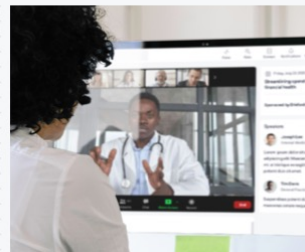
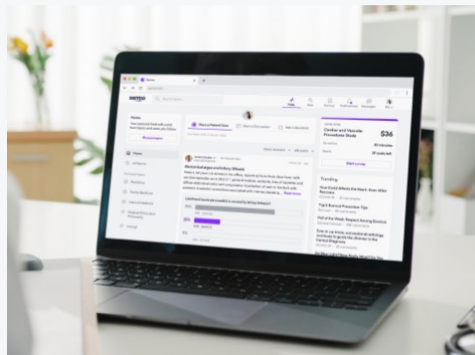
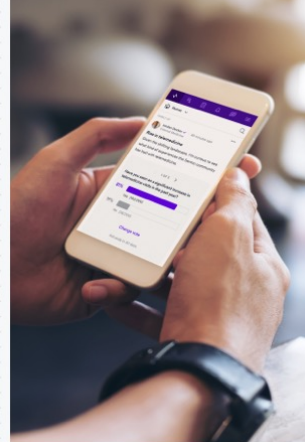


Doctors' Survey: USA results

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: USA

Smoking is rare among physicians in the United States.

- 11% of physicians are past smokers
- Less than 2% are current smokers.
- Most have tried to quit, with “cold turkey” the most popular and most effective method.
 - Only 10% of smokers have no plans to quit.
- Health is the primary reason to quit; habit formation is the primary barrier to quitting.

Training about the effectiveness of specific tools and methods is seen as most valuable.

- 85% of physicians have had at least some training.
 - 81% are at least moderately interested in additional training.
- 71% 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: USA

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

- 95% of physicians proactively discuss smoking with their patients who smoke at least sometimes.
 - 93% consider it a priority.
- More than 80% recommend over-the-counter nicotine replacements or prescription medication for smoking reduction/cessation – by far the most popular recommendations.
 - These methods are also seen as the most effective, and least concerning.

Physicians are likely to attribute negative health consequences to nicotine.

- 72% of physicians at least moderately agree that combustion causes more harm than nicotine.
- 66% to 75% of physicians at least moderately agree that nicotine is a direct cause of various smoking-related ailments.
 - 23% to 37% completely agree.

Research design

Glossary of terms:

GAB: global advisory board

NAB: national advisory board



Research Design

- For this research project, Sermo conducted 3,628 online interviews of physicians in the United States.
 - Interviews were conducted between February 2, 2022 and March 7, 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.

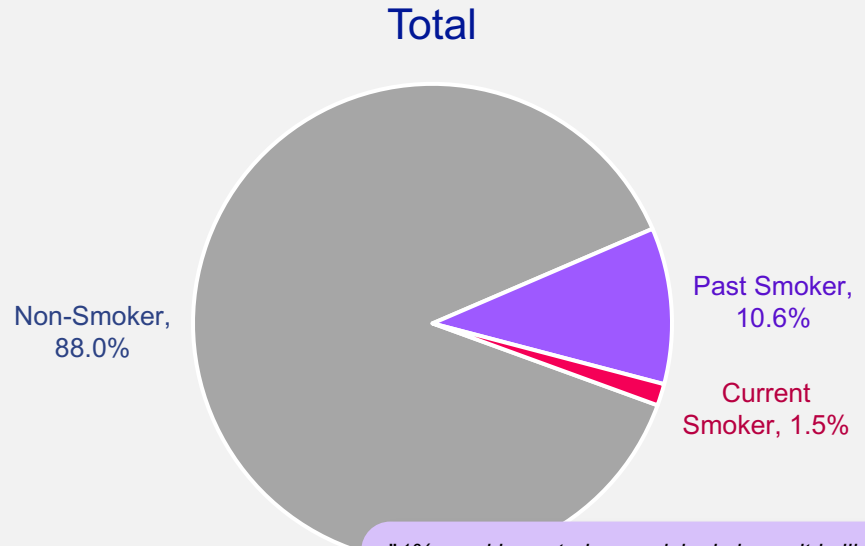
Relevant "*direct quotes*" or inferences from the Phase 4 Interviews with Global/National Advisory Board members (GABs/NABs) are included throughout this report in these purple boxes.

- 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.
- PHASE 4 – GAB Interview
 - Conducted February 2023 with an Internal Medicine physician with 22 years in practice

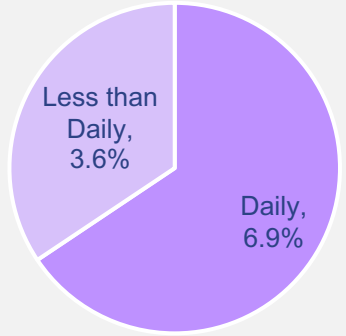
Smoking-related behavior



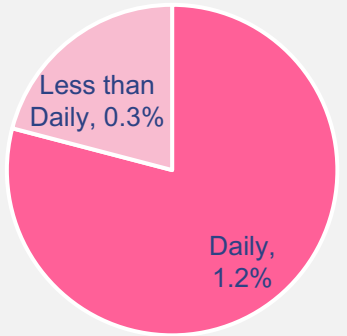
Only about 1 in 8 physicians have ever been smokers, and less than 2% smoke currently. For those who do or did smoke, daily smoking is most prevalent.



Past Smokers



Current Smokers



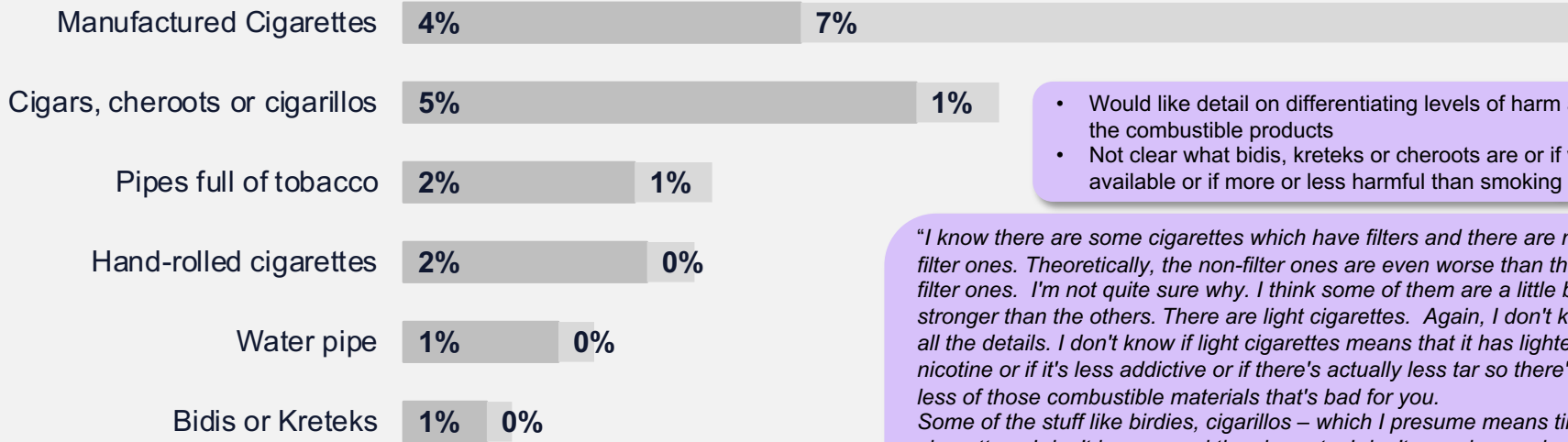
"1% smoking rate is surprisingly low – it is likely to be higher. Think medics have not been honest: doctors more likely to be closet smokers because their job is to advise patients not to smoke."
- (Internal Medicine)

S13. Which of the following best characterizes your own tobacco smoking habits? Q10. Which of the following combustible tobacco products shown below did/do you smoke on a daily or less frequent basis? Base=all physicians, n=3,628.

Manufactured cigarettes are by far the most frequently used (currently or formerly) form of combustible tobacco. Cigar usage tends to be infrequent. Other combustible tobacco products have tiny levels of usage.

% who use or used combustible tobacco products

■ Less than daily ■ Daily

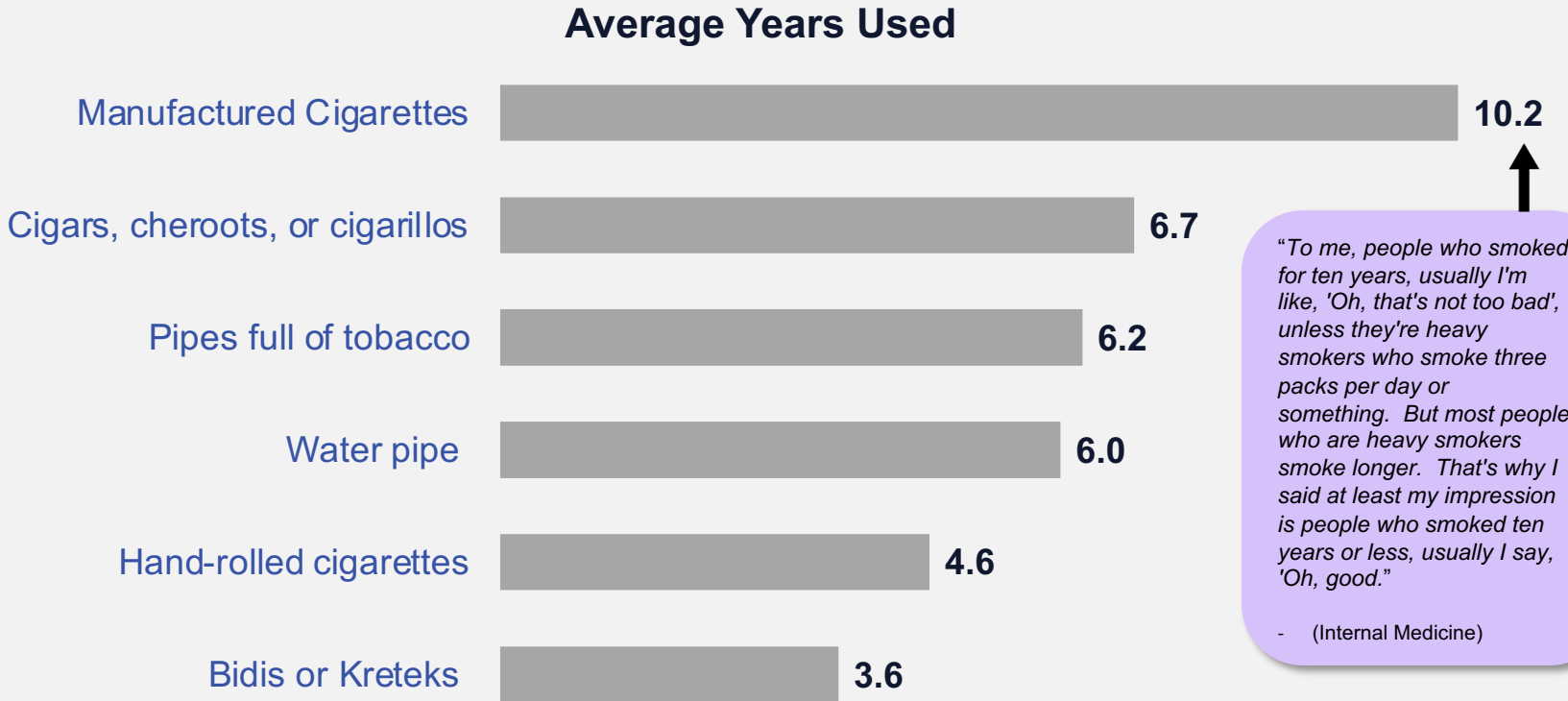


- Would like detail on differentiating levels of harm across all the combustible products
- Not clear what bidis, kreteks or cheroots are or if widely available or if more or less harmful than smoking cigarettes

"I know there are some cigarettes which have filters and there are non-filter ones. Theoretically, the non-filter ones are even worse than the filter ones. I'm not quite sure why. I think some of them are a little bit stronger than the others. There are light cigarettes. Again, I don't know all the details. I don't know if light cigarettes means that it has lighter nicotine or if it's less addictive or if there's actually less tar so there's less of those combustible materials that's bad for you. Some of the stuff like birdies, cigarillos – which I presume means tiny cigarettes. I don't know – and the cheroots, I don't even know what these mean. Where do they get these?"
 -(Internal Medicine)

Q10. Which of the following combustible tobacco products shown below did/do you smoke on a daily or less frequent basis?
 Base=all physicians, n=3,628. Non-smokers are coded as nonusers for all products.

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

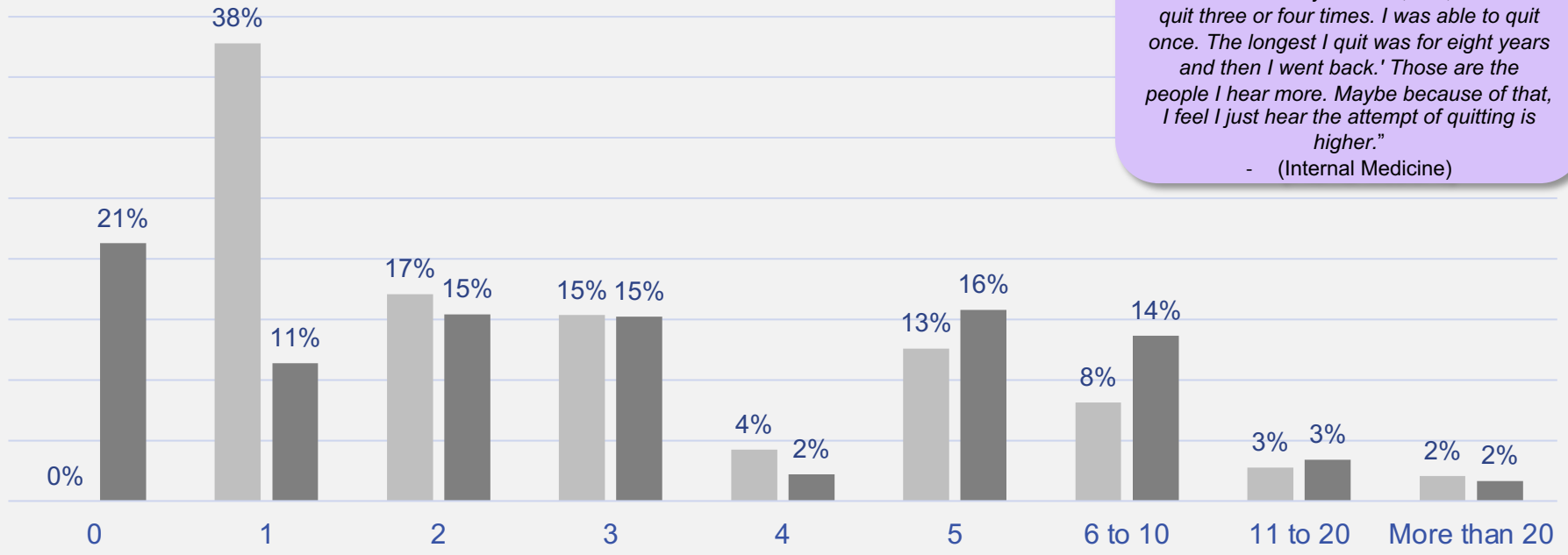


Q16. For how long did or do you smoke each type of tobacco product? Base=users of each product (varies).

A majority of past smokers quit after only one or two attempts. More than three-quarters 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



“The only people I know who take a long time are usually people who haven’t succeeded. They’ll be like, ‘Oh, I tried to quit three or four times. I was able to quit once. The longest I quit was for eight years and then I went back.’ Those are the people I hear more. Maybe because of that, I feel I just hear the attempt of quitting is higher.”
 - (Internal Medicine)

Q20. Approximately how many times, if any did you attempt to quit smoking before you were successful in quitting / have you attempted to quit. Base=current or past smokers, n=474.

“Cold Turkey” is by far the most popular, and most effective, method of smoking reduction or cessation. Among nicotine replacements, over-the-counter solutions are preferred. Therapy and apps are not widely used.

Smoking reduction or cessation methods

■ Tried

■ Most Effective

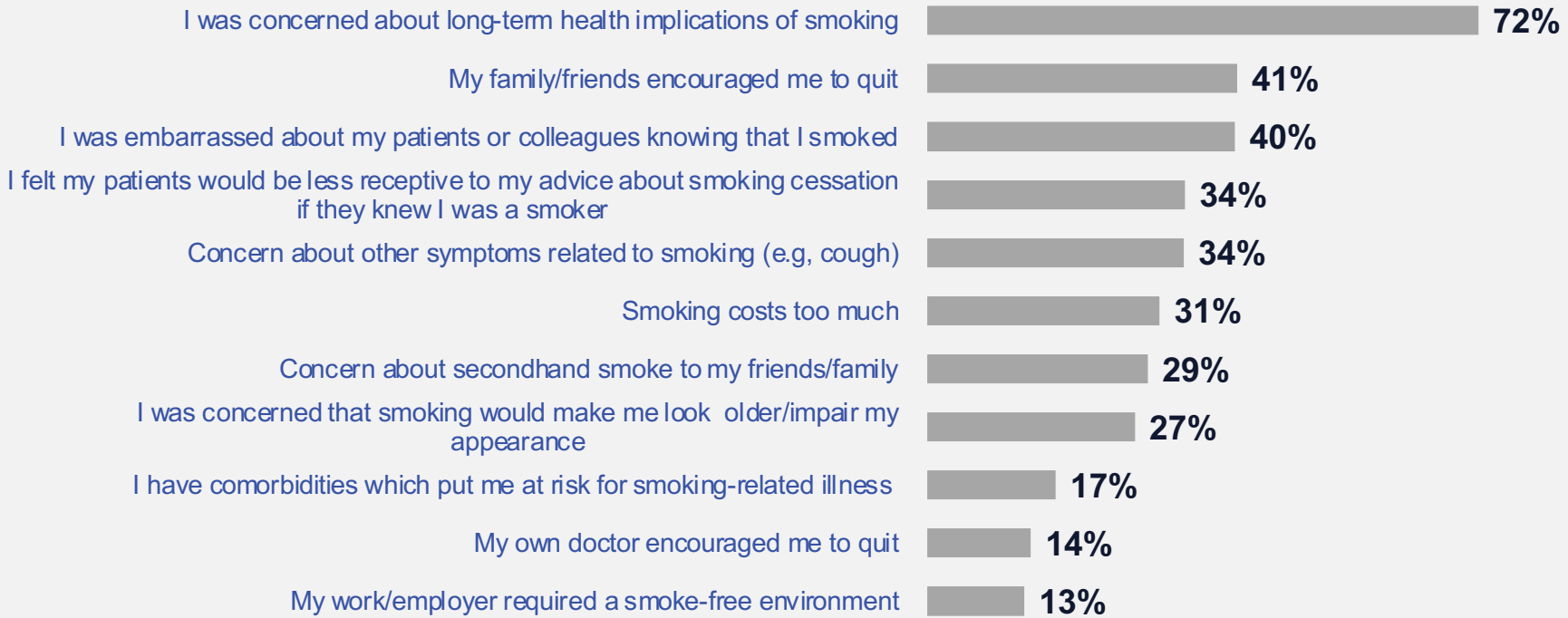
Method	Tried	Most Effective
Cold turkey	79%	47%
Over-the-Counter nicotine replacement therapy	37%	12%
Social or family support	37%	10%
Prescription medication	25%	9%
Electronic nicotine delivery system	20%	5%
Chewing/sucking/dipping forms of tobacco	18%	2%
Psychological/Psychiatric counseling/therapy	16%	2%
Alternative therapy	15%	2%
Referral to smoking cessation clinics	12%	2%
Heated tobacco products	9%	1%
Withdrawal App	4%	0%

“I usually try to give them a prescription to try to help with their smoking cessation. Once they've done it and it wasn't successful, I'd recommend the electronic nicotine. In terms of counseling, Arizona has 1-800-ASH line – A-S-H line. That's the number to call where they do counseling and that's for free. Besides that, I've never referred a patient for counseling just for smoking cessation. I refer counseling for depression. We have detox for alcohol, but there's no such thing as detox for cigarettes. I've never heard of withdrawal app.”
- (Internal Medicine)

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? Base=attempted to quit at least once, n=460.

Health is by far the most prevalent reason for deciding to quit. Family encouragement, and professional credibility, are also important.

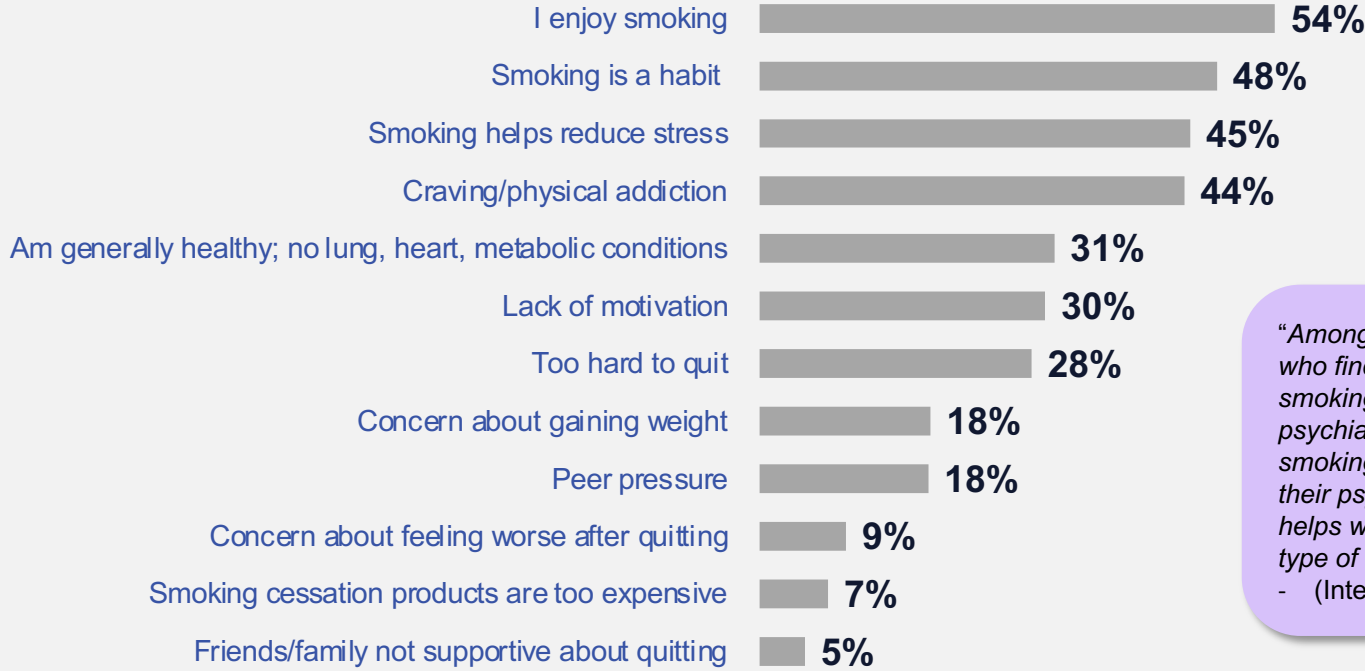
Reasons for deciding to quit smoking



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. Base=attempted to quit at least once, n=460.

The primary barriers to quitting relate to habit formation. Motivation and health concerns are secondary; input from others has little impact.

Barriers preventing quitting

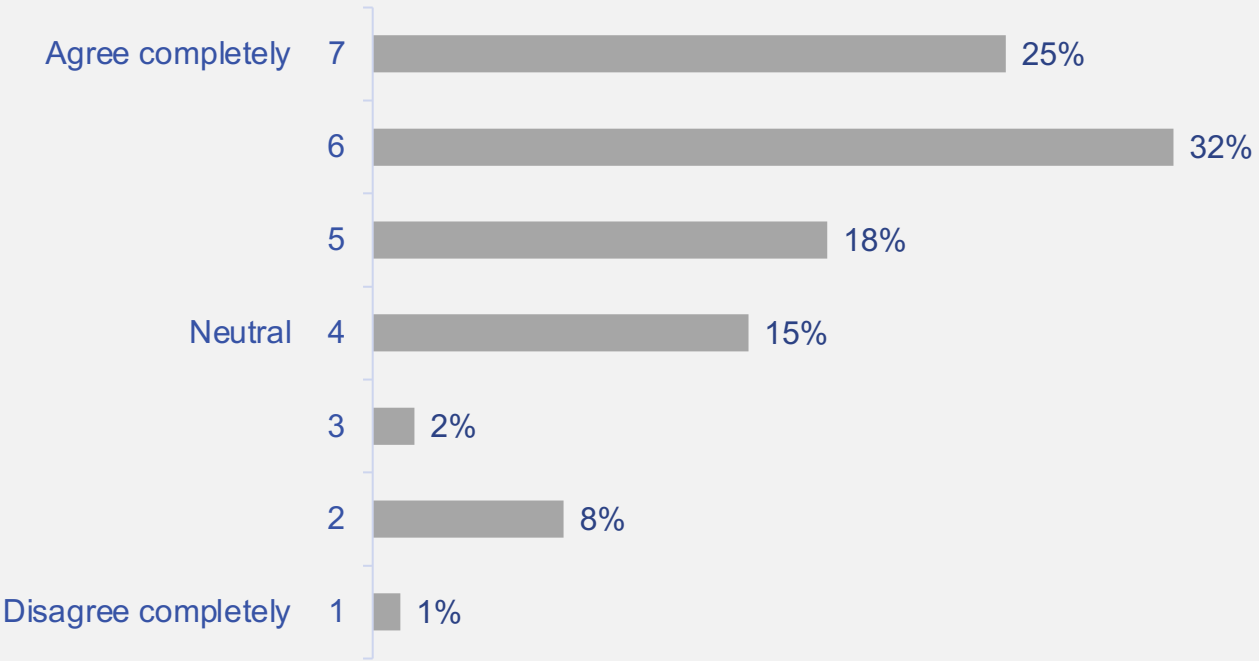


“Among my patients, the ones who find it most difficult to quit smoking are people who have psychiatric issues because smoking actually helps with their psychiatric issues. It helps with their anxiety and that type of thing.”
- (Internal Medicine)

Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply. Base=current or past smokers, n=474.

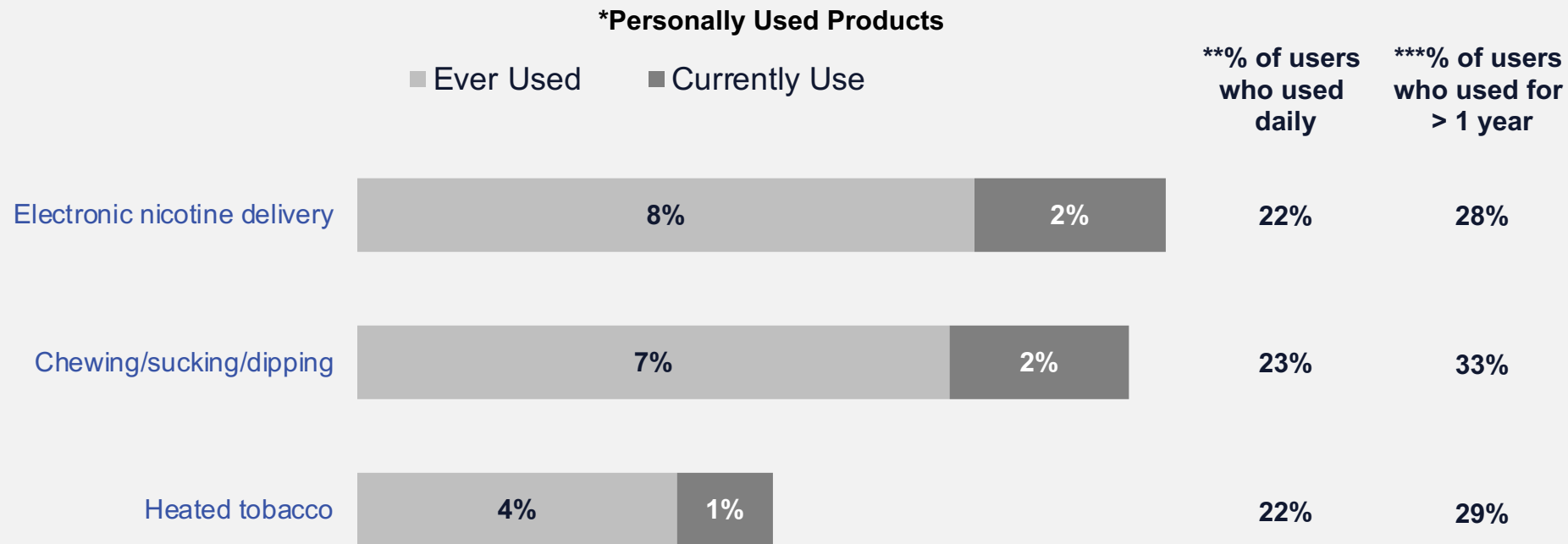
90% of current smokers plan to quit in the future.

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



Q40. To what extent do you agree with the following statement? Select the number that best reflects your level of agreement, where 1 = "Disagree Completely" and 7 = "Agree Completely". Base = current smokers, n=67

Substitutes for smoking are not used widely, frequently, or often.



Base = all physicians, n=3,628.

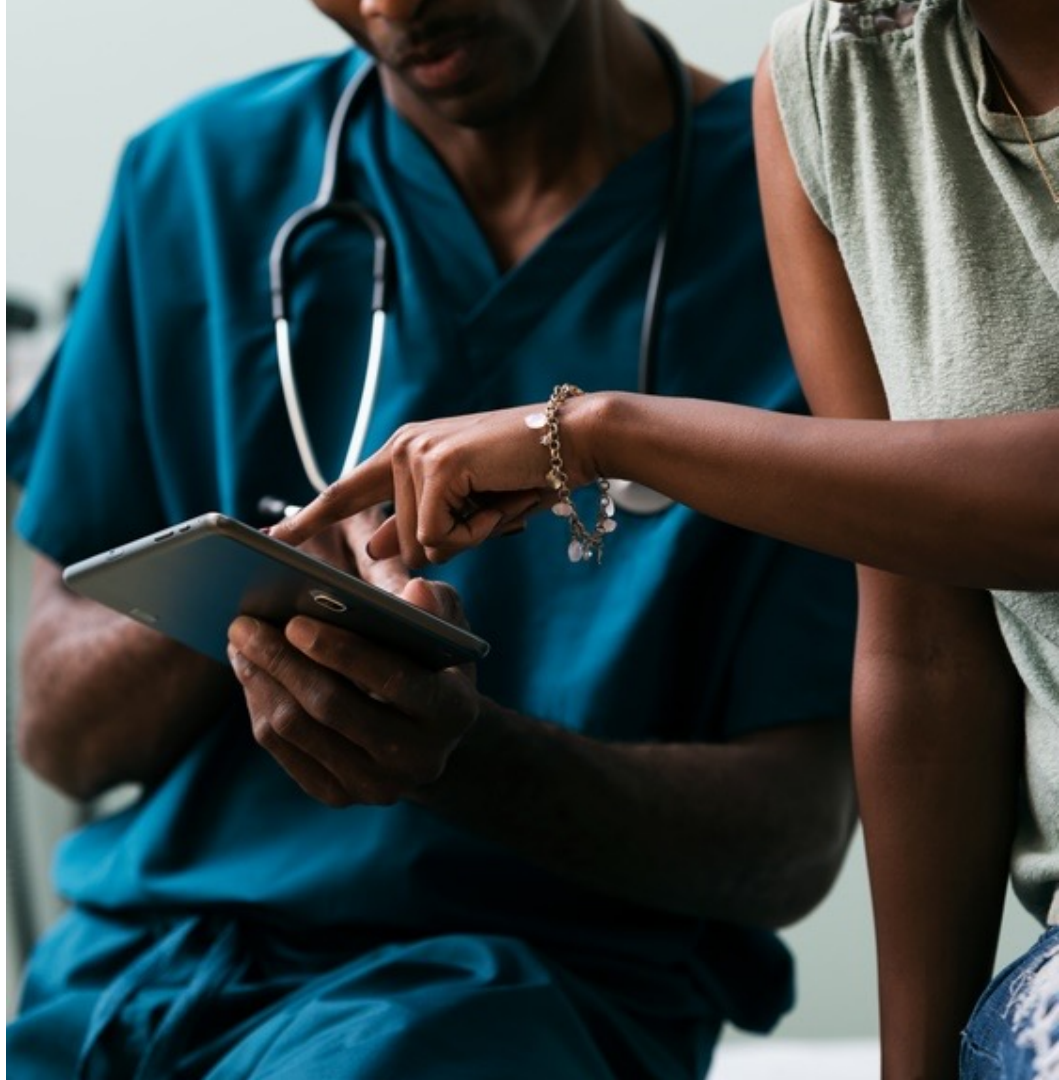
*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?

Base = varies by product (Electronic Nicotine Delivery, n=365; Chewing/sucking/dipping, n=391; Heated tobacco, n=209).

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

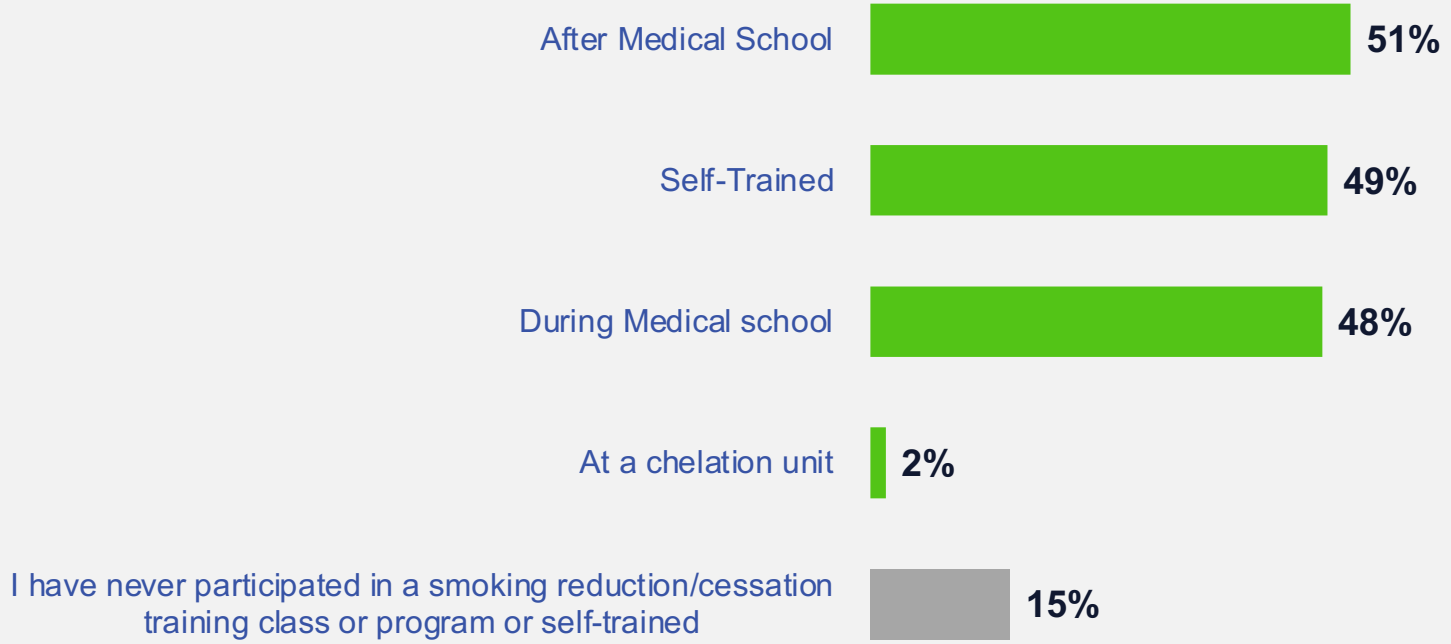
***Q47. For how long did you personally use each type of product?

Training



85% of physicians have had at least some training on smoking cessation.

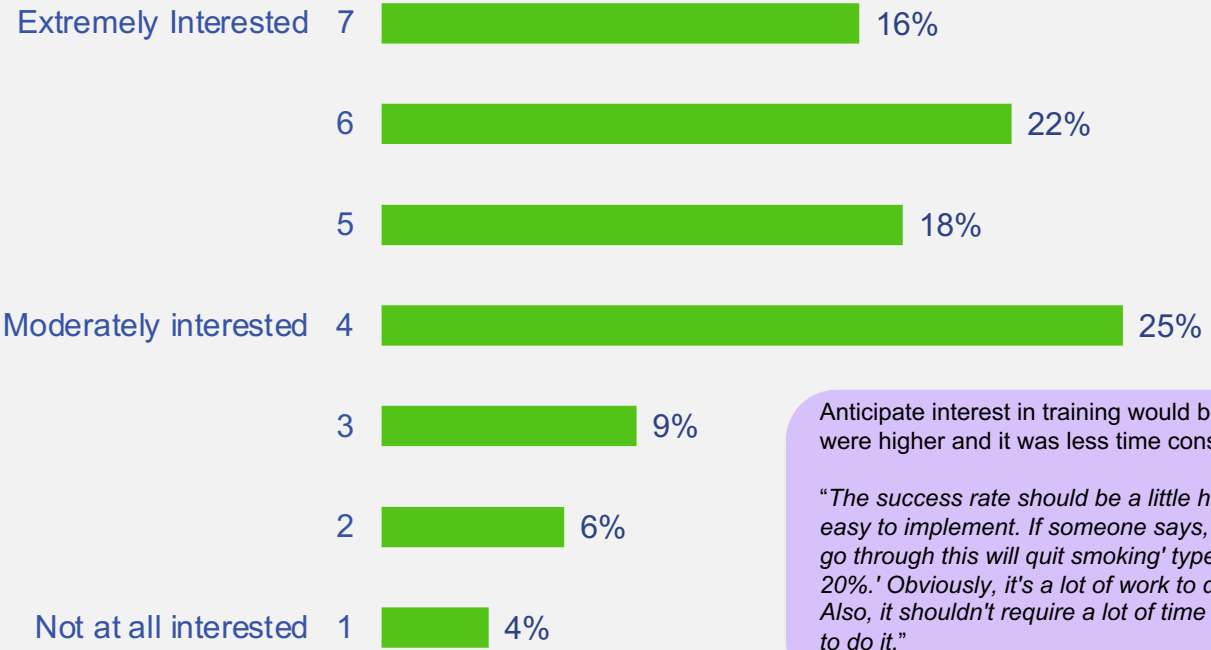
Training on Smoking Cessation



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. Base=all physicians, n=3,628.

81% of physicians are at least moderately interested in training.

Interest in training (at least Moderately Interested)



Anticipate interest in training would be higher if success rates were higher and it was less time consuming

“The success rate should be a little higher and it should be easy to implement. If someone says, ‘90% of the people who go through this will quit smoking’ type of thing instead of, ‘Oh, 20%.’ Obviously, it’s a lot of work to do to only get 20% results. Also, it shouldn’t require a lot of time to actually get the patient to do it.”

- (Internal Medicine)

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

Several training approaches are used with approximately equal frequency.

Approaches communicated in training

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



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



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



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



Q50. Which of the following approaches were communicated in the training you completed? Base=has taken training, n=3,083.

All tested training topics are seen as at least moderately valuable by more than 80% of physicians.

Value of training topics (at least Moderately Valuable)

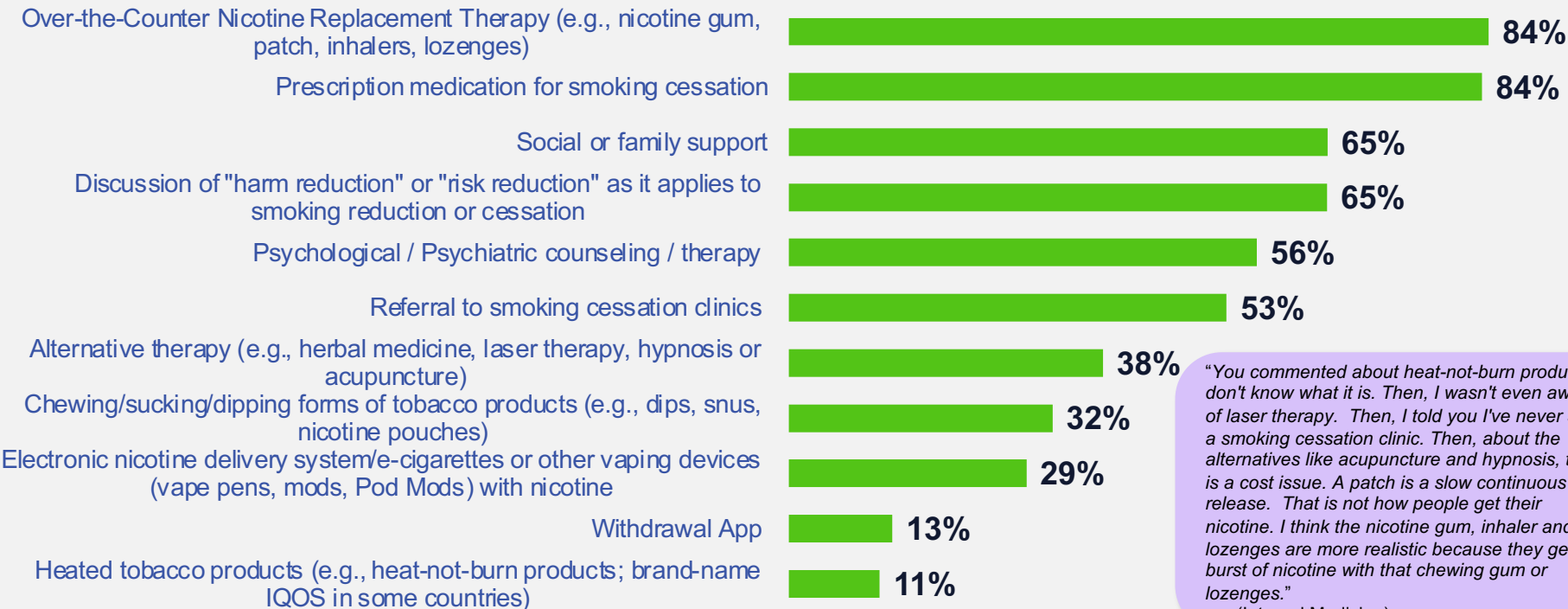


*"If you're telling us, 'Nicotine isn't the issue, it's the smoking', I think the alternatives should be emphasized as to the plan to quit and the various methods. I certainly think that's helpful, especially if you could tell us which one is more likely to succeed so we should try that method first. I usually prefer Chantix over Wellbutrin for medication because I feel clinically, it seems to work better than Wellbutrin. So, it's that type of thing. If there's hard data, that's helpful."
-(Internal Medicine)*

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

Nearly all training includes replacement therapy and prescription medication. Specific alternatives to smoking are included only infrequently.

Specific methods covered in training



"You commented about heat-not-burn products. I don't know what it is. Then, I wasn't even aware of laser therapy. Then, I told you I've never seen a smoking cessation clinic. Then, about the alternatives like acupuncture and hypnosis, there is a cost issue. A patch is a slow continuous release. That is not how people get their nicotine. I think the nicotine gum, inhaler and lozenges are more realistic because they get a burst of nicotine with that chewing gum or lozenges."
 - (Internal Medicine)

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. Base=has taken training, n=3,083.

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

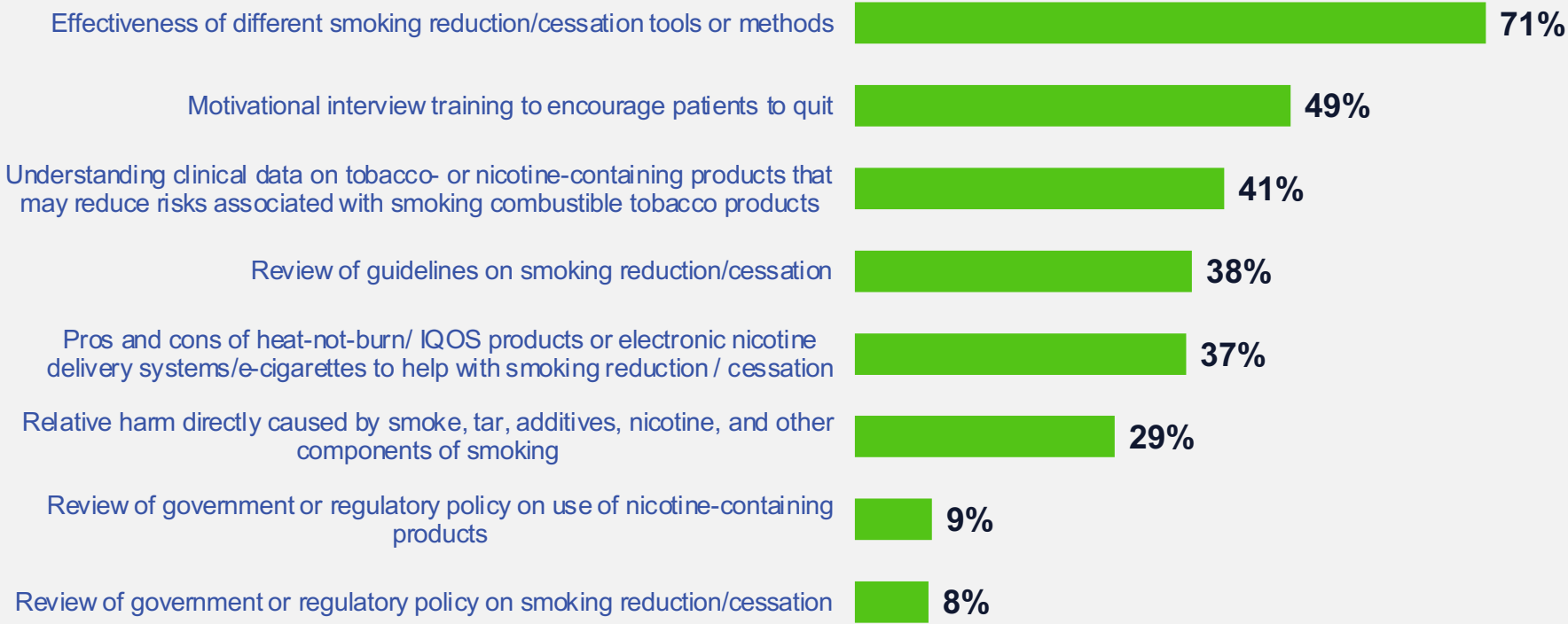
Reasons for not taking training



Q70. Earlier, you stated that you had not completed formal or self-training on smoking reduction/cessation. Which of the following reasons best characterize why you have not taken this kind of training? Select as many as apply. Base = has not taken training, n=545.

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



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. Base=interested in training, n=3,252.

Discussions with patients



Helping patients quit smoking is a priority for virtually all physicians (93%), and 82% see this as belonging with PCPs. 83% question the knowledge levels of most physicians, but only 37% see themselves as not appropriately trained.

Agreement with statements about smoking (at least Moderately Agree)

Helping patients to quit smoking is a priority for me



Most physicians are not knowledgeable about pros and cons of heat-not-burn/ IQOS products or electronic nicotine delivery systems/e-cigarettes to help with smoking reduction / cessation



Primary-care physicians, rather than specialists, are better positioned to help patients to quit smoking



I am not appropriately trained to help patients quit smoking



*"People who are having problems more related to their smoking, then I will say it's more of a top priority to try to get them quit smoking. The patient has to be willing. Usually, I gauge the patient. I have patients who have COPD and who still smoke on oxygen."
- (Internal Medicine)*

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. Base=all physicians, n=3,628.

95% of physicians discuss smoking with patients proactively at least sometimes. Most physicians don't discuss smoking at every visit.

Approach to discussing smoking reduction/cessation



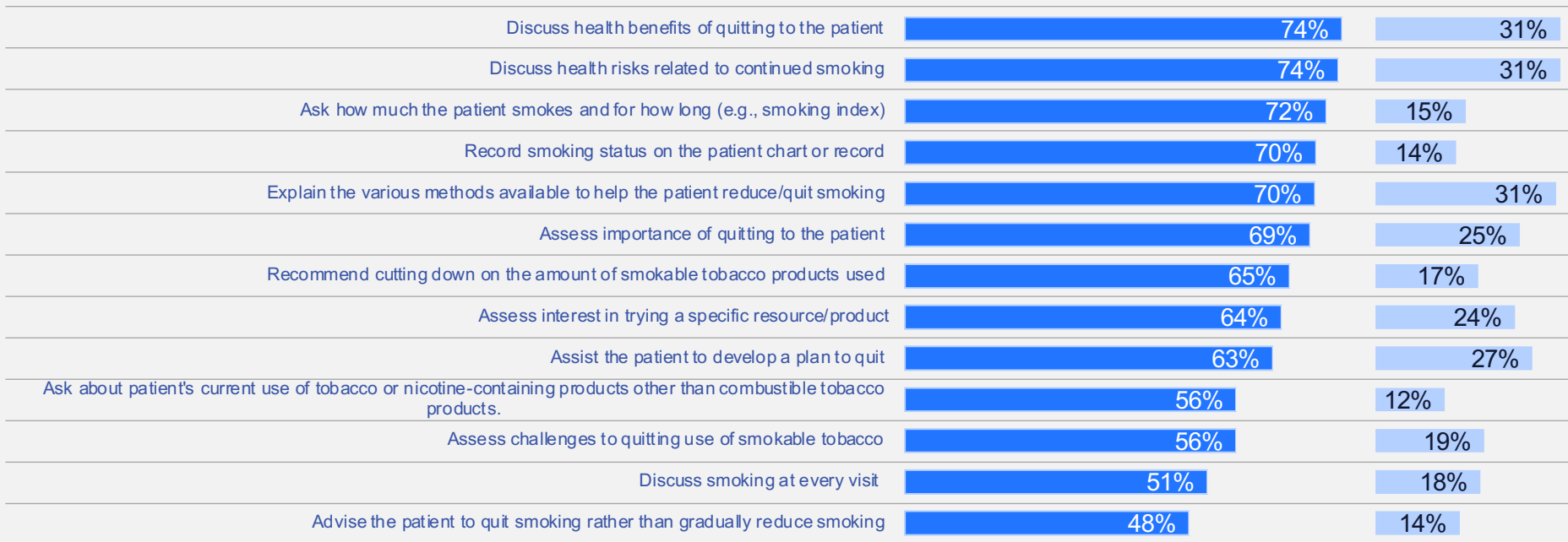
"It is unrealistic to have time to discuss smoking at every visit – too much to cover in each consultation. It will come up if there is a specific issue."
- (Internal Medicine)

Q106. Which of the following best describes how frequently you personally discuss the topic of smoking reduction/cessation with your patients who smoke? Base=all physicians, n=3,628.

Health benefits and risks are the most frequent forms of discussion/action about smoking. Collecting data is prevalent but is not considered as important. Discussing specific methods, and developing a specific plan, are also frequent.

Discussion/action with patients who smoke

■ Selected ■ Top 3



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? Base=all physicians, n=3,628.

Various forms of advice related to health, goals, and planning are frequently offered to patients.

Advice given to patients at least Sometimes - top items



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. Base=discusses smoking cessation, n=3,577.

Non-combustible products and mental health professionals are mentioned less often than other forms of advice.

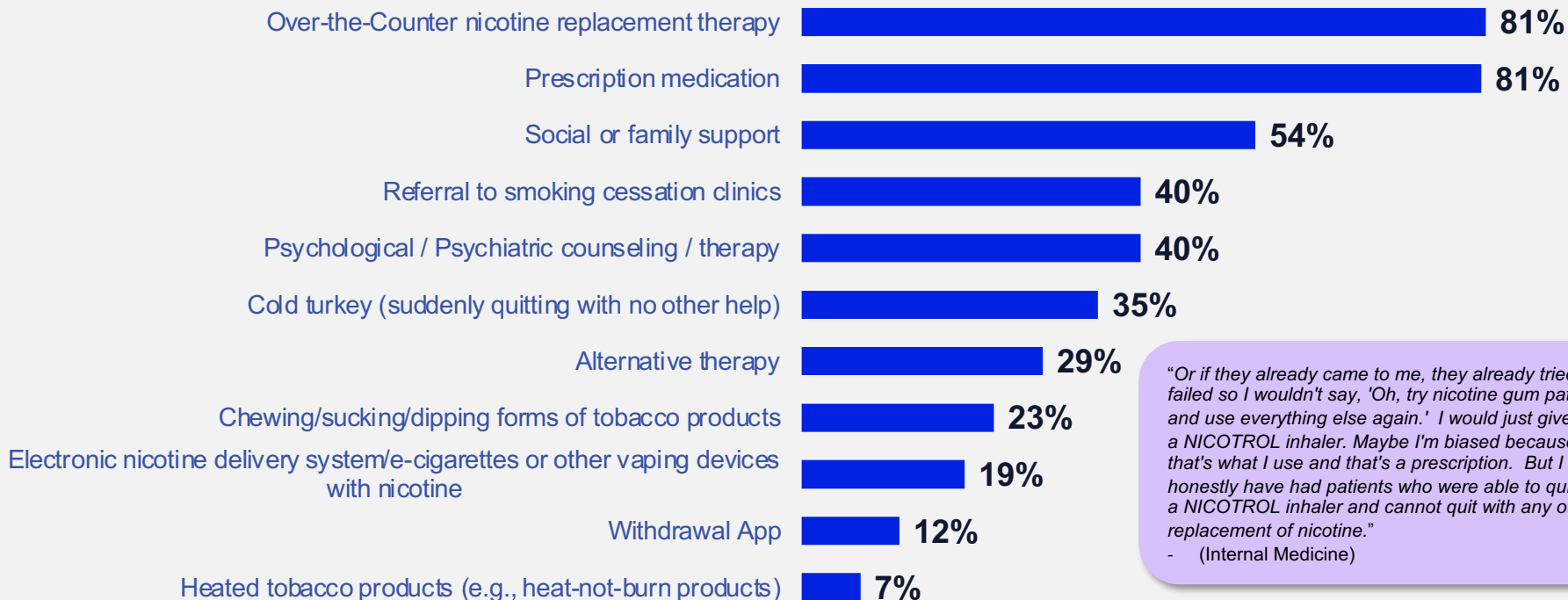
Advice given to patients at least Sometimes (continued)



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. Base=discusses smoking cessation, n=3,577.

Nicotine replacements and prescription medication are by far the most frequently recommended methods of smoking reduction/cessation. Quitting “cold turkey” and other alternatives are recommended much less frequently.

Recommended methods of smoking reduction/cessation



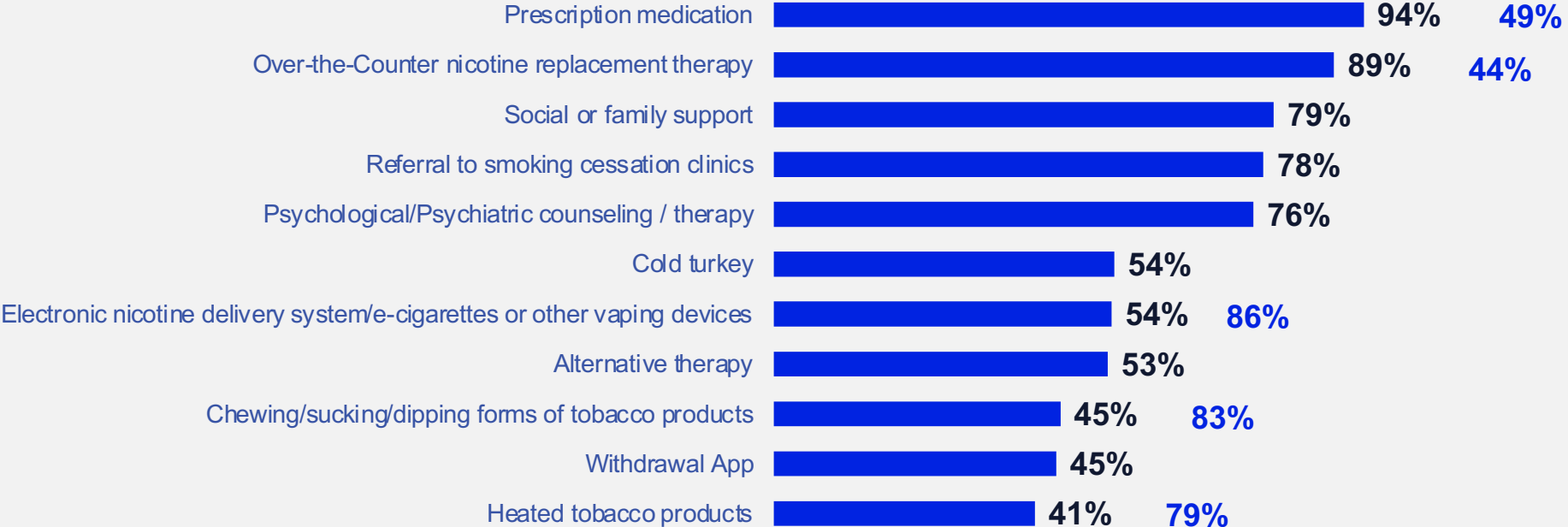
“Or if they already came to me, they already tried and failed so I wouldn’t say, ‘Oh, try nicotine gum patch and use everything else again.’ I would just give them a NICOTROL inhaler. Maybe I’m biased because that’s what I use and that’s a prescription. But I honestly have had patients who were able to quit with a NICOTROL inhaler and cannot quit with any other replacement of nicotine.”
- (Internal Medicine)

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. Base=all physicians, n=3,628.

Prescription medication and over-the-counter nicotine replacement are considered most effective and least concerning. Most other smoking substitutes are seen as less effective, and some are seen as much more concerning.

Effectiveness (at least Moderately Effective)

At least moderately concerned



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. Base=all physicians, n=3,628.

Heated tobacco is viewed somewhat 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	73%	62%	57%
May reduce or stop patient's use of combustible tobacco	62%	59%	57%
May lower risks associated with using combustible tobacco	58%	56%	49%
Should be used only until the patient quits smoking, rather than on a long-term basis	51%	44%	51%
Should not be used along with combustible tobacco	47%	47%	44%
May provide health benefits to the patients, their families, and population as a whole	42%	57%	38%
May be used on a long-term basis as a substitute for combustible tobacco	22%	31%	20%

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. Base=recommends each item: electronic nicotine n=702, heated tobacco n=260, oral tobacco n=819.

COVID has increased physician determination, and patient commitment, with respect to quitting or reducing smoking.

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



73%

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



58%

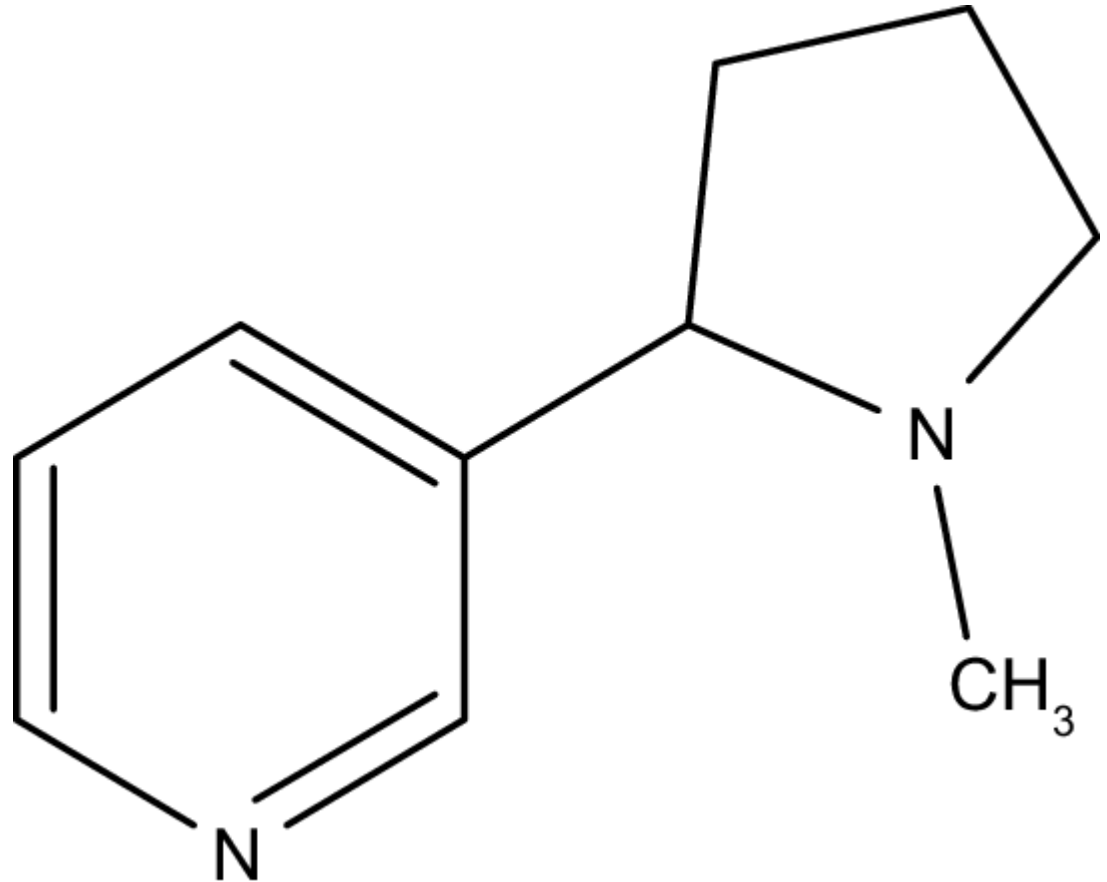
I have changed how I discuss and/or treat smoking cessation with my patients who smoke



57%

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. Base=prioritizes helping patients quit smoking, n=3,358.

Beliefs about nicotine



72% of physicians believe that combustion is more harmful than nicotine. 66% to 75% believe that nicotine is a direct cause of various smoking-related ailments, with many believing strongly.

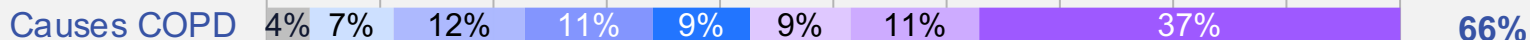
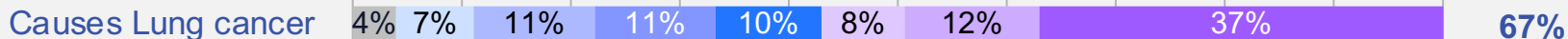
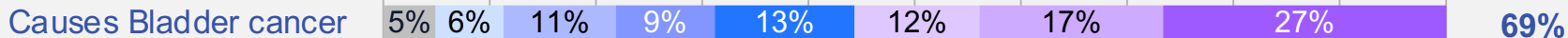
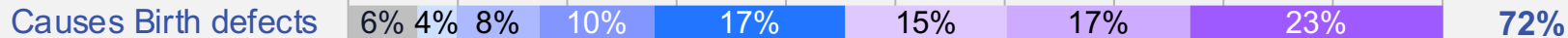
"That's why I'm a little bit surprised that most people thought it was on nicotine." - (Internal Medicine)

Agreement with statements about nicotine

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

At least moderately agree

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



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. Base=all physicians, n=3,628.

Public policy and professional guidelines



Physicians are generally familiar with specific phrases and guidelines related to smoking cessation, but not as familiar with guidelines or regulatory policies.

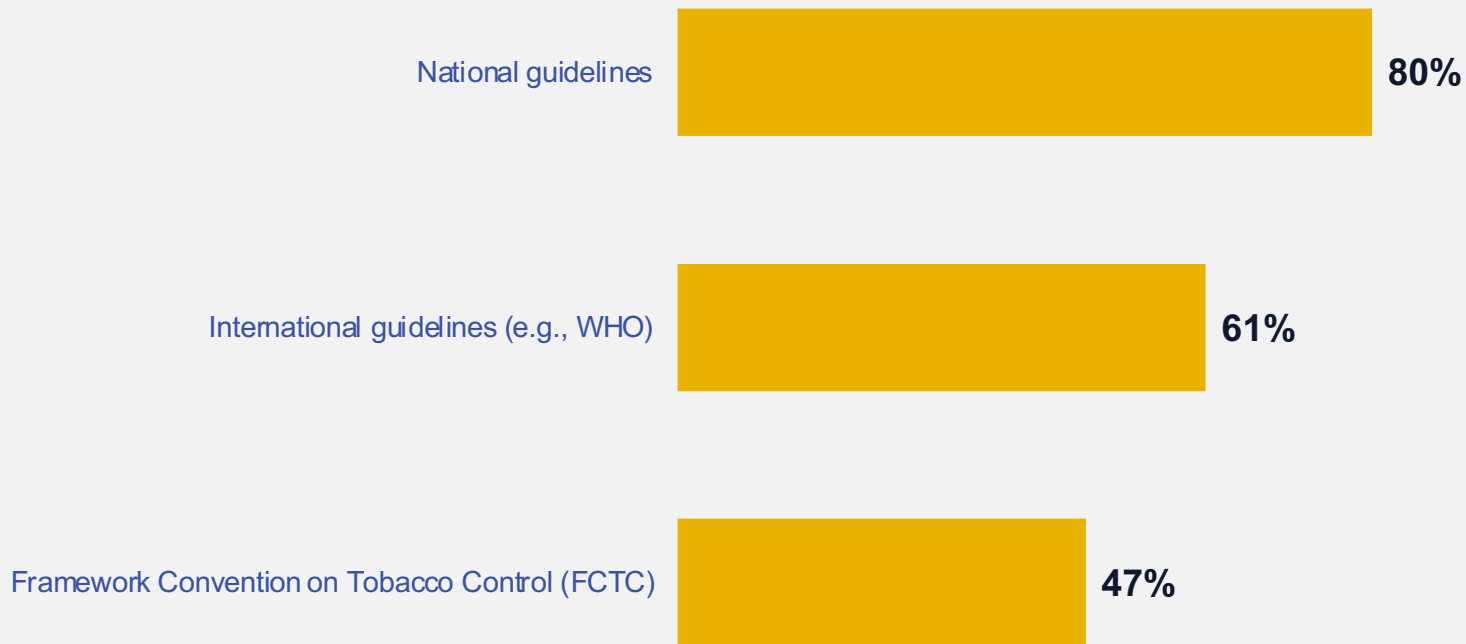
Familiarity with phrases, guidelines, and policies related to smoking cessation (at least Moderately Familiar)



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. Base=all physicians, n=3,628.

Most physicians report following national or international guidelines.

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



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. Base=familiar with guidelines, n=2,804.

Physicians tend to see regulation of smoking substitutes similarly – with the exception of public restrictions and a higher expectation of regulatory changes for electronic nicotine.

Government decisions

	Electronic nicotine	Heated tobacco	Oral tobacco
Restriction of smoking in public places	42%	37%	21%
Distribution, sales, promotion, or use is restricted	32%	30%	28%
Level of nicotine allowed is regulated	29%	24%	25%
Regulation is like any other tobacco product	27%	26%	32%
Changes in regulation are pending	26%	19%	12%
Taxed at lower rate than cigarettes	19%	16%	15%
Are taxed at higher rate than cigarettes	14%	14%	12%
Distribution, sales, promotion, or use is banned	11%	11%	9%
Not taxed at all	7%	10%	7%
Don't Know/Not Sure	24%	29%	26%

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. Base=familiar with policies, n=2,417.

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	31%	31%	29%
Should be widely available to adults who wish to reduce/quit smoking	28%	21%	24%
Should be available wherever cigarettes are sold	26%	20%	24%
Should be banned altogether	25%	23%	27%
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)	24%	21%	16%
Should be available only through physicians or pharmacists	12%	12%	9%
Don't Know/Need more evidence before deciding	13%	19%	13%

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? Base=all physicians, n=3,627.

Disclosure

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