Doctors' Survey:
South Africa 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.

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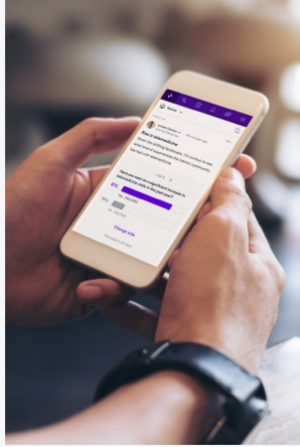
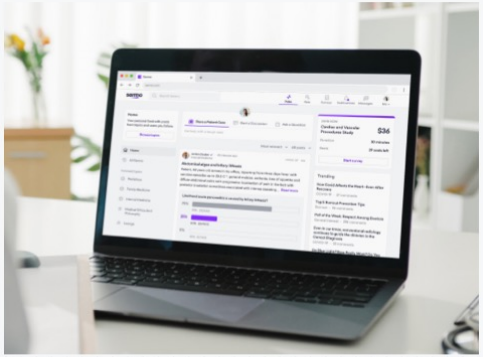
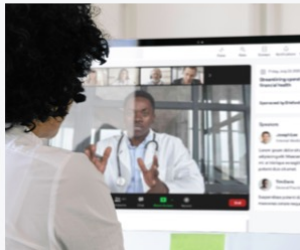






Executive Summary: South Africa

Smoking is relatively common among physicians in South Africa.

- 16% of physicians are past smokers
- 16% are current smokers.
- Most have tried quitting, with “cold turkey” and over-the-counter nicotine most commonly used.
    - However, no reduction/cessation interventions or methods are seen as especially effective.
    - 21% of current smokers have minimal interest in quitting.
- Health is the primary reason to quit; addiction and habit formation are the primary barriers to quitting.

All training topics are widely seen as valuable.

- 91% of physicians have had at least some training.
    - 53% are at least moderately interested in additional training.
- The effectiveness of specific tools and methods is the training subject of greatest interest.
- Several circumstances have roughly equal impact as reasons for not participating in training.

Executive Summary: South Africa

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

- 75% of physicians proactively discuss smoking with their patients who smoke at least sometimes.
    - 71% consider it a priority.
- 66% recommend prescription medication for smoking reduction/cessation; 55% recommend over-the counter nicotine replacement.

Physicians are, to varying degrees, likely to attribute negative health consequences to nicotine.

- 77% believe that combustion causes more harm than nicotine.
- Beliefs about nicotine as a direct cause of smoking-related ailments vary widely, from 42% to 82%.
    - More than 80% believe that nicotine causes Lung Cancer and COPD.

Research design

Glossary of terms:

GAB: global advisory board

NAB: national advisory board

CPD: continuing professional development

Research Design

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.

- For this research project, Sermo conducted 1,076 online interviews of physicians in South Africa.
  - Interviews were conducted between February 2, 2022 and April 4, 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.
- 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.

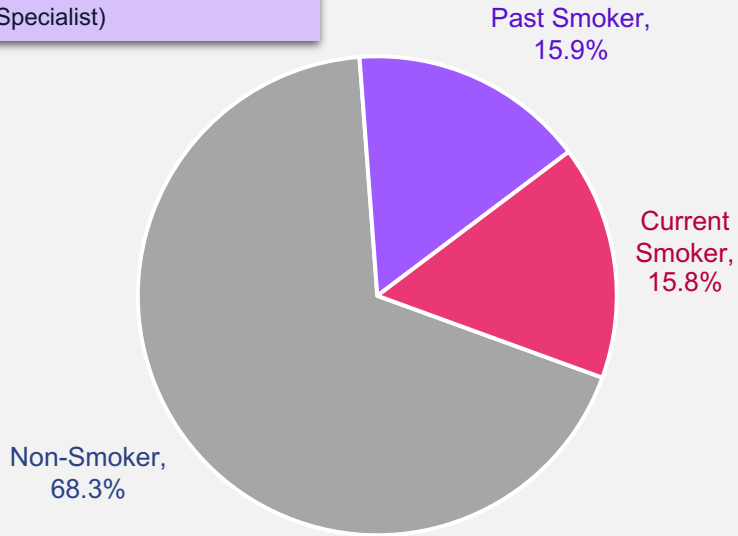
- As a follow-up 2 NAB qualitative interviews conducted in February 2023
  - PCP – General Practice with 18 years in practice. Particular interest in smoking cessation. Large proportion of heavy smoker patient base with associated lung conditions.
  - Oncologist – Private practice with particular interest in smoking cessation.

Smoking-related behavior

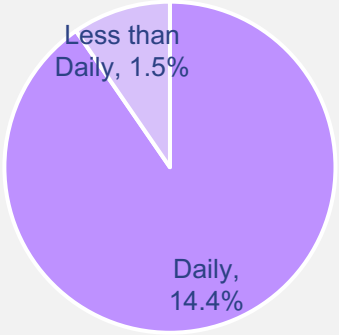
About one in six South African physicians is a current smoker, and about the same proportion of physicians are past smokers.

> "*I was not surprised. We don't see very high numbers amongst doctors… the vast majority are non-smokers. This is what I would have expected.*"
> - (Specialist)

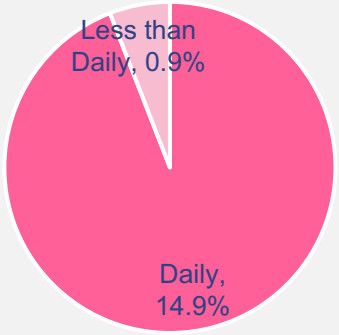
Total



Past Smokers

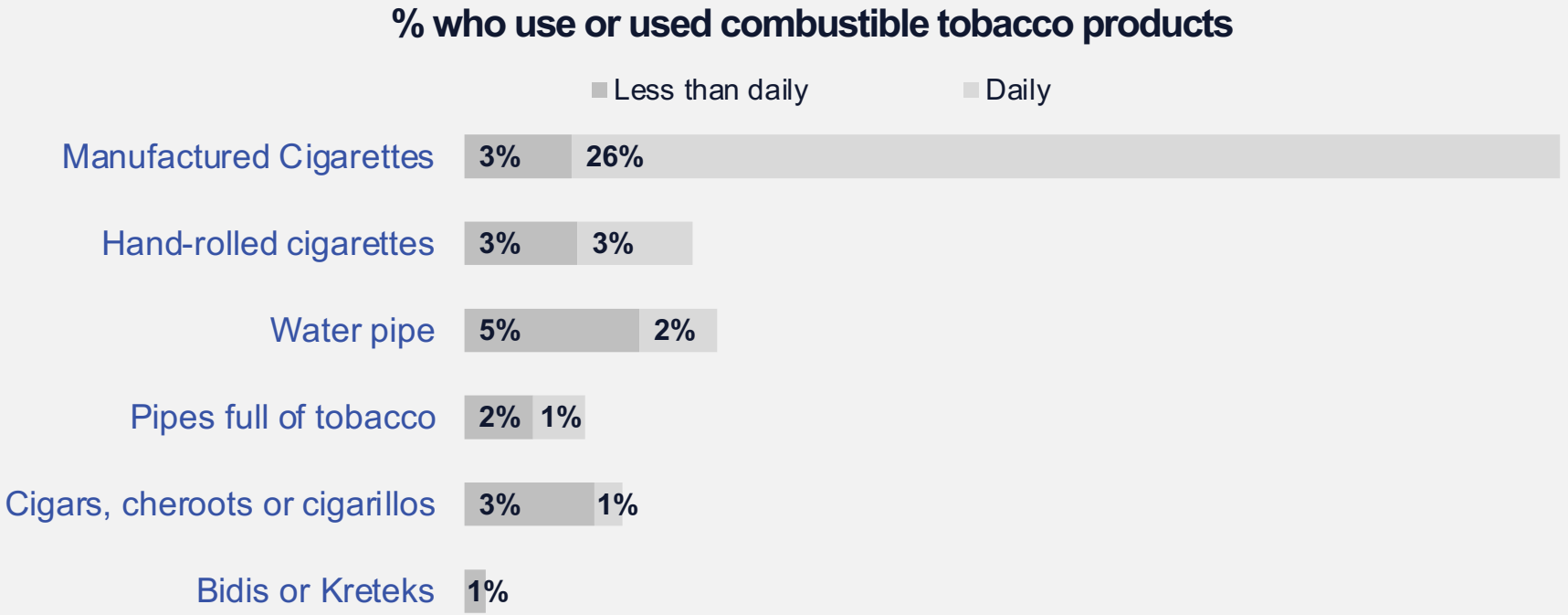


Current Smokers



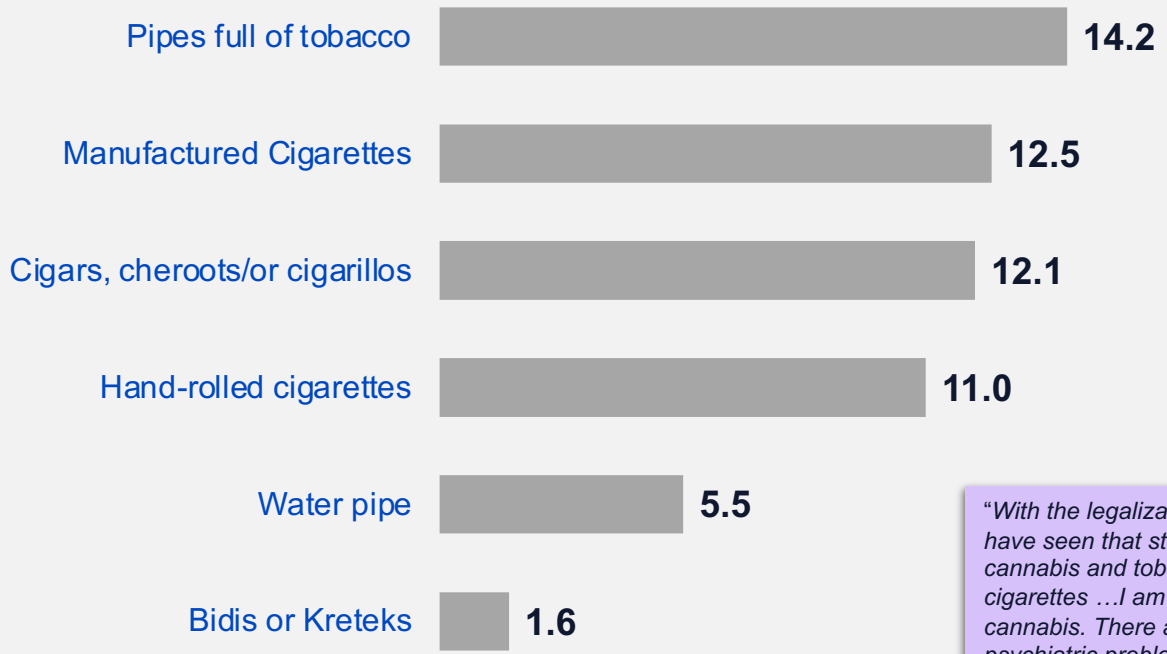
Base = all physicians, n=1,076.
S13. Which of the following best characterizes your own tobacco smoking habits?

Manufactured cigarettes are by far the most frequently used (currently or formerly) form of combustible tobacco.



Base = all physicians, n=1,076.
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.

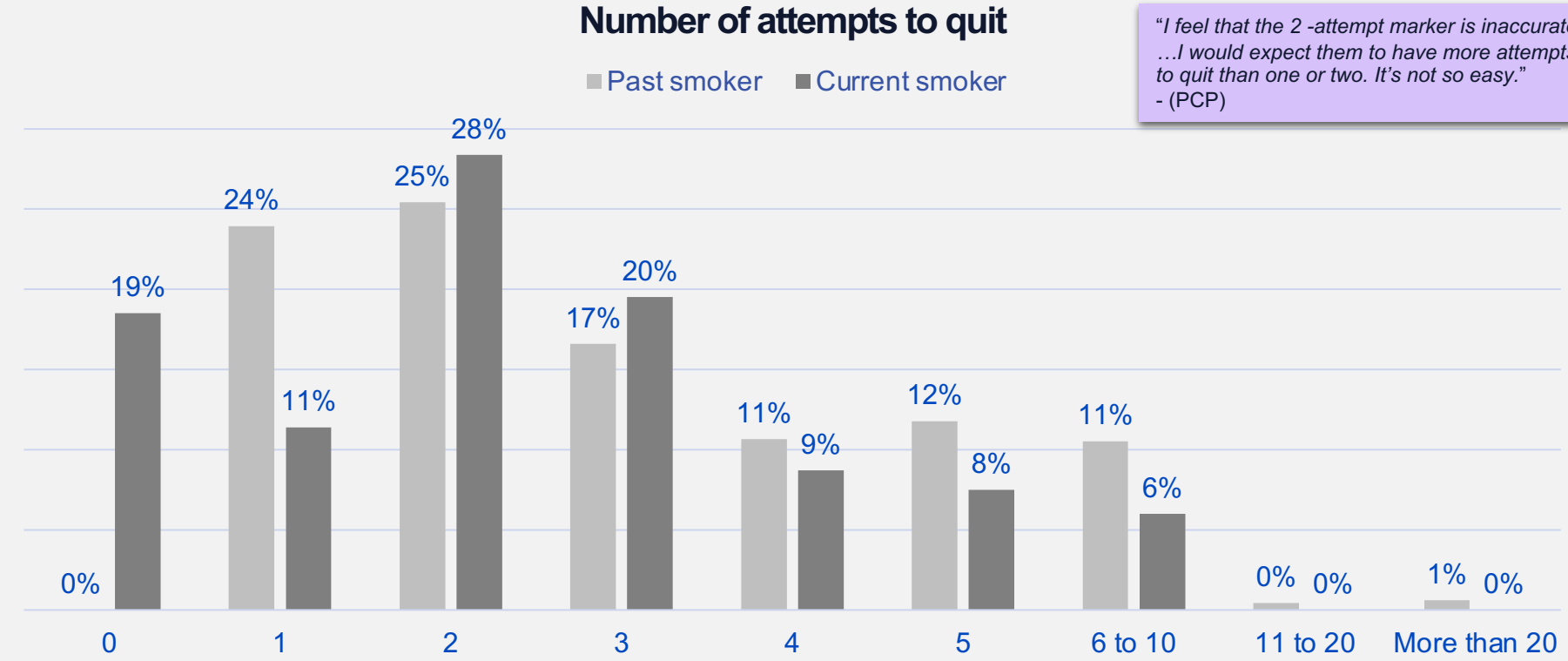
Among users, pipes full of tobacco have the longest span of usage, but other products are also used for more than a decade on average.



"*With the legalization of cannabis, I have seen that students are mixing cannabis and tobacco in hand rolled cigarettes …I am not a fan of cannabis. There are too many psychiatric problems associated with it.*" - (PCP)

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.

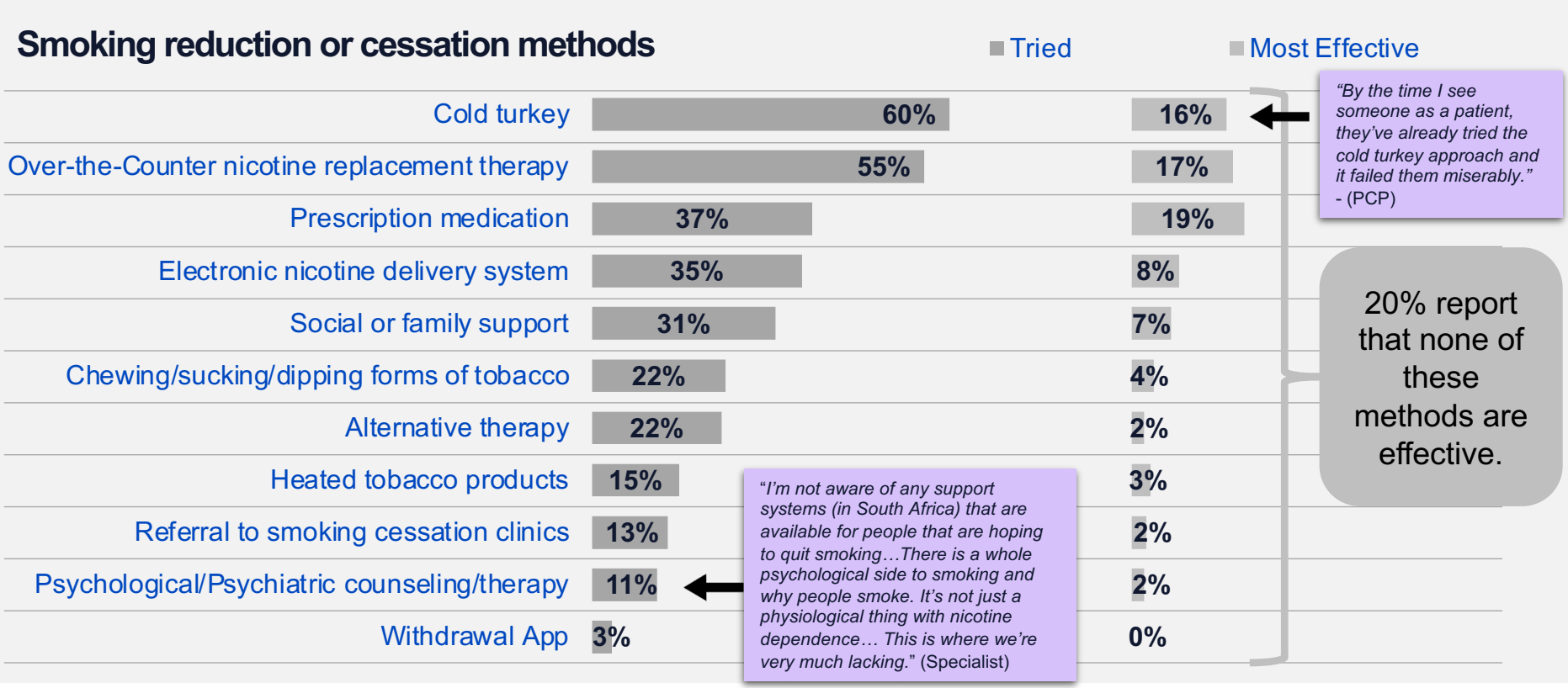
49% of past smokers quit after only one or two attempts. 81% of current smokers have attempted to quit at least once.



"I feel that the 2 -attempt marker is inaccurate. …I would expect them to have more attempts to quit than one or two. It's not so easy."
- (PCP)

Base = Past smoker (n=171), Current smoker (n=159).
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” and OTC nicotine replacement are the most popular methods of smoking reduction/cessation. No method is considered especially effective, and 20% say that none of the listed methods are effective.



Base = attempted to quit at least once, n=304.
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. Costs and credibility are sometimes part of the decision process.

Reasons for deciding to quit smoking

Base = attempted to quit at least once, n=304.
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 relate to addiction and habit formation. Stress reduction from smoking is also a factor.

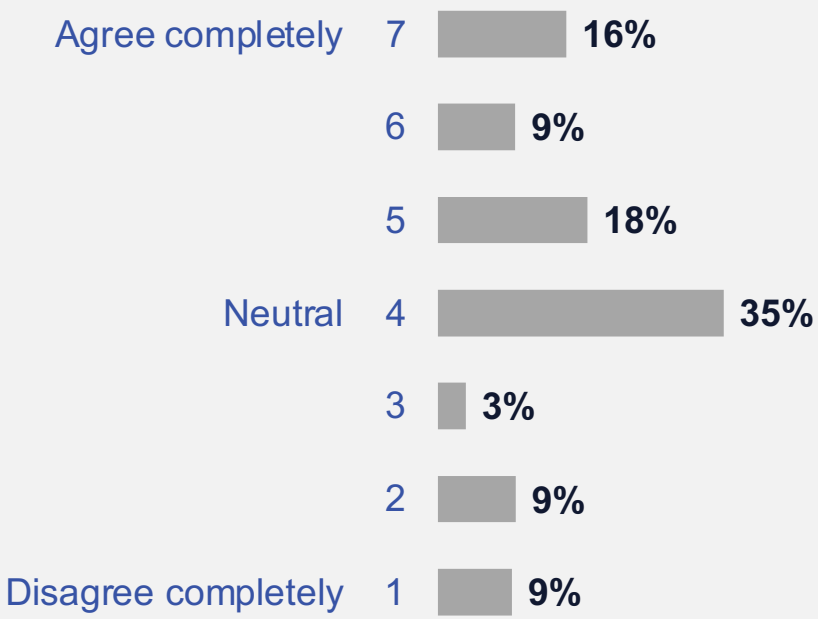
Barriers preventing quitting

"There is a large role for education in NRT's and electronic delivery systems as alternatives and their effectiveness. The limitation in South Africa is the cost."
- (Specialist)

Base = current or past smokers, n=330.
Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

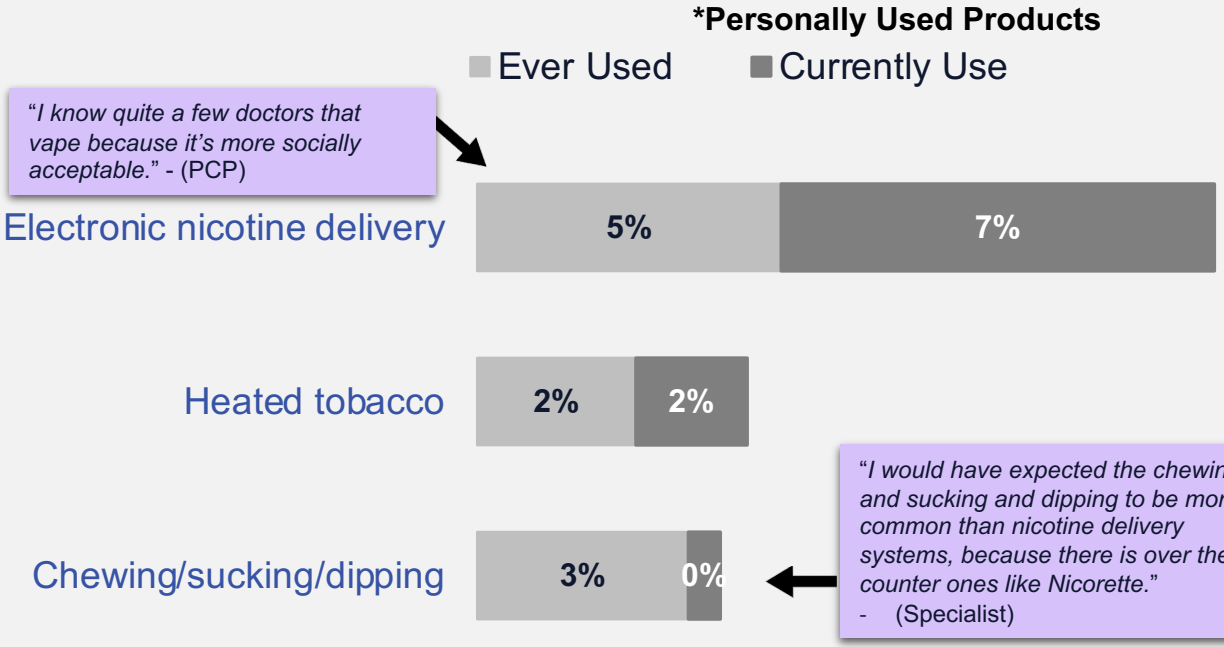
Most current smokers plan to quit in the future. 21% have little-to-no interest in quitting.

Plans to quit smoking in the future



Base = current smokers, n=159.
Q40. Select the number that best reflects your level of agreement. 1=Disagree Completely, 7=Agree Completely.

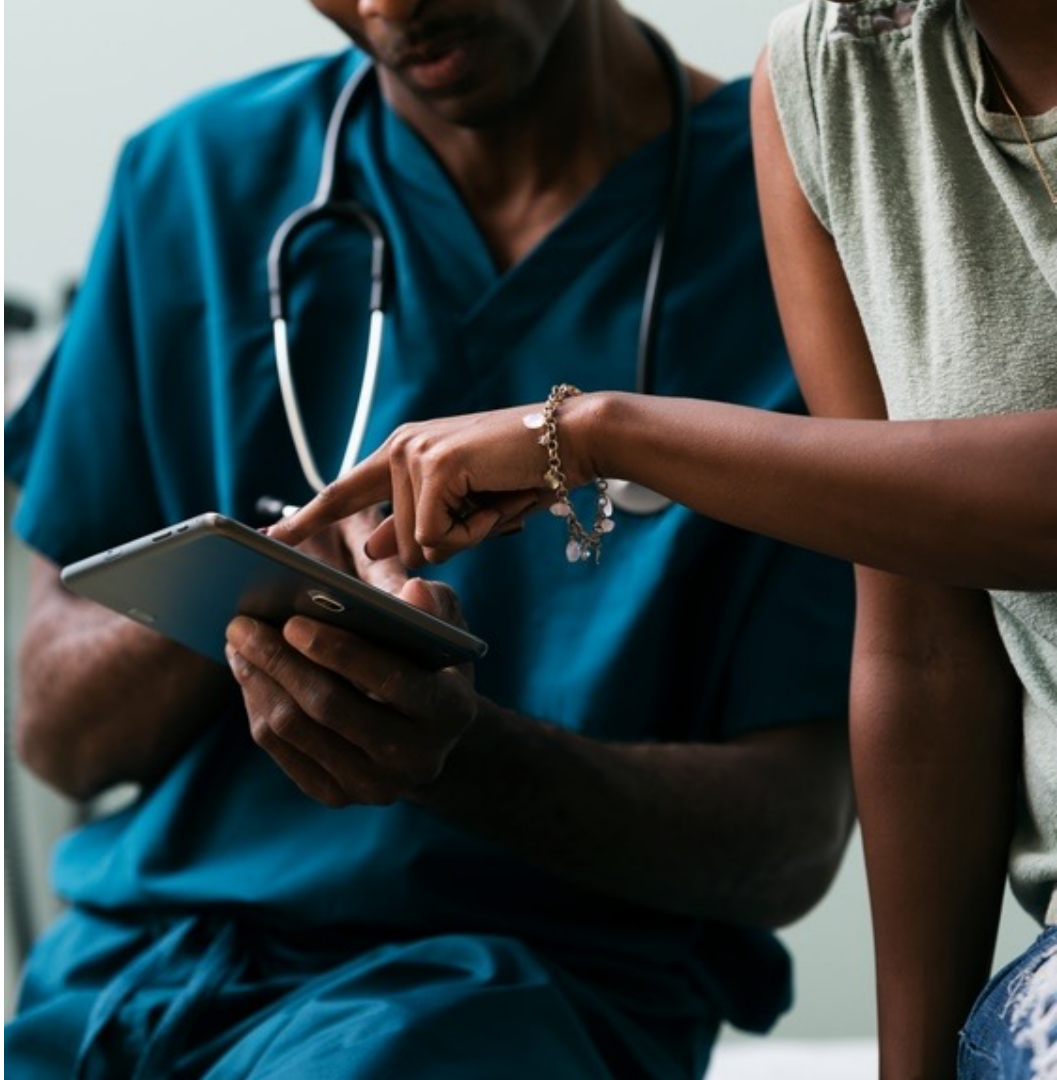
Substitutes for smoking are not used widely, but some products are used for extended periods.



	**% of users who used daily	***% of users who used for > 1 year
Electronic nicotine delivery	35%	62%
Heated tobacco	24%	81%
Chewing/sucking/dipping	27%	29%

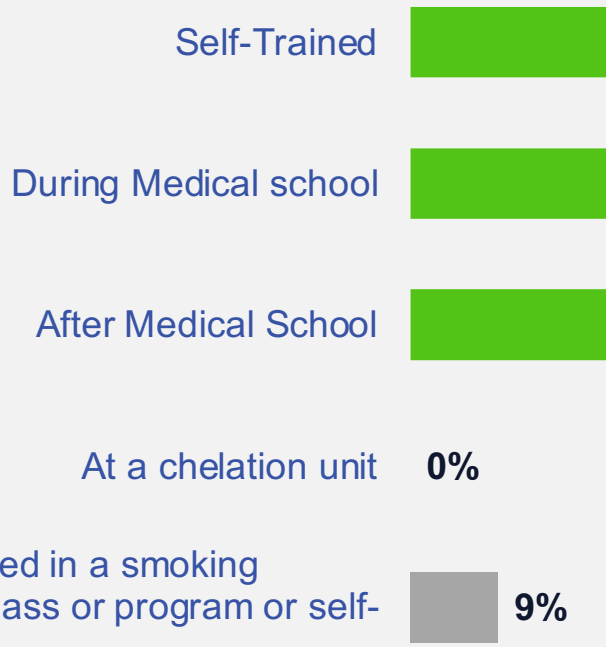
Base = all physicians, n=1,076.
*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?
Base = varies by product (Electronic Nicotine Delivery, n=109 ; Heated tobacco, n=41; Chewing/sucking/dipping, n=40).
**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



91% of physicians have had at least some training on smoking cessation. Almost half are self-trained.

Training on Smoking Cessation



"*You cannot be expected as a doctor to be imparting advice if you are not getting the proper training. If you have to go and self train, it's just not really acceptable. One of the highlights of (this study) was the fact that people are willing to do the courses, but nobody seems to be doing them, and that's probably because the way CPD should be done now, should evolve.*"
- (Specialist)

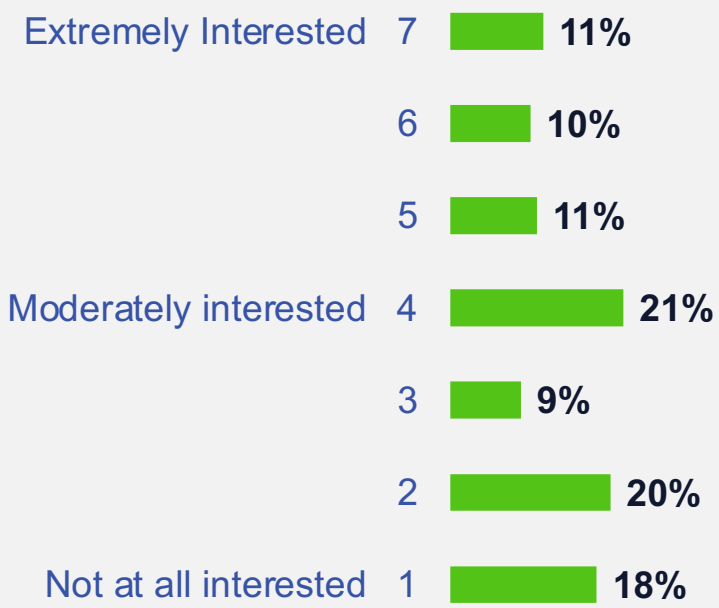
"I said no self training as training would encompass all the facets including psychological counselling. Doctors are ill equipped and trained to do such, nor do they have the time. People may have been too afraid to say they have no training."
- (PCP)

"*We got some training at medical school, but you are so green at that stage. The focus should be on doctors who are practising and CPD, not in medical school, because it is an evolving field.*" - (Specialist)

Base = all physicians, n=1,076.
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.

53% of physicians are at least moderately interested in training.

Interest in training



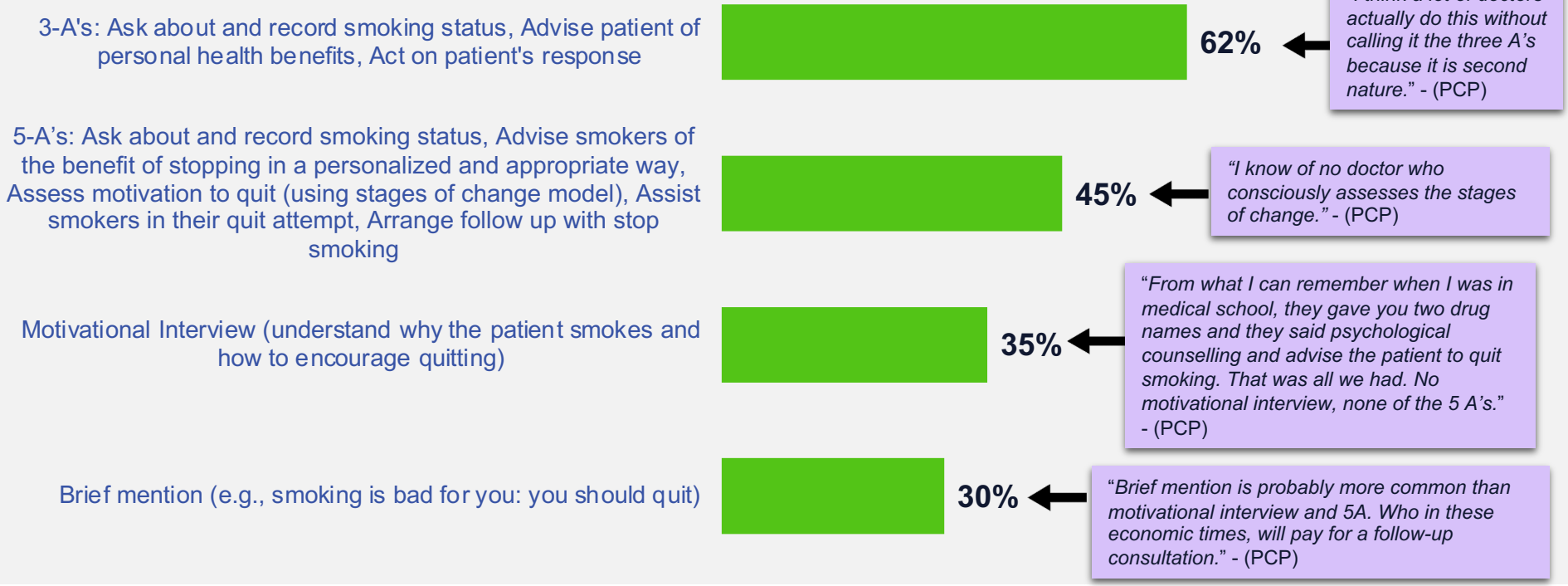
"*People say they are willing to do training, but they don't actually follow through and do some CPD training. I'm guilty of it myself. CPD meetings are available after-hours, but I have never seen a CPD meeting about smoking. CPD meetings are available, but we find that our lives are so busy, when we head home, we just want to relax and not attend meetings or read journal articles… You need to think outside the box and how to get the doctor's attention… If you are away from your hustle and bustle of normal activities, you are going to attend and focus on the course.*"
- (Specialist)

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

Base = all physicians, n=1,076.
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 “3-As” are communicated most frequently.

Approaches communicated in training



Base = has taken training, n=973.
Q50. Which of the following approaches were communicated in the training you completed?

All training topics are very widely seen as valuable.

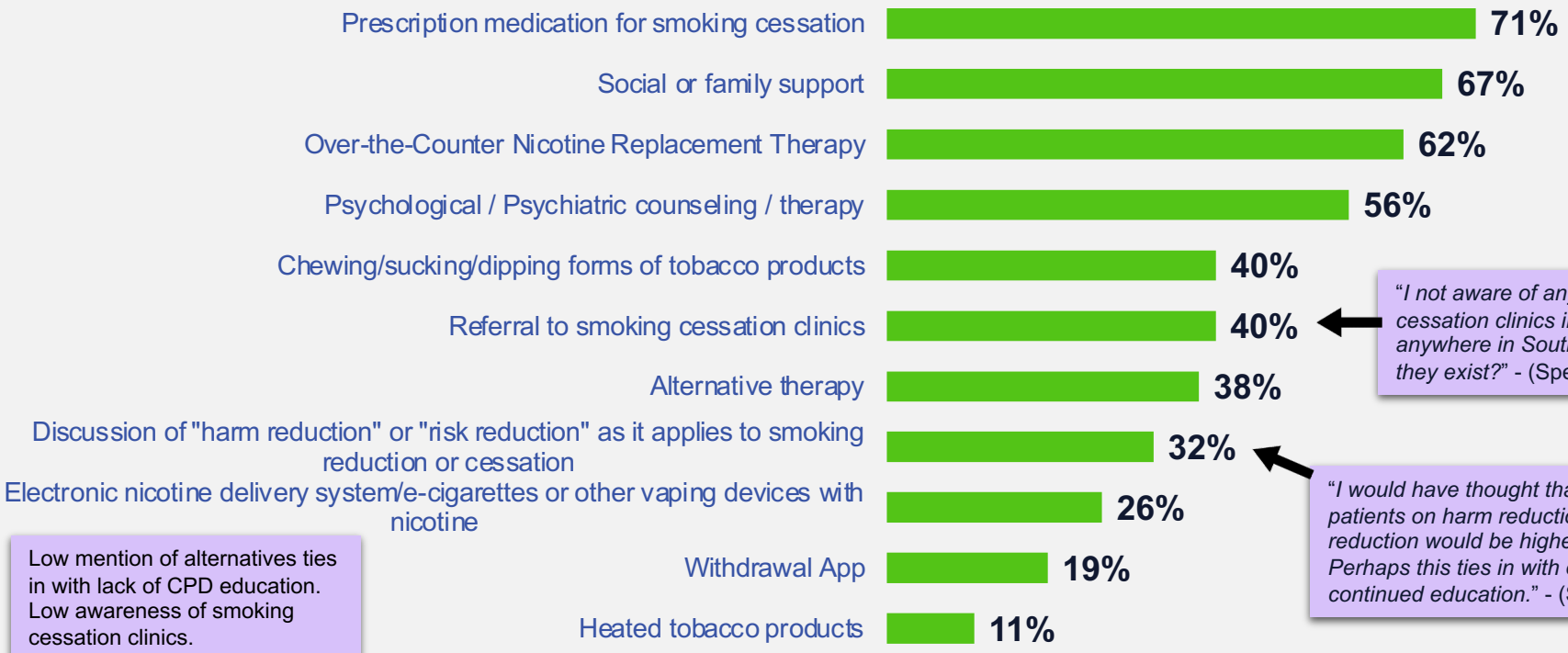
> "*Physicians already know what the health risks related to smoking are, so I feel like it would be a wasted effort… I think very few physicians know how to conduct a motivational interview and develop a plan to quit… It would be nice if there were dedicated clinics that addressed smoking cessation fully with trained psychologists.*" - (PCP)

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.

Four methods are covered in training a majority of the time. Specific alternatives to smoking are included only infrequently.

Specific methods covered in training



"*I not aware of any smoking cessation clinics in Durban or anywhere in South Africa. Do they exist?*" - (Specialist)

"*I would have thought that counselling patients on harm reduction and risk reduction would be higher on the list. Perhaps this ties in with our lack of continued education.*" - (Specialist)

Low mention of alternatives ties in with lack of CPD education. Low awareness of smoking cessation clinics.

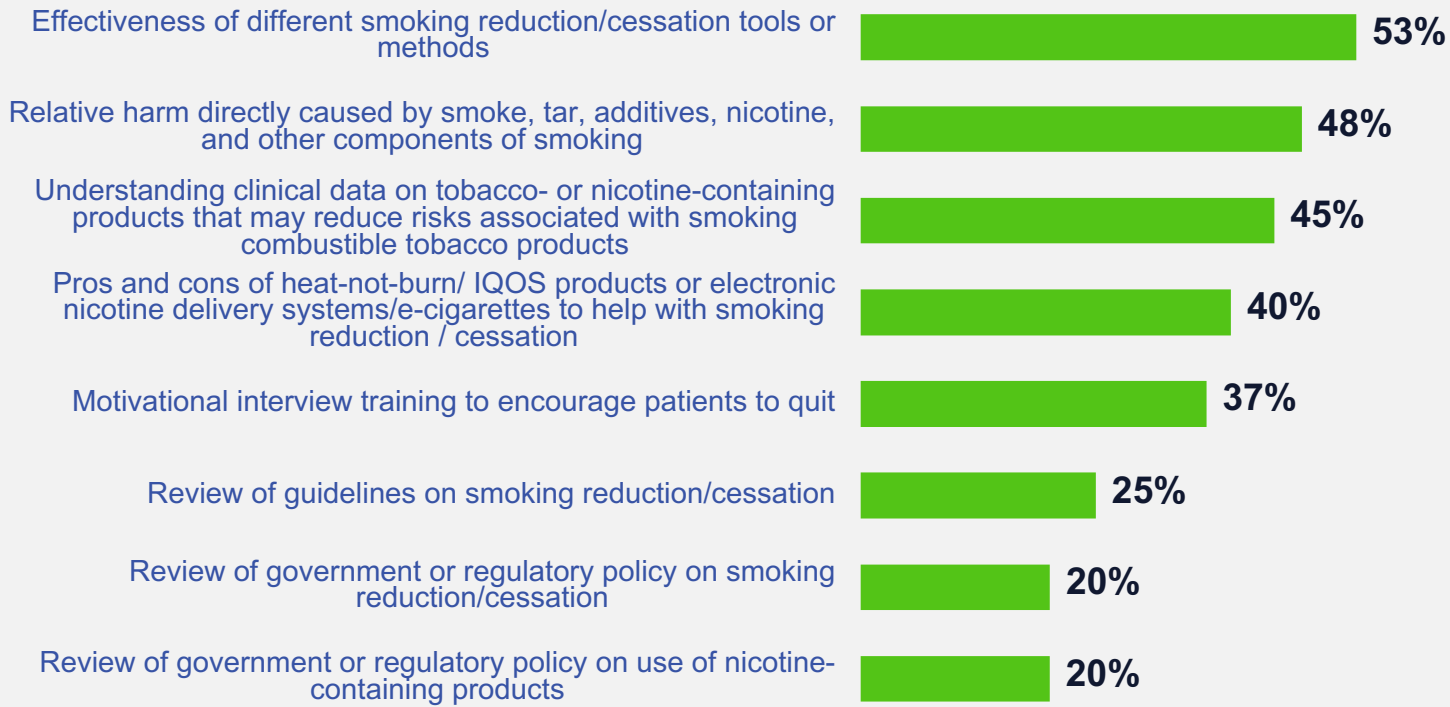
Base = has taken training, n=973.
Q65. Which of the following specific interventions or methods on smoking reduction/cessation were covered in the training you completed (or self-trained) on this topic? Check all that apply.

Several reasons operate about equally to hinder physicians from taking training.

Base = has not taken training, n=103.
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. Relative harm, and clinical data, are also of interest. There is very little interest in government/regulatory policy.

Top-3 training subjects of interest



Base = interested in training, n=682.
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

Helping patients quit smoking is a priority for 71% of physicians. 51% believe they are not appropriately trained to do so.

Agreement with statements about smoking (at least Moderately Agree)

"*This talks to the need for CPD. There is a big discordance between those that realize that they aren't appropriately trained and those that aren't knowledgeable.*"
- (Specialist)

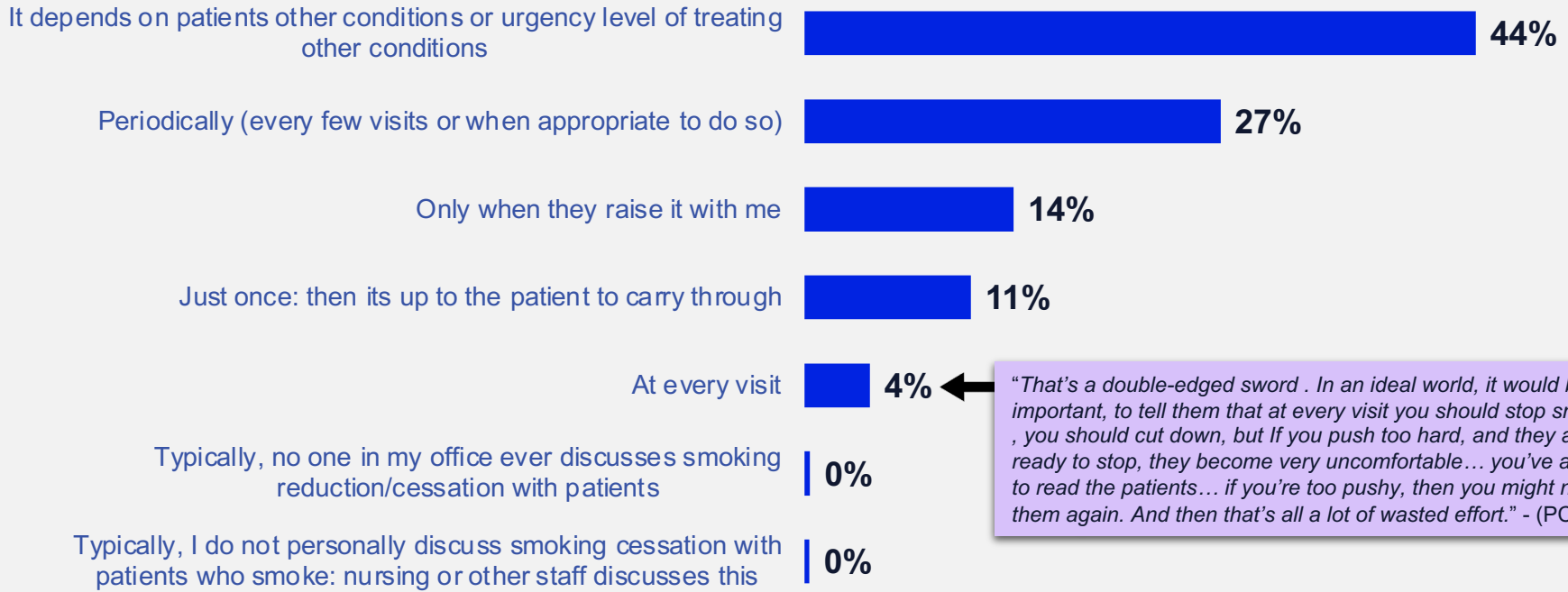
"*I can honestly say I am not appropriately trained. To be appropriately trained, one must understand all facets and should include a team to help the smoker from doctor to counsellor to psychologist. I think primary care physicians are better positioned as they see patients more often to reinforce.*"
-(PCP)

Base=all physicians, n=1,076.
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 25% of physicians avoid proactive discussions of smoking reduction/cessation.

"*This number is very surprising. Why would any physician actively avoid the topic. This must be because they are aware of their lack of knowledge regarding the solutions.*" - (Specialist)

Approach to discussing smoking reduction/cessation



"*That's a double-edged sword . In an ideal world, it would be important, to tell them that at every visit you should stop smoking, , you should cut down, but If you push too hard, and they are not ready to stop, they become very uncomfortable… you've also got to read the patients… if you're too pushy, then you might not see them again. And then that's all a lot of wasted effort.*" - (PCP)

Base = all physicians, n=1,076.
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.

Base = all physicians, n=1,076.
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 quitting, and the pros/cons of reducing vs cessation, are the most frequent forms of advice.

Advice given to patients at least Sometimes - top items

Base=discusses smoking cessation, n=1,068.
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.

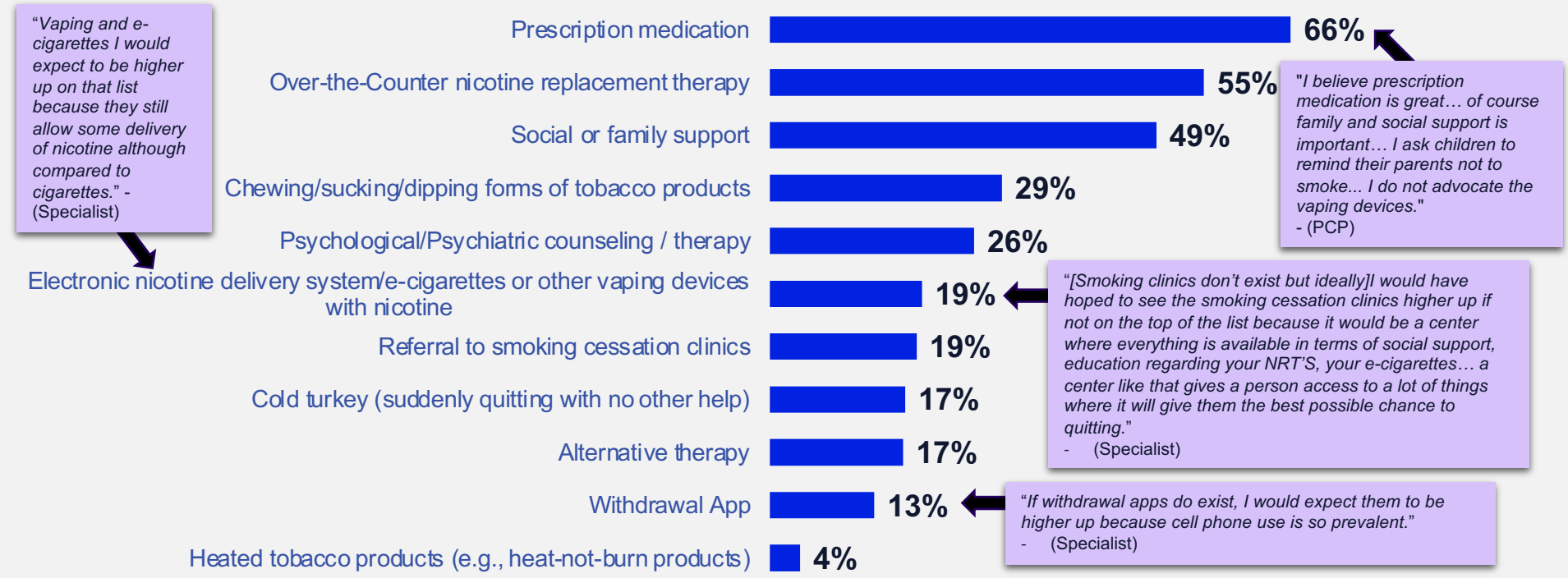
Mental health and non-combustible tobacco are the least common forms of physician advice to patients.

Advice given to patients at least Sometimes (continued)

Base=discusses smoking cessation, n=1,068.
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.

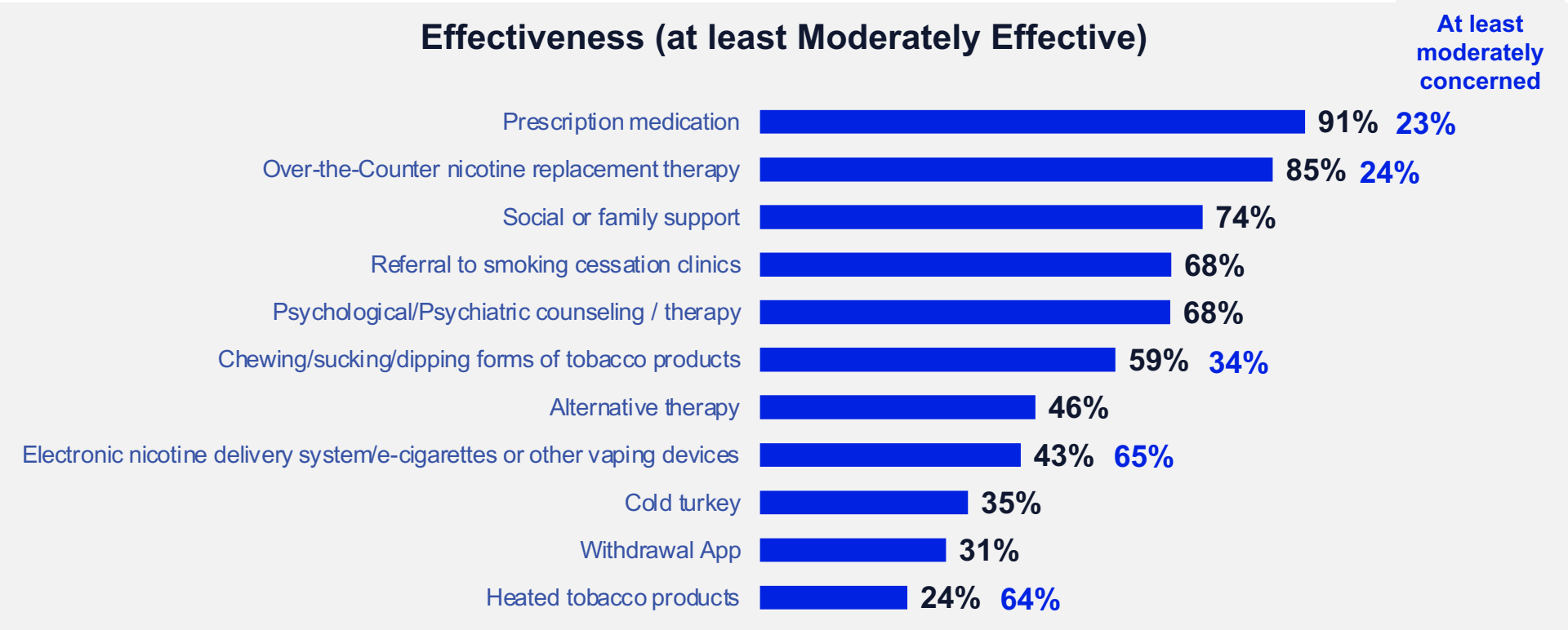
Prescription medication, nicotine replacement, and social/family support are the most frequently recommended methods of smoking reduction/cessation.

Recommended methods of smoking reduction/cessation



Base = all physicians, n=1,076.
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.

Prescription medication and OTC nicotine are seen as most effective, and least concerning. Electronic nicotine and heated tobacco are seen as much less effective, and much more concerning.



Base=all physicians, n=1,076. 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 and heated tobacco are viewed as more effective than oral tobacco, but also riskier due to vapor/aerosols. Heated tobacco is seen as least appropriate for long-term use, and for use concurrent with smoking.

Advice about smoking reduction/cessation methods

	Electronic nicotine	Heated tobacco	Oral tobacco
May still have some health risks associated with inhaling vapor/aerosols	76%	90%	29%
May lower risks associated with using combustible tobacco	73%	65%	41%
May reduce or stop patients use of combustible tobacco	70%	70%	50%
May provide health benefits to the patients, their families, and population as a whole	45%	50%	26%
Should be used only until the patient quits smoking, rather than on a long-term basis	42%	65%	40%
Should not be used along with combustible tobacco	35%	48%	15%
May be used on a long-term basis as a substitute for combustible tobacco	25%	9%	20%

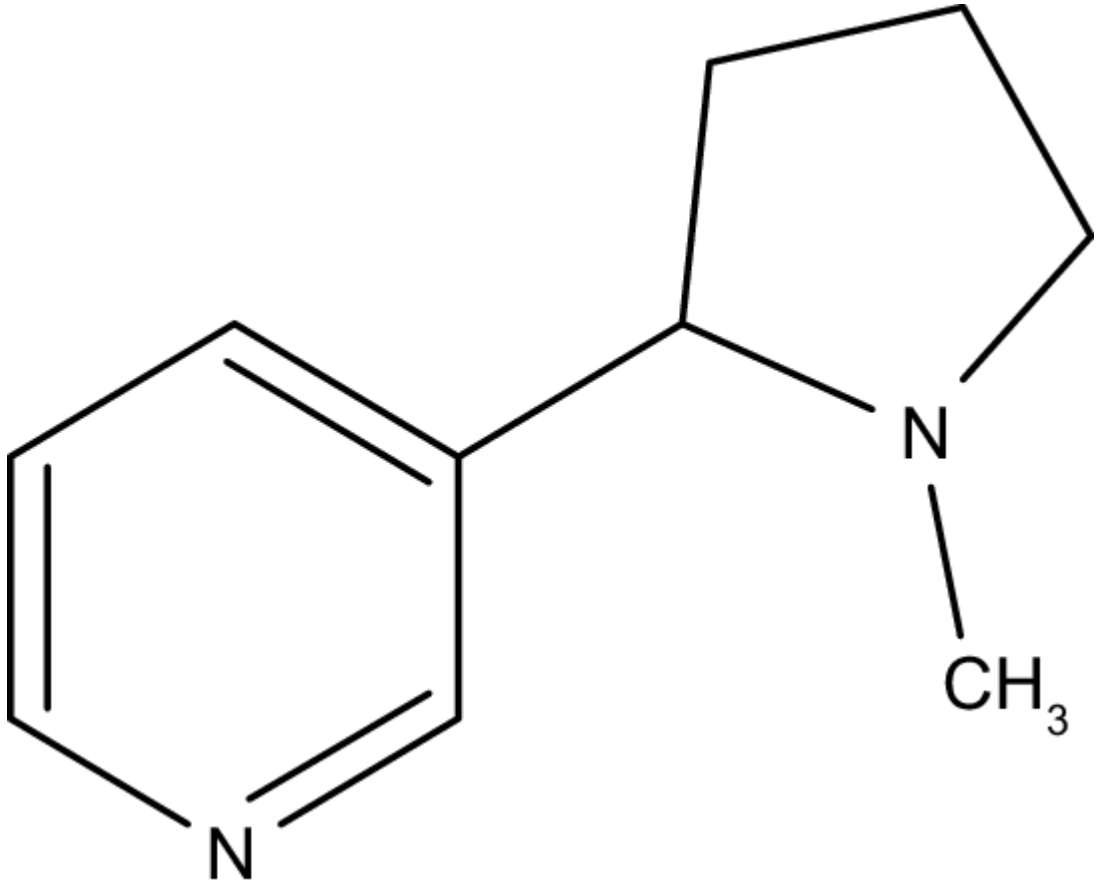
Base = recommends each item: Electronic nicotine n=203, heated tobacco n=42, oral tobacco n=310.
Q115,Q116, Q117. When you recommend _____ to your patients who smoke combustible tobacco products, what advice do you usually give them? Select as many as apply.

Covid has changed the behavior of both physicians and patients.

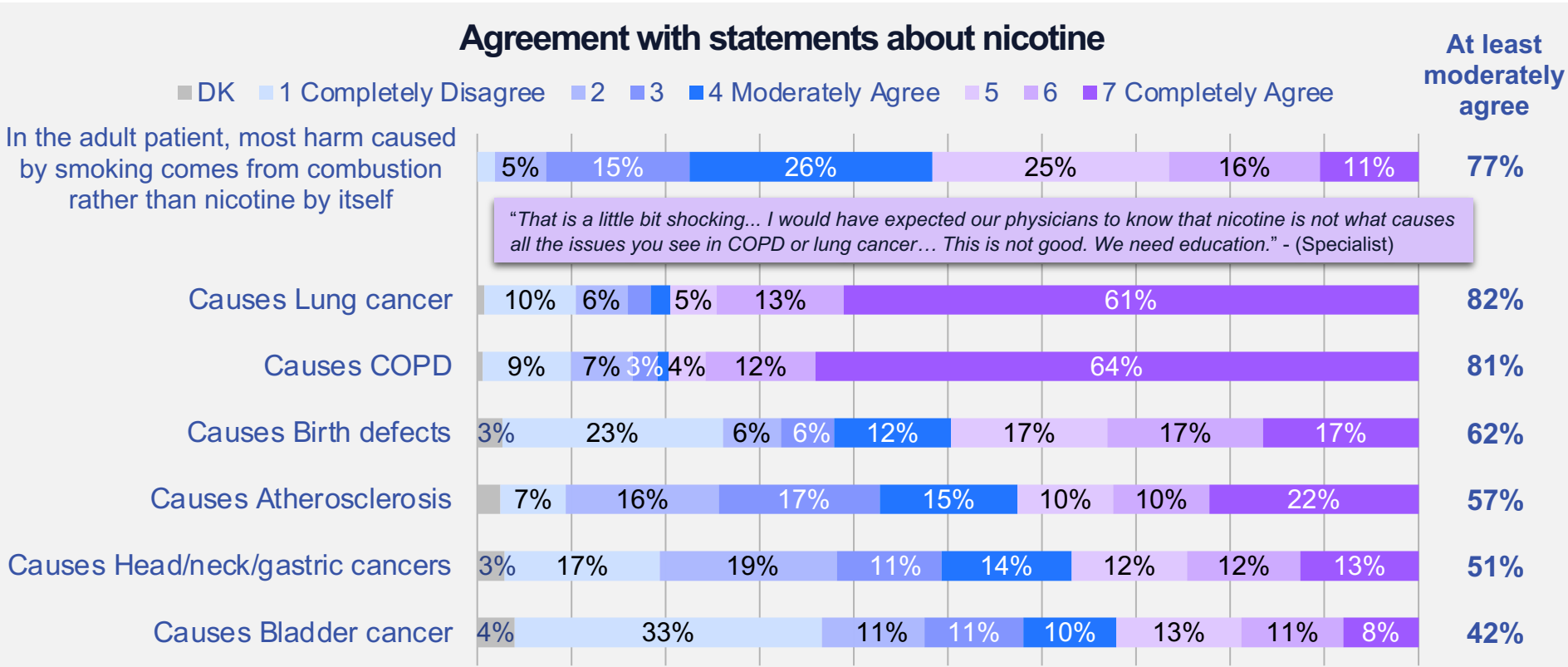
Impact of COVID on approach to smoking cessation (at least Moderately Agree)

Base=prioritizes helping patients quit smoking, n=789.
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



77% of physicians believe that combustion is more harmful than nicotine. Beliefs about nicotine as a direct cause of smoking-related conditions vary widely, from 42% to 82%.



Base=all physicians, n=1,076. 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 label <3% not shown

Public policy and professional guidelines

Physicians in South Africa are generally unfamiliar with phrases and guidelines/policies related to smoking cessation.

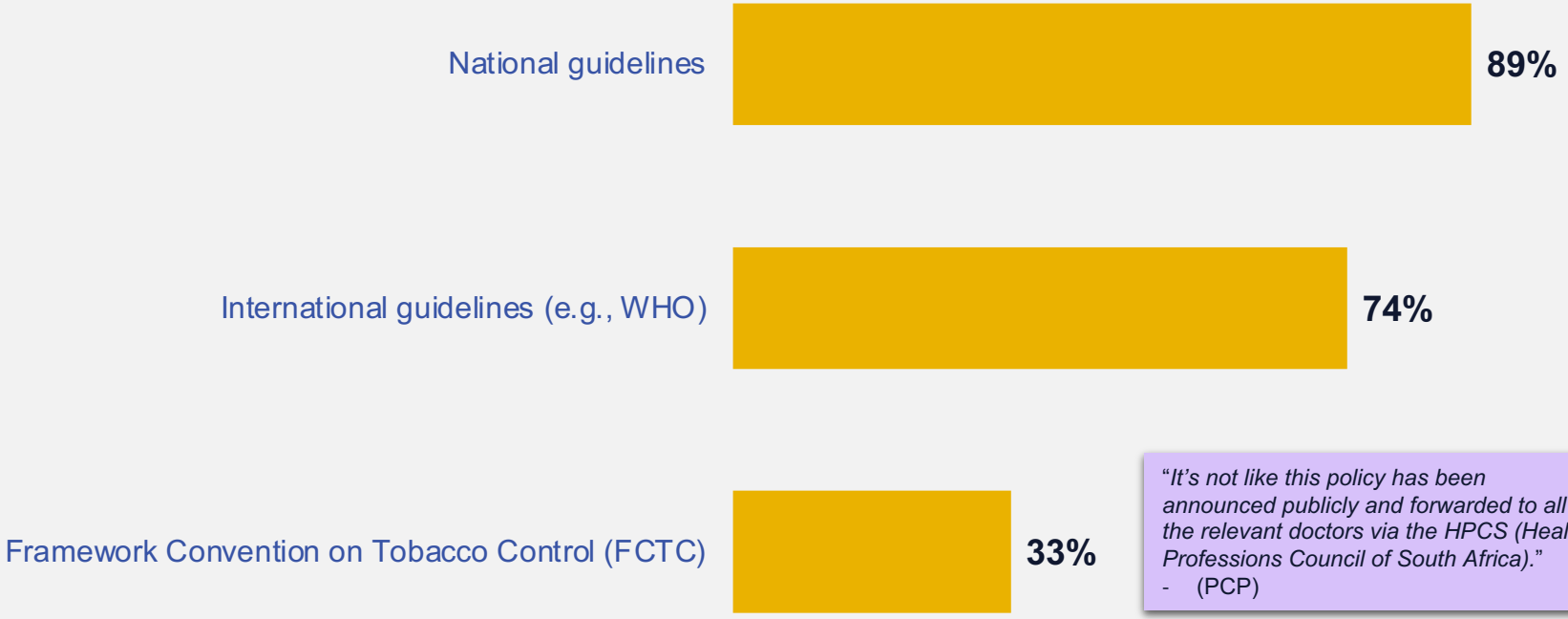
Familiarity with phrases, guidelines, and policies related to smoking cessation (at least Moderately Familiar)

"*Harm reduction, modified risk we usually use these phrases with harder drugs like the IV drug users … because smoking is so socially acceptable, we don't use those phrases for smokers.*"
- (PCP)

Base=all physicians, n=1,076.
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.

Large majorities of physicians report following national and international guidelines.

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



"*It's not like this policy has been announced publicly and forwarded to all the relevant doctors via the HPCS (Health Professions Council of South Africa).*"
- (PCP)

Base=familiar with guidelines, n=545.
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.

There is variability across products in beliefs about government restrictions and regulations.

Government decisions

	Electronic nicotine	Heated tobacco	Oral tobacco
Restriction of smoking in public places	45%	44%	13%
Level of nicotine allowed is regulated	38%	17%	17%
Changes in regulation are pending	37%	22%	6%
Regulation is like any other tobacco product	30%	30%	27%
Distribution, sales, promotion, or use is restricted	29%	24%	9%
Taxed at lower rate than cigarettes	9%	9%	10%
Are taxed at higher rate than cigarettes	8%	6%	2%
Not taxed at all	6%	3%	3%
Distribution, sales, promotion, or use is banned	4%	5%	3%
Don't Know/Not Sure	10%	28%	44%

Base = familiar with policies, n=527.
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.

Physicians believe that oral tobacco should not be taxed/regulated the same as other products, and that heated tobacco should not be as widely available as other products. But otherwise, there is little to distinguish physician attitudes toward the availability of different smoking substitutes.

Physician opinions

	Electronic nicotine	Heated tobacco	Oral tobacco
Should be taxed and regulated the same as combustible tobacco products	40%	39%	16%
Should be available wherever cigarettes are sold	37%	29%	35%
Should be widely available to adults who wish to reduce/quit smoking	32%	22%	38%
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)	17%	17%	14%
Should be banned altogether	12%	14%	11%
Should be available only through physicians or pharmacists	6%	7%	14%
Don't Know/Need more evidence before deciding	6%	12%	14%

Base = all physicians, n=1,076.
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?

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