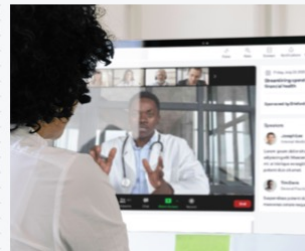
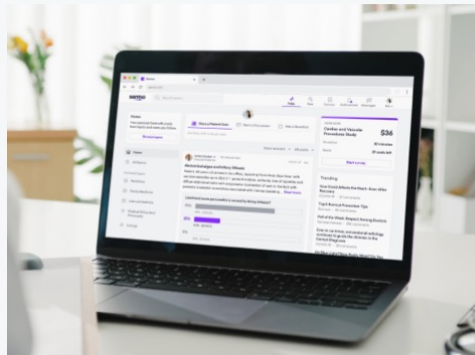
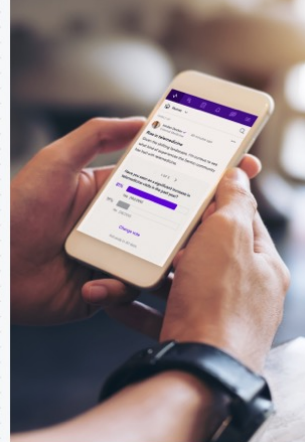


Doctors' Survey: UK results

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: UK

Smoking is rare among physicians in the United Kingdom.

- 13% of physicians are past smokers
- 2% are current smokers.
- Most have tried to quit, with “cold turkey” the most popular and most effective method.
 - Most smokers plan to quit in the future.
- Long-term health is the primary reason to quit; enjoyment of smoking is the primary barrier to quitting.

Training topics are widely seen as valuable.

- 83% of physicians have had at least some training.
 - 83% are at least moderately interested in additional training.
- 69% cite comparative effectiveness as among their top subjects of interest.
- Lack of awareness and opportunity are the chief reasons for not participating in training.

Executive Summary: UK

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

- 90% of physicians discuss smoking with their patients who smoke at least sometimes.
 - 89% consider it a priority.
- 80% refer patients to smoking cessation clinics, and 71% recommend over-the-counter nicotine replacements.

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

- 81% of physicians believe that combustion causes more harm than nicotine.
- 56% to 65% 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 1,191 online interviews of physicians in the United Kingdom.
 - Interviews were conducted between February 2, 2022 and March 24, 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, 1 NAB Interview conducted in February 2023
 - Consultant Cardiologist – Sits on international boards to address smoking in South Asia. Works at a leading university teaching hospital where they support hospital's smoking cessation unit.

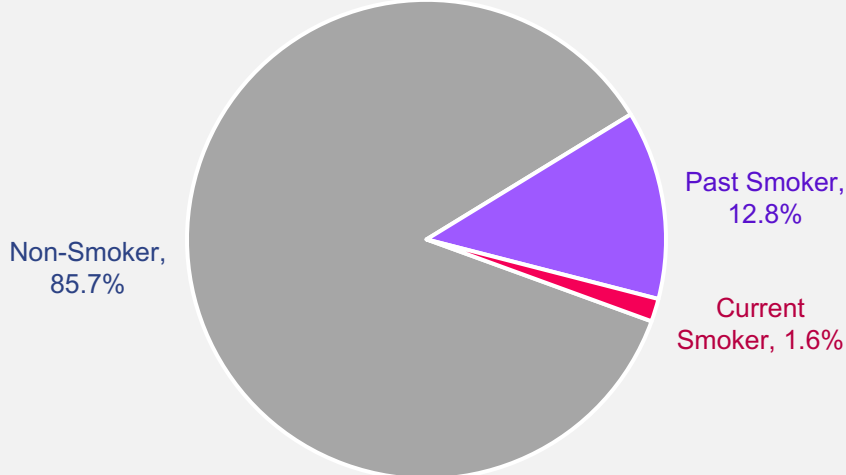
Relevant "direct quotes" or inferences from the Phase 4 Interviews with Global/National Advisory Board members (GABs/NABs) are included throughout this report in these purple boxes.

Smoking-related behavior

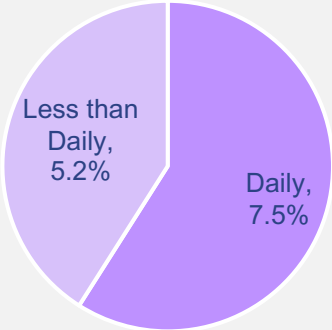


More than 85% of physicians have never smoked, and less than 2% smoke currently. Daily smoking is more common than less frequent smoking.

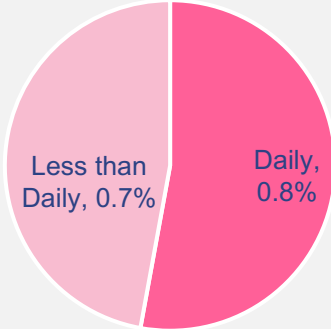
Total



Past Smokers



Current Smokers

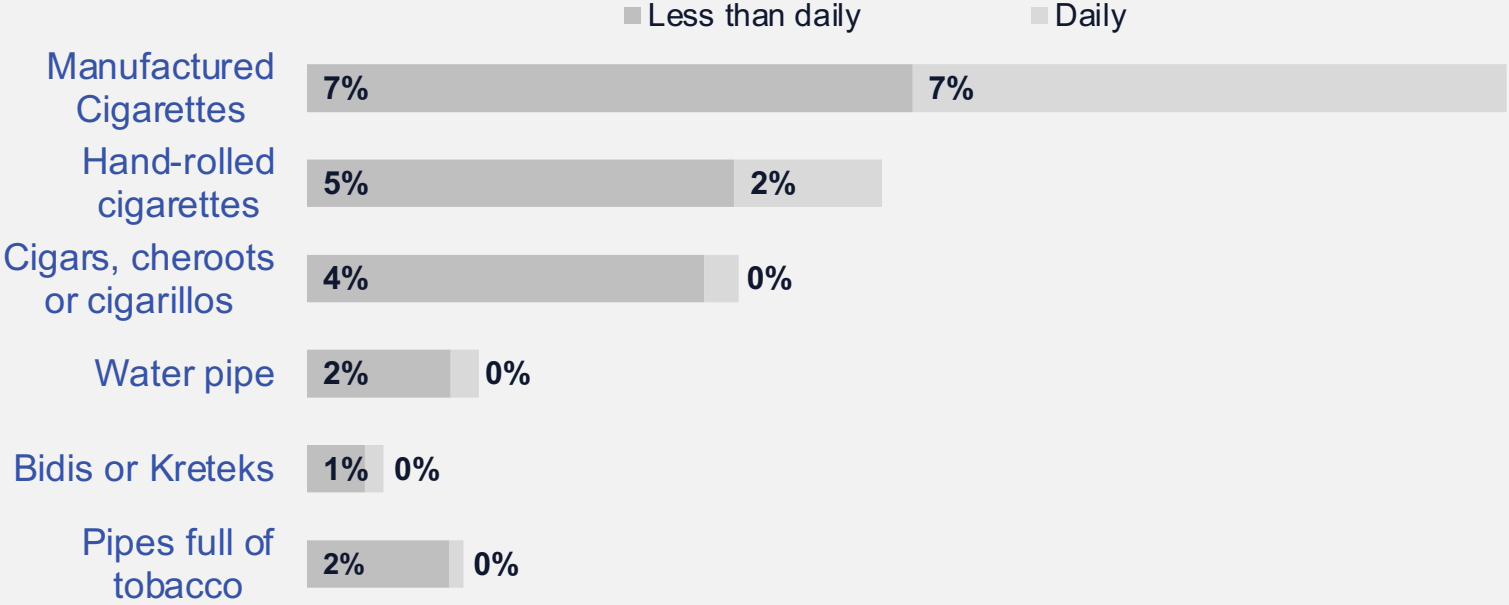


"We do have more non-smokers in the healthcare professionals. Some of the work that your team or the other organisations have done in smoking cessation over the last couple of decades has possibly helped healthcare professionals to understand and realise that smoking is bad. Obviously, they then stop smoking. But the same report is not there when it comes to possibly dealing with the patient, which has to be more aggressive." - (Cardiologist)

Base = all physicians, n=1,191.
S13. Which of the following best characterizes your own tobacco smoking habits?

Except for manufactured cigarettes, the majority of usage is less than daily.

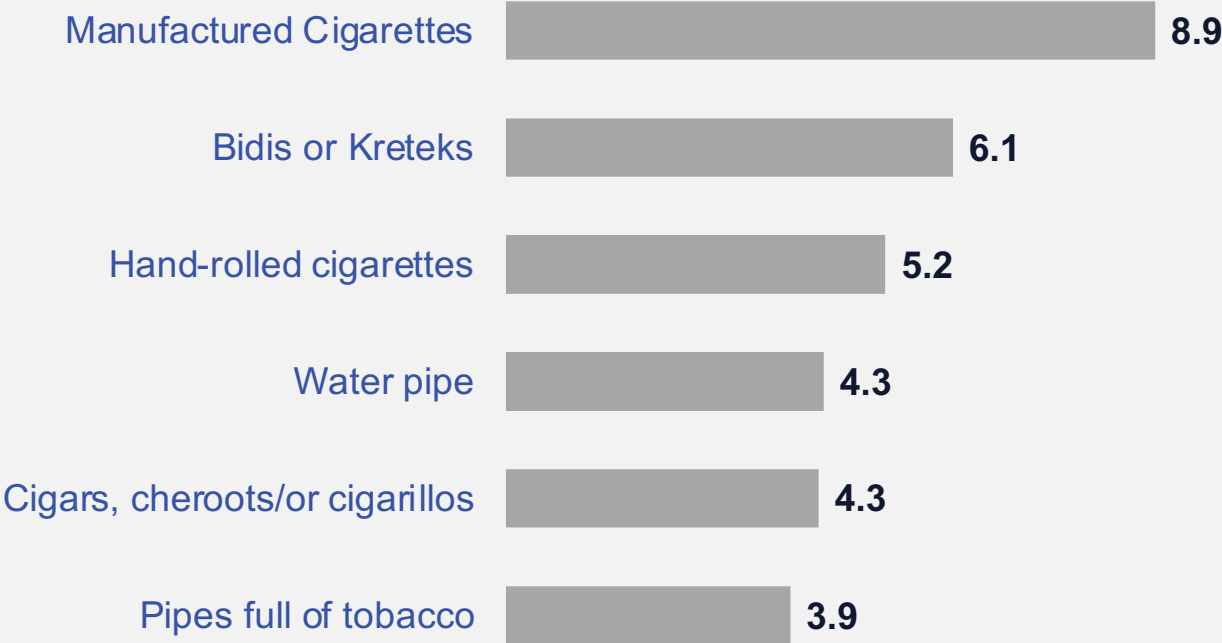
% who use or used combustible tobacco products



Base = all physicians, n=1,191.
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

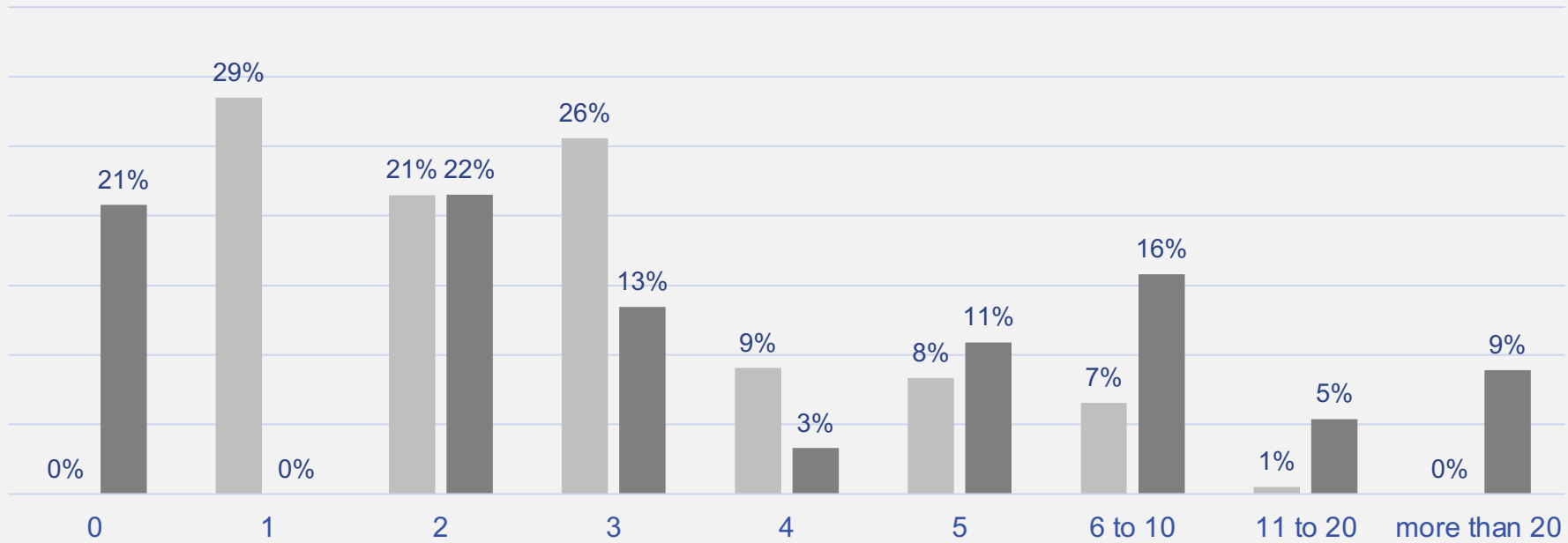


Base=users of each product (varies).
Q16v2. For how long did or do you smoke each type of tobacco product? Write in the approximate number of years, rounding to the nearest whole number.

Half of past smokers quit after only one or two attempts. Nearly 80% of current smokers have attempted to quit at least once, and more than half have tried to quit three or more times.

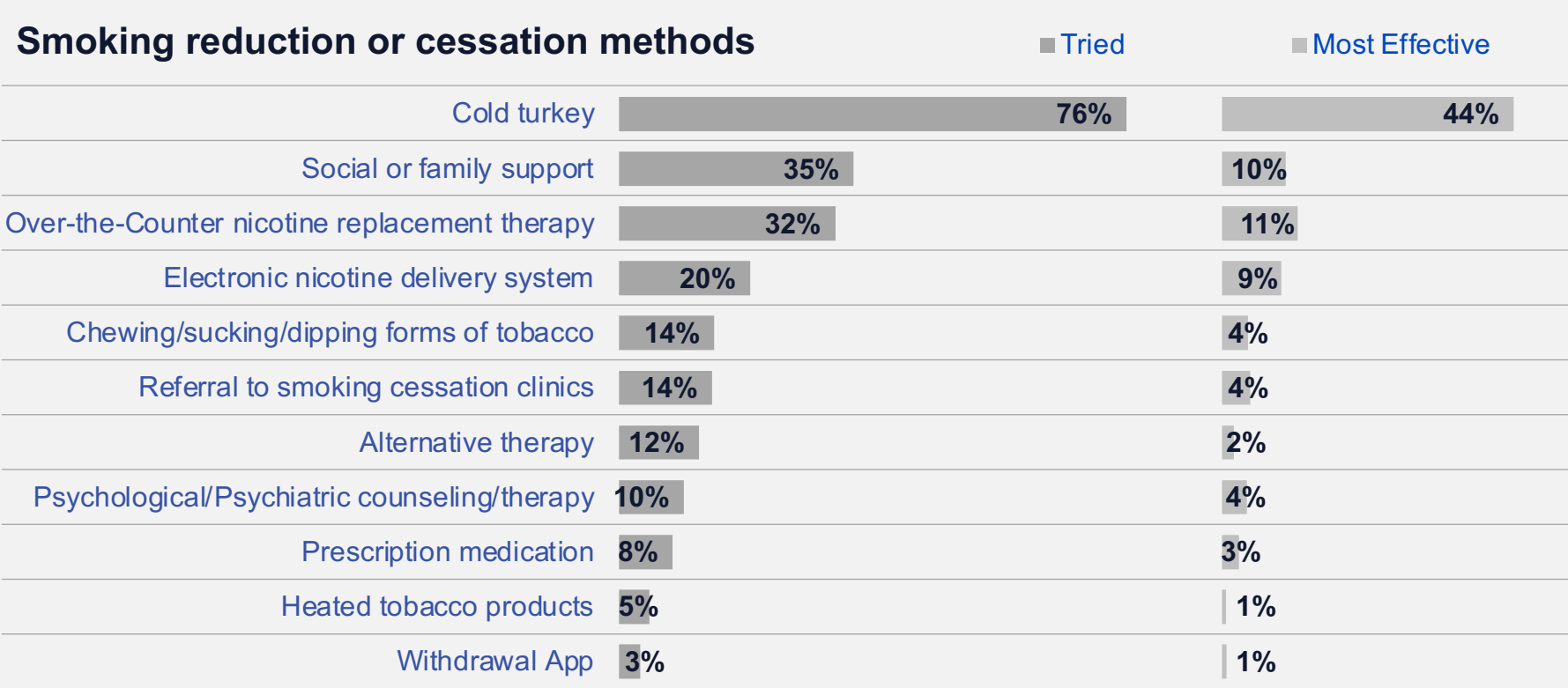
Number of attempts to quit

■ Past smoker ■ Current smoker



Base=Past smoker (n=167) or 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.

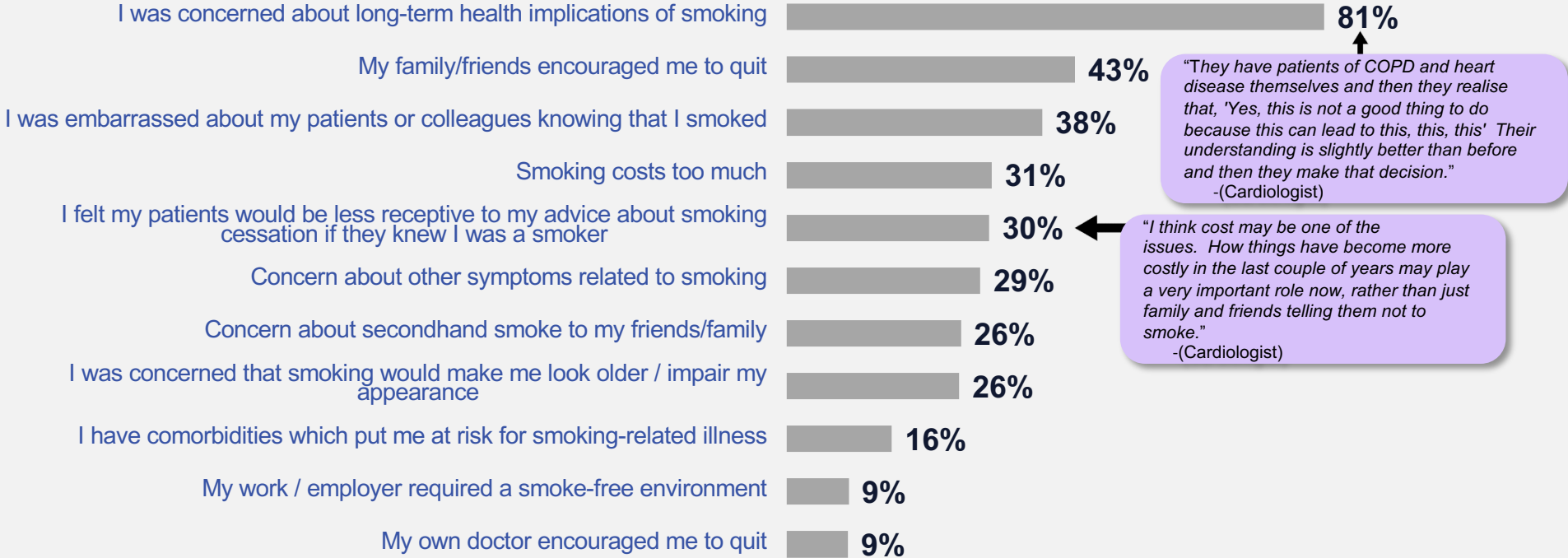
A large majority of smokers tried to quit “cold turkey,” and the method is considered by far the most effective. Therapies and medication are much less prevalent.



Base=attempted to quit at least once, n=184.
 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 drives almost all decisions to quit smoking. Reactions of family/friends, patients, and colleagues are often factors.

Reasons for deciding to quit smoking



Base=attempted to quit at least once, n=184.
 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.

For most smokers, enjoyment of smoking is a barrier to quitting. Habit-formation is also relevant. Negative effects of quitting, and cost, are generally not relevant.

Barriers preventing quitting



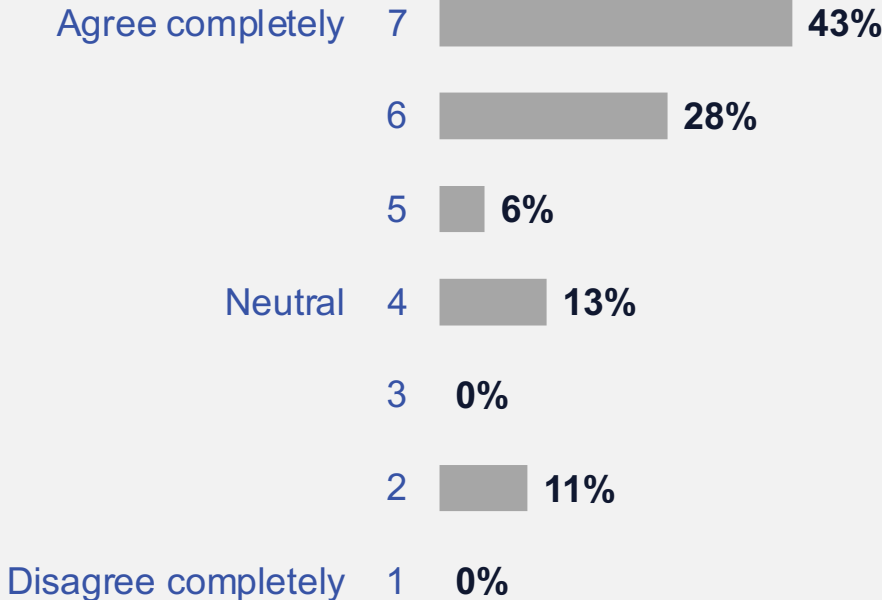
*"Most [physicians] say that one reason is habit and the second is to release the stress. Those are the two important excuses that I get when people find it challenging to smoke."
-(Cardiologist)*

"Women tend to talk about weight. They say, 'I did start putting on weight so I had to restart smoking.' They've got an excuse to smoke, basically." - (Cardiologist)

Base=Current or Past smokers, n=188.
Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

89% of current smokers are strongly interested in quitting.

Plans to quit smoking in the future



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

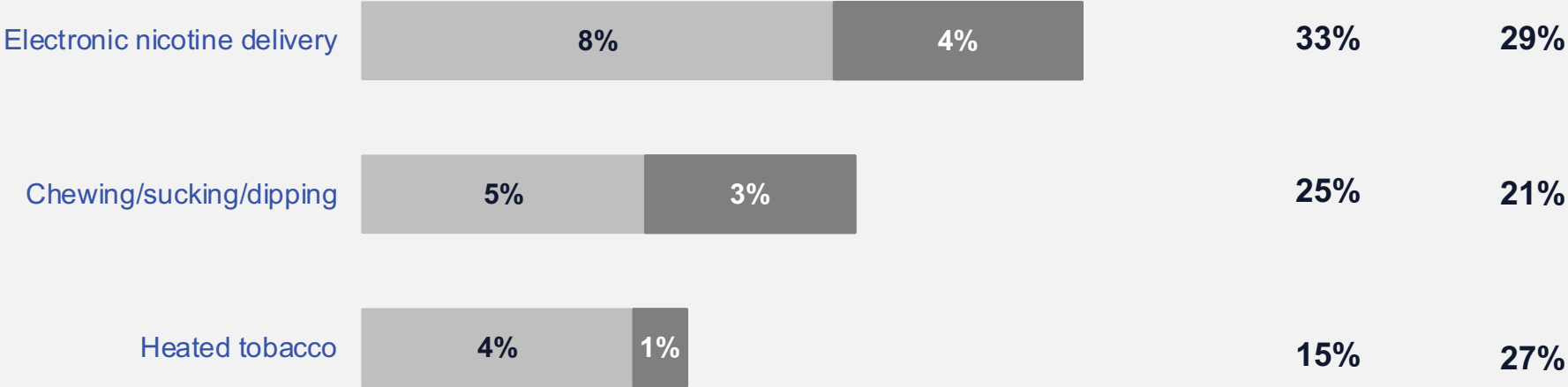
Substitutes for smoking are used only infrequently.

*Personally Used Products

■ Ever Used ■ Currently Use

**% of users who used daily

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



Base = all physicians, n=1,191.

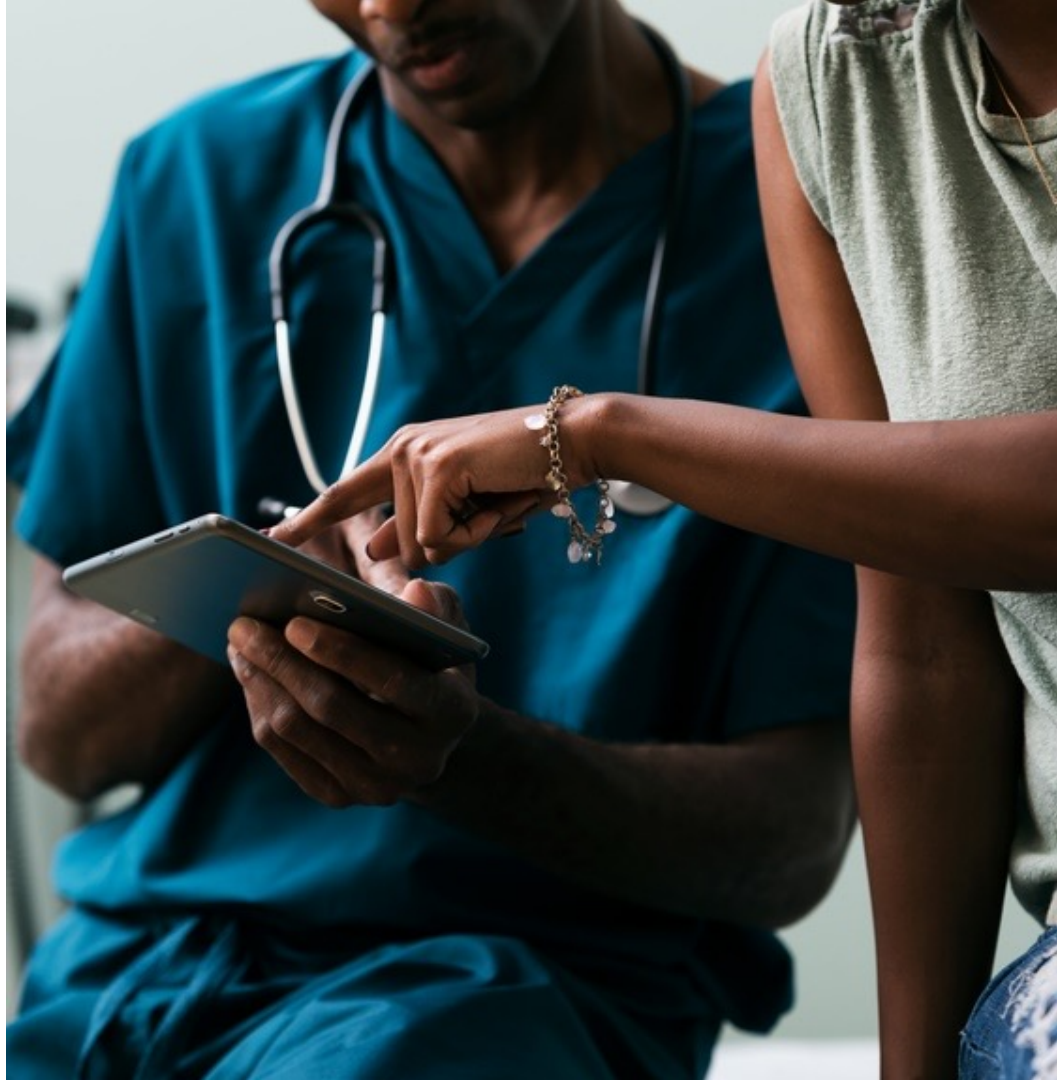
*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?

Base = varies by product (Electronic Nicotine Delivery, n=140; Chewing/sucking/dipping, n=95; Heated tobacco, n=63).

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

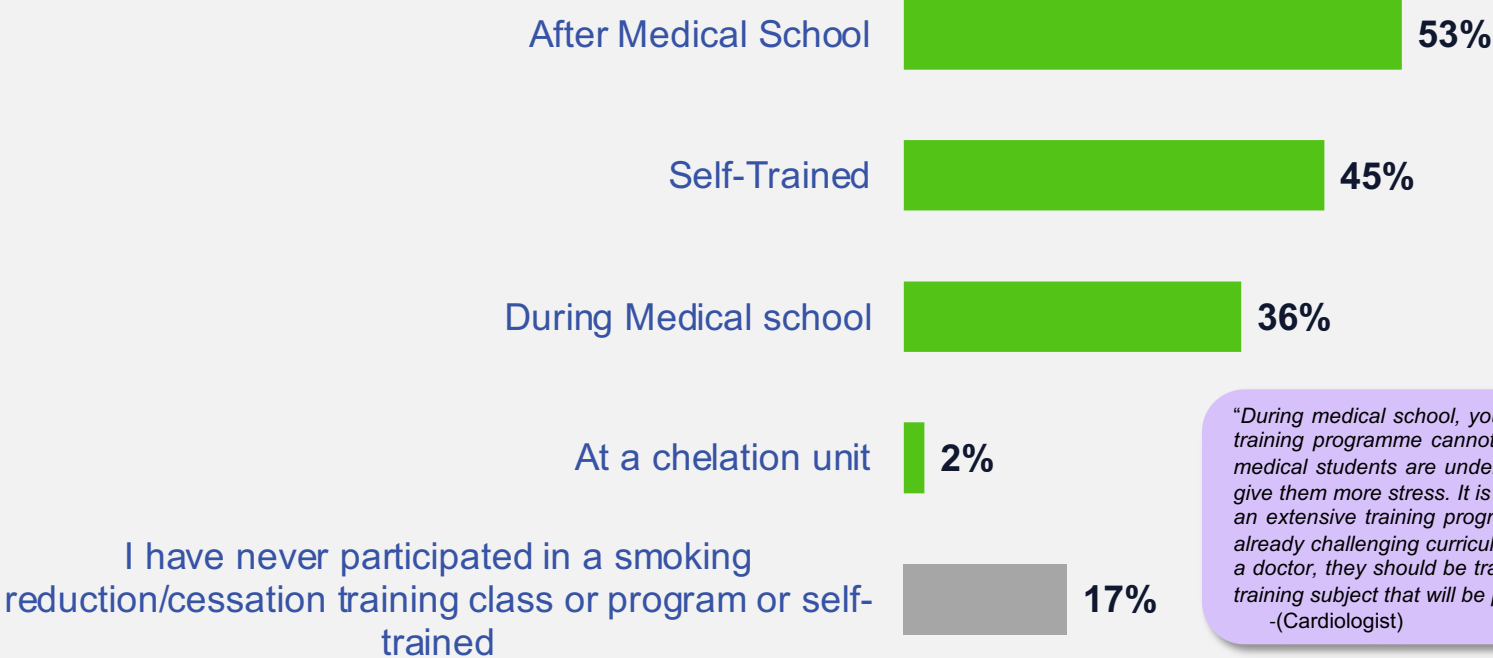
***Q47. For how long did you personally use each type of product?

Training



83% of physicians have had at least some training on smoking cessation.

Training on Smoking Cessation



“During medical school, you can do something, but the larger training programme cannot happen during that time because medical students are under a lot of stress. You don’t want to give them more stress. It is important to create awareness, but an extensive training programme cannot be assigned to their already challenging curriculum. The moment they come out as a doctor, they should be trained on a small module as a small training subject that will be part of their assessment.”
-(Cardiologist)

Base = all physicians, n=1,191.
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.

83% of physicians are at least moderately interested in training.



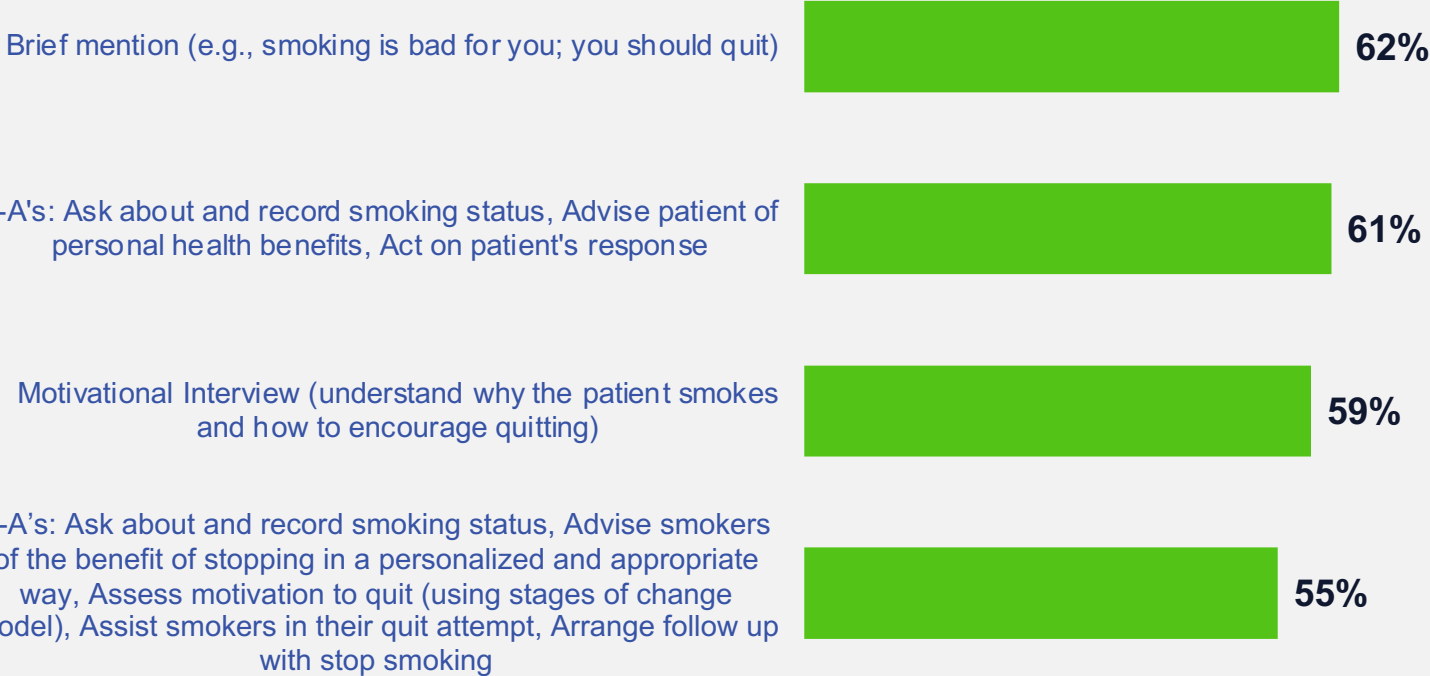
"I've not seen people getting interested in going for smoking cessation training... Only when there's something happening at a local hospital or CCG [clinical commissioning groups] or primary care, you may get interested, but I've never seen anything like this... Unless we make it mandatory, it will not happen." - (Cardiologist)

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

Base = all physicians, n=1,191.
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".

Different training approaches are used with similar frequency.

Approaches communicated in training



*"I think the whole key message here should be that when healthcare professionals are learning about smoking cessation, it should be part of a module where they understand the importance of doing this and give it equal importance as diabetes, hypertension and cholesterol."
-(Cardiologist)*

Base=has taken training, n=997.
Q50. Which of the following approaches were communicated in the training you completed?

All training topics are seen as valuable by at least 81% of physicians.

Value of training topics (at least Moderately Valuable)



"Yes, these are all very important. But as I said, we need to have a structured programme rather than different kinds of programmes in different trusts and different hospital around the country."
-(Cardiologist)

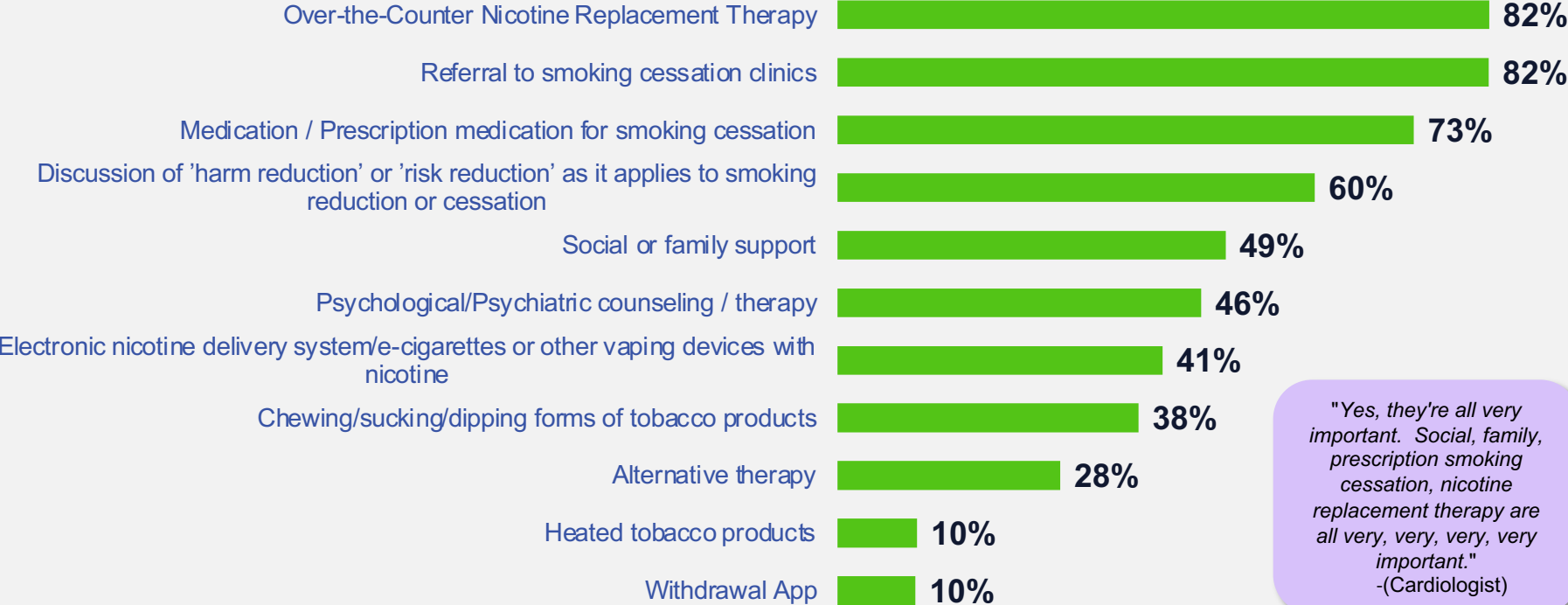
Base=has taken training, n=982.

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 replacement therapy and cessation clinics. Specific alternatives to smoking are included only infrequently.

Specific methods covered in training



"Yes, they're all very important. Social, family, prescription smoking cessation, nicotine replacement therapy are all very, very, very, very important."
-(Cardiologist)

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

Reasons for not taking training



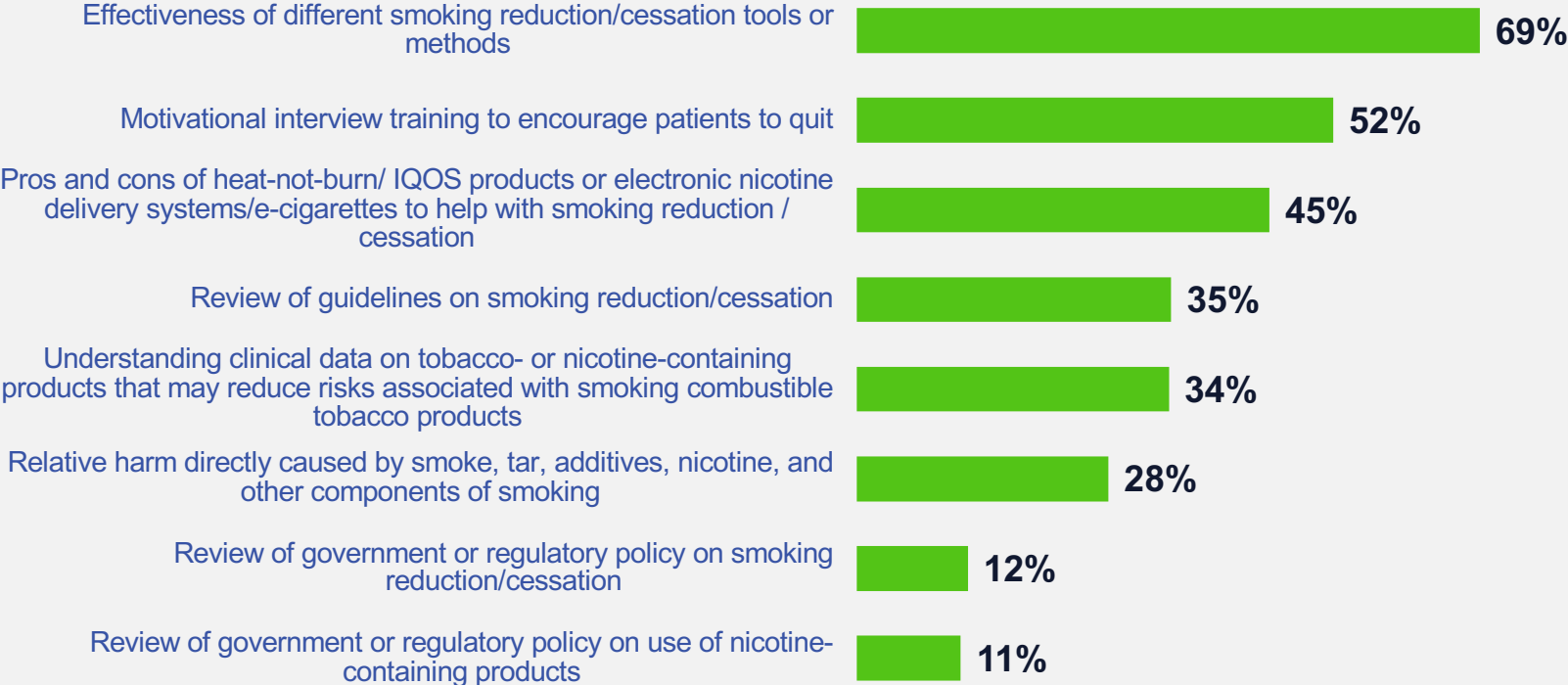
First 3 points resonate strongly

*"The employer didn't offer to mandate training. As I said, the moment you make it mandatory as part of some training module that they have to do, then people will do more and more. But because it is not part of my module, then I'm not worried about it."
-(Cardiologist)*

Base=has not taken training, n=194.
Q70. Which of the following reasons best characterize why you have not taken this kind of training? Select as many as apply.

Training related to effectiveness is of greatest interest. Regulation and policy attract minimal interest.

Top-3 training subjects of interest



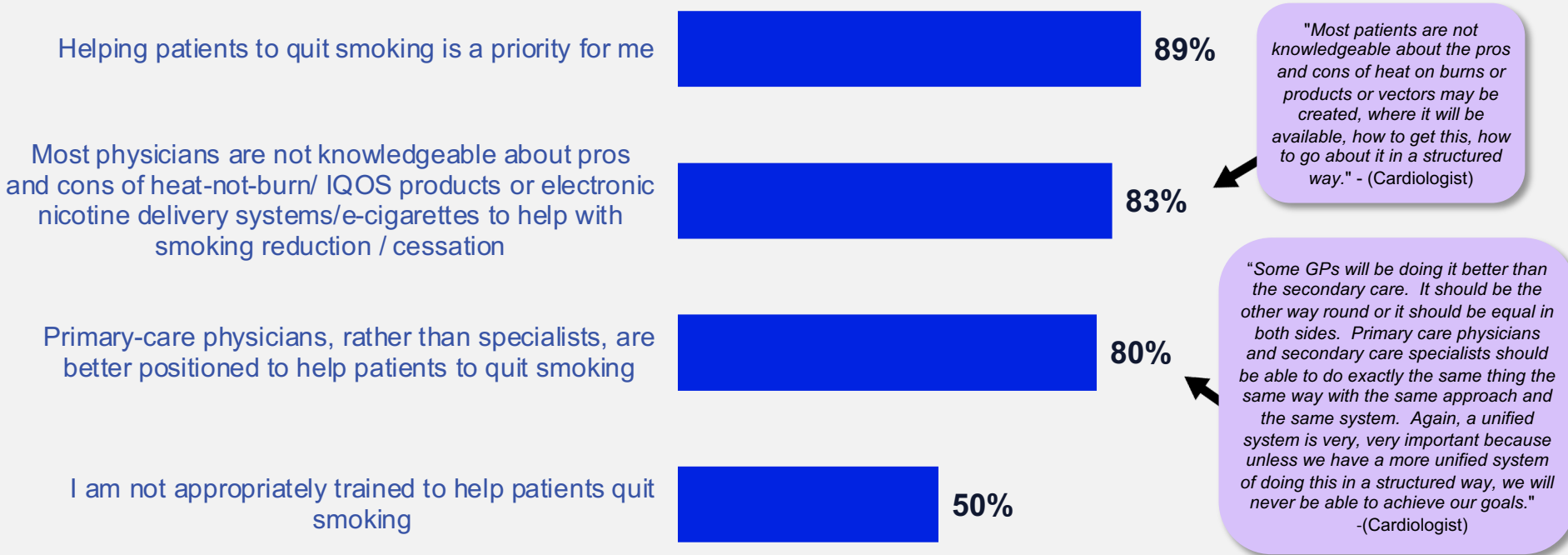
Base=interested in training, n=1,065.
Q77. If you were to take training on smoking reduction/cessation in the near future, what topics would be of the greatest interest to you? Select up to 3.

Discussions with patients



89% of physicians consider helping patients quit smoking to be a priority. 50% don't consider themselves qualified to do so.

Agreement with statements about smoking (at least Moderately Agree)



Base=all physicians, n=1,191.
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.

Physicians frequently discuss smoking reduction/cessation with patients, with the timing often based on the specifics of patient health.

Approach to discussing smoking reduction/cessation

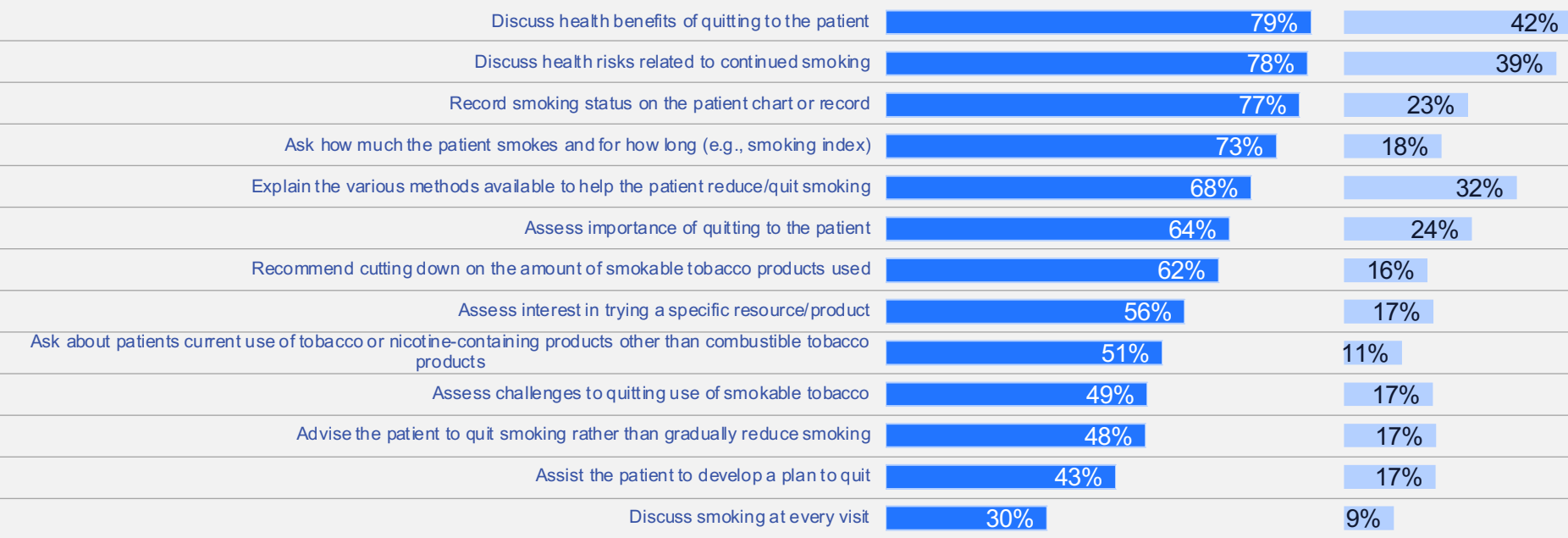


Base = all physicians, n=1,191.
Q106. Which of the following best describes how frequently you personally discuss the topic of smoking reduction/cessation with your patients who smoke?

Discussions of health benefits and risks are the most prevalent interactions with patients who smoke. Specific advice about timing and methods is a less common subject.

Discussion/action with patients who smoke

■ Selected ■ Top 3



Base = all physicians, n=1,191.
 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 form of physician advice.

Advice given to patients at least Sometimes - top items



Base=discusses smoking cessation, n=1,171.

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 is the least likely subject of physician advice.

Advice given to patients at least Sometimes (continued)

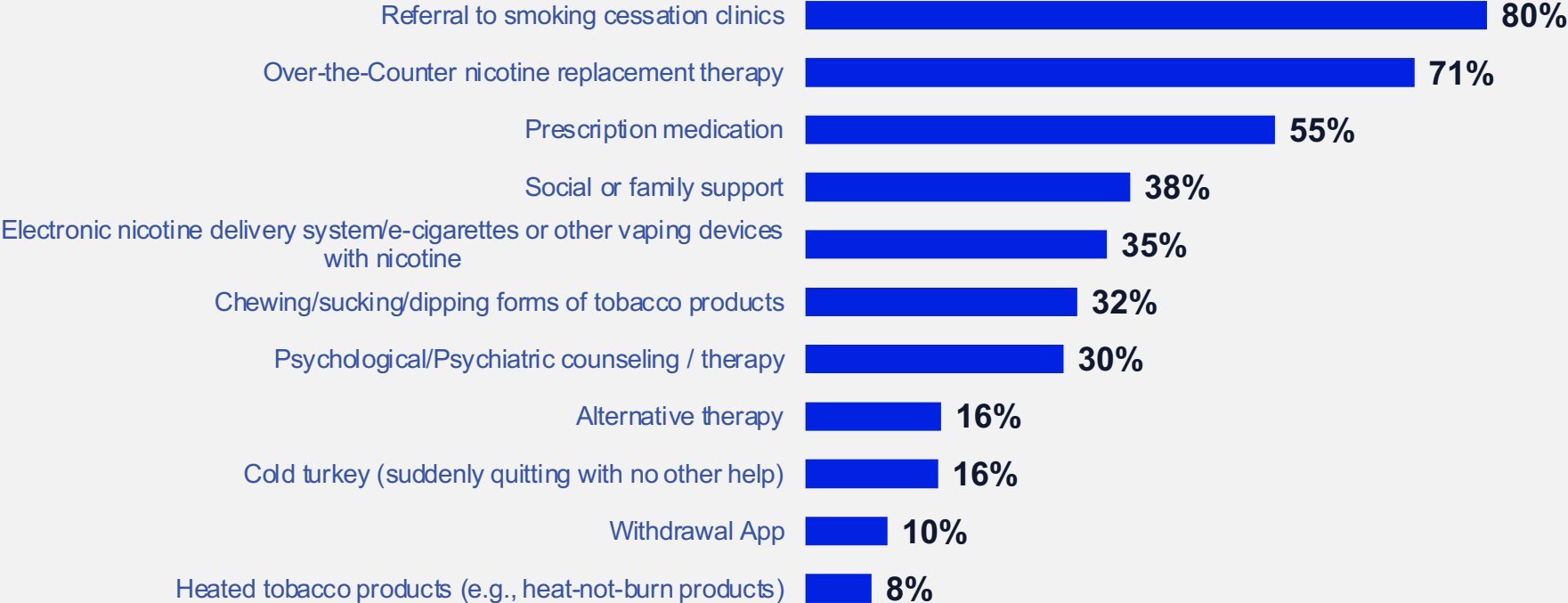


Base=discusses smoking cessation, n=1,171.

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 nicotine replacement are the most frequently recommended methods. Prescription medication is recommended by most physicians, but specific alternative approaches are recommended less often.

Recommended methods of smoking reduction/cessation

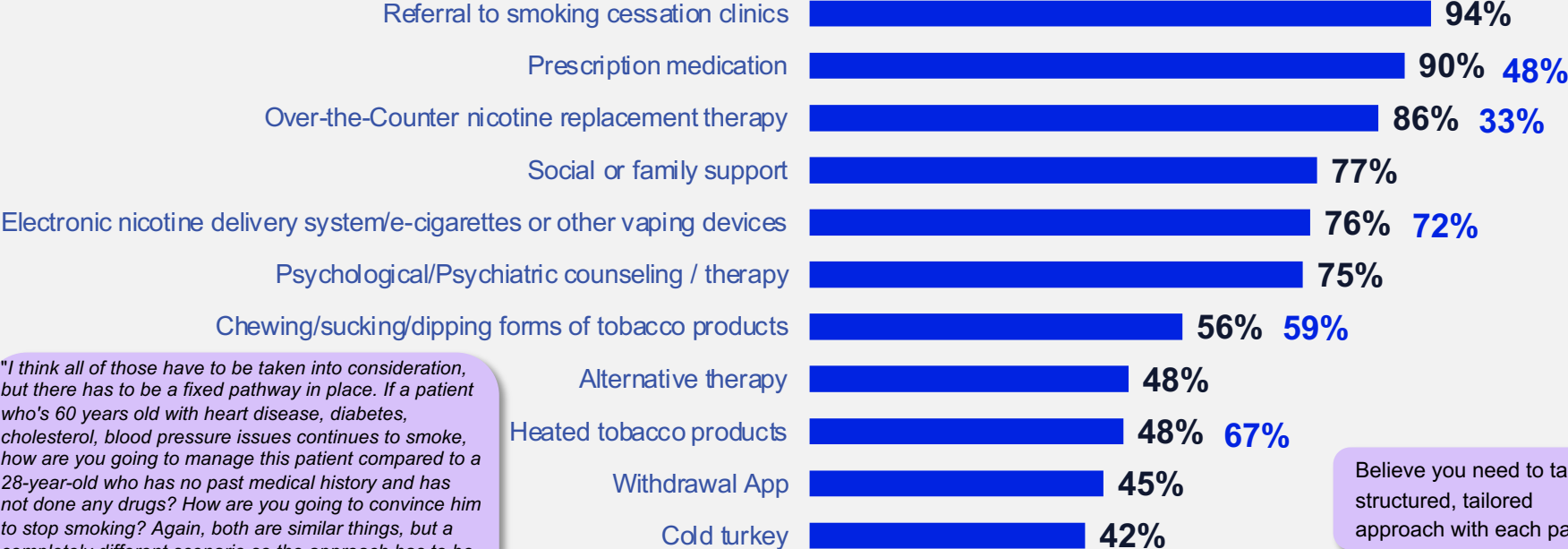


Base = all physicians, n=1,191.
Q110. Which of the following interventions or methods to aid your patients with smoking reduction/cessation do you typically recommend or prescribe to your patients who want to reduce or quit smoking? Check as many as apply.

Clinics, medication, and OTC nicotine are seen as most effective. Some methods cause considerable concern.

Effectiveness (at least Moderately Effective)

At least moderately concerned



"I think all of those have to be taken into consideration, but there has to be a fixed pathway in place. If a patient who's 60 years old with heart disease, diabetes, cholesterol, blood pressure issues continues to smoke, how are you going to manage this patient compared to a 28-year-old who has no past medical history and has not done any drugs? How are you going to convince him to stop smoking? Again, both are similar things, but a completely different scenario so the approach has to be quite tailored to the person that you're speaking to."
 - (Cardiologist)

Believe you need to take a structured, tailored approach with each patient

Base=all physicians, n=1,191. 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 electronic nicotine or oral tobacco as a long-term substitute for smoking.

Advice about smoking reduction/cessation methods

| | Electronic nicotine | Heated tobacco | Oral tobacco |
|--|---------------------|----------------|--------------|
| May still have some health risks associated with inhaling vapor/aerosols | 75% | 63% | 50% |
| May reduce or stop patients use of combustible tobacco | 72% | 56% | 66% |
| May lower risks associated with using combustible tobacco | 67% | 68% | 56% |
| May provide health benefits to the patients, their families, and population as a whole | 48% | 45% | 40% |
| Should be used only until the patient quits smoking, rather than on a long-term basis | 45% | 37% | 49% |
| Should not be used along with combustible tobacco | 28% | 37% | 32% |
| May be used on a long-term basis as a substitute for combustible tobacco | 27% | 43% | 23% |

Base=recommends each item: electronic nicotine n=416, heated tobacco n=102, oral tobacco n=381. 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 both physicians and patients with respect to smoking cessation/reduction.

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

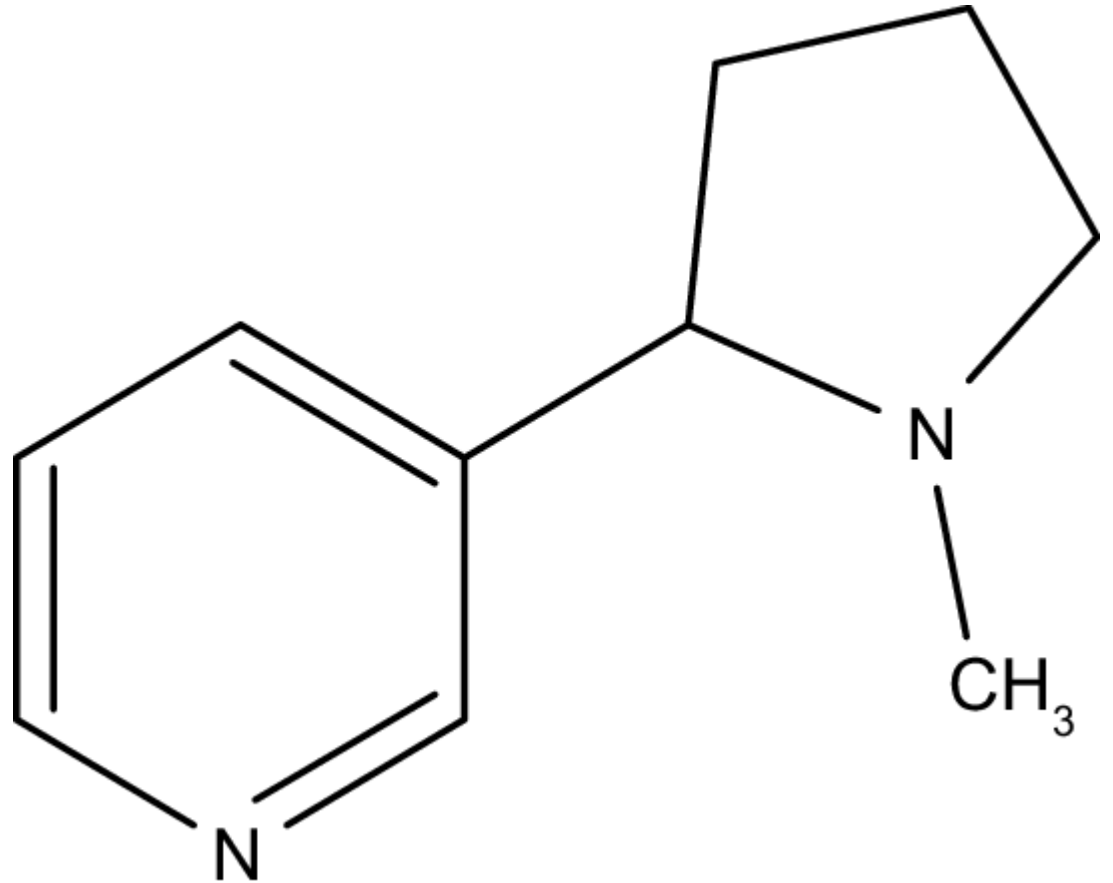


I have changed how I discuss and/or treat smoking cessation with my patients who smoke



Base=prioritizes helping patients quit smoking, n=1,071.
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

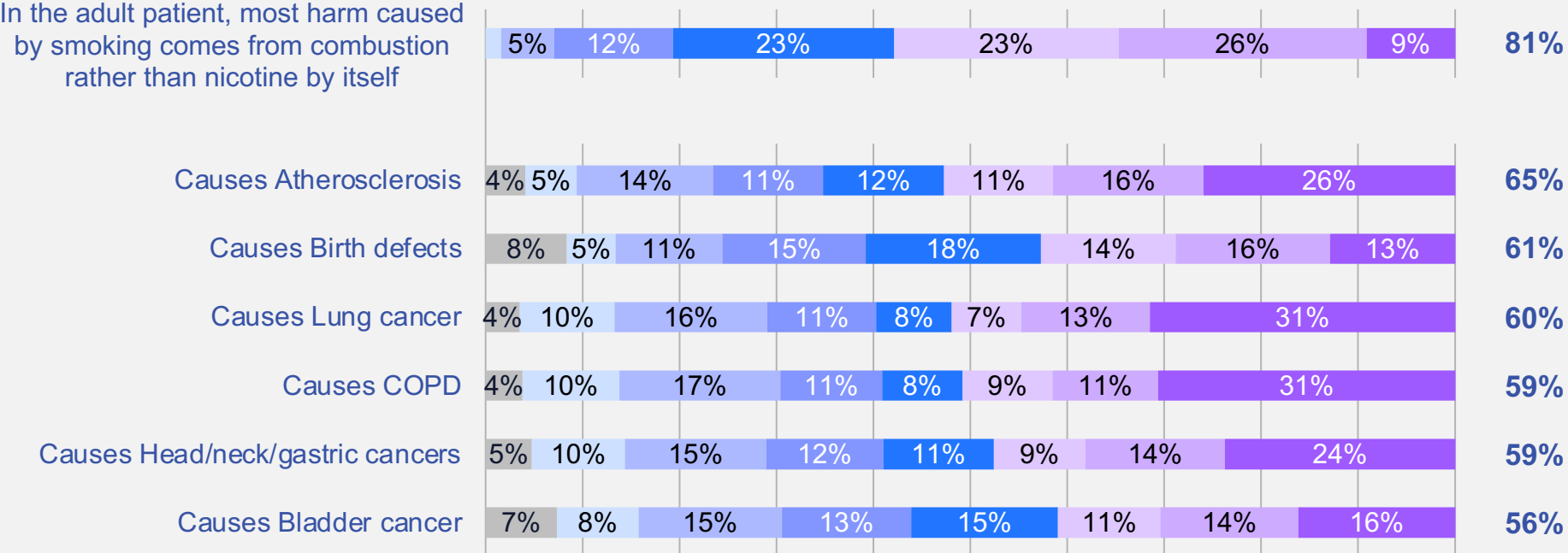


81% of physicians believe that combustion is more harmful than nicotine. 56% - 65% of physicians believe that nicotine directly causes various smoking-related conditions, with many believing strongly.

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=1,191. 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



Familiarity is higher for phrases than for guidelines or policies.

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



Base=all physicians, n=1,191. 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.

The prevalence of following guidelines varies considerably, depending on the source of the guidelines.

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



Base=familiar with guidelines, n=875.
Q140. To what extent do you follow national or international guidelines for your specialty when making decisions about how to treat patients who wish to reduce or quit smoking? 1=Not at all, 4=Somewhat, 7=Completely. Results for the top-4 categories are shown.

Physicians tend to see regulation of smoking substitutes similarly – with the exception of greater restrictions and a lower expectation of regulatory changes for oral tobacco.

Government decisions

| | Electronic nicotine | Heated tobacco | Oral tobacco |
|--|---------------------|----------------|--------------|
| Restriction of smoking in public places | 36% | 38% | 15% |
| Level of nicotine allowed is regulated | 31% | 24% | 24% |
| Taxed at lower rate than cigarettes | 31% | 20% | 22% |
| Distribution, sales, promotion, or use is restricted | 24% | 24% | 19% |
| Regulation is like any other tobacco product | 20% | 22% | 21% |
| Changes in regulation are pending | 19% | 21% | 10% |
| Distribution, sales, promotion, or use is banned | 10% | 11% | 10% |
| Are taxed at higher rate than cigarettes | 10% | 13% | 10% |
| Not taxed at all | 9% | 10% | 11% |
| Don't Know/Not Sure | 25% | 31% | 30% |

Base=familiar with policies, n=770.
 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 are more favorably inclined toward electronic nicotine than other smoking substitutes.

Physician opinions

| | Electronic nicotine | Heated tobacco | Oral tobacco |
|---|---------------------|----------------|--------------|
| Should be widely available to adults who wish to reduce/quit smoking | 46% | 23% | 34% |
| Should be available wherever cigarettes are sold | 43% | 22% | 29% |
| Should be taxed and regulated the same as combustible tobacco products | 25% | 24% | 17% |
| 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) | 22% | 22% | 14% |
| Should be available only through physicians or pharmacists | 16% | 13% | 11% |
| Should be banned altogether | 7% | 17% | 21% |
| Don't Know/Need more evidence before deciding | 14% | 25% | 17% |

Base = all physicians, n=1,191.
 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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