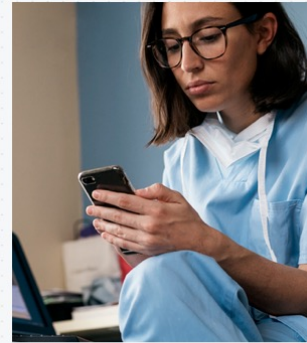
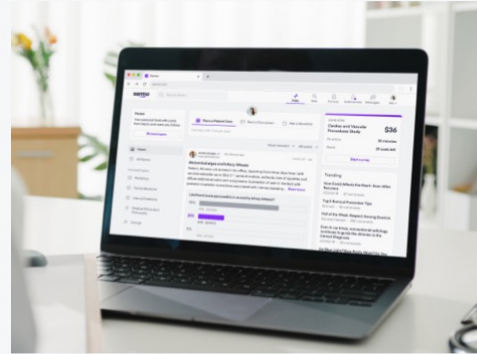
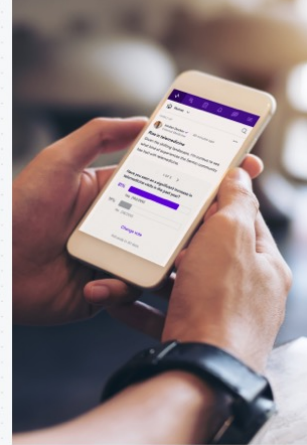


# Doctors' Survey: Japan results

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: Japan

29% of physicians in Japan have been smokers.

- 24% of physicians are past smokers.
- 5% are current smokers.
- 61% of current smokers have tried to quit.
  - 92% plan to quit in the future.
- For those who have attempted to quit, “cold turkey” is by far the most popular and most effective method.
- Health is the primary reason to quit; habit formation and stress reduction are the primary barriers to quitting.

All training topics are seen as valuable by at least 86% of physicians.

- 73% of physicians have had training.
  - Nearly 90% are at least moderately interested in training.
- 50% cite a review of guidelines as among their top subjects of interest.
- Lack of awareness and opportunity are the chief reasons for not participating in training.

# Executive Summary: Japan

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

- 77% of physicians proactively discuss smoking with their patients who smoke at least sometimes.
  - 82% consider it a priority.
- Over-the-counter nicotine replacement (50%) and smoking cessation clinics (49%) are the most frequent recommendations.

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

- 78% of physicians believe that combustion causes more harm than nicotine.
- For five of six smoking-related conditions, between 85% and 89% of physicians believe that nicotine is a direct cause.

# Research design

## Glossary of terms:

GAB: global advisory board

NAB: national advisory board



## Research Design

- For this research project, Sermo conducted 874 online interviews of physicians in Japan.
  - Interviews were conducted between March 17, 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.

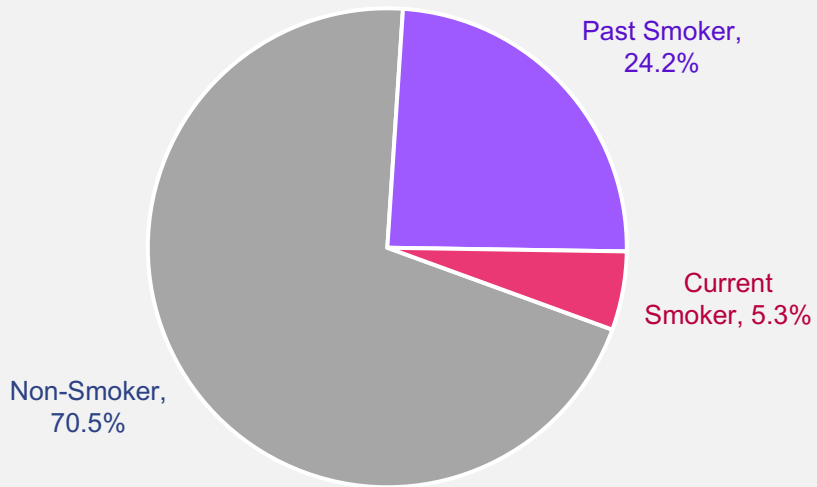
- Sample consisted of physicians in the following specialties:
  - Family/General Practice
  - Internal Medicine
  - Cardiology
  - Pulmonology
  - Oncology
  - Psychiatry
- Data were weighted to represent the population of physicians with respect to age, gender, and specialty.
- As a follow-up, 2 NAB qualitative interviews conducted in February 2023
  - PCP – General Internal Medicine, operates out of a clinic.
  - Respiratory Medicine - Head of Respiratory Department. Based in a hospital setting.

# Smoking-related behavior

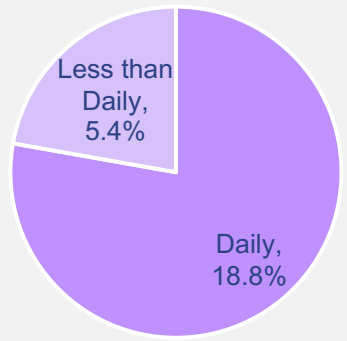


# Nearly a quarter of physicians in Japan are past smokers; 5% are current smokers.

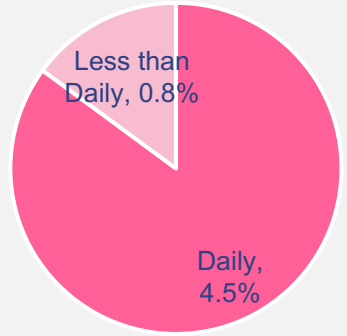
## Total



## Past Smokers



## Current Smokers

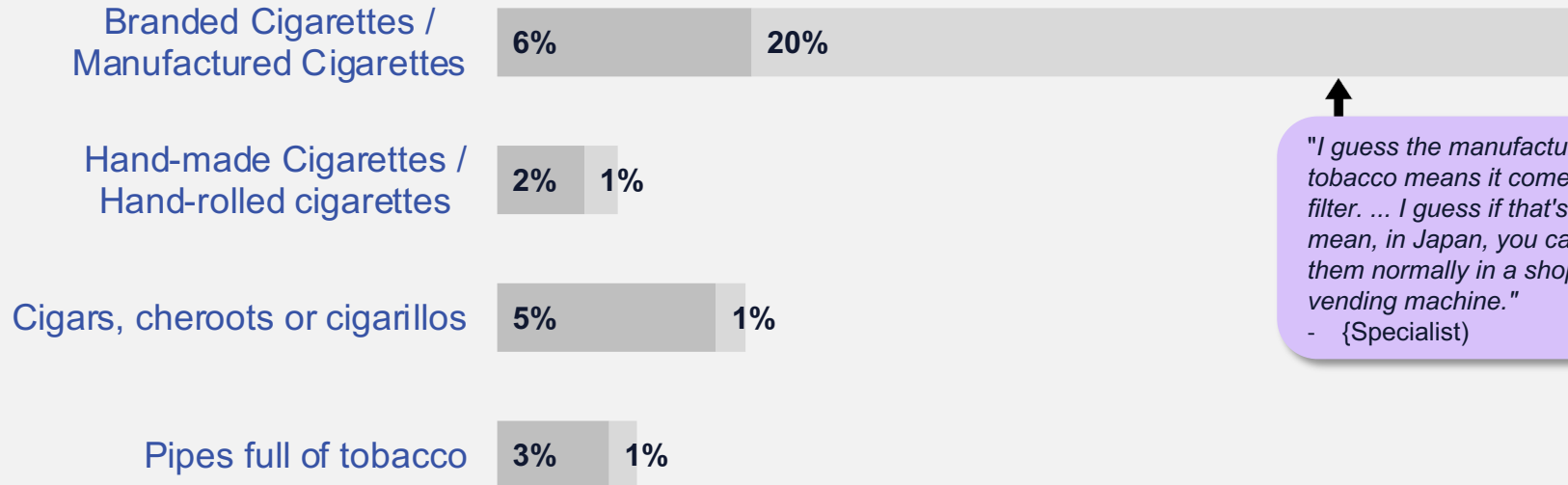


Base = all physicians, n=874  
S13. Which of the following best characterizes your own tobacco smoking habits?

# Manufactured cigarettes are by far the most frequently used form of combustible tobacco.

## % who use or used combustible tobacco products

■ Less than daily      ■ Daily



↑  
*"I guess the manufactured tobacco means it comes with a filter. ... I guess if that's what they mean, in Japan, you can just buy them normally in a shop or a vending machine."  
- {Specialist}*

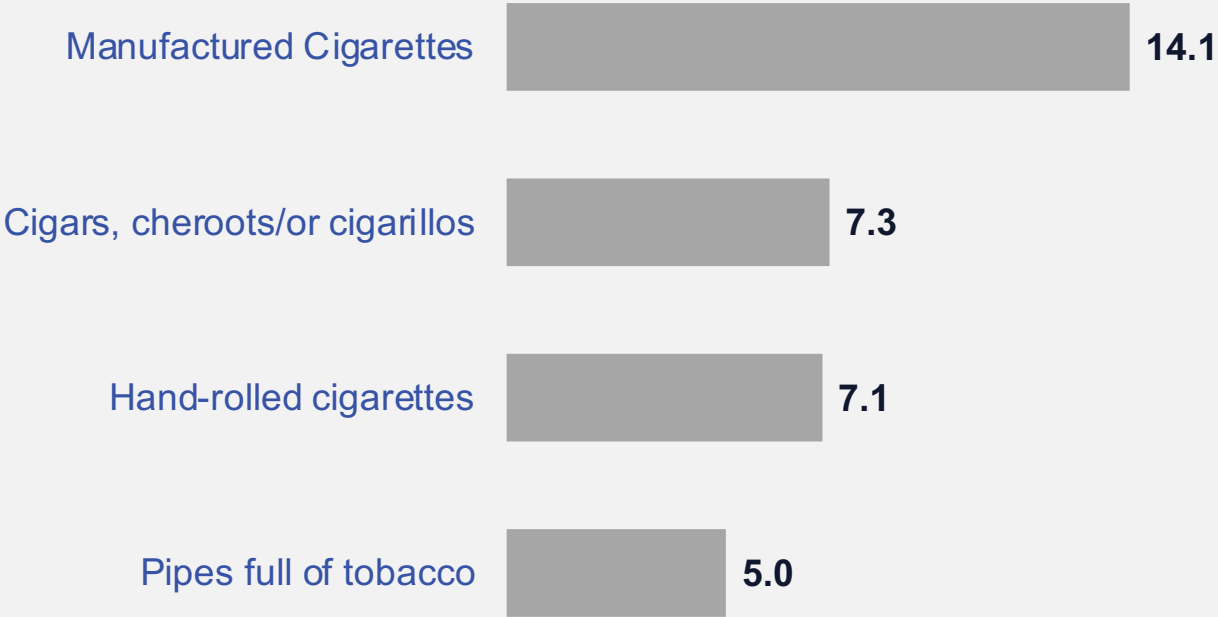
Base = all physicians, n=874

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

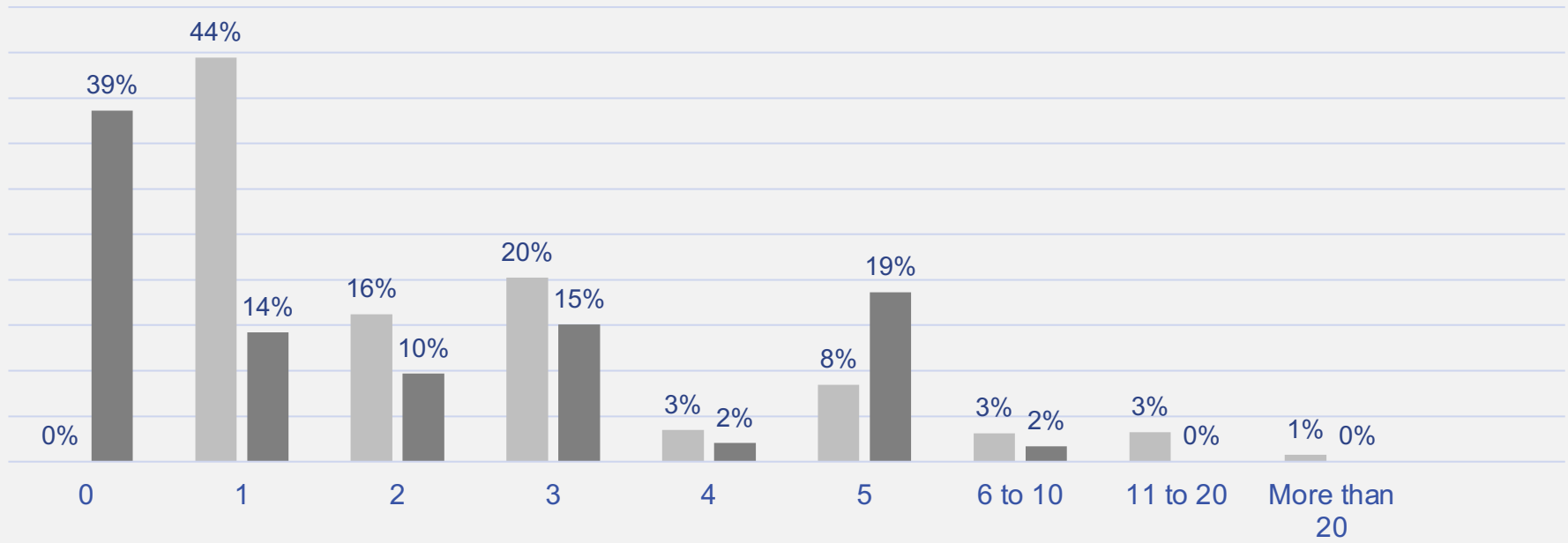


Base = users of each product (varies)  
Q16v2. For how long did or do you smoke each type of tobacco product? Write in the approximate number of years, rounding to the nearest whole number.

**60% of past smokers quit after only one or two attempts. 39% of current smokers have never tried to quit; 39% have tried to quit one to three times.**

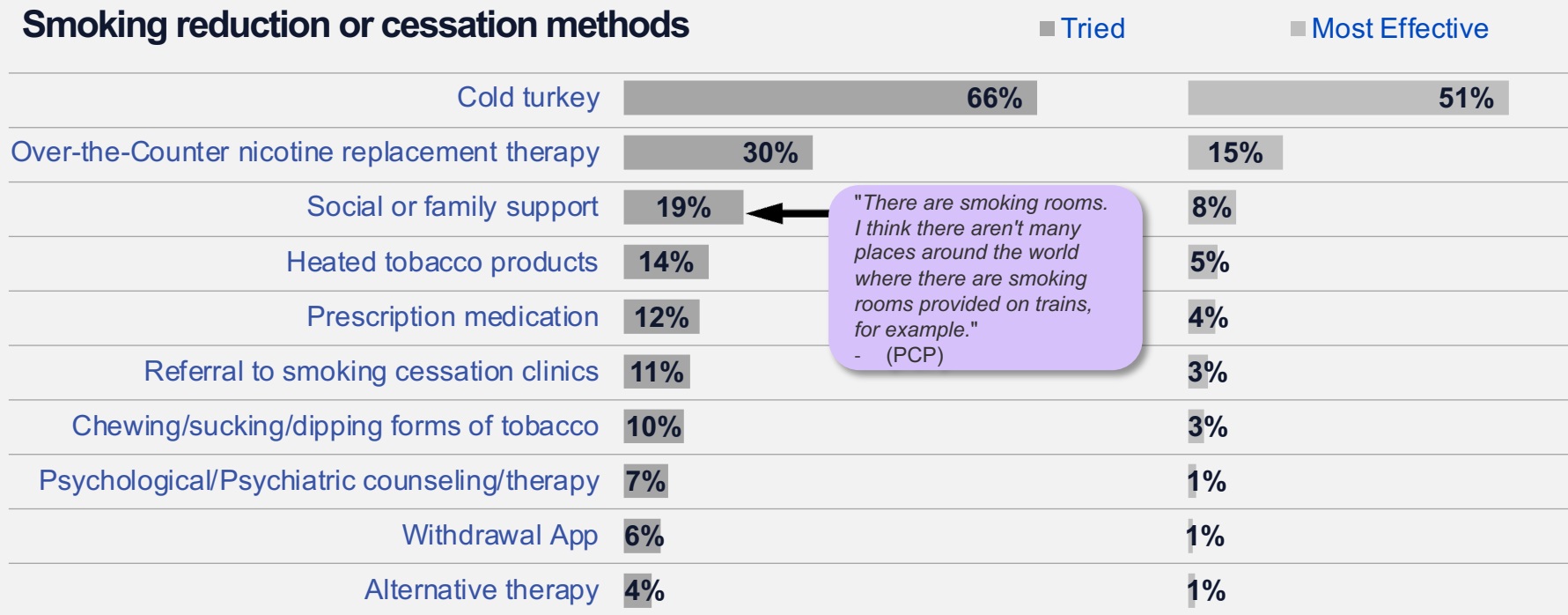
### Number of attempts to quit

■ Past smoker ■ Current smoker



Base = Past smoker (n=215), Current smoker (n=47)  
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/cessation. Among smoking alternatives, over-the-counter nicotine replacement is preferred. Other methods are used far less frequently.**



Base = attempted to quit at least once, n=242

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 the most prevalent reason for deciding to quit. Matters related to family and friends – the impact of secondhand smoke, and their encouragement – are also relevant.**

## Reasons for deciding to quit smoking



Reasons other than health are surprisingly high – maybe due to the fact that in Japan people can smoke cigarettes without penalty - simply knowing that it is bad for you is not enough to quit

*"[A]lthough people in Japan know that it's bad for the health, I think there are other factors...one can smoke in all kinds of places. I don't think there are as many as before but there are plenty of places you can smoke without getting fined."*  
- (Specialist)

Base = attempted to quit at least once, n=242

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.

Habit formation and addiction are important barriers to quitting. The stress-reducing effect of smoking is also relevant for many.

## Barriers preventing quitting

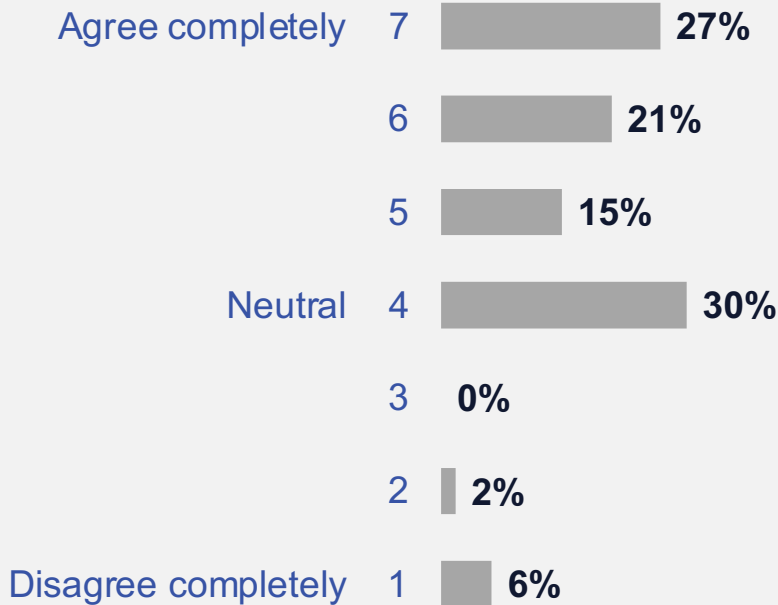


Base = current or past smokers, n=262

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

# 92% of current smokers plan to quit in the future.

## Plans to quit smoking in the future



Base = current smokers, n=47

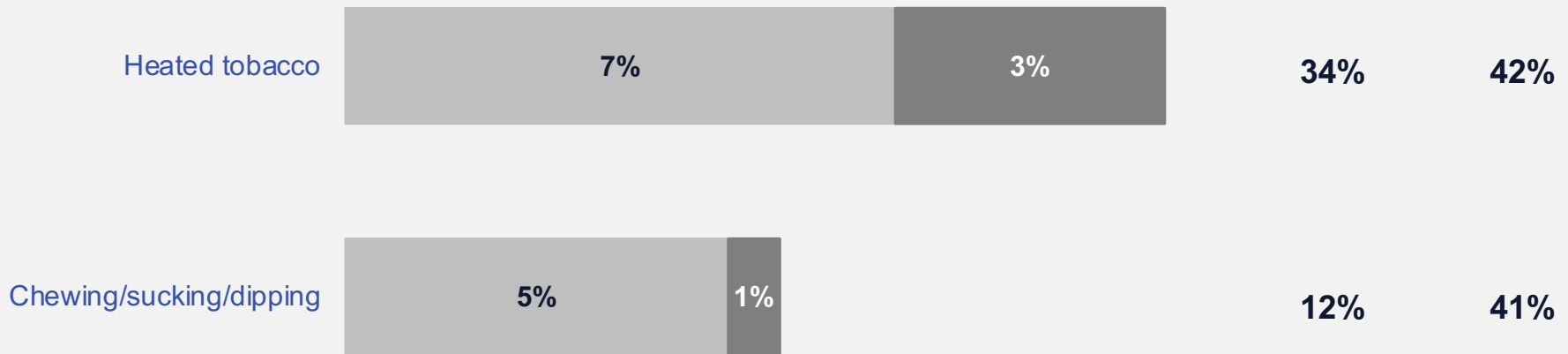
Q40. Select the number that best reflects your level of agreement. 1=Disagree Completely, 7=Agree Completely.

**Substitutes for smoking are not used widely. But among users, heated tobacco is/was used daily by about a third of users. Both heated tobacco and oral tobacco were used for long periods (> 1 year) by 40% or more of users.**

**\*Personally Used Products**

■ Ever Used    ■ Currently Use

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



Base = all physicians, n=874.

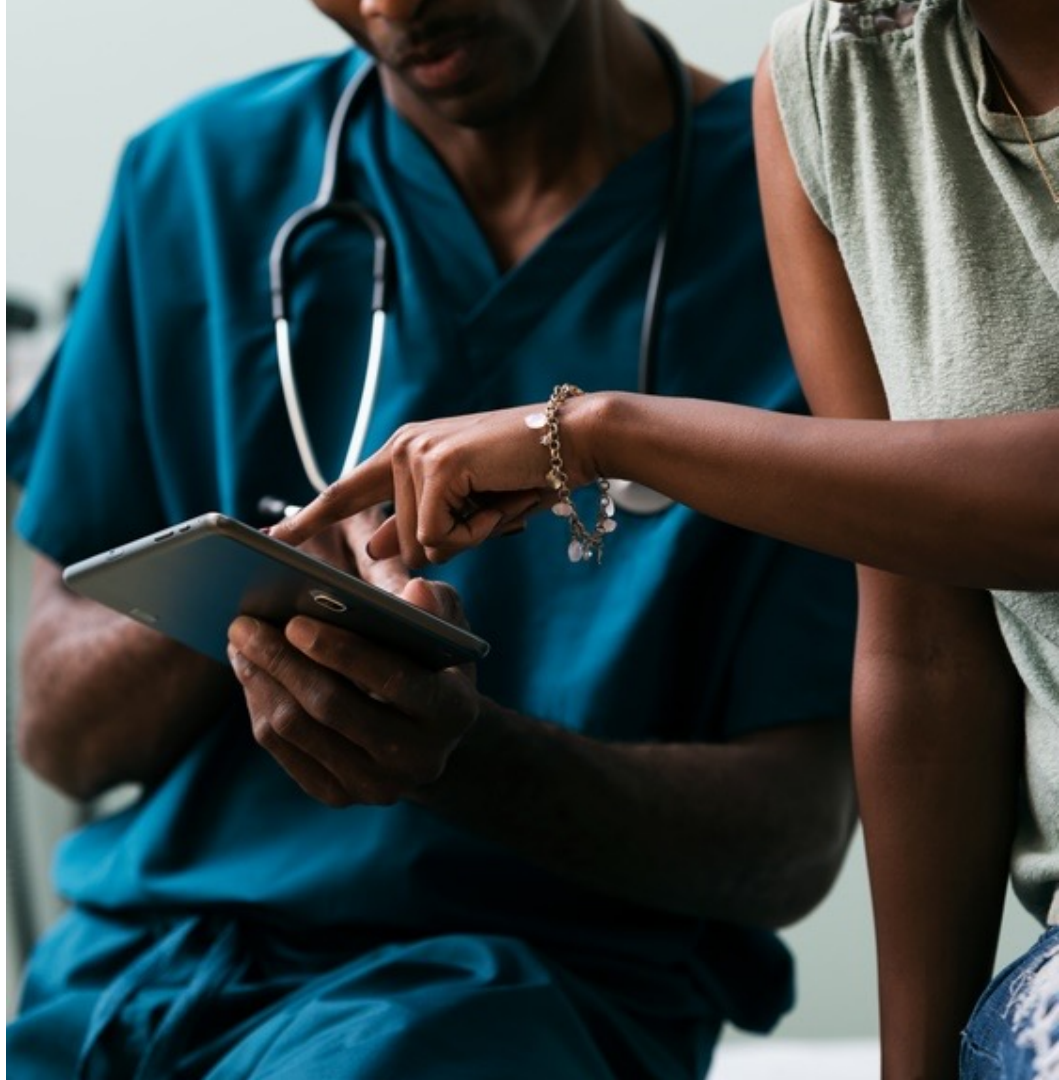
\*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?

Base = varies by product (Heated tobacco, n=94; Chewing/sucking/dipping, n=49).

\*\*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?

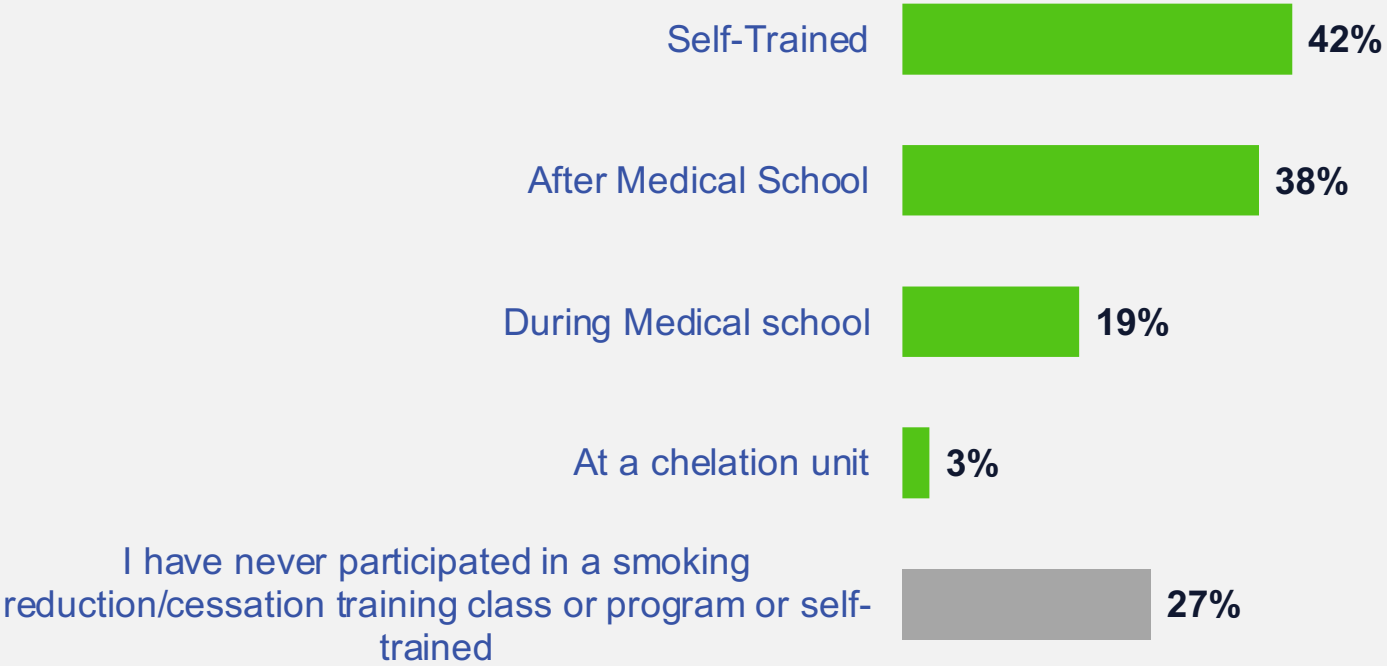
# Training





# 73% of physicians have had at least some training on smoking cessation, mostly self-training.

## Training on Smoking Cessation



Base = all physicians, n=874  
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.

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



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

Base = all physicians, n=874

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? Select the number from 1 to 7 which best reflects your interest level, where 1 = "Not at all interested" and 7 = "Extremely interested".

**None of the training approaches are used especially frequently or especially infrequently.**

## Approaches communicated in training

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



**59%**

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



**55%**

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



**49%**

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



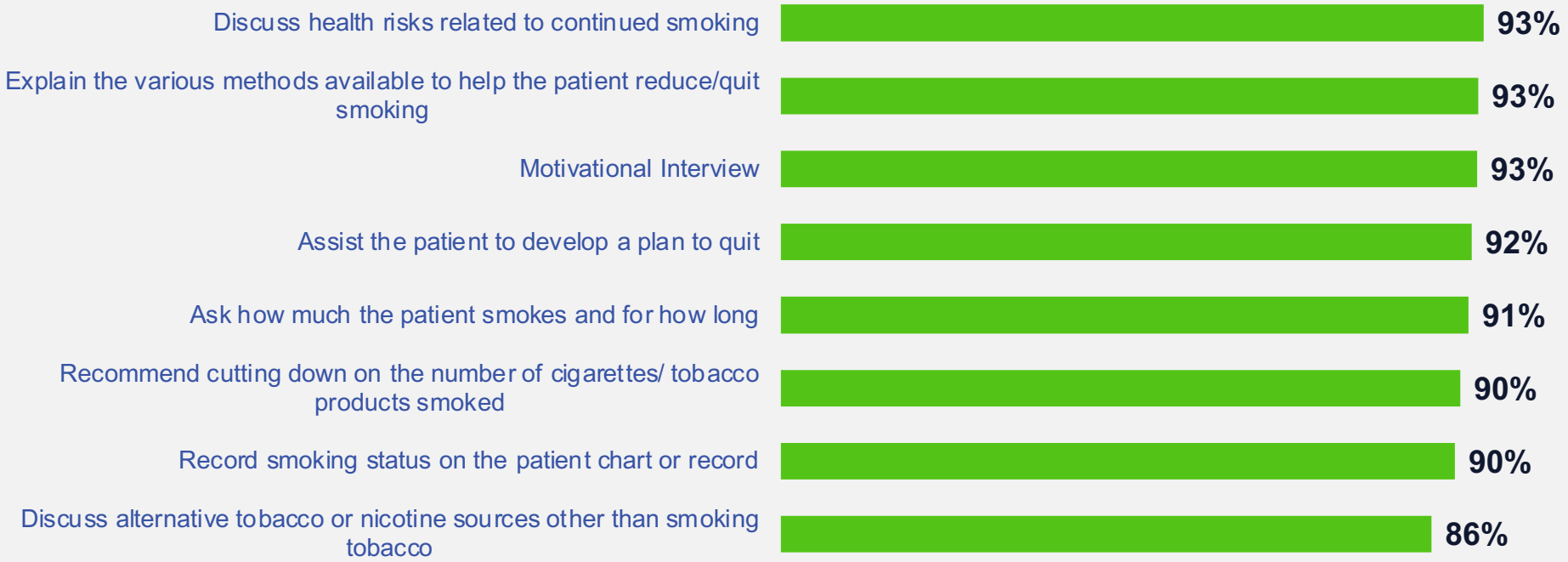
**45%**

Base = has taken training, n=656

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

# All training topics are seen as valuable by at least 86% of physicians.

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



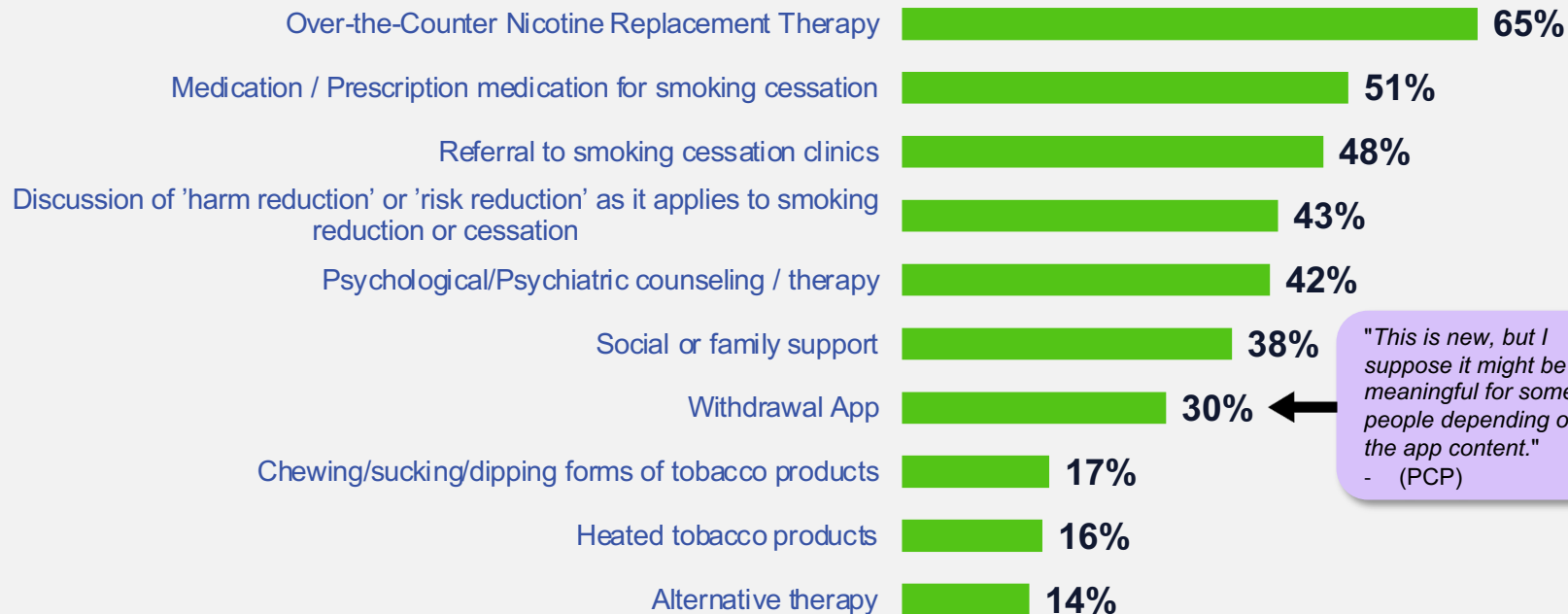
Base=items covered and recalled in training, sample size varies

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.

**Two-thirds of training includes replacement therapy. Prescription medication and cessation clinics are also covered often. Oral and heated tobacco are covered infrequently.**

### Specific methods covered in training



*"This is new, but I suppose it might be meaningful for some people depending on the app content."*  
- (PCP)

Base = has taken training, n=656

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 and opportunity are the chief reasons for not participating in training.

## Reasons for not taking training

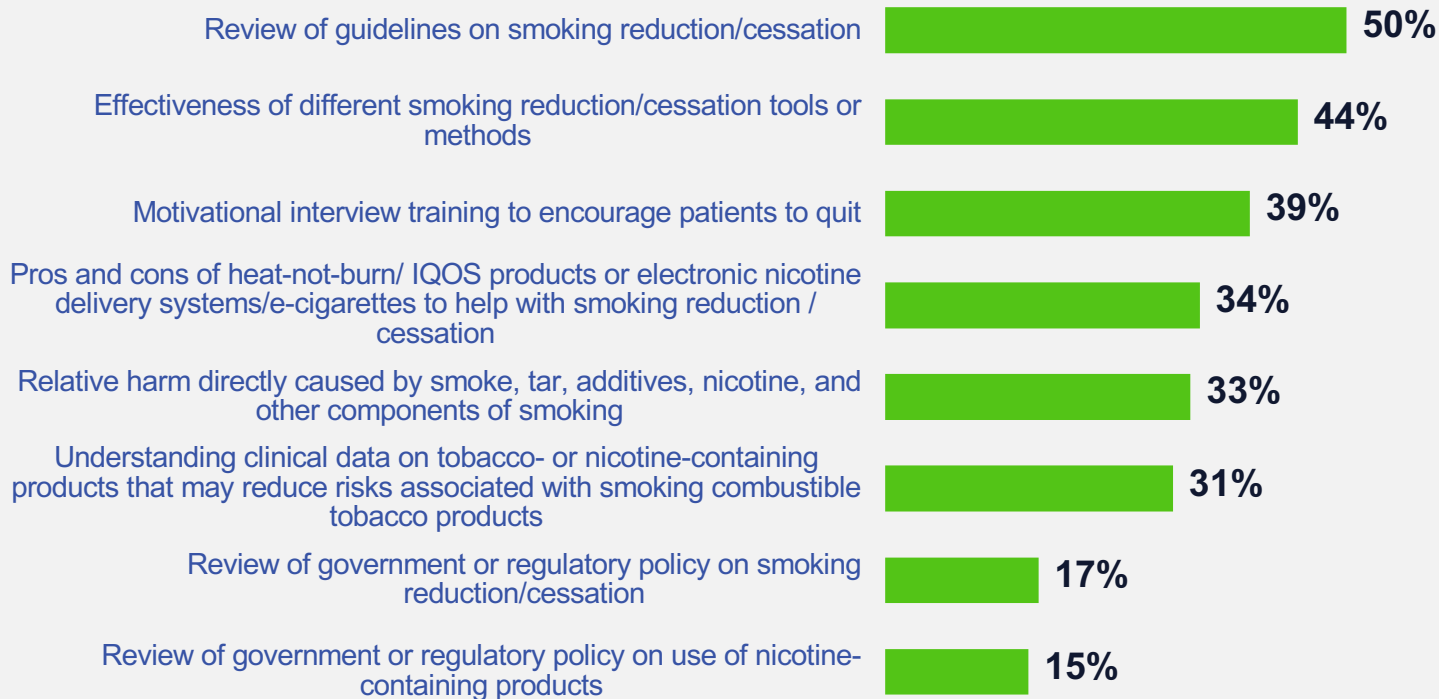


Base = has not taken training, n=218

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

**Guidelines and effectiveness are the training subjects of greatest interest. Motivational interviewing is also popular. There is very little interest in government/regulatory policy.**

### Top-3 training subjects of interest



Base = interested in training, n=834

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





**82% of physicians prioritize helping patients quit smoking. Almost as many (70%) do not feel appropriately trained to do so.**

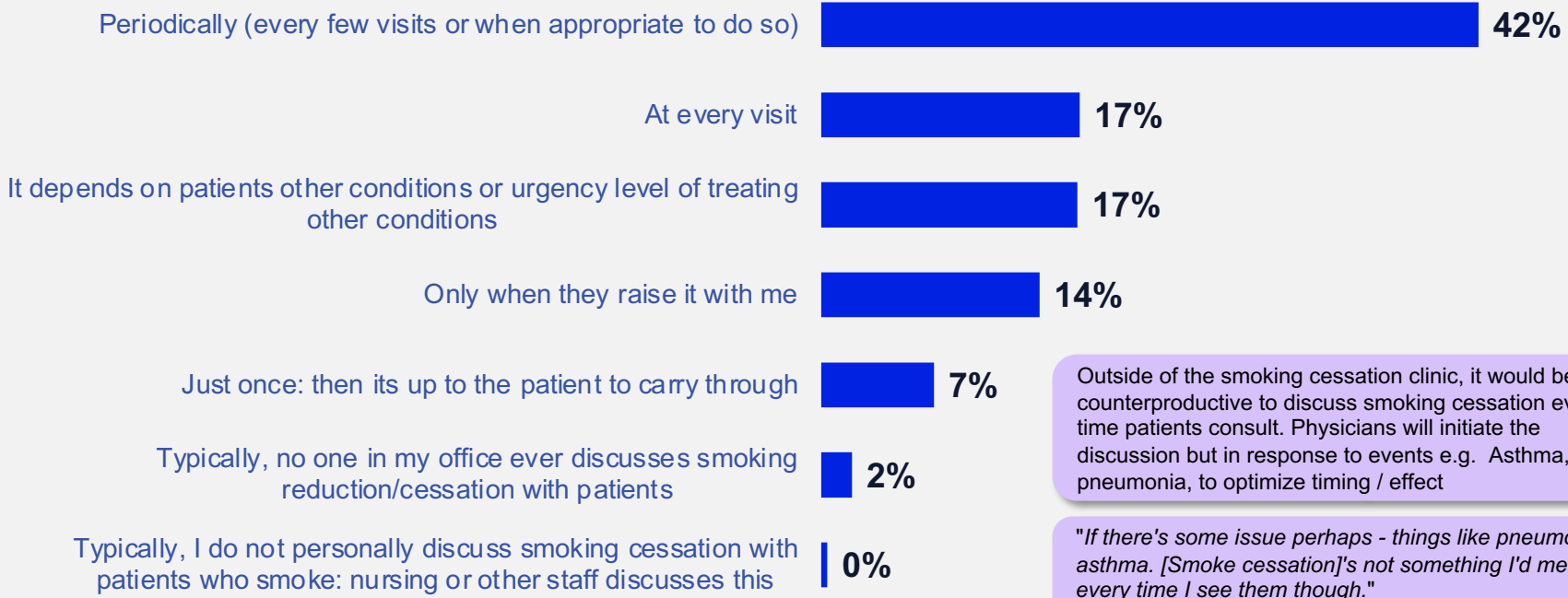
### **Agreement with statements about smoking (at least Moderately Agree)**



Base = all physicians, n=874  
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.

# About a quarter of physicians aren't proactive about discussing smoking reduction/cessation with patients – relying on patient initiative to prompt a discussion.

## Approach to discussing smoking reduction/cessation



Outside of the smoking cessation clinic, it would be counterproductive to discuss smoking cessation every time patients consult. Physicians will initiate the discussion but in response to events e.g. Asthma, pneumonia, to optimize timing / effect

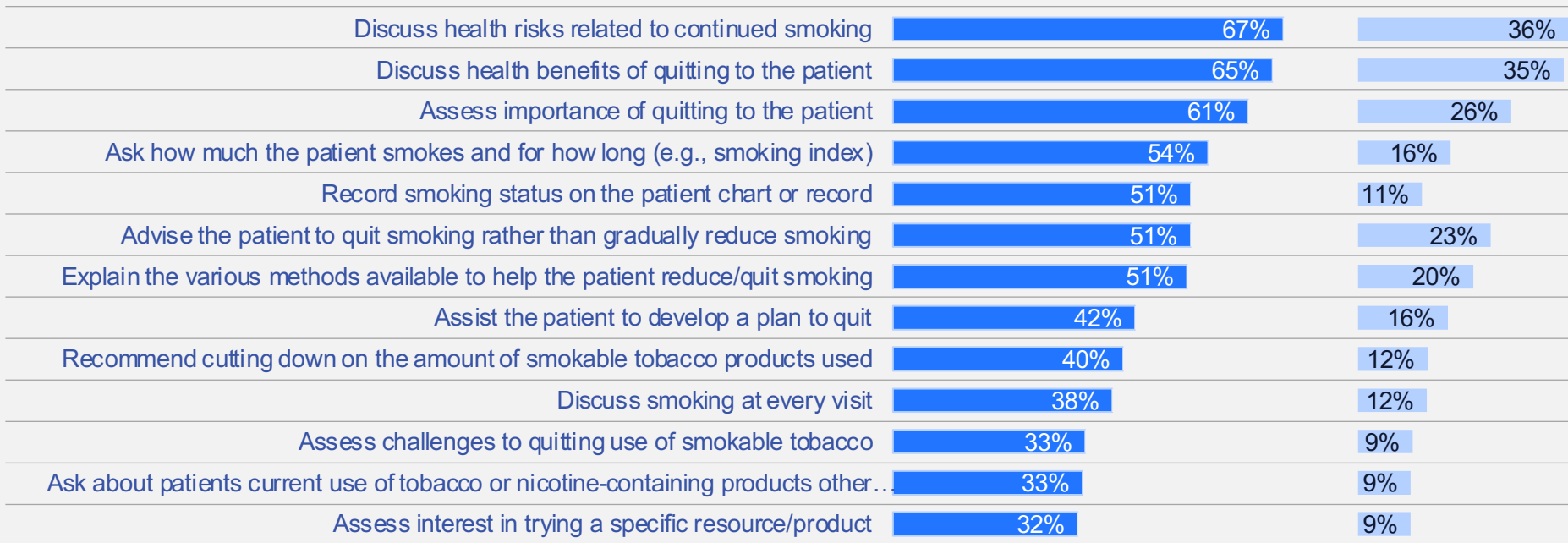
*"If there's some issue perhaps - things like pneumonia or asthma. [Smoke cessation]'s not something I'd mention every time I see them though."*  
- (Specialist)

Base = all physicians, n=874  
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. Understanding the patient's habits, and the importance of quitting, are also common.**

## Discussion/action with patients who smoke

■ Selected ■ Top 3

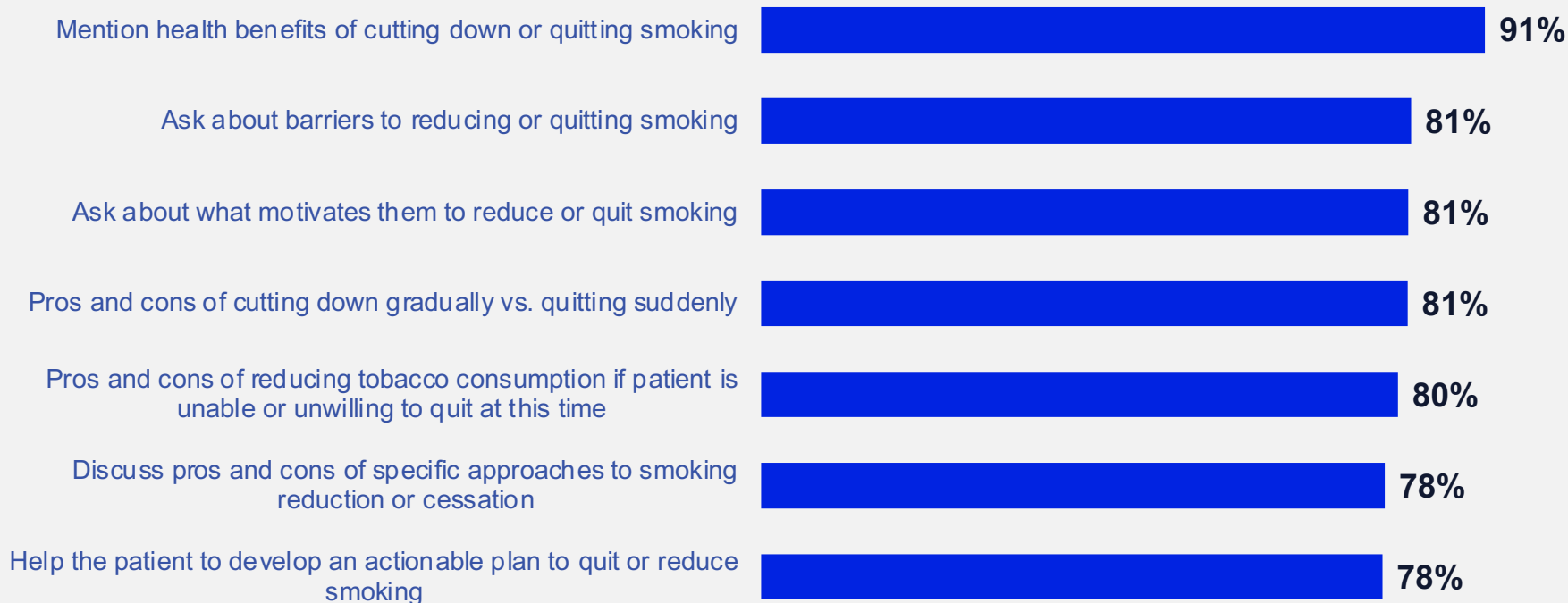


Base = all physicians, n=874

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

# The health benefits of cutting down or quitting are the most frequent subject of physician advice.

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



Base=discusses smoking cessation, n=855

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.

# Physicians are unlikely to advise about switching to a non-combustible option, or about seeing a mental health professional.

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

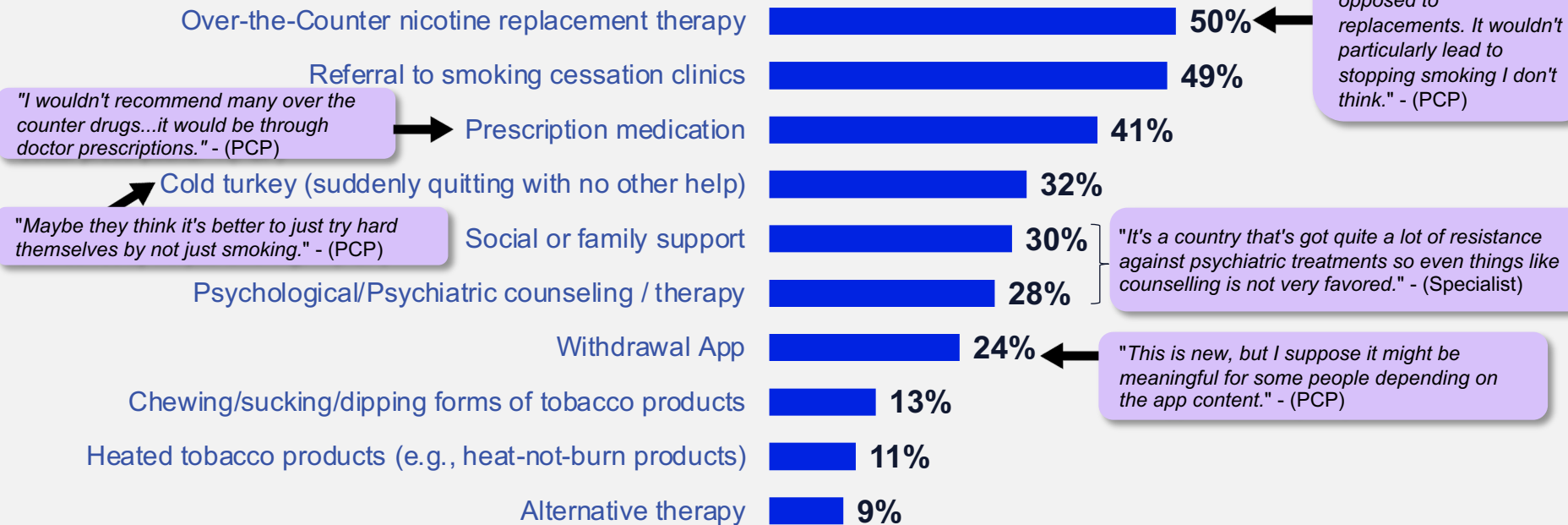


Base=discusses smoking cessation, n=855

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

**Nicotine replacements and smoking cessation clinics are the most frequently recommended methods of smoking reduction/cessation. Quitting “cold turkey” and other alternatives are recommended less frequently.**

## Recommended methods of smoking reduction/cessation



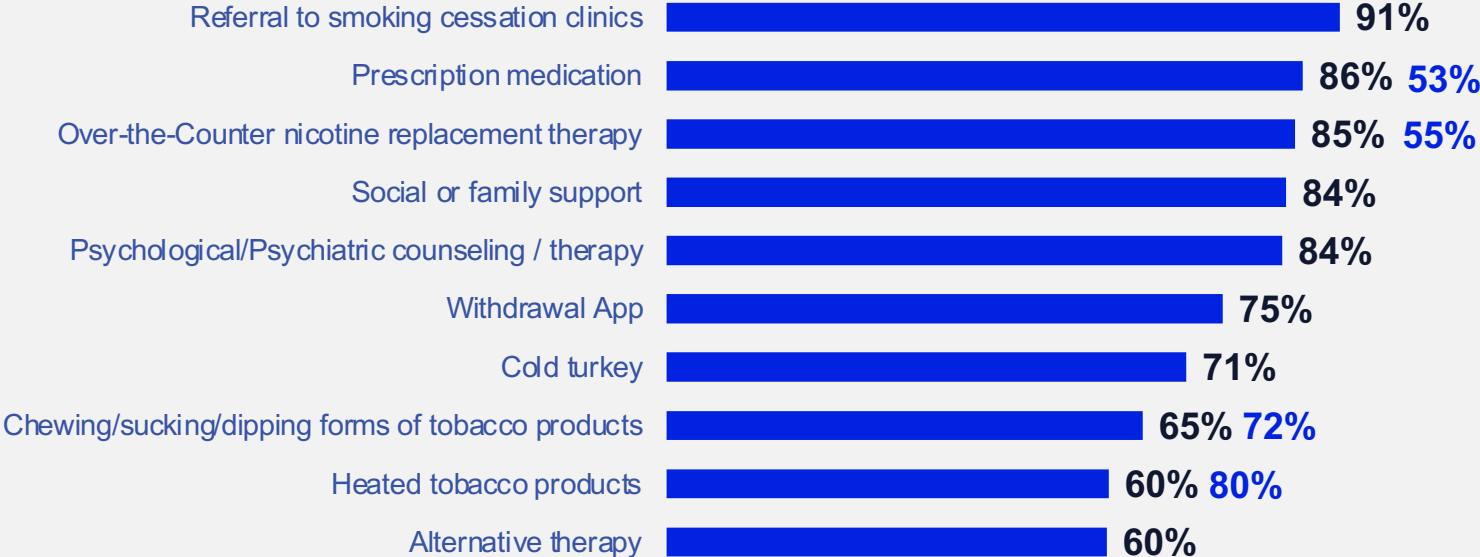
Base = all physicians, n=874

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.

**Smoking cessation clinics are seen as most effective. Chewing/sucking/dipping tobacco, alternative therapy, and heated tobacco products are seen as least effective.**

**Effectiveness (at least Moderately Effective)**

**At least moderately concerned**



Base=all physicians, n=874. 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.

# Heated tobacco is viewed more favorably than oral tobacco as a way to reduce the risks of smoking.

## Advice about smoking reduction/cessation methods

	Heated tobacco	Oral tobacco
May lower risks associated with using combustible tobacco	63%	47%
May reduce or stop patients use of combustible tobacco	57%	49%
May still have some health risks associated with inhaling vapor/aerosols	50%	35%
May provide health benefits to the patients, their families, and population as a whole	50%	47%
Should not be used along with combustible tobacco	39%	31%
Should be used only until the patient quits smoking, rather than on a long-term basis	31%	33%
May be used on a long-term basis as a substitute for combustible tobacco	23%	20%

Base = recommends each item: heated tobacco n=97, oral tobacco n=120

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 physicians and patients with respect to smoking reduction/cessation.

## 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



77%

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



76%

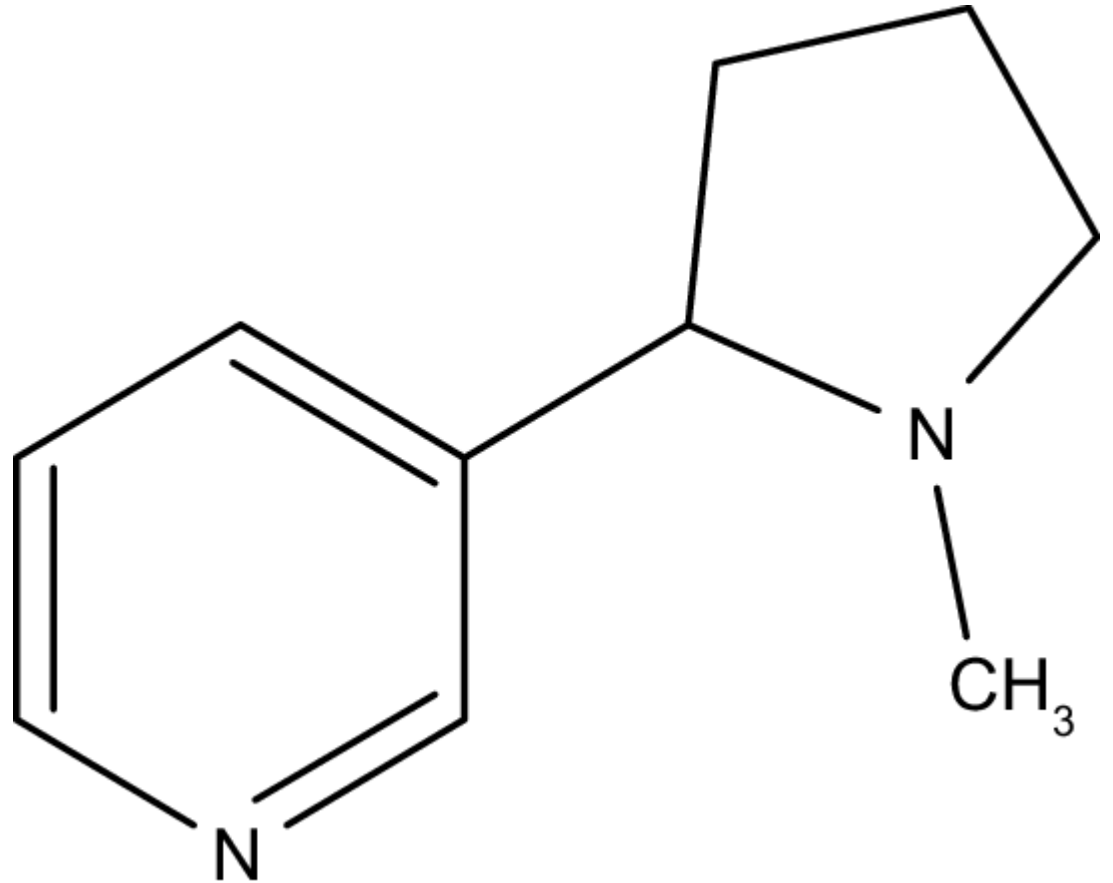
I have changed how I discuss and/or treat smoking cessation with my patients who smoke



71%

Base=prioritizes helping patients quit smoking, n=720.  
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

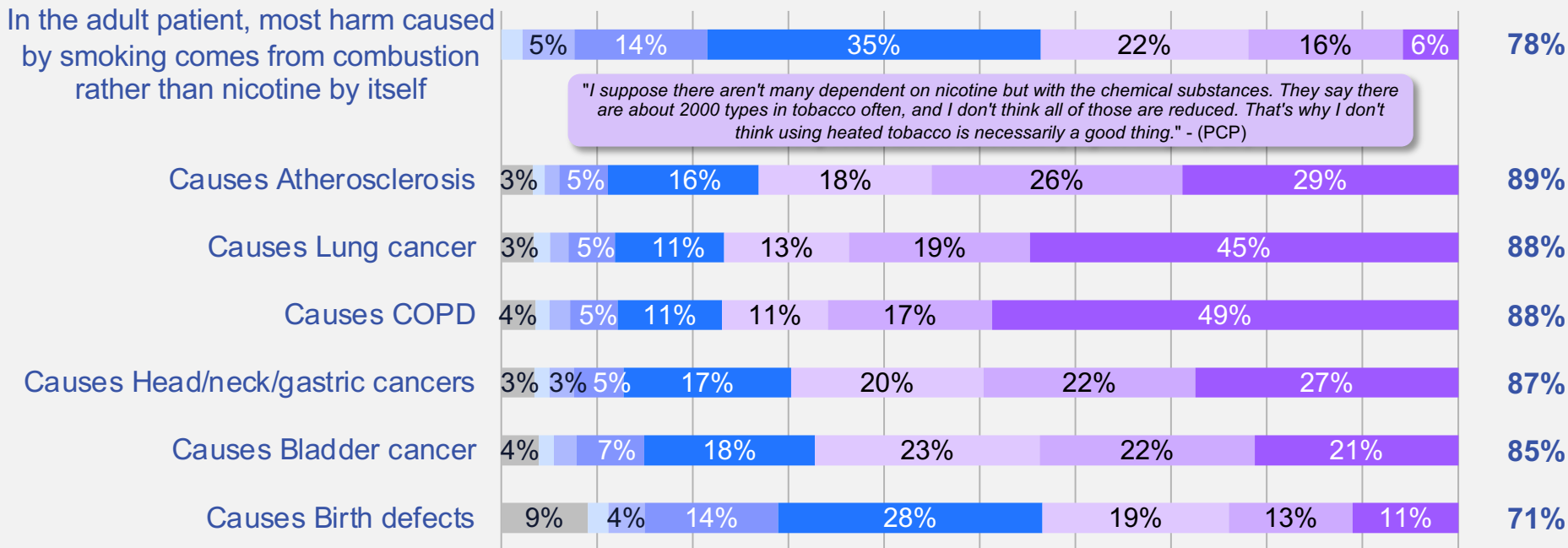


**78% of physicians believe that combustion is more harmful than nicotine. Except for Birth defects (71%), between 85% and 89% of physicians believe that nicotine is a direct cause of smoking-related conditions.**

### Agreement with statements about nicotine

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

**At least moderately agree**



Base=all physicians, n=874. 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. Responses for the top-4 categories are shown. Data labels <3% not shown

# Public policy and professional guidelines



Just over half of physicians are familiar with phrases related to smoking cessation; about half are familiar with guidelines.

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

Familiarity with the phrase "modified risk"



58%

Familiarity with the phrase "harm reduction"



57%

Familiarity with guidelines



52%

Familiarity with government/regulatory agency policies



50%

*"I think whether an individual succeeds in stopping smoking or not is down to the motivation - if there can be a clear aim then I believe that there is a high possibility of success. For example, if they play sports and want to continue, but felt some harm from smoking, that's a specific reason. It's hard to just say 'stop smoking'. So it's good to set a specific aim."  
- (PCP)*

*"I suppose those things [guidelines] probably do exist but I don't think most people see it. Also, in the first place, I don't think there are hardly any specialist doctors for stopping smoking. Not in Japan."  
- (Specialist)*

Base=all physicians, n=874  
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.

# Physicians are highly likely to follow guidelines related to smoking cessation.

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



Base=familiar with guidelines, n=610  
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 see heated tobacco as more closely regulated than oral tobacco.

## Government decisions

	Heated tobacco	Oral tobacco
Restriction of smoking in public places	43%	20%
Regulation is like any other tobacco product	29%	17%
Level of nicotine allowed is regulated	28%	22%
Distribution, sales, promotion, or use is restricted	23%	18%
Taxed at lower rate than cigarettes	17%	13%
Changes in regulation are pending	16%	9%
Are taxed at higher rate than cigarettes	11%	5%
Distribution, sales, promotion, or use is banned in some states and for certain brands	11%	8%
Not taxed at all	6%	9%
Don't Know/Not Sure	23%	33%

Base = familiar with policies, n=596

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

	Heated tobacco	Oral tobacco
Should be taxed and regulated the same as combustible tobacco products	28%	23%
Should be banned altogether	24%	22%
Should be widely available to adults who wish to reduce/quit smoking	24%	22%
Should be restricted as smoking cessation aids to use in certain patient types or clinical situations	15%	14%
Should be available wherever cigarettes are sold	13%	12%
Should be available only through physicians or pharmacists	9%	11%
Don't Know/Need more evidence before deciding	17%	20%

Base = all physicians, n=874

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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