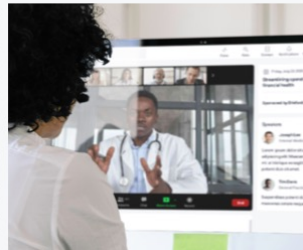
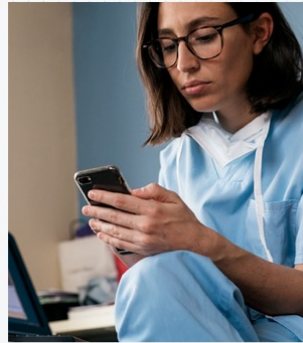
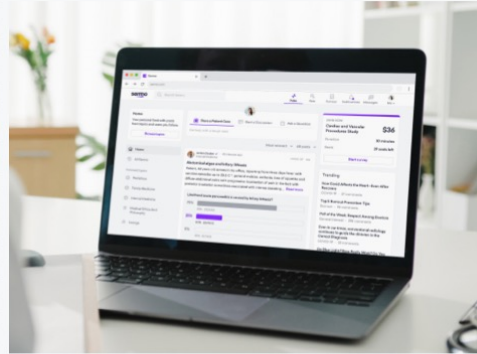
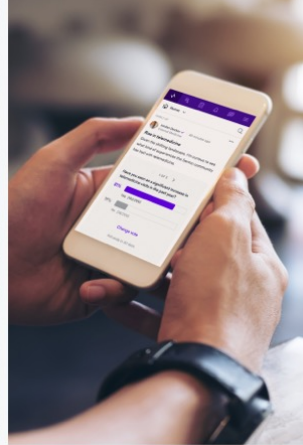


Doctors' Survey: Israel results

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: Israel

About a quarter of physicians in Israel are either past or current smokers.

- 17% are past smokers
- 5% are current smokers.
- Most have tried to quit, with “cold turkey” the most popular and most effective method.
 - Only 7% of smokers have no plans to quit, and NAB interviewees expressed surprised that there are doctors who don’t plan to quit.
- Long-term health is the primary reason to quit; the perceived benefits of smoking (enjoyment, stress reduction) and habit formation are the primary barriers to quitting.

Training about the various methods of reduction/cessation is seen as most valuable.

- Only 57% of physicians have had training – only 13% during medical school, which is consistent with NAB feedback that smoking cessation training was more recently added to medical curriculum
 - 71% are at least moderately interested in training.
 - NAB interview mentions that little emphasis is placed on training physicians about smoking cessation except about its importance.
- 71% consider comparative effectiveness as among their top subjects of interest.
- Lack of opportunity is the chief reason for not participating in training.

Executive Summary: Israel

- 93% of physicians proactively discuss smoking with their patients who smoke at least sometimes.
 - 88% consider it a priority, but NAB interviewee mentions physicians are not well trained on how to help patients.
- Smoking cessation clinics (69%) and prescription medication (69%) are the most popular recommendations for reduction/cessation methods.

Physicians are likely to attribute negative health consequences to nicotine.

- 60% of physicians believe that combustion causes more harm than nicotine.
- 65% to 71% believe that nicotine is a direct cause of various smoking-related ailments, with many believing completely.

Research design

Glossary of terms:

GAB: global advisory board

NAB: national advisory board



Research Design

- For this research project, Sermo conducted 459 online interviews of physicians in Israel.
 - Interviews were conducted between March 9, 2022 and May 1, 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
 - PCP – February 22, 2023
 - Specialist – February 28, 2023

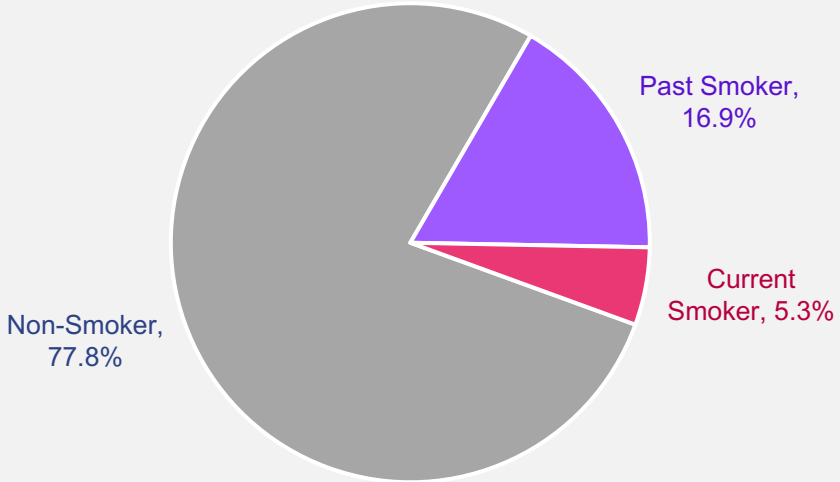
Smoking-related behavior



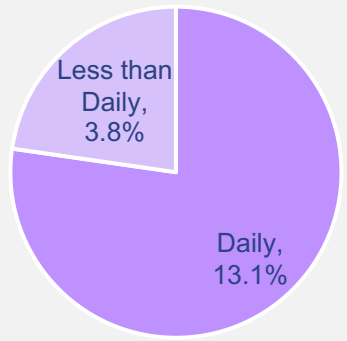
About a quarter of physicians in Israel are either past or current smokers.

"The data presented here is a good reflection on the rate of smoking among physicians in Israel." - (Oncologist)

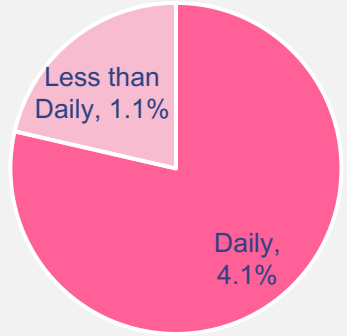
Total



Past Smokers



Current Smokers

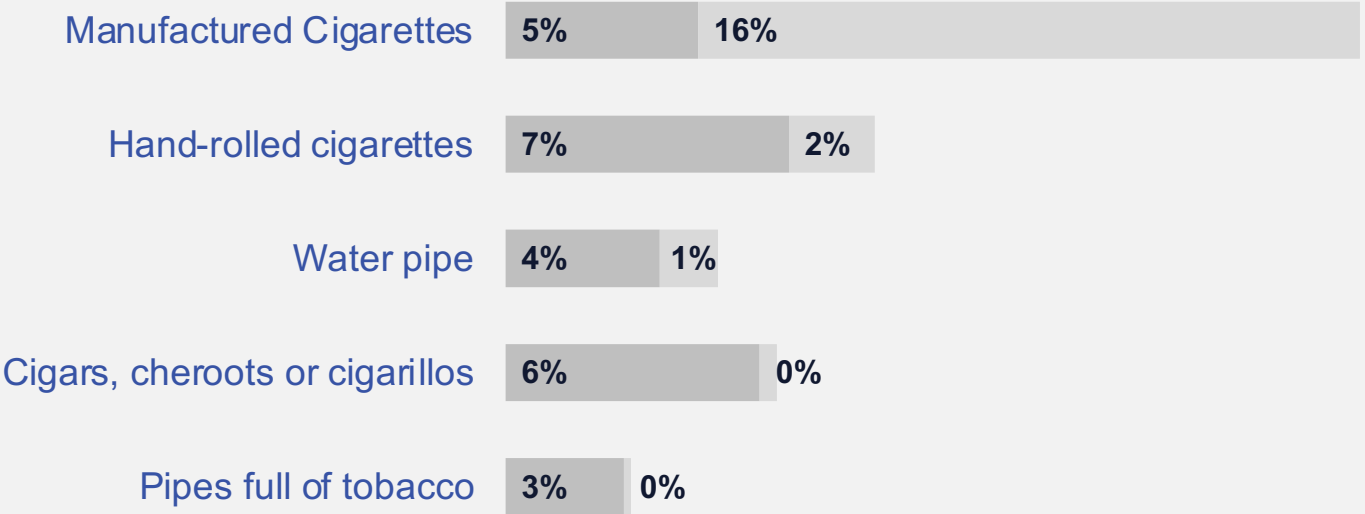


Base = all physicians, n=459.
S13. Which of the following best characterizes your own tobacco smoking habits?

Manufactured cigarettes are by far the most frequently used (currently or formerly) form of combustible tobacco. For less-than-daily use, hand-made cigarettes and cigars are most common.

% who use or used combustible tobacco products

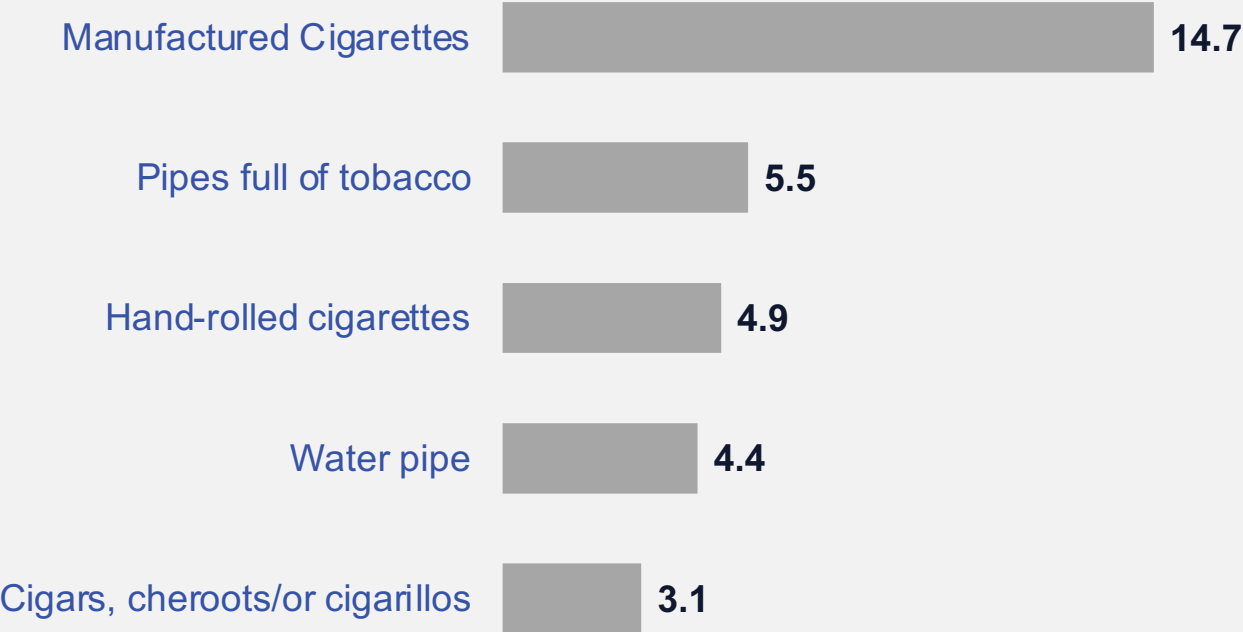
■ Less than daily ■ Daily



Base = all physicians, n=459.
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.

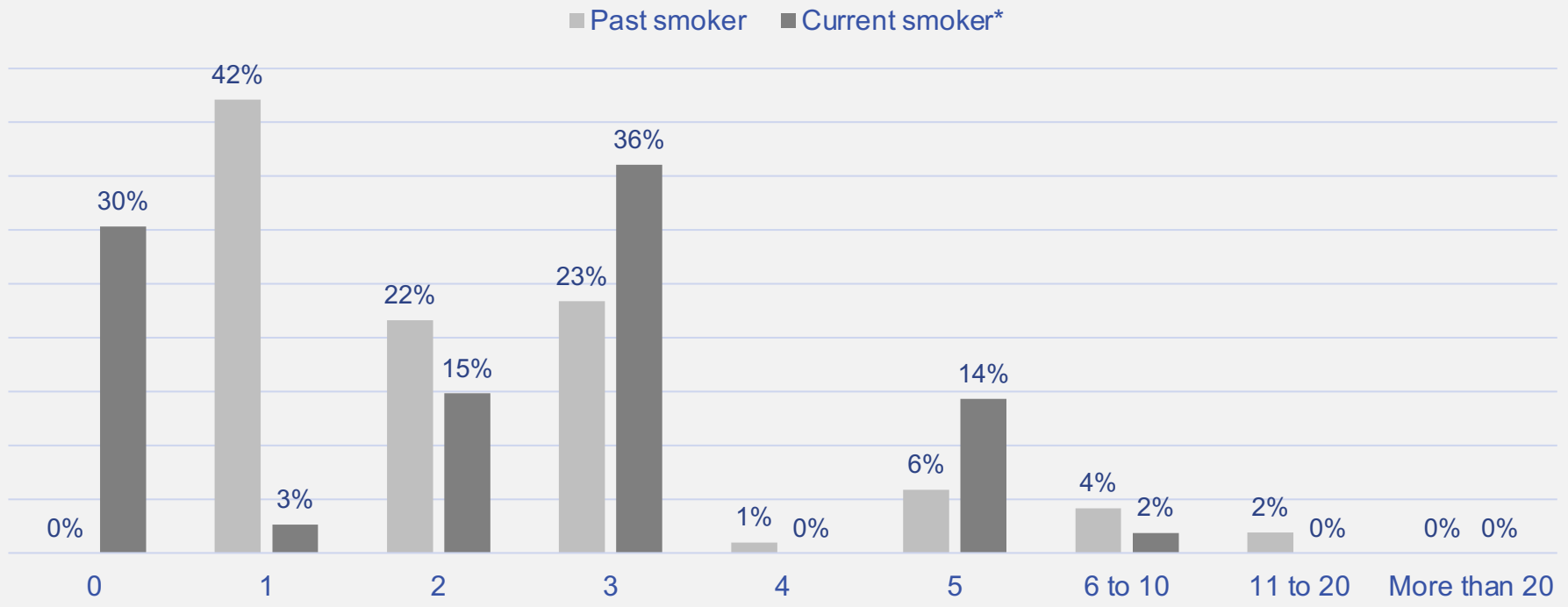
Average Years Used



Base = users of each product, n=96.
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.

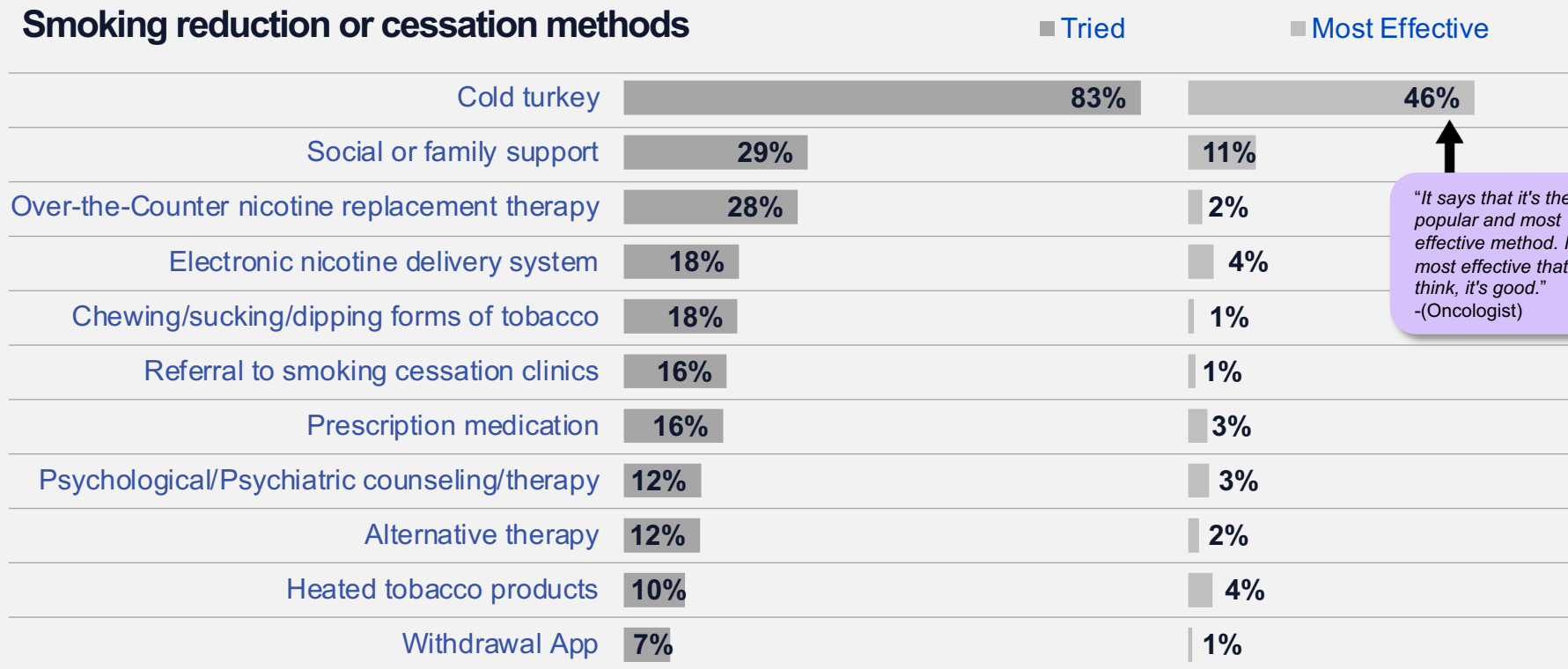
42% of past smokers quit quickly – after only one attempt. 70% of current smokers have attempted to quit at least once, and 49% have tried to quit three or more times.

Number of attempts to quit



Base = Past smoker (n=75), Current smoker (n=21*) *caution: low base
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 by far the most popular, and most effective, method of smoking reduction or cessation. Social/family support is a distant second, followed by over-the-counter nicotine replacement.



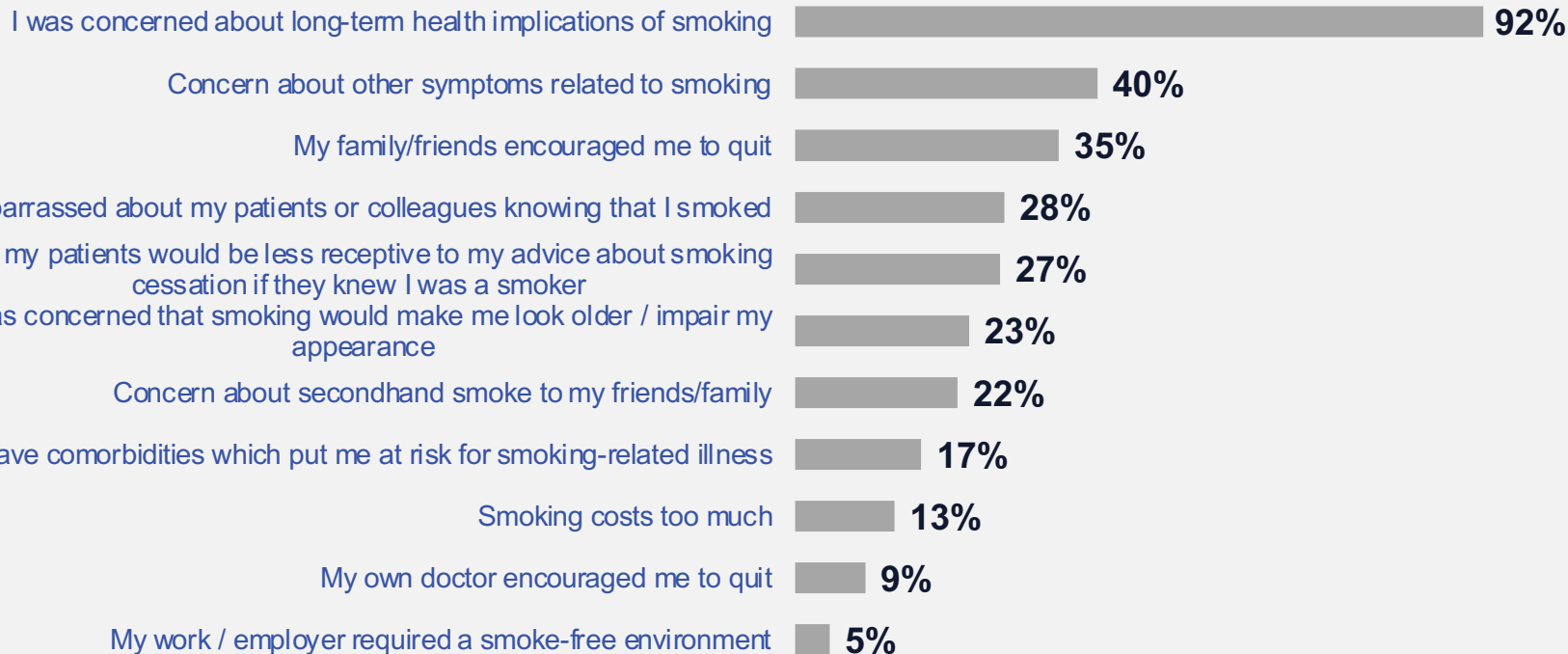
“It says that it’s the most popular and most effective method. If it’s the most effective that they think, it’s good.”
 -(Oncologist)

Base = attempted to quit at least once, n=90.

Q25. When you were trying to quit smoking, regardless of whether you were successful or not, which of the following interventions or methods did you use as a smoking reduction or cessation aid?

Long-term health is by far the most prevalent reason for deciding to quit. Concern about smoking-related symptoms is also relevant, as is encouragement by family/friends.

Reasons for deciding to quit smoking



Base = attempted to quit at least once, n=90.

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 perceived benefits of smoking – general enjoyment, and stress reduction – loom large as barriers to quitting. Habit formation, and lack of motivation, are also barriers.

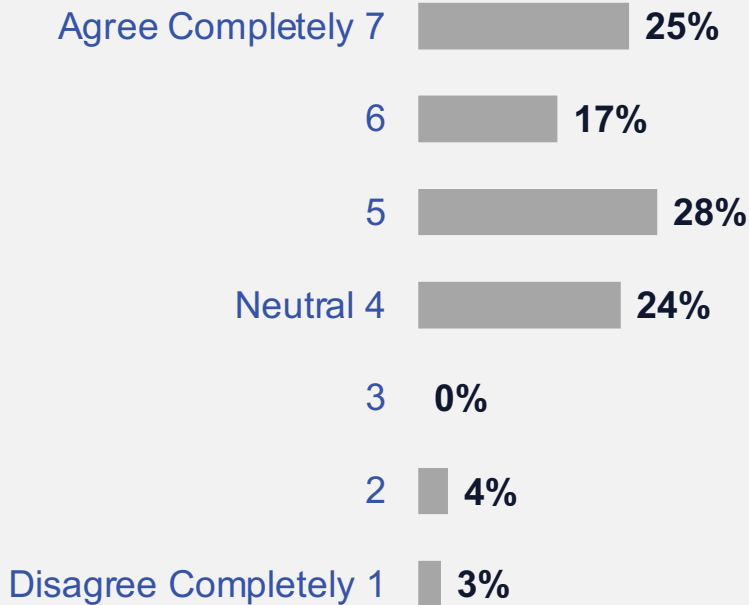
Barriers preventing quitting



Base = current or past smokers, n=96.
Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

Only 7% of currently smoking physicians are less than Neutral about quitting.

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



Base = current smokers, n=21* *Caution: Low Base
Q40. Select the number that best reflects your level of agreement. 1=Disagree Completely, 4=Neutral, 7=Agree Completely.

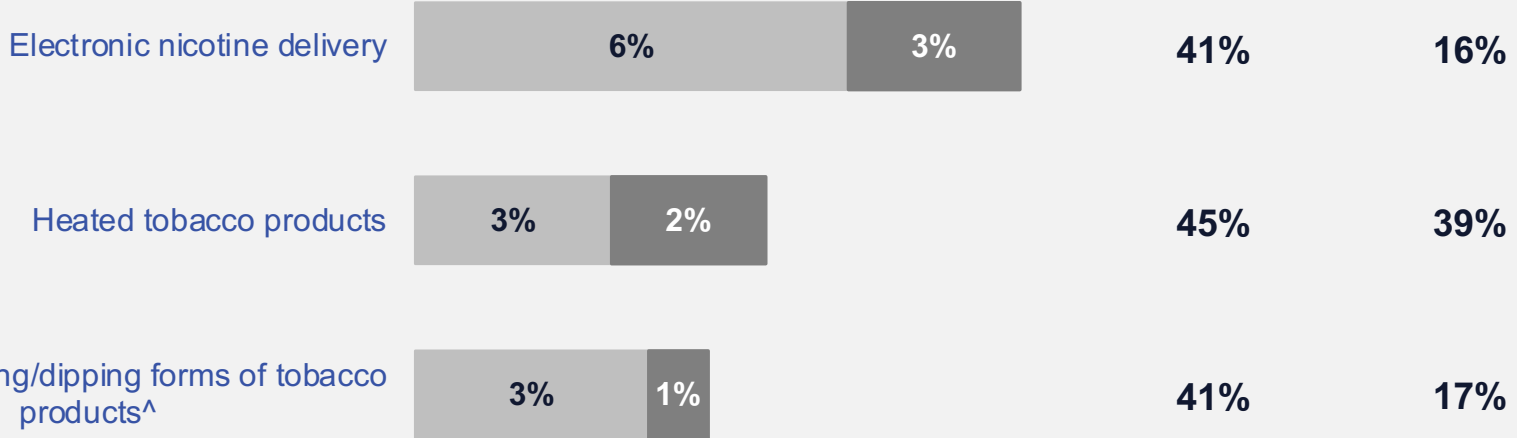
Substitutes for smoking are not widely used. But users of electronic nicotine and heated tobacco are often daily users. 39% of users of heated tobacco products used them for more than a year.

***Personally Used Products**

■ Ever Used ■ Currently Use

****% of users who used daily**

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



Base = all physicians, n=459.

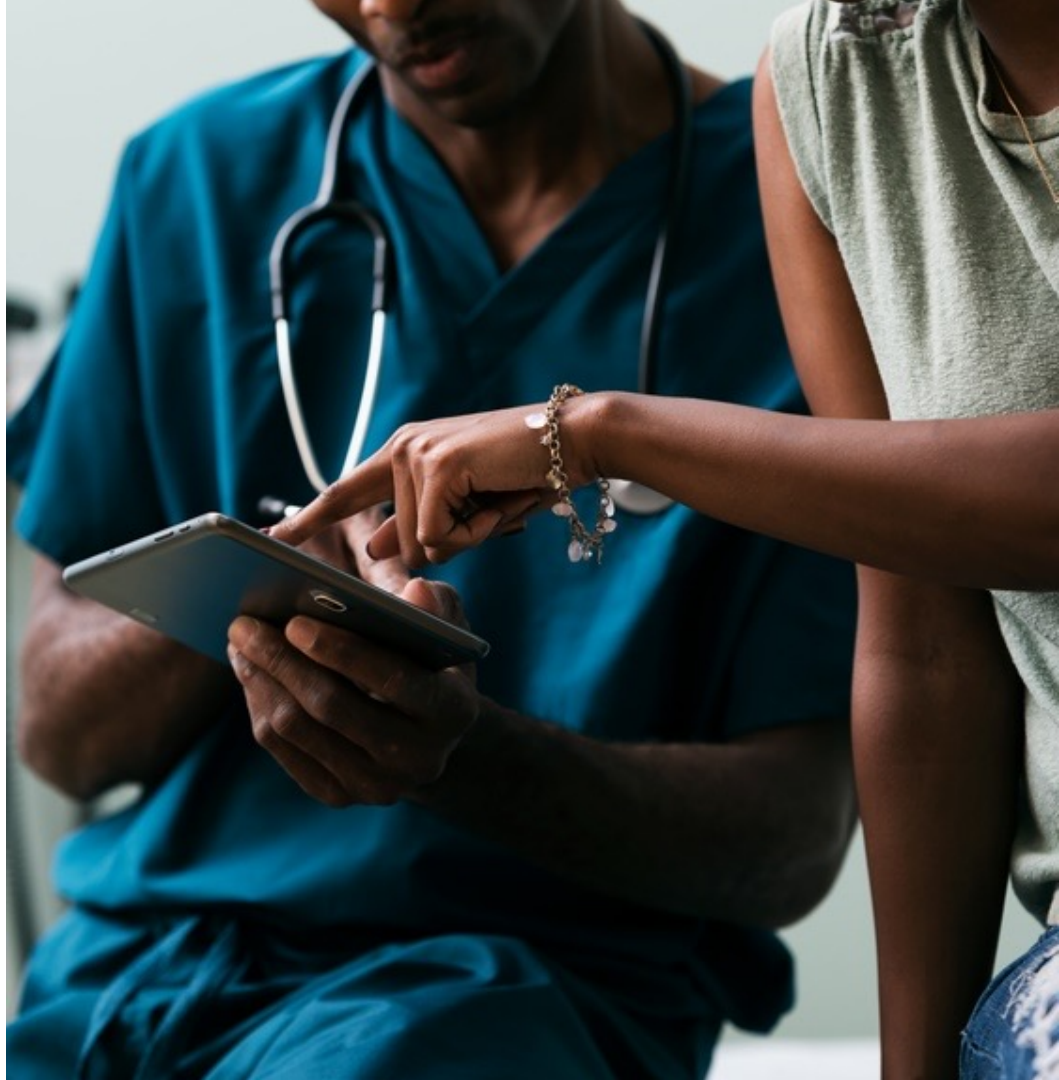
*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?

Base = varies by product (Electronic Nicotine Delivery, n=40; Heated tobacco, n=31; Chewing/sucking/dipping, n=26 [[^]note small sample size]).

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

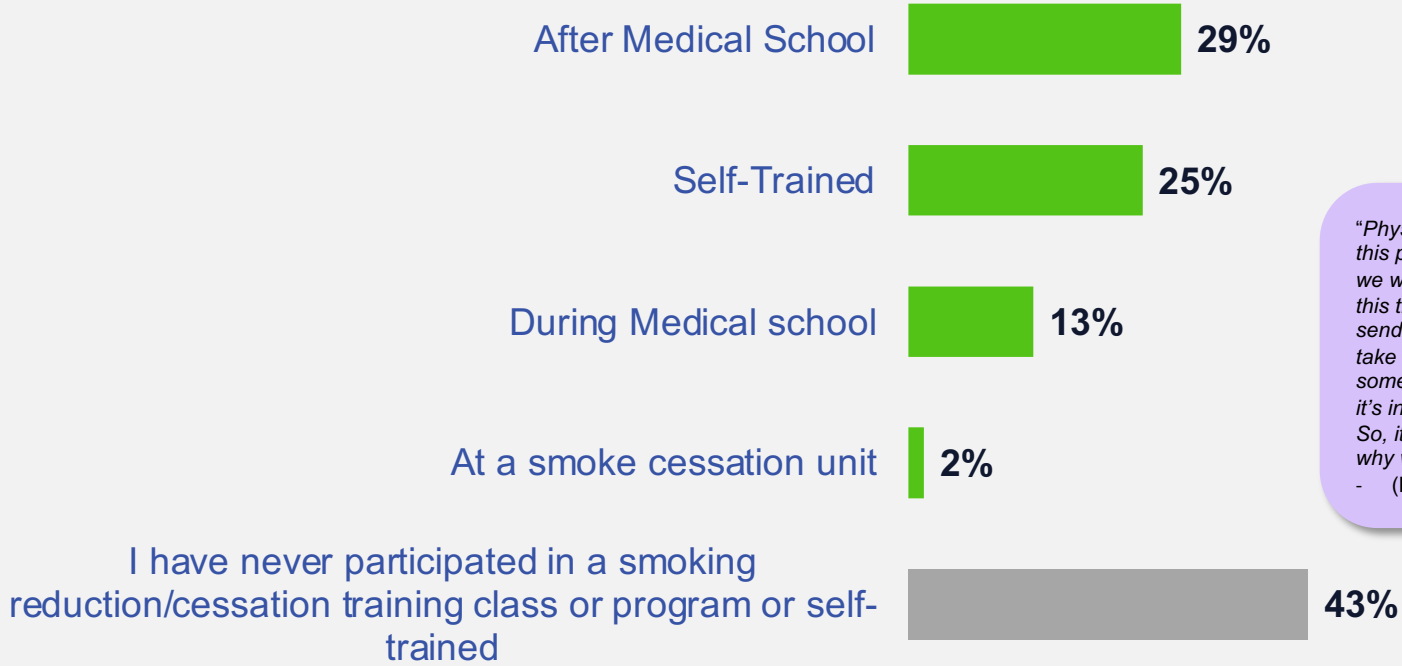
***Q47. For how long did you personally use each type of product?

Training



Only 57% of physicians have had training on smoking reduction/cessation, and only 13% were trained during medical school.

Training on Smoking Cessation



"Physicians in my age, they didn't go through this program in the medical school. And while we work, it's very difficult to find time to have this training because the employers don't send us on their account to do it. We need to take a day off and pay to do this or sometimes we can do it for free, actually. But it's in our free time. It's not on our work time. So, it requires a lot of effort from us. So that's why we don't do it."
- (PCP)

Base = all physicians, n=459.
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.

71% of physicians are at least moderately interested in training.

Interest in training (at least Moderately Interested)



"I think also getting the training is important, but also keeping it up so, you know, every few years to have some kind of revision course or something would be important know. And I think also I mean today we can use a lot of digital programs to help."
- (Oncologist)

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

Base = all physicians, n=459.

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.

Several training approaches are communicated with approximately equal frequency.

Approaches communicated in training

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



64%

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



63%

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



62%

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



50%

Base = has taken training, n=271.

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

Training about reduction/cessation methods is seen as most valuable. Alternatives to quitting – either by cutting down, or substitutes – are of lesser interest.

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.

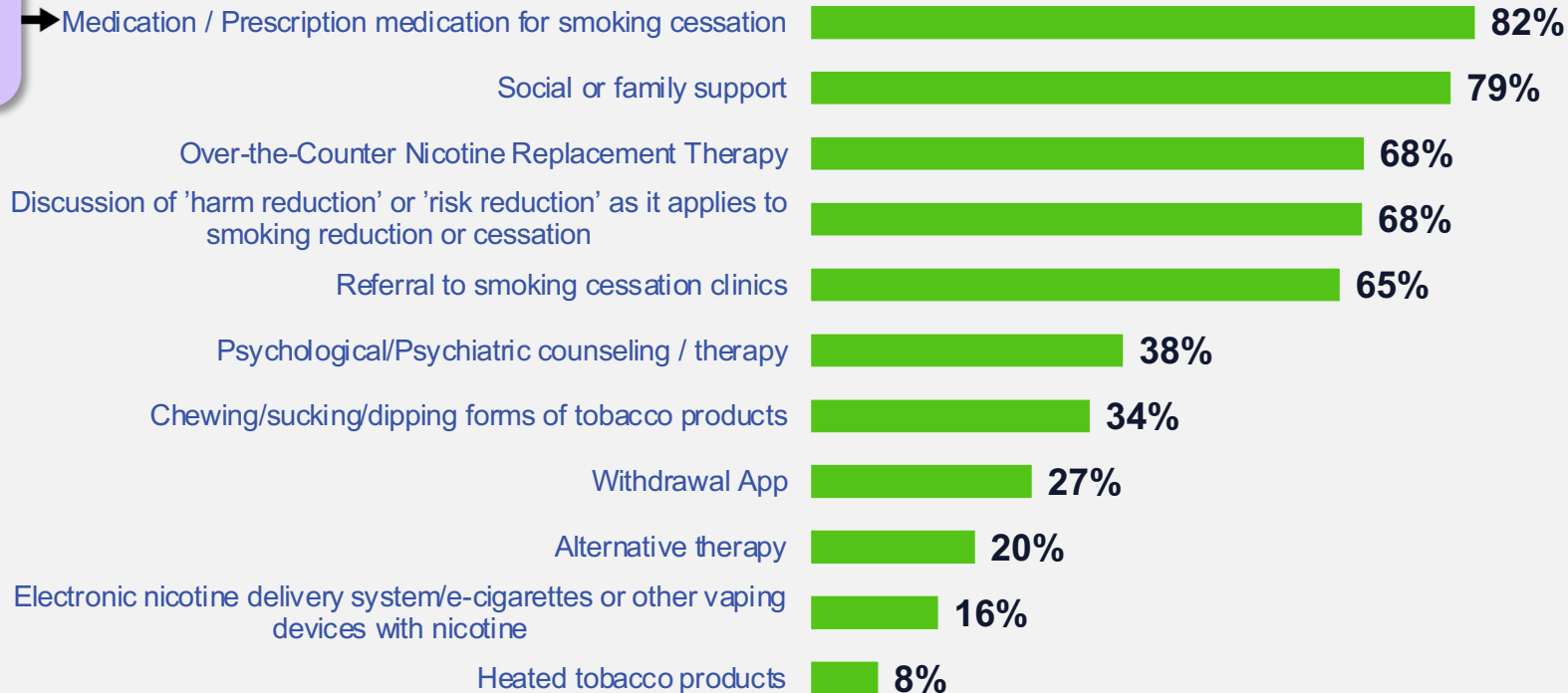
Results for the top-4 categories are shown.

Nearly all training includes prescription medication and social/family support. Specific alternatives to smoking are included only infrequently.

"...a really popular medicine that is bupropion. And in the last year, they are applying this drug...we prescribe it sometimes, but it's less popular than varenicline. because it's a less specific alternative originally an anti-depressive drug."



Specific methods covered in training



Base = has taken training, n=271.

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 opportunity is the chief reason for not participating in training (54%); only 28% cite lack of awareness. For 37% of physicians, the absence of an employer mandate was a reason not to take training.

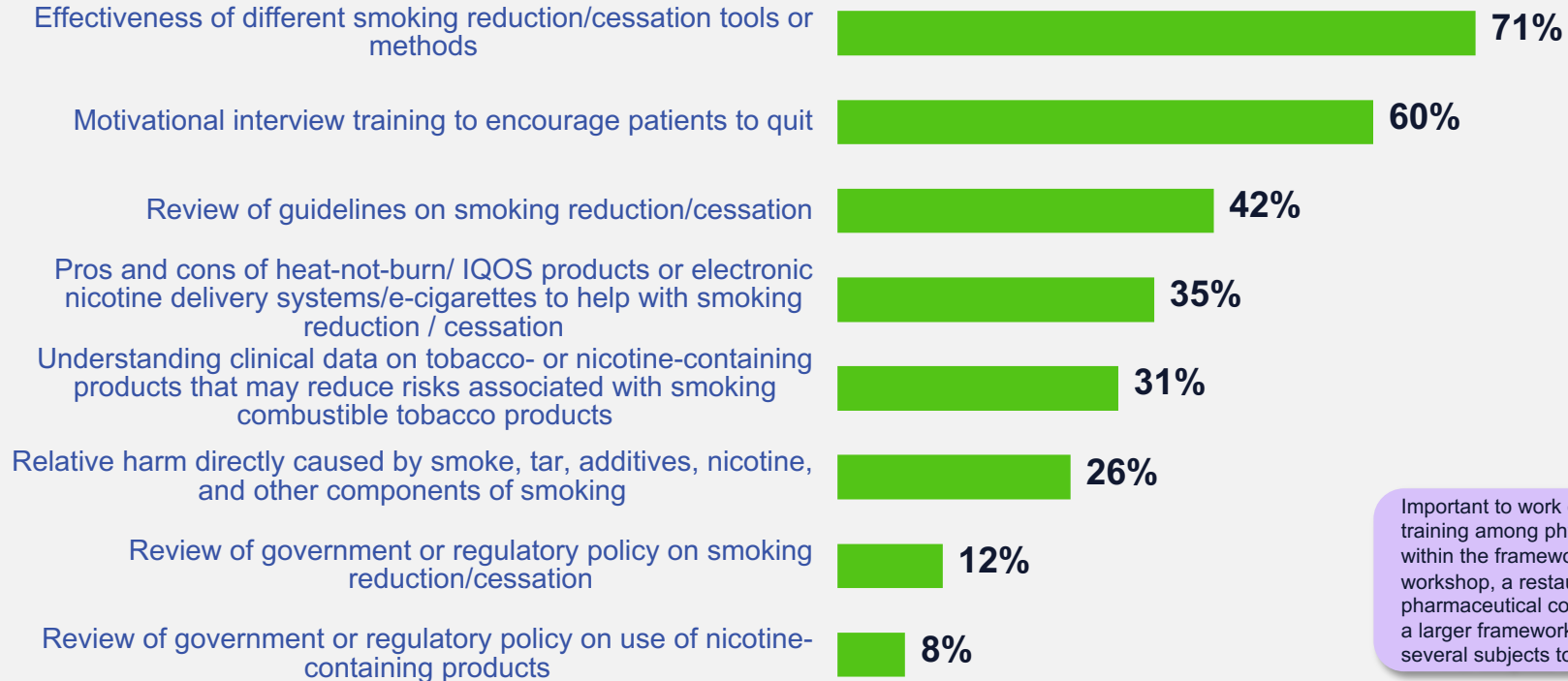
Reasons for not taking training



Base = has not taken training, n=188.
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 is the training subject of greatest interest. Motivational interviewing is also popular. There is very little interest in government/regulatory policy.

Top-3 training subjects of interest



Important to work out ways of increasing training among physicians e.g. teach it within the framework of a conference or workshop, a restaurant as pharmaceutical companies do, or within a larger framework with lectures in several subjects to attract participants

Base = interested in training, n=386.

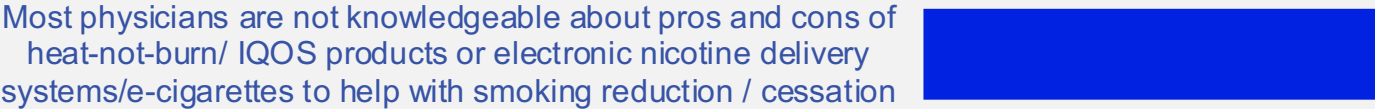
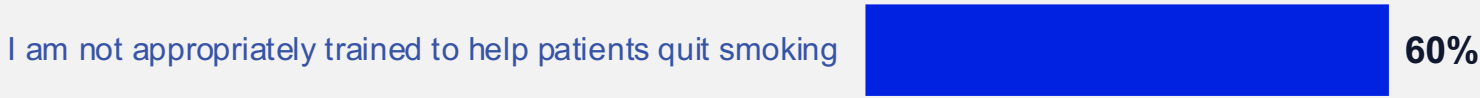
Q77. If you were to take training on smoking reduction/cessation in the near future, what topics would be of the greatest interest to you? Select up to 3.

Discussions with patients



88% of physicians consider helping patients quit to be a priority; 60% don't believe they are appropriately trained to do so.

Agreement with statements about smoking (at least Moderately Agree)

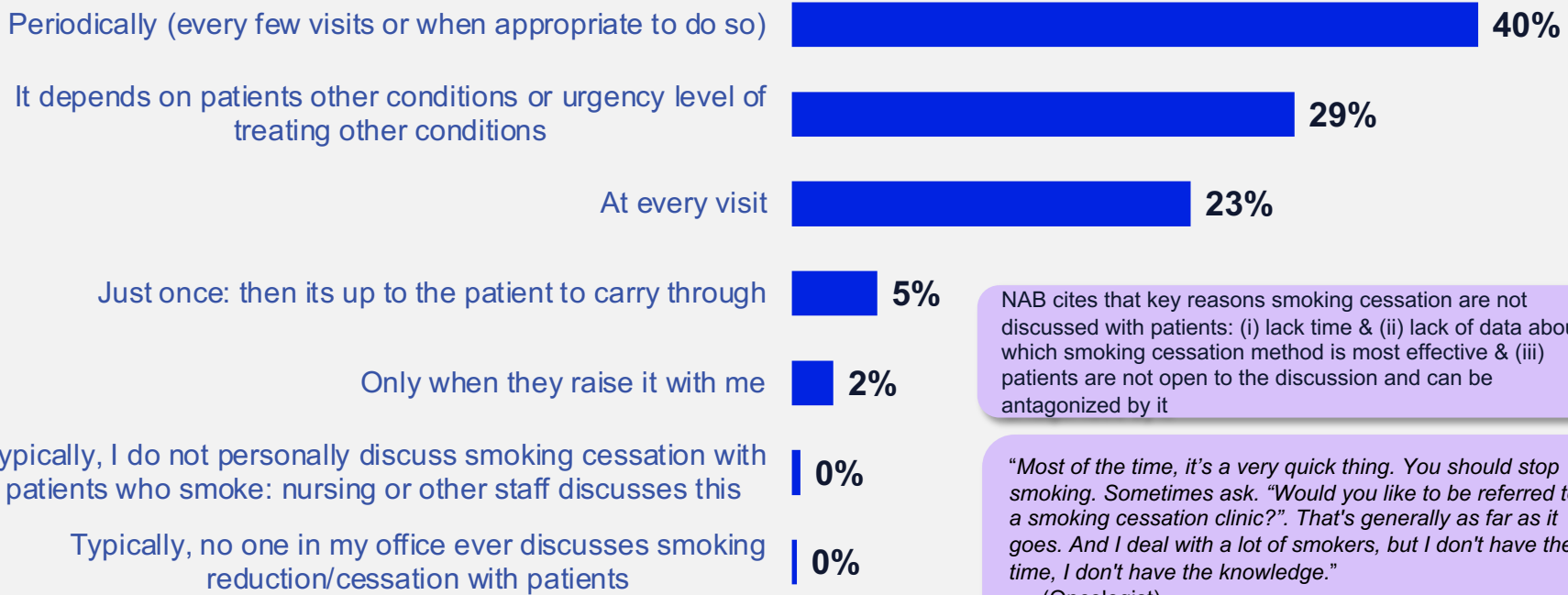


*"I've heard that they're also dangerous, etc., but I don't know enough about it to really give an educated opinion."
- (Oncologist)*

Base=all physicians, n=459.
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.

Only 23% of physicians discuss smoking at every visit, but only a small minority avoid proactive discussions entirely.

Approach to discussing smoking reduction/cessation



NAB cites that key reasons smoking cessation are not discussed with patients: (i) lack time & (ii) lack of data about which smoking cessation method is most effective & (iii) patients are not open to the discussion and can be antagonized by it

"Most of the time, it's a very quick thing. You should stop smoking. Sometimes ask. "Would you like to be referred to a smoking cessation clinic?". That's generally as far as it goes. And I deal with a lot of smokers, but I don't have the time, I don't have the knowledge."
- (Oncologist)

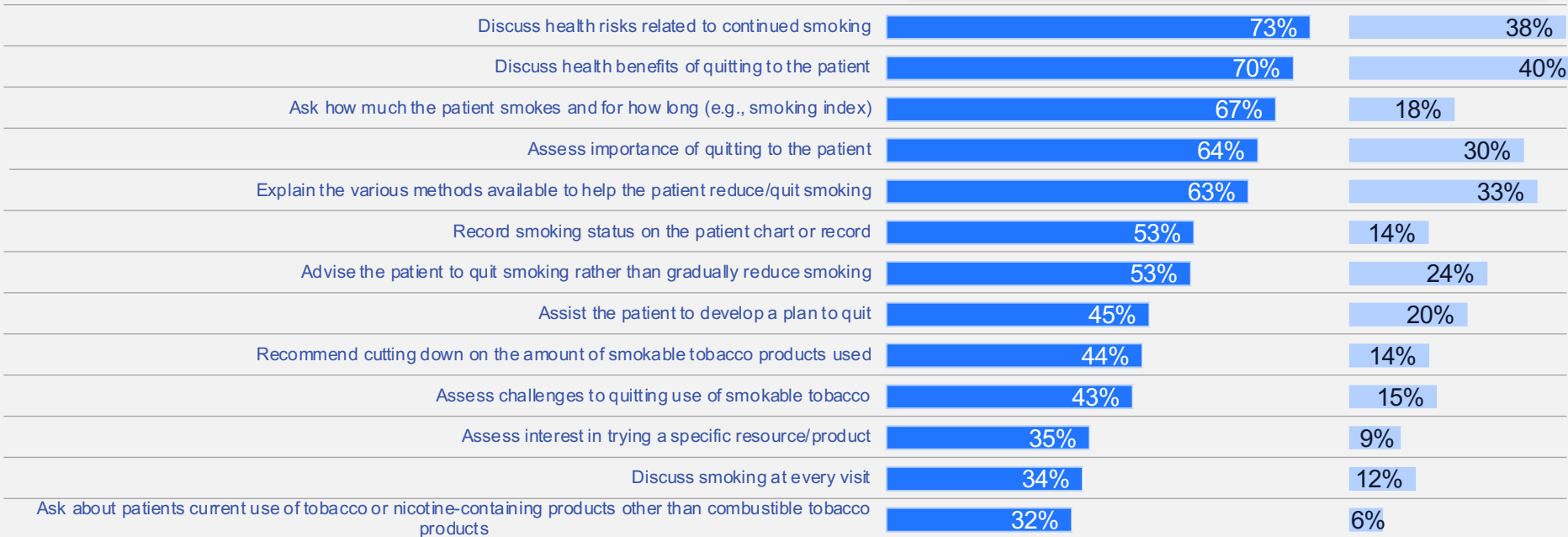
Base = all physicians, n=459.
Q106. Which of the following best describes how frequently you personally discuss the topic of smoking reduction/cessation with your patients who smoke?

Health benefits and risks are the most frequent subjects of discussion/action about smoking. Collecting data is prevalent but is not considered as important. Discussions about alternatives and approaches tend to be more general than specific.

Discussion/action with patients who smoke

■ Selected ■ Top 3

"Conversations with patients about smoking focus on the health risks of smoking and the health benefits of cutting down or quitting." - (PCP)



Base = all physicians, n=459.

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

The most frequent advice from physicians is about the health benefits of cutting down or quitting.

Advice given to patients at least Sometimes - top items



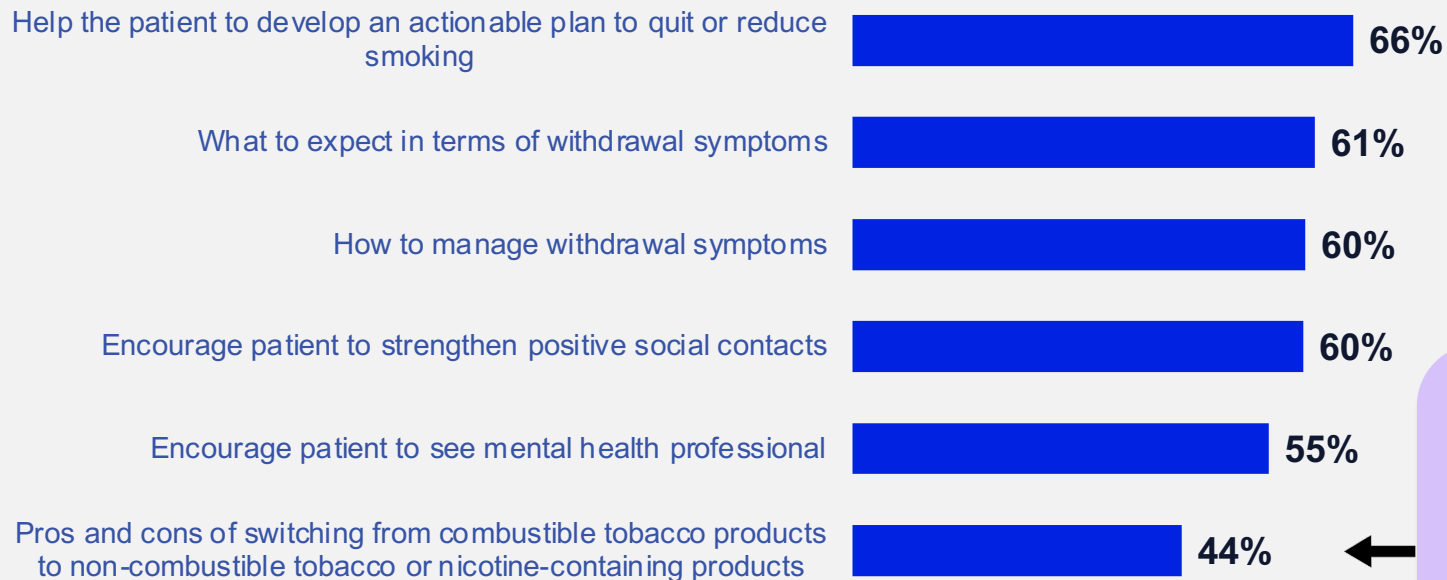
“There is the money issues that the cigarettes cost money, there is the breath smell and yellow nails and yellow teeth and wrinkles in the skin. So, this many times helps, on-top of the known medical risks like a heart attack- this everyone knows about this. And sometimes there is really a problem in the relationships. Usually, I treat a whole family like the wife and the husband, and usually one of the partners is very upset about the other partner that is smoking. So, there is this issue. Usually, it has impact on the children, especially if there are asthmatic children.”
- (PCP)

Base=discusses smoking cessation, n=453.

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 options are least likely to be the subject of physician advice.

Advice given to patients at least Sometimes (continued)



"The truth is that I didn't read all the small letters. Only the last sentence they said not to recommend, it because people tend to think that electronic cigarettes are harmless and it is not harmless. It's better than a regular cigarette, but it's not harmless. So, if we recommend it, people will think that they can use it a lot. But if people use it a lot, it makes some harm. But I don't know specifically what kind of harm do they refer to."
- (PCP)

Base=discusses smoking cessation, n=453.

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.

Clinics and prescription medications are the most frequently recommended methods of reduction/cessation. Quitting “cold turkey,” and specific alternatives, are recommended much less frequently.

Recommended methods of smoking reduction/cessation



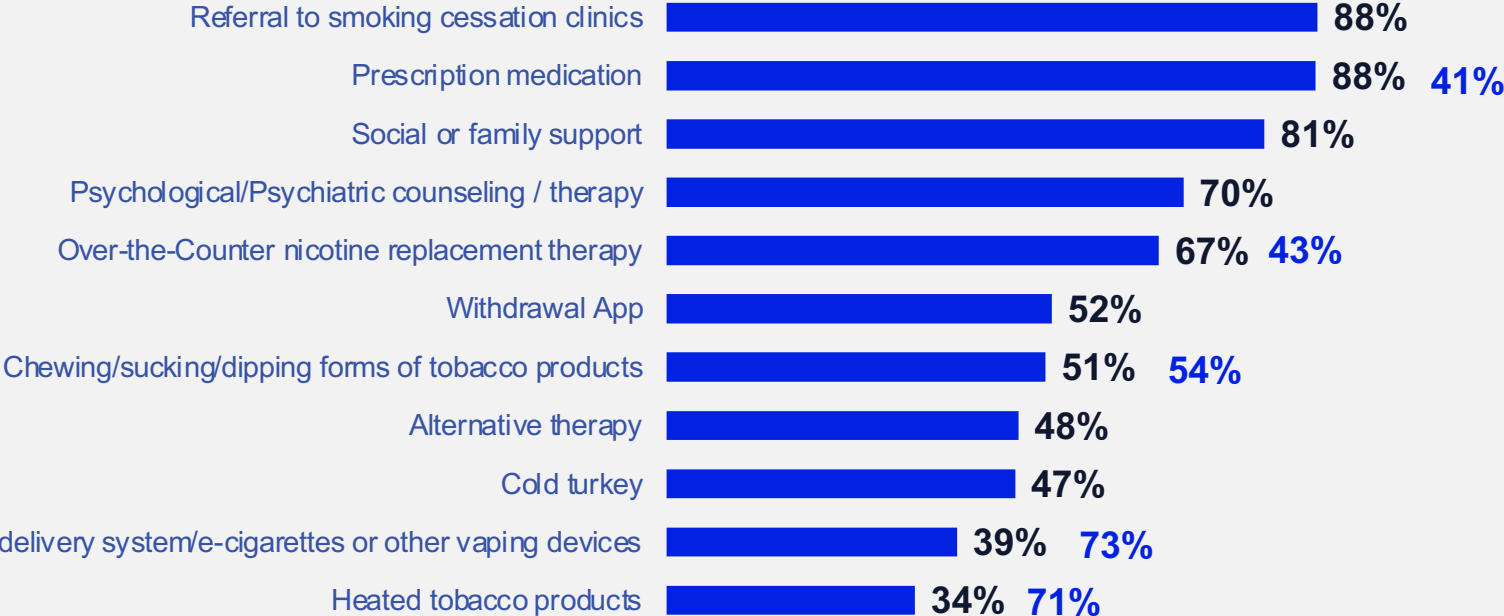
Base = all physicians, n=459.

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.

Clinics and prescriptions are seen as most effective. Methods with low effectiveness also have the highest levels of concern.

Effectiveness (at least Moderately Effective)

At least moderately concerned



Base=all physicians, n=459. 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.

In a direct comparison of alternatives, electronic nicotine is seen as more effective, and safer, than other alternatives to smoking.

Advice about smoking reduction/cessation methods

	Electronic Nicotine	Heated tobacco	Oral tobacco
May reduce or stop patients use of combustible tobacco	80%	53%	64%
May lower risks associated with using combustible tobacco	54%	48%	56%
May still have some health risks associated with inhaling vapor/aerosols	46%	51%	20%
Should be used only until the patient quits smoking, rather than on a long-term basis	45%	46%	40%
May provide health benefits to the patients, their families, and population as a whole	42%	37%	47%
May be used on a long-term basis as a substitute for combustible tobacco	41%	20%	30%
Should not be used along with combustible tobacco	30%	43%	26%

Base = recommends each item: electronic nicotine n=37, heated tobacco n=34, oral tobacco n=104.

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 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



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



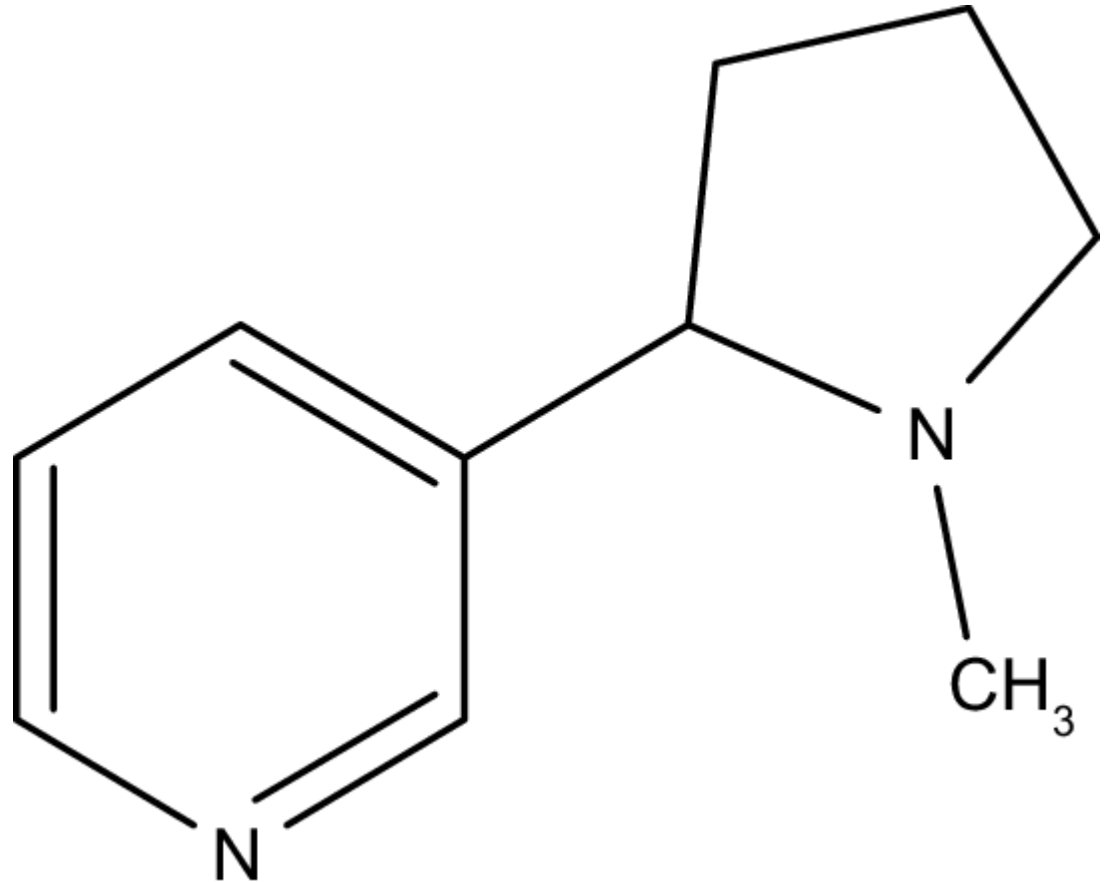
I have changed how I discuss and/or treat smoking cessation with my patients who smoke



Base=prioritizes helping patients quit smoking, n=397.

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

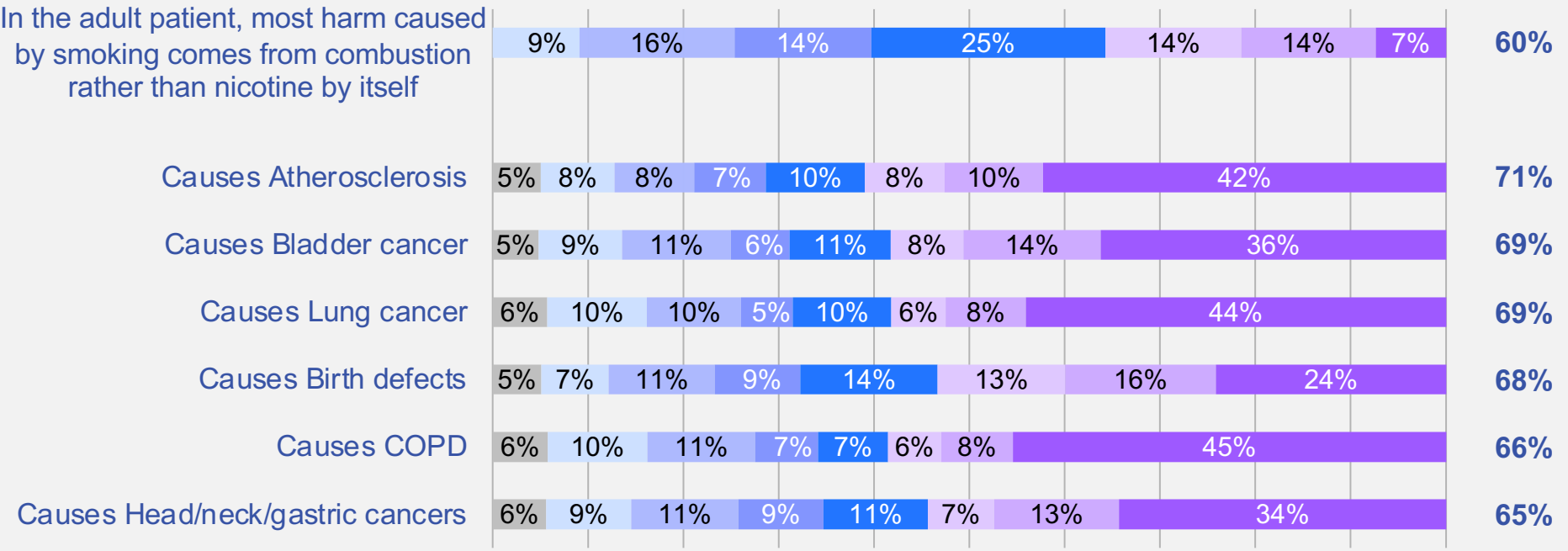


60% of physicians believe that combustion is more harmful than nicotine. 65% to 71% believe that nicotine is a direct cause of various smoking-related ailments, with many completely agreeing.

Agreement with statements about nicotine

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

Top-4 agreement



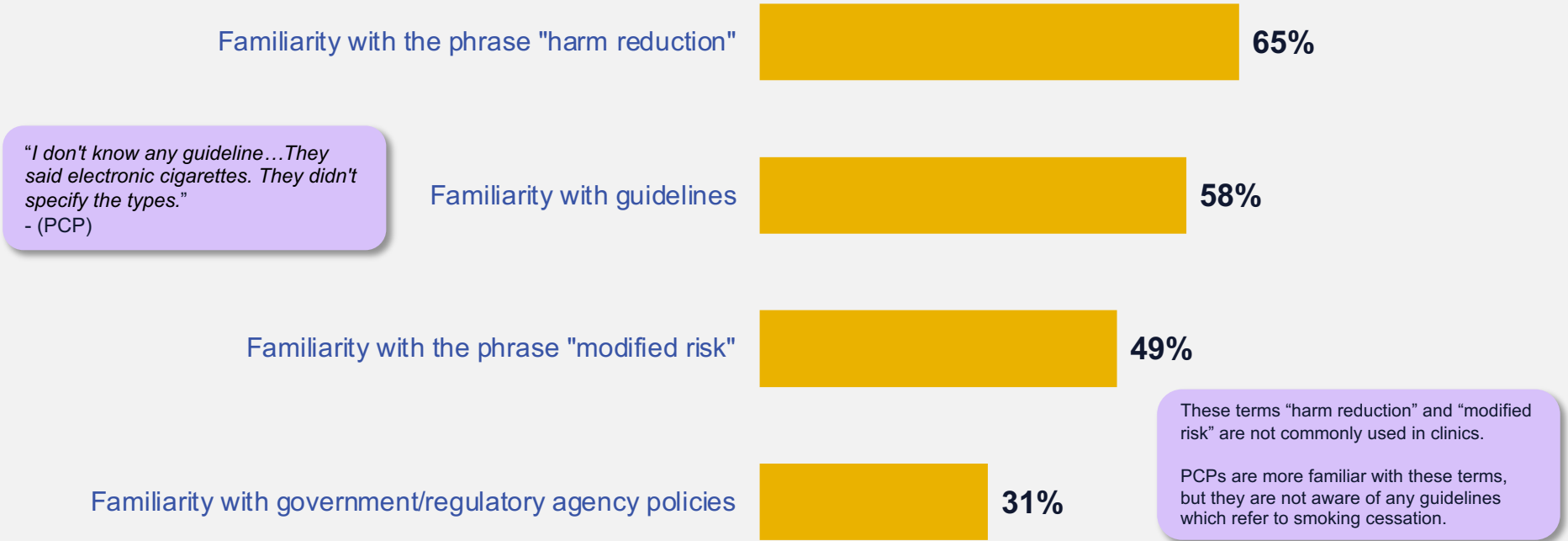
Base = all physicians, n=459. Q90. To what extent do you agree with the following statements about smoking? Q95. To what extent do you agree that nicotine by itself directly causes each of the smoking-related conditions below? 1=Completely Disagree, 4=Moderately Agree, 7=Completely Agree.

Public policy and professional guidelines



Physicians are familiar with most phrases and guidelines, with the exception of government regulatory policies.

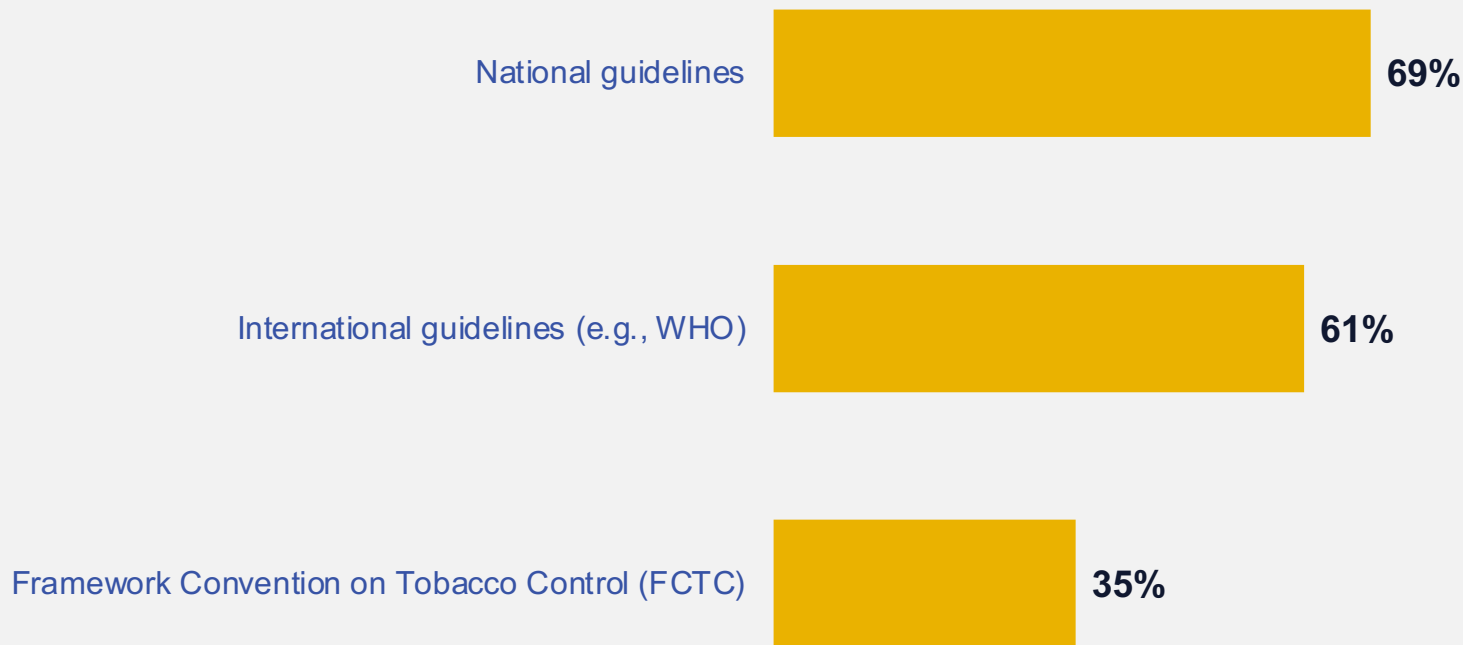
Familiarity with phrases, guidelines, and policies related to smoking cessation (at least Moderately Familiar)



Base=all physicians, n=459. Q133, Q135, Q141. Familiarity (related to smoking cessation), 1=Not at all Familiar, 4=Moderately Familiar, 7=Extremely Familiar. Results for the top-4 categories are shown.

Most physicians report following national and international guidelines.

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



Base=familiar with guidelines, n=321.

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 oral tobacco seen as less regulated and less restricted.

Government decisions

	Electronic Nicotine	Heated tobacco	Oral tobacco
Restriction of smoking in public places	42%	45%	30%
Regulation is like any other tobacco product	37%	36%	28%
Level of nicotine allowed is regulated	32%	35%	41%
Are taxed at higher rate than cigarettes	31%	16%	21%
Distribution, sales, promotion, or use is restricted	29%	34%	19%
Distribution, sales, promotion, or use is banned	22%	25%	15%
Taxed at lower rate than cigarettes	22%	31%	26%
Changes in regulation are pending	19%	31%	20%
Not taxed at all	19%	27%	23%
Don't Know/Not Sure	13%	15%	12%

“I would also increase the bans on where you can smoke or at least to increase the regulation and putting it into use. So, it's actually having a policeman or not police or anyone who is enforcing the laws. There's a lot of places that you're not allowed to smoke, where people still smoke. In Israel, often even at weddings, in wedding halls, people are smoking and that should be enforced.”
- (Oncologist)

Base = familiar with policies, n=217.

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.

Oral tobacco is viewed more favorably than electronic nicotine or heated tobacco.

Oral tobacco is less harmful because it doesn't have the combustion, but more information is needed about the safety

"What I know and what I saw also in the presentation is that the combustible cigarettes are harmless and noncombustible are not harmful." - (PCP)

Physician opinions

	Electronic Nicotine	Heated tobacco	Oral tobacco
Should be banned altogether	29%	27%	12%
Should be taxed and regulated the same as combustible tobacco products	27%	29%	25%
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)	23%	22%	25%
Should be widely available to adults who wish to reduce/quit smoking	22%	20%	39%
Should be available wherever cigarettes are sold	19%	19%	32%
Should be available only through physicians or pharmacists	15%	16%	23%
Don't Know/Need more evidence before deciding	14%	17%	10%

Base = all physicians, n=459.

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.

For more information about the Foundation for a Smoke-Free World, please visit its website (www.smokefreeworld.org).

