciding to quit.

## Reasons for deciding to quit smoking



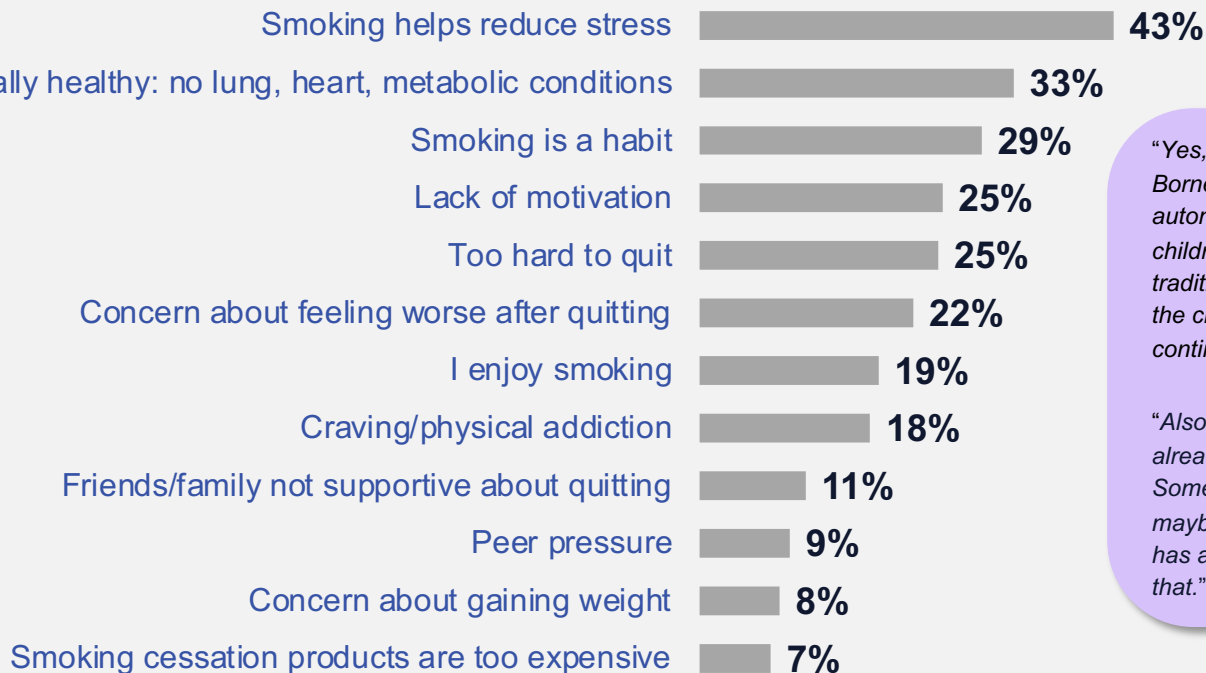
*“So, if someone smokes, if they are already sick, then they will stop. That’s a difficult problem. So, or being told what it’s like, it won’t work.”*  
- (Specialist)

Base = attempted to quit at least once, n=124

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 effects of smoking are the biggest barrier to quitting.

## Barriers preventing quitting



Agree with data: people smoke more when they are stressed

*"Yes, my own case, so I happen to be in Borneo. Almost everyone smokes. Almost automatically they will have children, his children will grow up following his traditional culture. Like that. So, besides the cigarettes, and that's the culture that continues. Like that." - (PCP)*

*"Also, sometimes smoking, when you're already a doctor, isn't a habit, right, ma'am. Sometimes it has to do with job level. So maybe the doctor who has the knife also has a high stress level. Something like that." - (PCP)*

Base = current or past smokers, n=124

Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

## Plans to quit smoking in the future

Not reported due to very small sample size.

Base = current smoker (n=6\*\*): \*\*caution: very low base, not reported.

Q40. Select the number that best reflects your level of agreement. 1=Disagree Completely, 7=Agree Completely. \*Caution: Low Base

# Substitutes for smoking are not used widely, but in some cases are used frequently and for extended periods.

*"It's a nicotine repress therapy, We don't have. Here Indonesia does not exist." - (Specialist)*

Awareness of tools and medicines to support smoking cessation is low amongst physicians and they are not used widely – even though those who are aware, believe they may be able to help

## \*Personally Used Products

■ Ever Used    ■ Currently Use

\*\*% of users who used daily

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

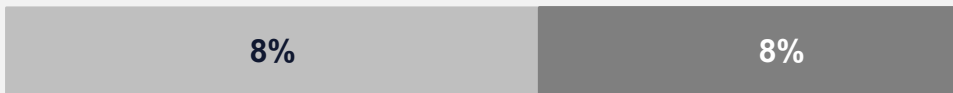
Chewing/sucking/dipping



58%

33%

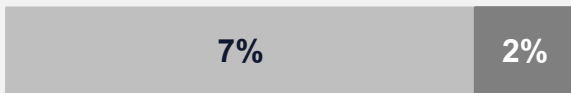
Electronic nicotine delivery



37%

37%

Heated tobacco<sup>^</sup>



12%

10%

Base = all physicians, n=249.

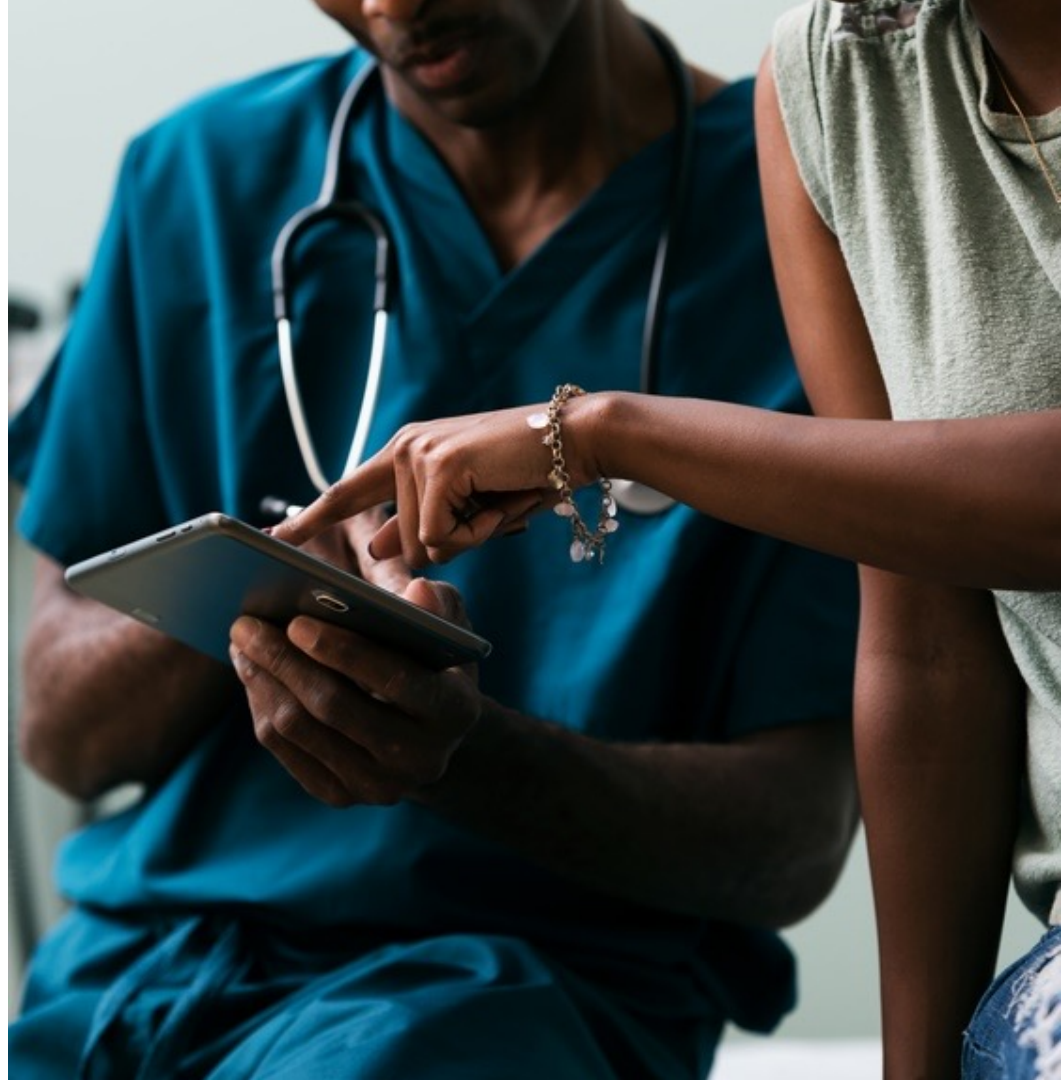
\*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?

Base = varies by product (Chewing/sucking/dipping, n=33; Electronic Nicotine Delivery, n=36; Heated tobacco, n=22 [<sup>^</sup>note small base size]).

\*\*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?

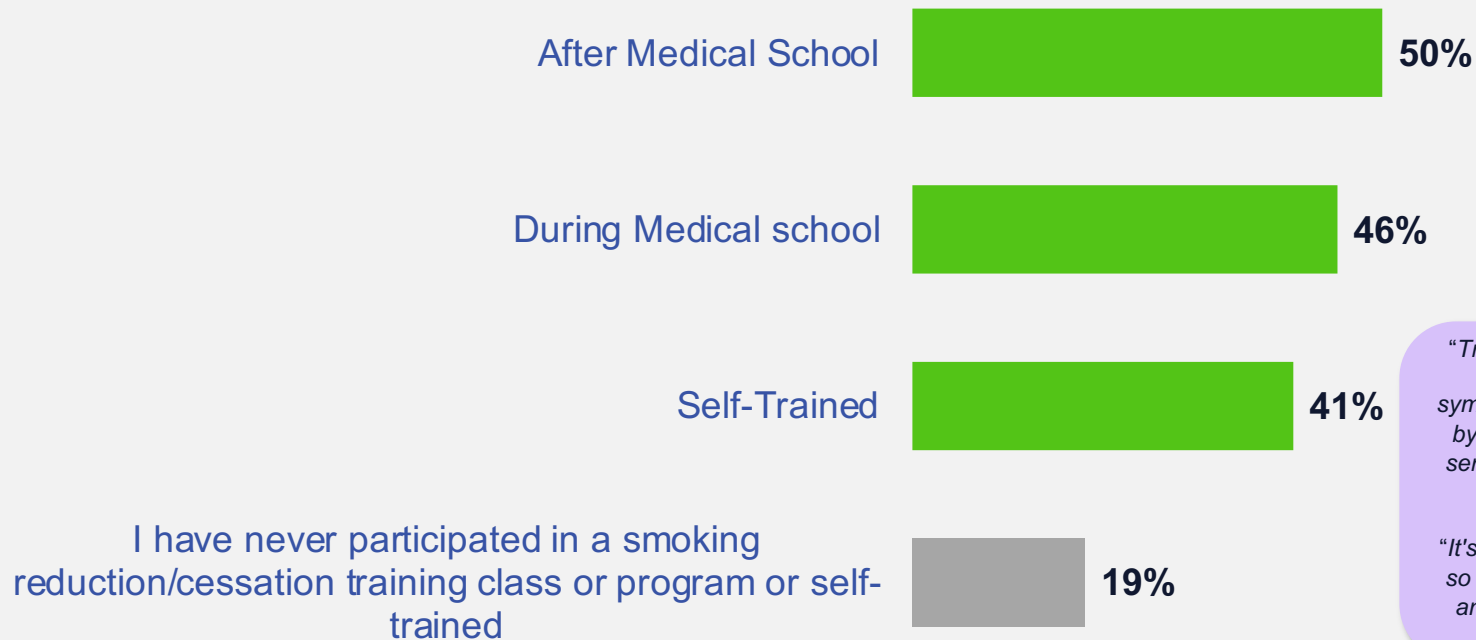
# Training





# 81% of physicians have had at least some training on smoking cessation.

## Training on Smoking Cessation



*“Training to stop smoking, through therapy, suggestions, reduce symptoms to quit smoking. It is done by the government, by doctors for service facilities, to stop smoking.”*  
- (Specialist)

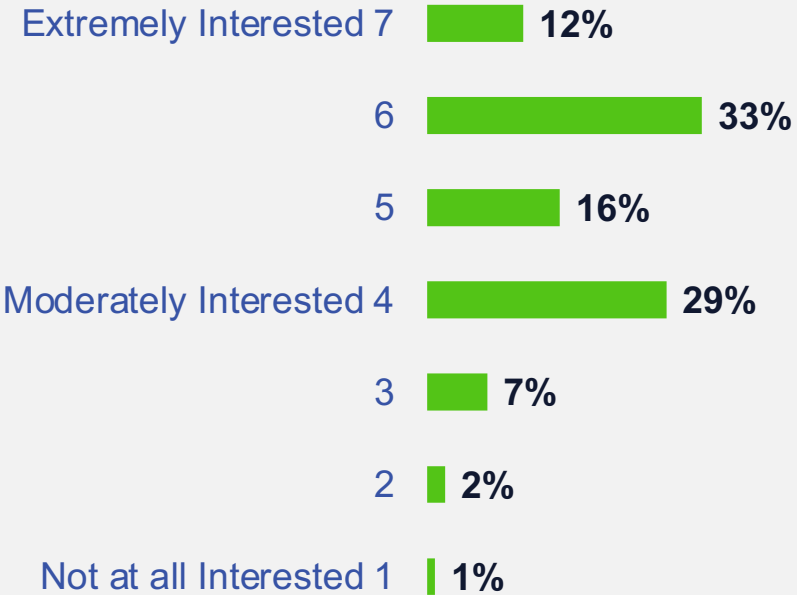
*“It's the Ministry of Health's program so many doctors have been invited and trained to open the service.”*  
- (Specialist)

Base = all physicians, n=249

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.

# 90% of physicians are at least moderately interested in training.

## Interest in training (at least Moderately Interested)



*“It depends on the hospital they are working with. If the hospital asked them, they must take part in the training.”*  
- (Specialist)

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

# Several training approaches are used with approximately equal frequency.

## 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



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



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



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

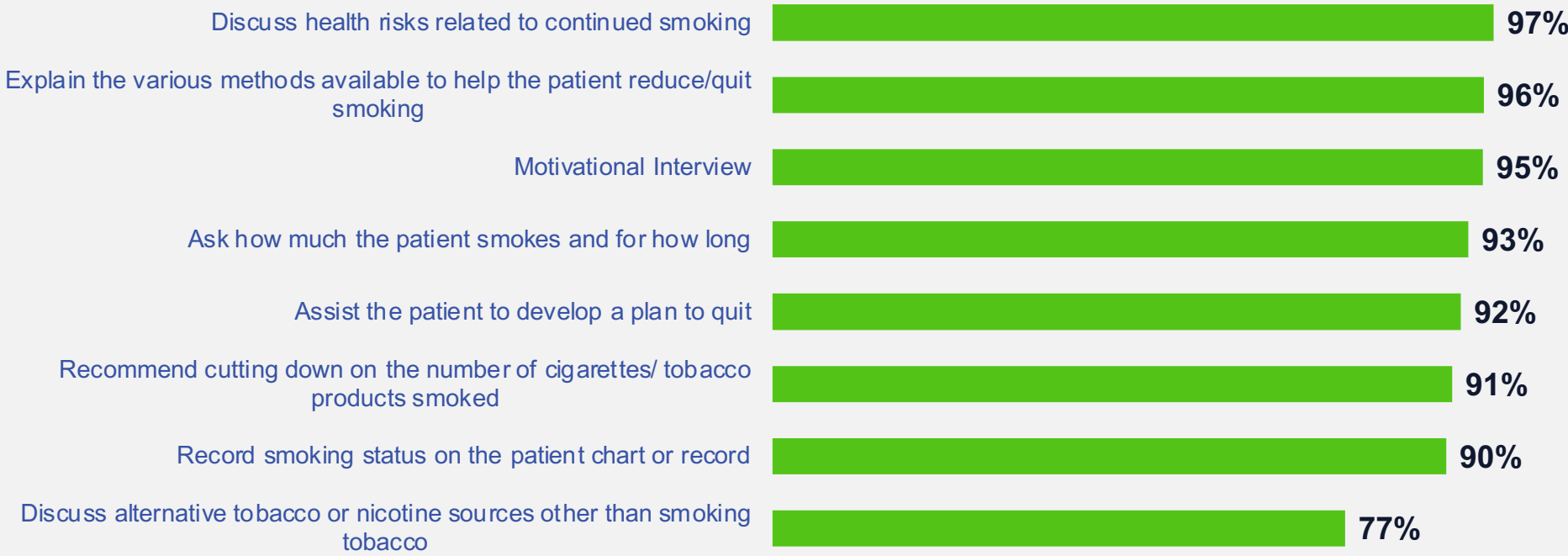


Base = has taken training, n=204

Q50. Which of the following approaches were communicated in the training you completed?

**With only one exception (alternative tobacco or nicotine sources), all training topics are seen as valuable by at least 90% of physicians.**

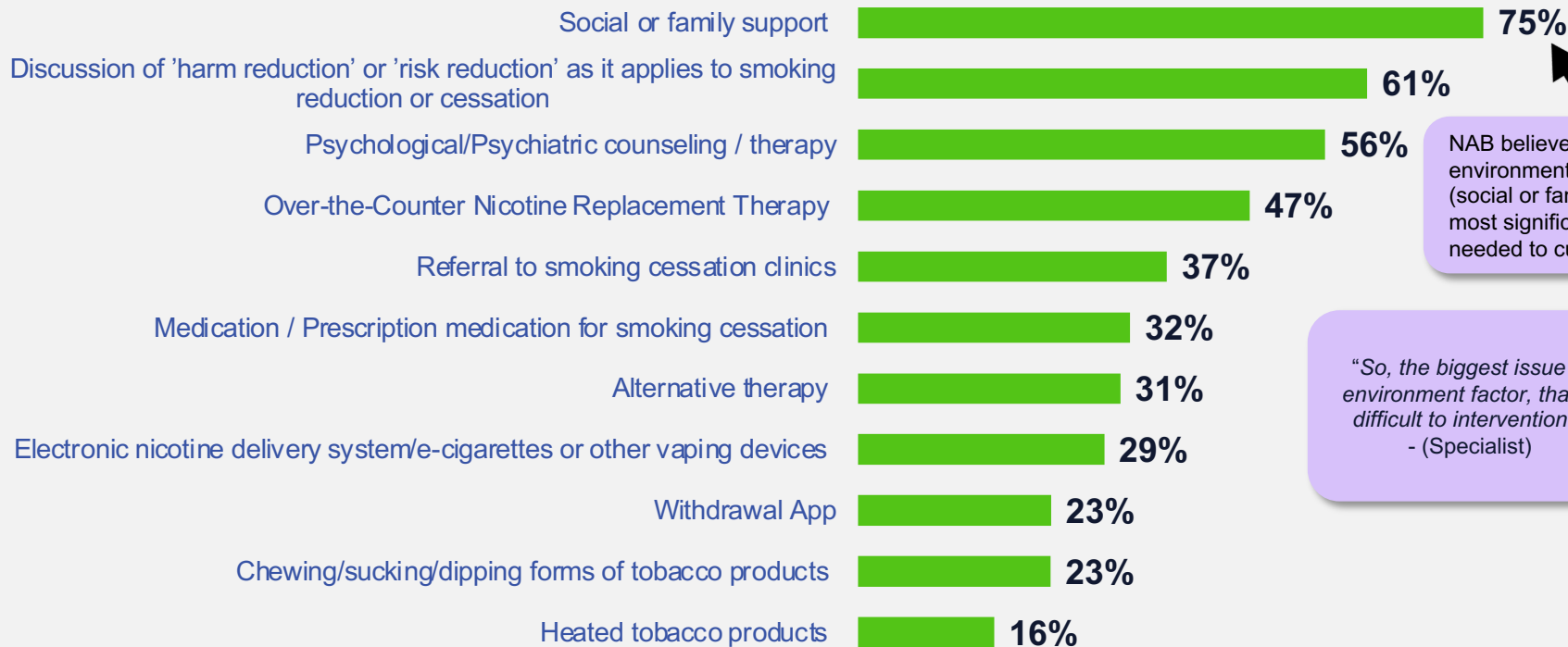
### Value of training topics (at least Moderately Valuable)



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.

# Most training includes social/family support. Specific alternatives to smoking are included only infrequently.

## Specific methods covered in training



NAB believes environment support (social or family) is the most significant support needed to cut smoking.

*"So, the biggest issue is environment factor, that is difficult to intervention."  
- (Specialist)*

Base = has taken training, n=204

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 time and lack of awareness are the chief reasons for not taking training.

## Reasons for not taking training



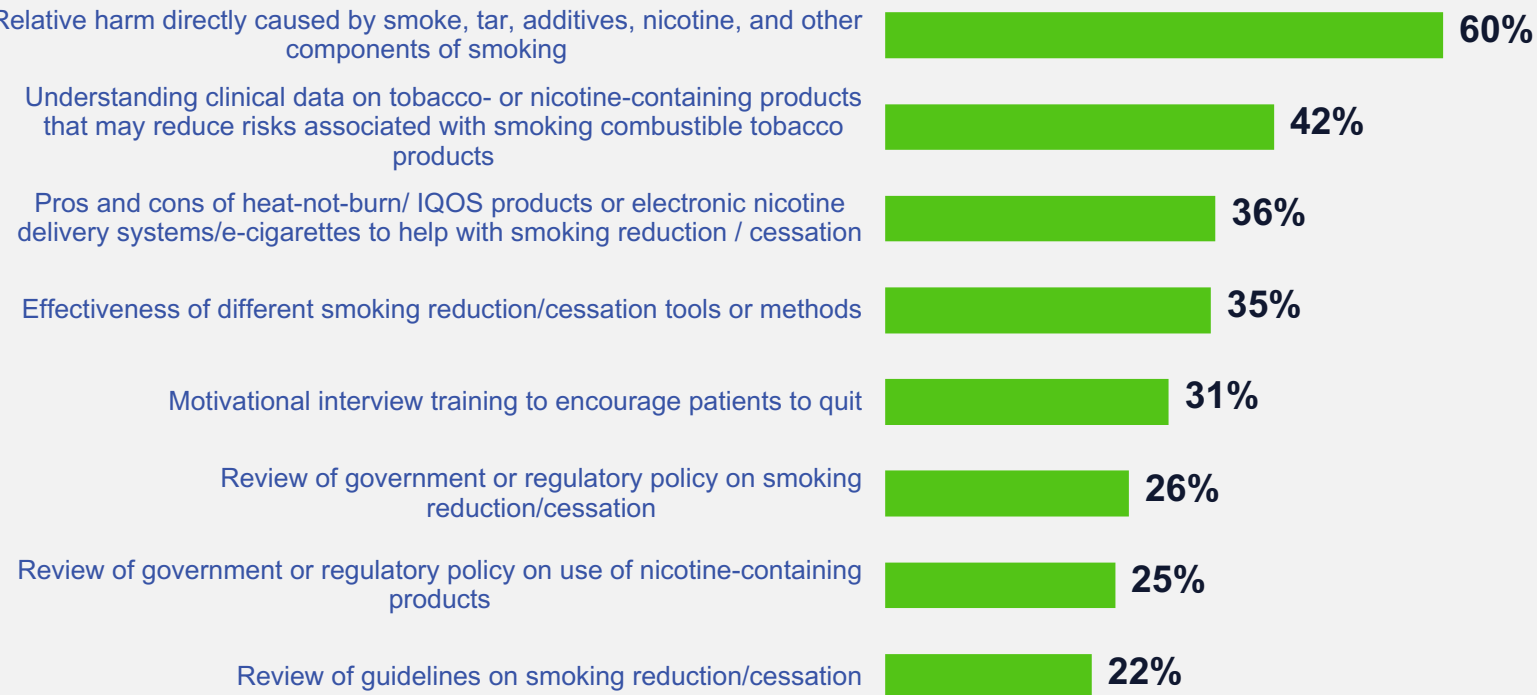
Not all physicians are aware of the training provided by the Ministry of Health – the opportunity is not well communicated in Indonesia, which might in part be due to Ministry of Health budget limitations which restrict how many physicians can join each year

Base = has not taken training, n=45

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

**The relative harm caused by smoking is the training subject of greatest interest. There is very little interest in government/regulatory policy or guidelines.**

### Top-3 training subjects of interest



Base = interested in training, n=241

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.

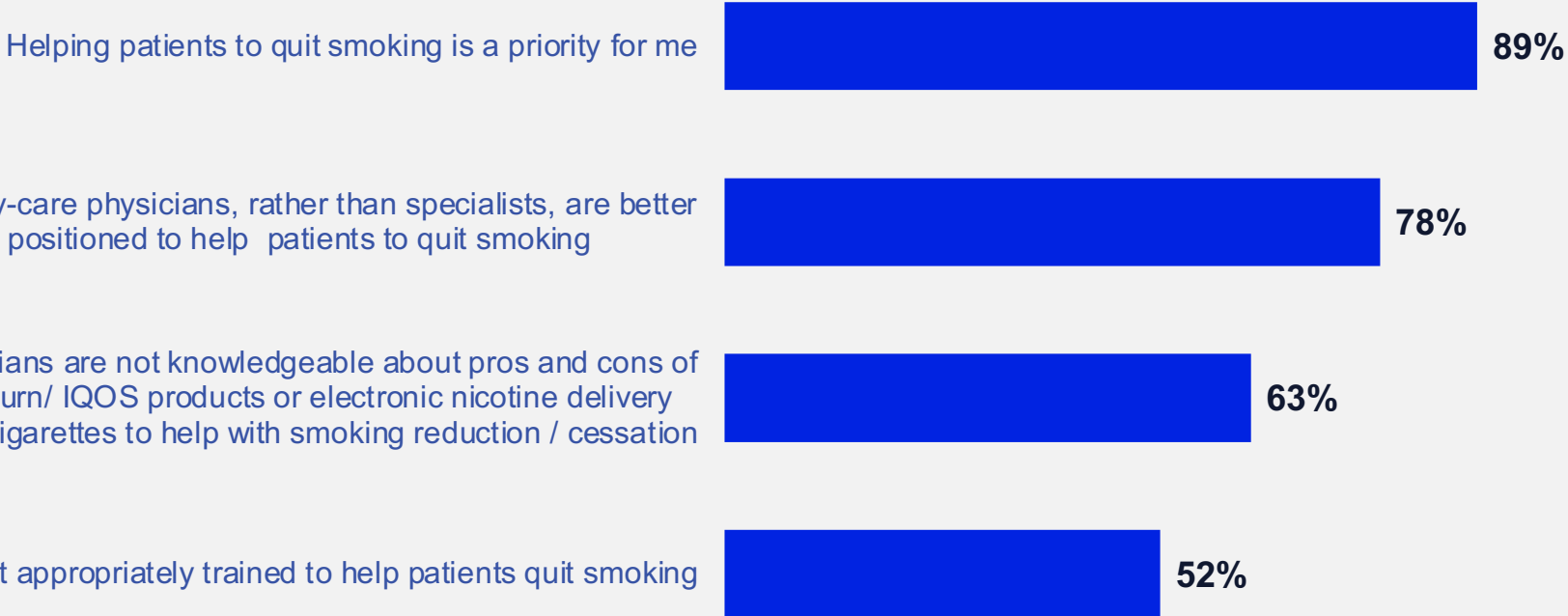
## Discussions with patients





**89% of physicians consider helping patients quit smoking to be a priority. Most physicians believe they are not appropriately trained to do so.**

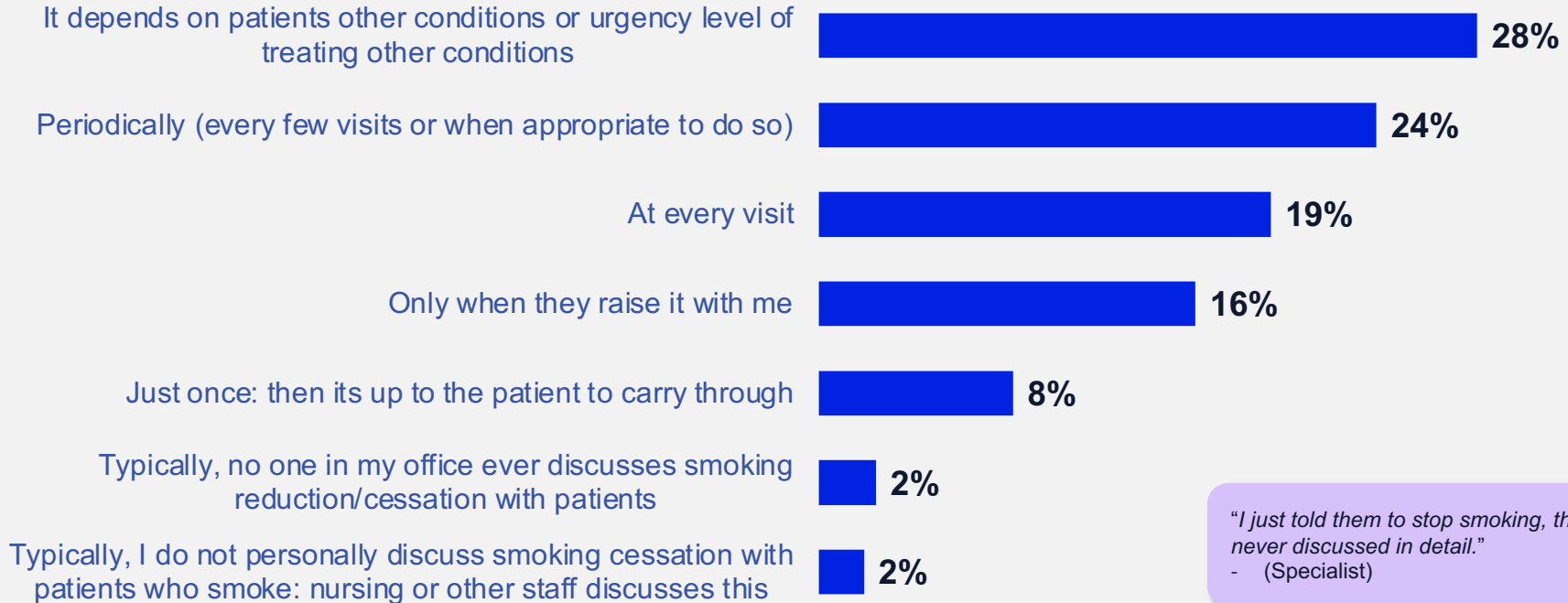
### **Agreement with statements about smoking (at least Moderately Agree)**



Base=all physicians, n=249.  
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.

# Few physicians discuss smoking at every visit. 80% discuss smoking proactively at least sometimes.

## Approach to discussing smoking reduction/cessation



*"I just told them to stop smoking, that was never discussed in detail."  
- (Specialist)*

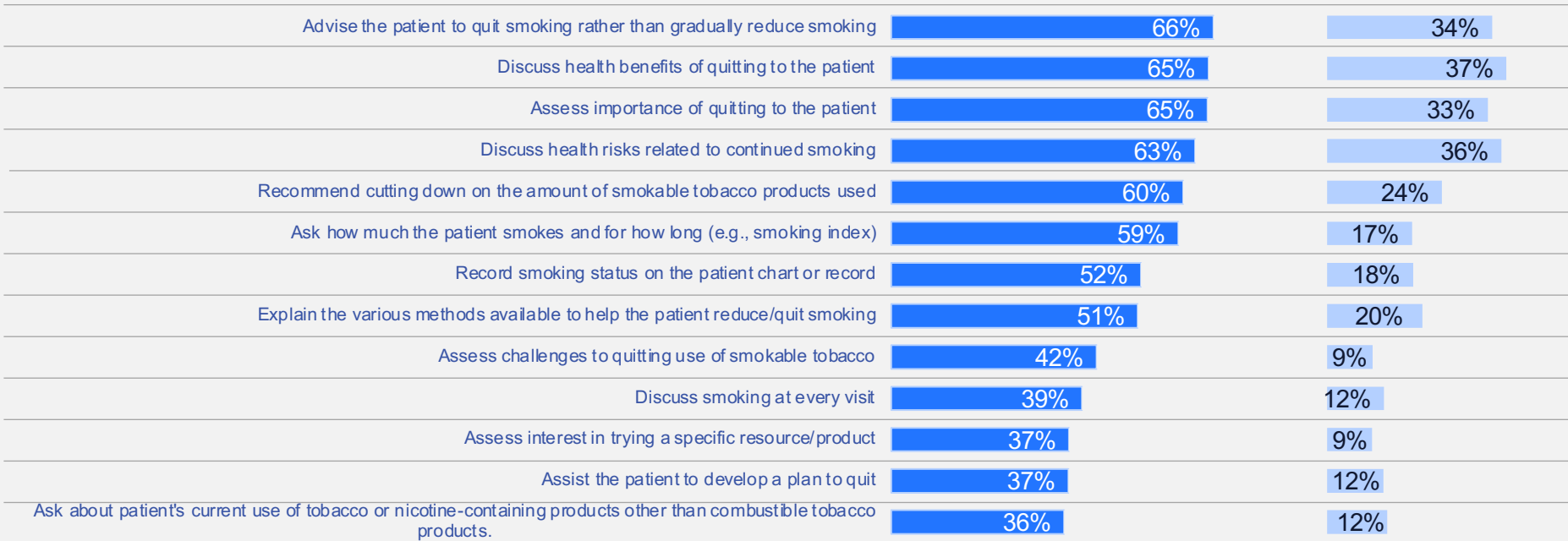
Base = all physicians, n=249

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

# Several topics related to smoking cessation are discussed by half to two-thirds of physicians. Discussions about specific information and specific plans tend to be less frequent.

## Discussion/action with patients who smoke

■ Selected ■ Top 3

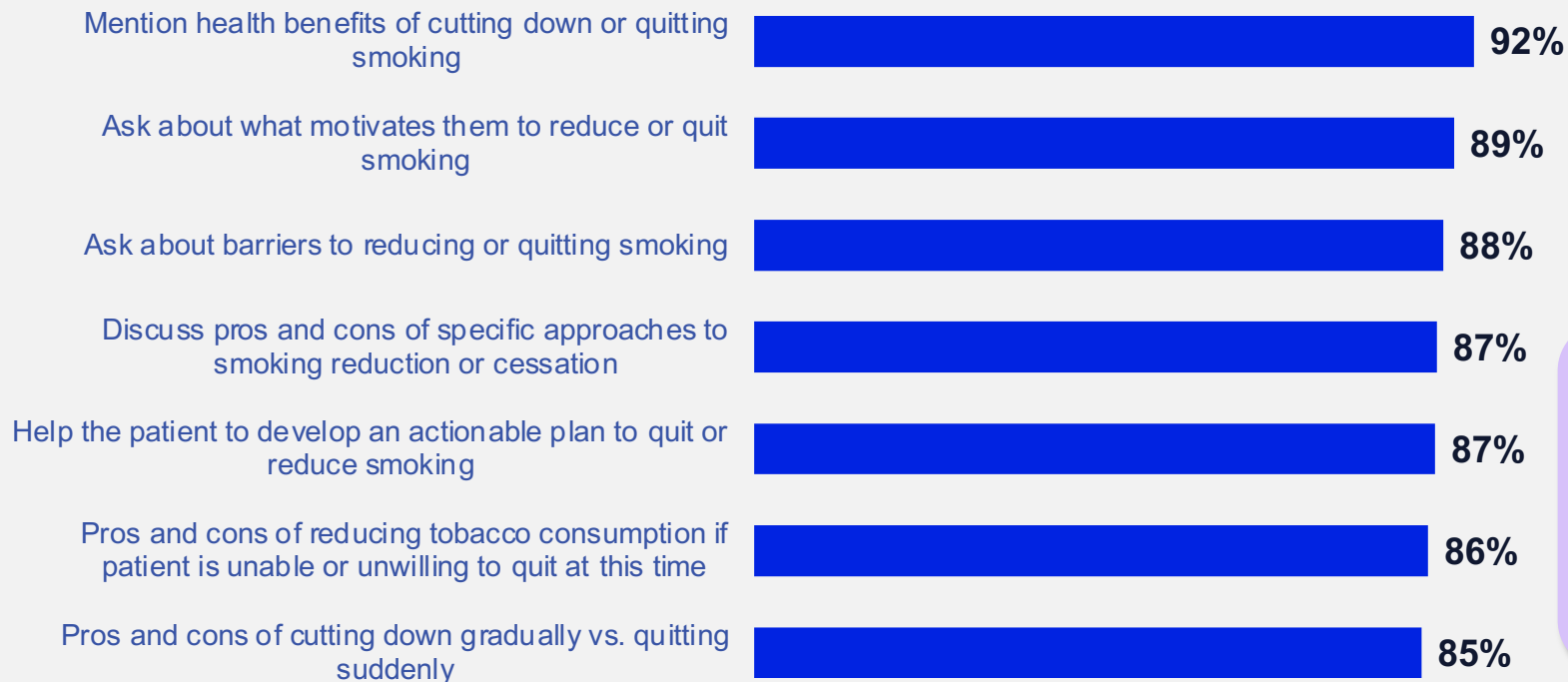


Base = all physicians, n=249

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?

# Health benefits and patient motivations are the most frequently offered advice from physicians.

## Advice given to patients at least Sometimes - top items



*"Well, just try to tell them to stop smoking, if it's anything else, if it's too long, my time is up. There is no replacement time. That's the problem. If you want to say a lot, the fee will be higher as well."*  
- (Specialist)

Base=discusses smoking cessation, n=237.

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, withdrawal, and smoking alternatives are least likely to be part of physician advice.

## Advice given to patients at least Sometimes (continued)

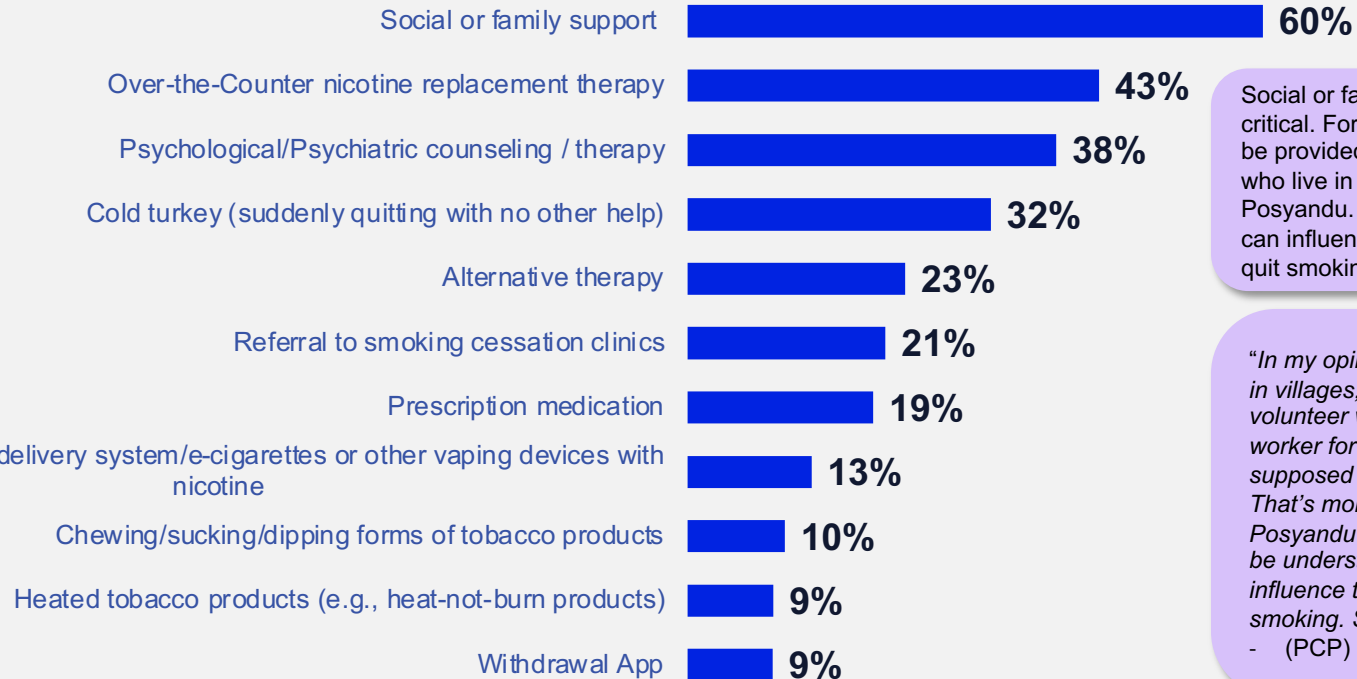


Base=discusses smoking cessation, n=237.

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 is the most frequently recommended method of smoking reduction/cessation. Quitting “cold turkey” and other specific alternatives are recommended much less frequently.**

## Recommended methods of smoking reduction/cessation



Social or family support are critical. For example, training will be provided to volunteer workers who live in villages, like Posyandu. Women in Posyandu can influence their husbands to quit smoking.

*“In my opinion, those who are in villages, like Posyandu volunteer worker, volunteer worker for elderly. They supposed to get that training. That’s more meaningful. Posyandu for moms, they must be understood, they can influence their husband to quit smoking. Something like that.”*  
- (PCP)

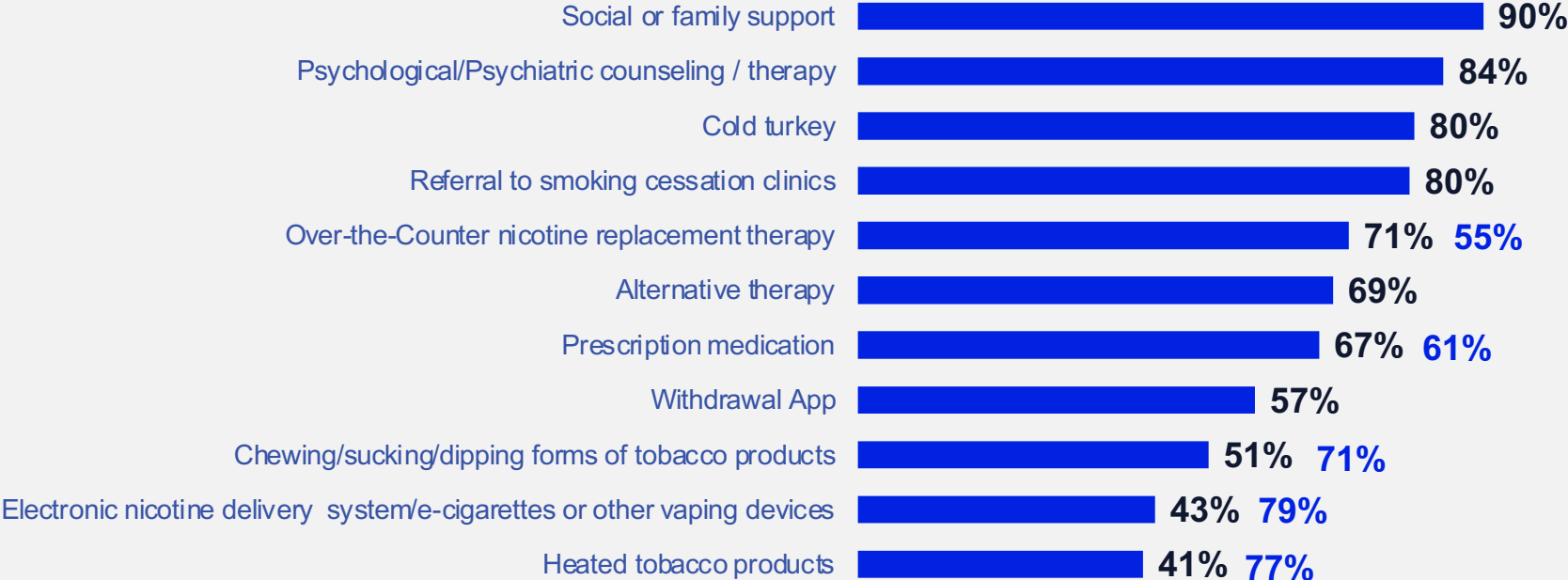
Base = all physicians, n=249

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.

**Most methods are seen as effective by at least 50% of physicians, with social/family support and counseling seen as most effective. The least effective methods are also the most concerning.**

### Effectiveness (at least Moderately Effective)

At least moderately concerned



Base=all physicians, n=249. 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.

**Electronic nicotine is less likely to be seen as a long-term solution. Physicians are generally comfortable with patients using oral tobacco along with combustible tobacco.**

### Advice about smoking reduction/cessation methods

	Electronic Nicotine	Heated tobacco*	Oral tobacco*
Should be used only until the patient quits smoking, rather than on a long-term basis	61%	47%	47%
May lower risks associated with using combustible tobacco	57%	51%	47%
May still have some health risks associated with inhaling vapor/aerosols	56%	51%	33%
Should not be used along with combustible tobacco	55%	58%	29%
May reduce or stop patients use of combustible tobacco	51%	59%	50%
May provide health benefits to the patients, their families, and population as a whole	40%	45%	48%
May be used on a long-term basis as a substitute for combustible tobacco	17%	27%	31%

Base = recommends each item: electronic nicotine n=30, heated tobacco n=22\*, oral tobacco n=29\* (\*Caution: Low Base)  
 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 changed the behavior of nearly all 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

95%

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

92%

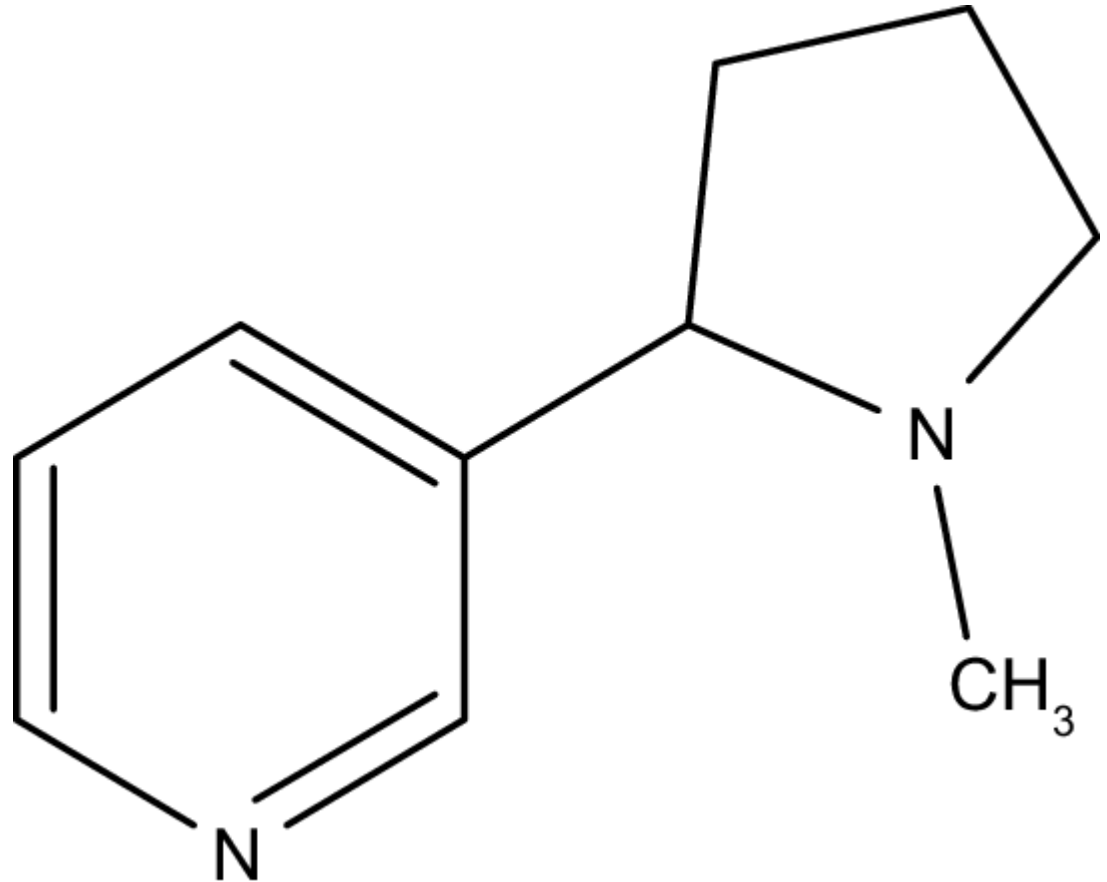
My patients who smoke are more willing to commit to quitting or reducing smoking than before COVID

91%

Base=prioritizes helping patients quit smoking, n=222.

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



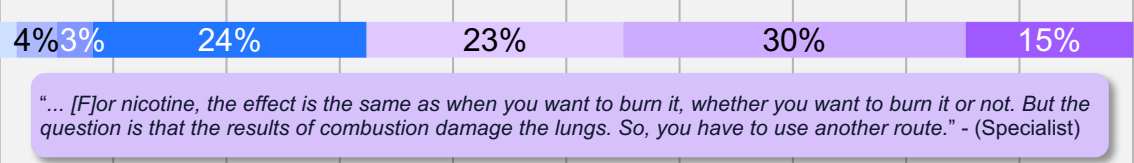
**92% of physicians believe that combustion is more harmful than nicotine. Substantial majorities of physicians (from 87% to 97%) believe that nicotine is a direct cause of various smoking-related ailments, with many believing strongly.**

### Agreement with statements about nicotine

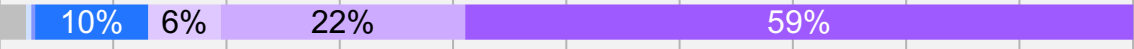
■ DK ■ 1 Completely Disagree ■ 2 ■ 3 ■ 4 Moderately Agree ■ 5 ■ 6 ■ 7 Completely Agree

**Top-4 agreement**

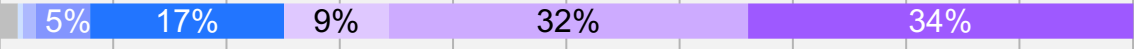
In the adult patient, most harm caused by smoking comes from combustion rather than nicotine by itself



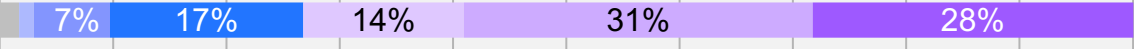
Causes Lung cancer



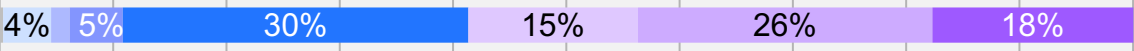
Causes COPD



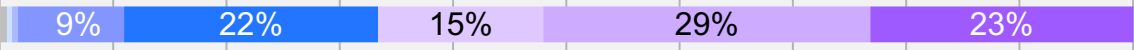
Causes Head/neck/gastric cancers



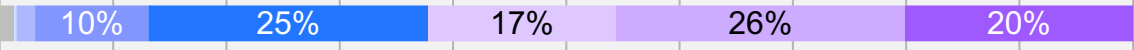
Causes Birth defects



Causes Atherosclerosis



Causes Bladder cancer



Base = all physicians, n=249

Data label <3% not shown

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.

# Public policy and professional guidelines



# Most physicians are familiar with policies, guidelines, and phrases related to smoking cessation.

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



Base=all physicians, n=249.

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 report following national and international guidelines.

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



Base=familiar with guidelines, n=231.  
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.

*“The regional area is a big city, with the tightening of the rules for buying cigarettes, if possible. Apart from restrictive are for smoking as well. Now, it’s restricted at the building, but the issue is age. There must be restriction as well for buyer.” - (PCP)*

## Government decisions

	Electronic Nicotine	Heated tobacco	Oral tobacco
Restriction of smoking in public places	51%	50%	40%
Level of nicotine allowed is regulated	41%	43%	31%
Distribution, sales, promotion, or use is restricted	33%	33%	29%
Are taxed at higher rate than cigarettes	30%	38%	27%
Regulation is like any other tobacco product	28%	33%	23%
Distribution, sales, promotion, or use is restricted	22%	26%	22%
Taxed at lower rate than cigarettes	20%	16%	22%
Changes in regulation are pending	15%	17%	19%
Not taxed at all	8%	11%	20%
Don't Know/Not Sure	11%	12%	10%

Base = familiar with policies, n=233

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	Heated tobacco	Oral tobacco
Should be banned altogether	36%	39%	35%
Should be taxed and regulated the same as combustible tobacco products	26%	26%	24%
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)	26%	25%	26%
Should be widely available to adults who wish to reduce/quit smoking	16%	14%	14%
Should be available wherever cigarettes are sold	12%	7%	11%
Should be available only through physicians or pharmacists	11%	12%	18%
Don't Know/Need more evidence before deciding	15%	16%	16%

Base = all physicians, n=249

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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