# Doctors' Survey: China 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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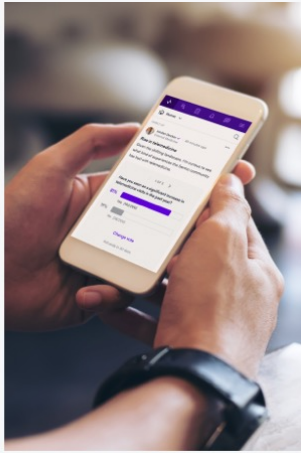
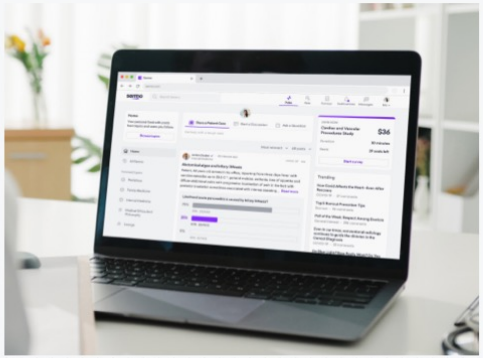
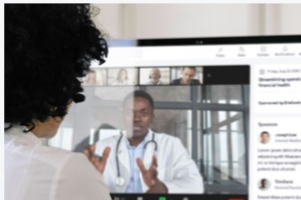






# Executive Summary: China

**Many Chinese physicians are, or have been, smokers.**

- 17% of physicians are past smokers
- 11% are current smokers.
- Most have tried to quit, with social/family support and "cold turkey" the most popular and most effective method.
    - Virtually all smokers have plans to quit.
- Health is the primary reason to quit; smoking as a stress reliever is the primary barrier to quitting.

**Training about health risks, methods for quitting, and plans for quitting tend to be seen as the most valuable subjects for physicians.**

- 78% have had at least some training.
    - 92% are at least moderately interested in additional training, which is higher than what the NAB expected as smoking cessation is not believed to be a topic of interest for most physicians.
- 55% cite motivational interview training, and 53% cite the relative effectiveness of quitting methods, as among their top subjects of interest.
- Lack of awareness and opportunity are the chief reasons for not participating in training.

# Executive Summary: China

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

- 92% of physicians discuss smoking with their patients who smoke at least sometimes.
    - 88% consider it a priority; however, NAB interview points out that there simply isn't enough time to discuss a detailed smoking cessation plan with the patient – HCP will simply ask for the smoking history and advise them to quit
- Support (69%), counseling (56%), and clinics (55%) are the most frequently recommended methods of smoking reduction/cessation.
    - Nearly all methods of smoking reduction/cessation are seen as effective by a majority of physicians.

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

- 65% believe that combustion causes more harm than nicotine.
- Most physicians believe that nicotine is a direct cause of various smoking-related ailments.
    - For all six tested conditions, at least 78% believe that nicotine is a direct cause.

# Research design

**Glossary of terms:**

GAB: global advisory board

NAB: national advisory board

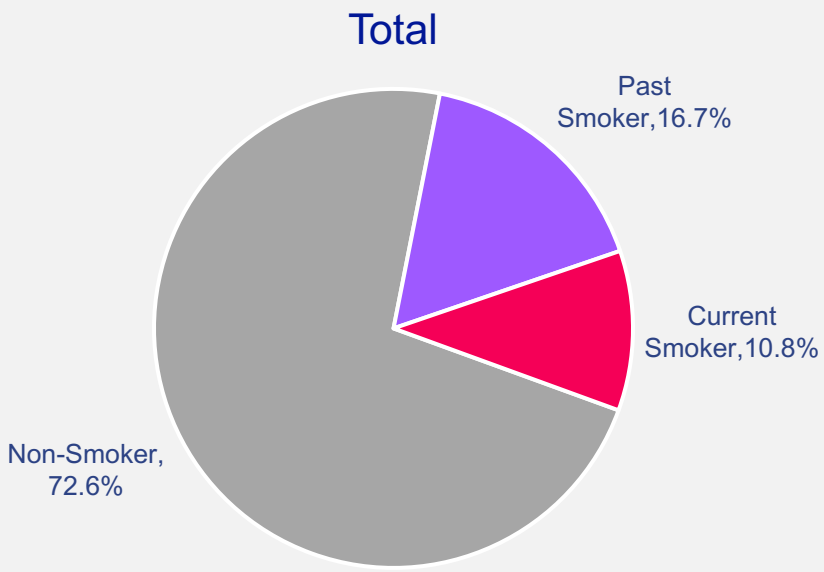
# Research Design

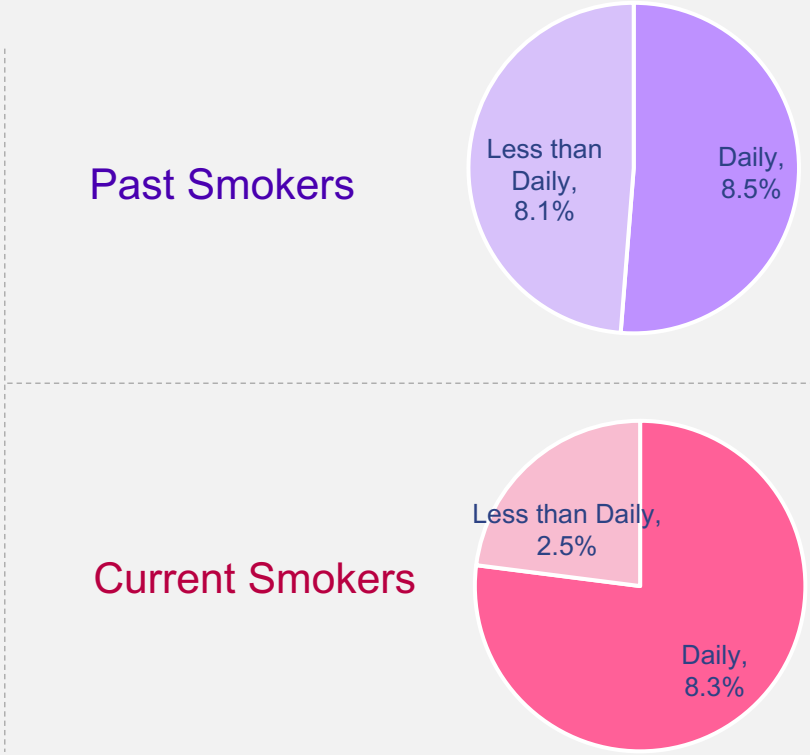
Relevant "*direct quotes*" or inferences from the Phase 4 Interviews with Global/National Advisory Board members (GABs/NABs) are included throughout this report in these purple boxes.

- For this research project, Sermo conducted 2,645 online interviews of physicians in China.
  - Interviews were conducted between February 28, 2022 and April 20, 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 – 12 years in practice. Works in community hospital in the department of General Practice. Responsible for the management of patients with chronic diseases.
  - Respiratory Medicine – From a public Grade A Class 3 hospital. 30 years in practice mainly serving those patients with respiratory disease.

# Smoking-related behavior

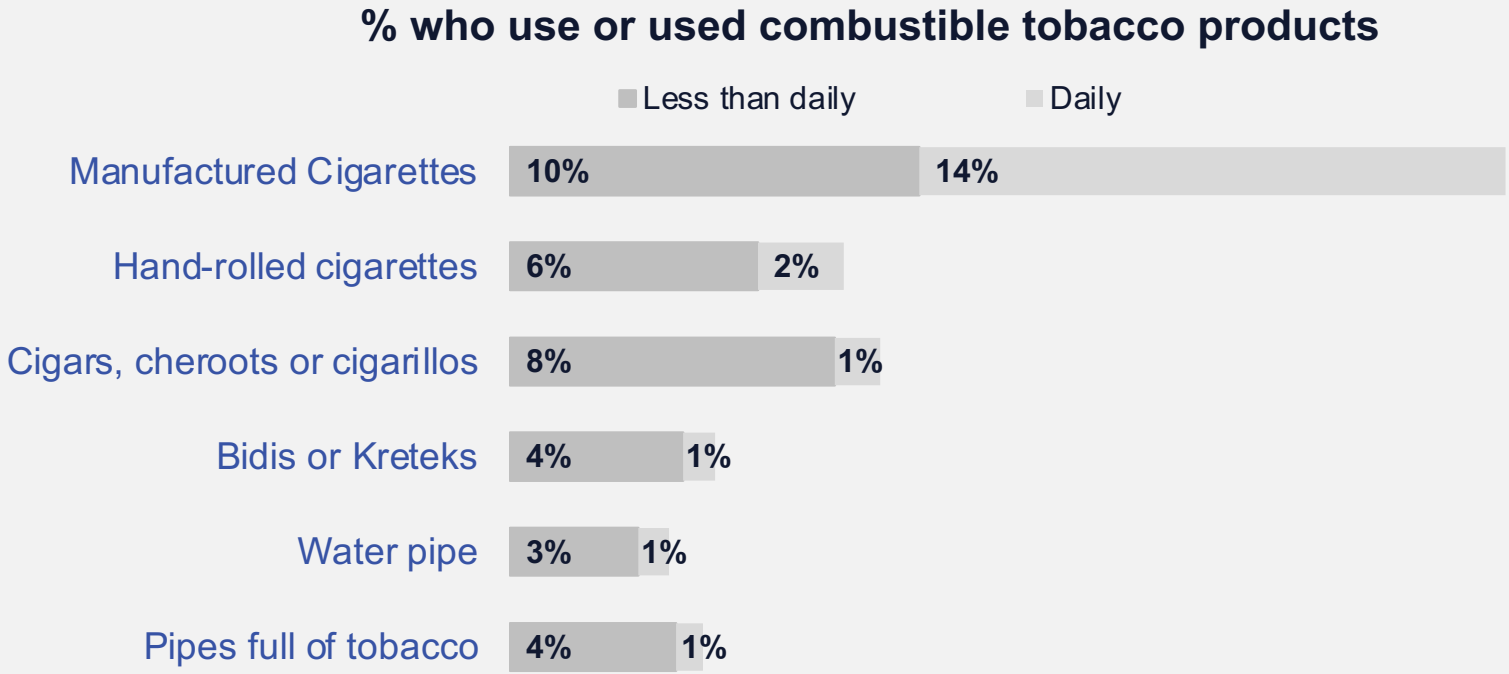
# More than ¼ of physicians have smoked; about 11% are current smokers. Daily smoking is most prevalent, especially for current smokers.



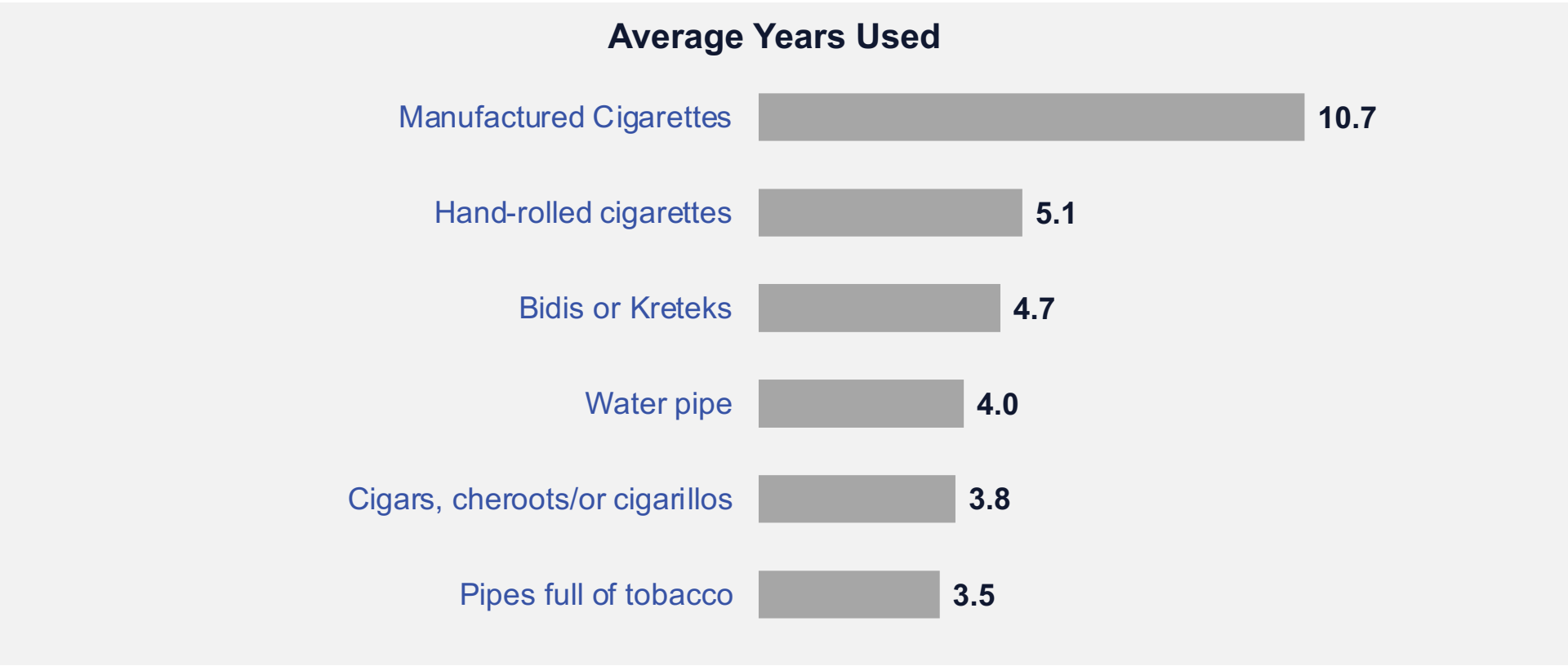

Base size (Wtd): n=2,645.
S13. Which of the following best characterizes your own tobacco smoking habits?

# Among products used daily, manufactured cigarettes are by far the most common.



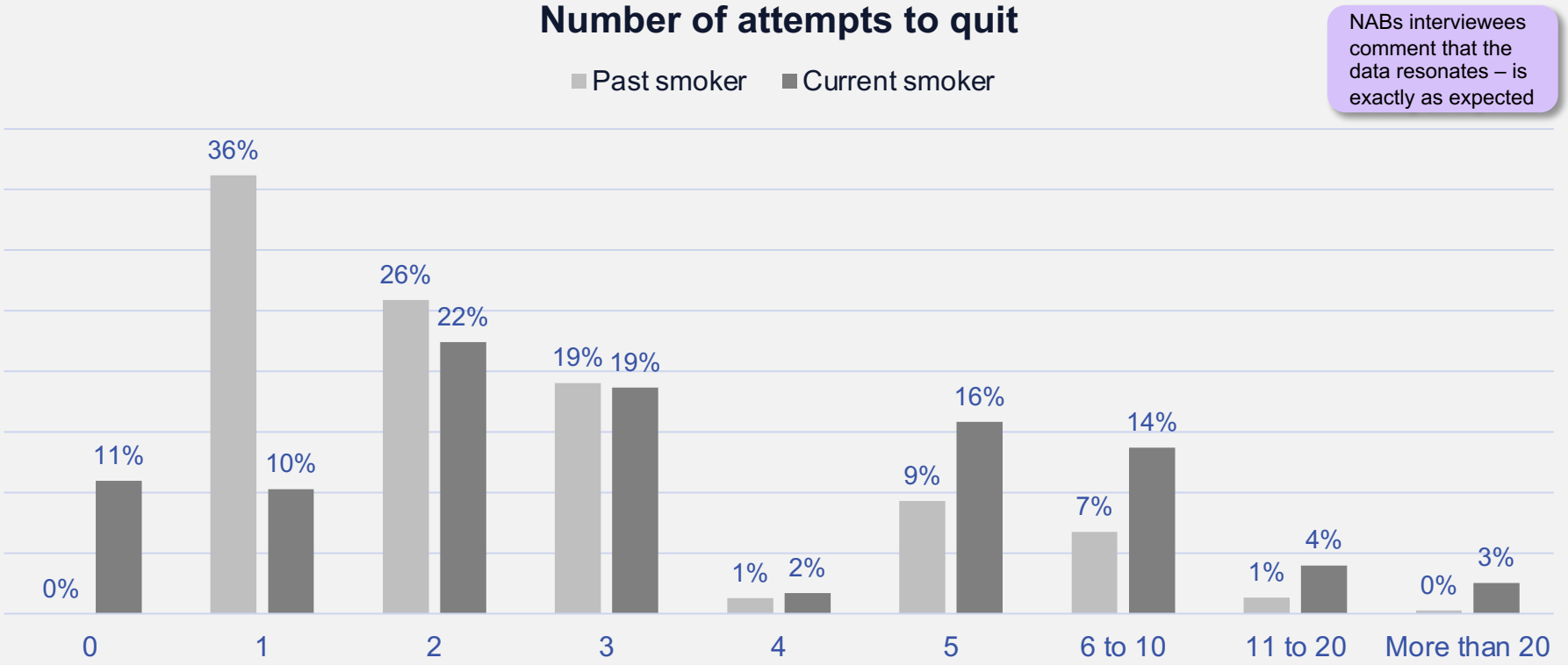

Base = all physicians, n=2,645.
Q10. Earlier, you reported that you used to/currently smoke tobacco. Which of the following combustible tobacco products shown below did/do you smoke on a daily or less frequent basis? Non-smokers are coded as nonusers for all products.

# Manufactured cigarettes also have the longest span of usage.




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.

# More than 60% of past smokers quit after only one or two attempts. Almost 90% of current smokers have attempted to quit at least once, and more than half have tried to quit three or more times.

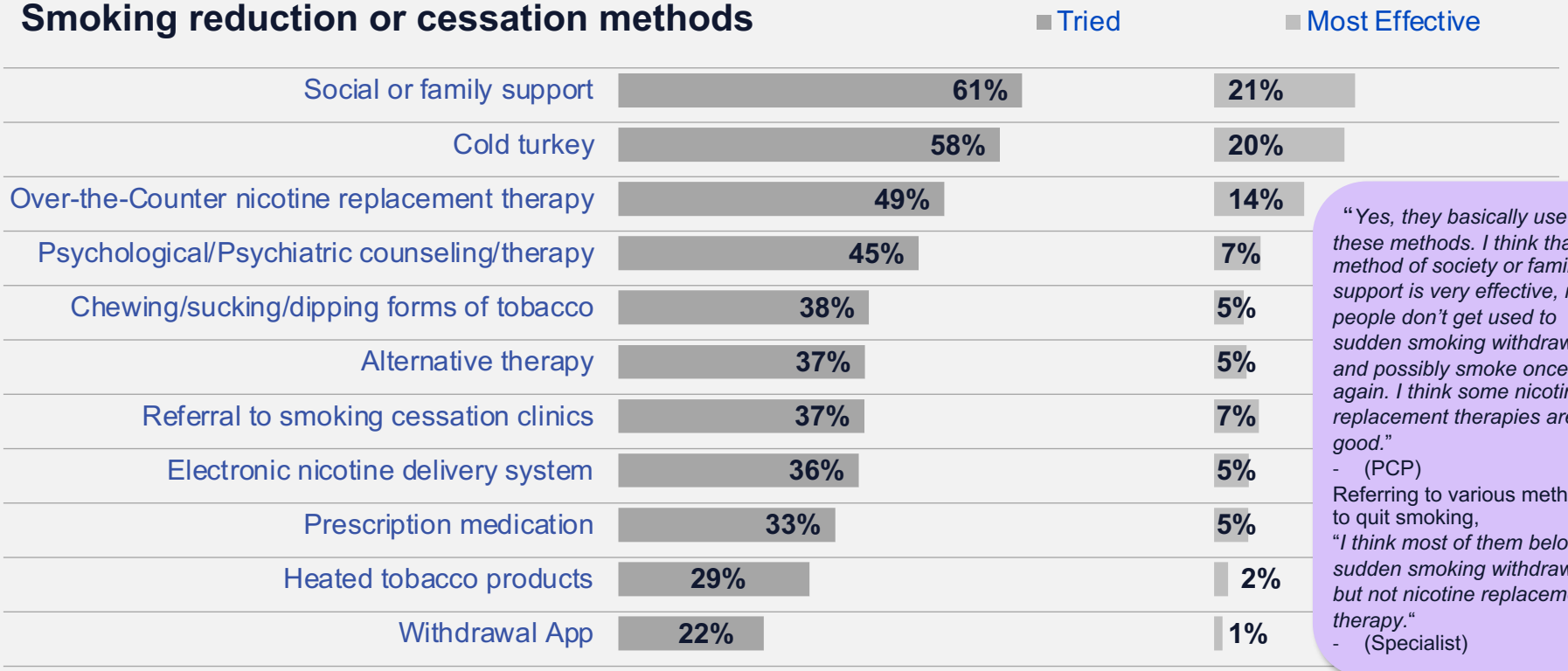



NABs interviewees comment that the data resonates – is exactly as expected

Base size: Past smoker (n=460), Current smoker (n=300)
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.

# Social support and cold turkey are the most popular, and most effective, methods of smoking reduction or cessation for physicians. Among nicotine replacements, over-the-counter solutions are preferred. Counseling and therapy have been used by a substantial fraction of physician smokers.

## Smoking reduction or cessation methods




"*Yes, they basically use these methods. I think that the method of society or family support is very effective, many people don't get used to sudden smoking withdrawal and possibly smoke once again. I think some nicotine replacement therapies are good.*"
- (PCP)

Referring to various methods to quit smoking,
"*I think most of them belong to sudden smoking withdrawal, but not nicotine replacement therapy.*"
- (Specialist)

Base=attempted to quit at least once, n=729.
Q25. When you were trying to quit smoking, regardless of whether you were successful or not, which of the following interventions or methods did you use as a smoking reduction or cessation aid?

# Long-term health is by far the most prevalent reason for deciding to quit. Concern about other impacts of smoking, for the smoker and others, are also important. Family encouragement is also relevant.

## Reasons for deciding to quit smoking


Base=attempted to quit at least once, n=729.
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.

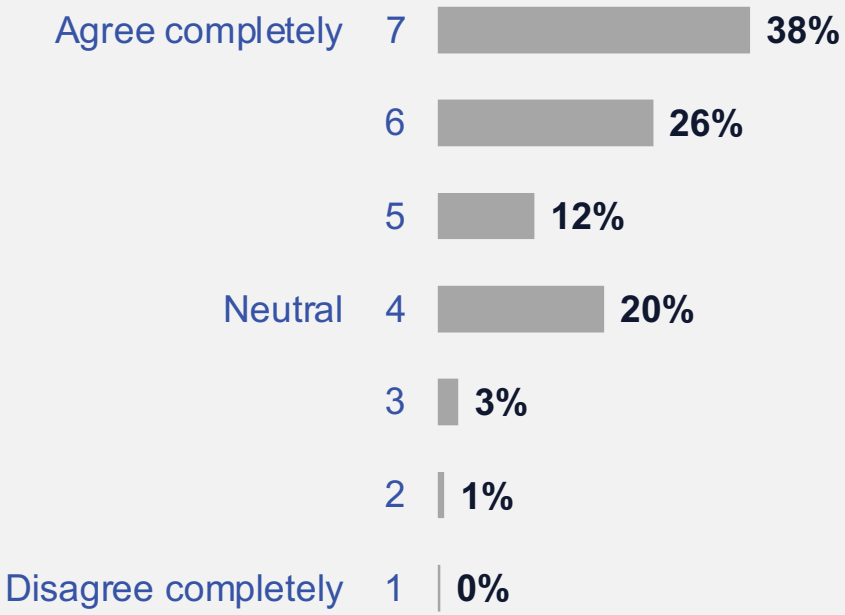
# The primary barriers to quitting are about relieving stress and the formation of a habit or addiction. Enjoyment of smoking, lack of motivation to quit, and the difficulty of quitting sometimes play a role.

## Barriers preventing quitting


Base=Current or Past smokers, n=763.
Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

# 96% of current smokers plan to quit in the future.

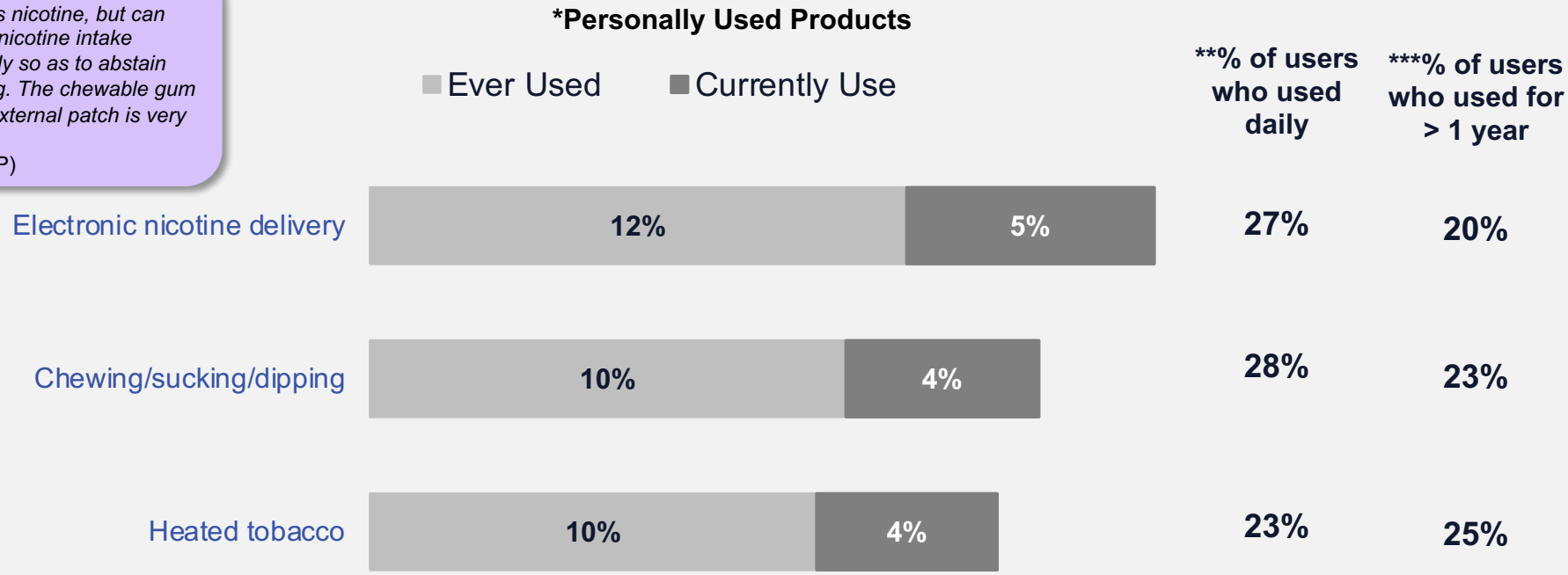
## Plans to quit smoking in the future (at least Neutral)




Base=Current smokers, n=300.
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”.

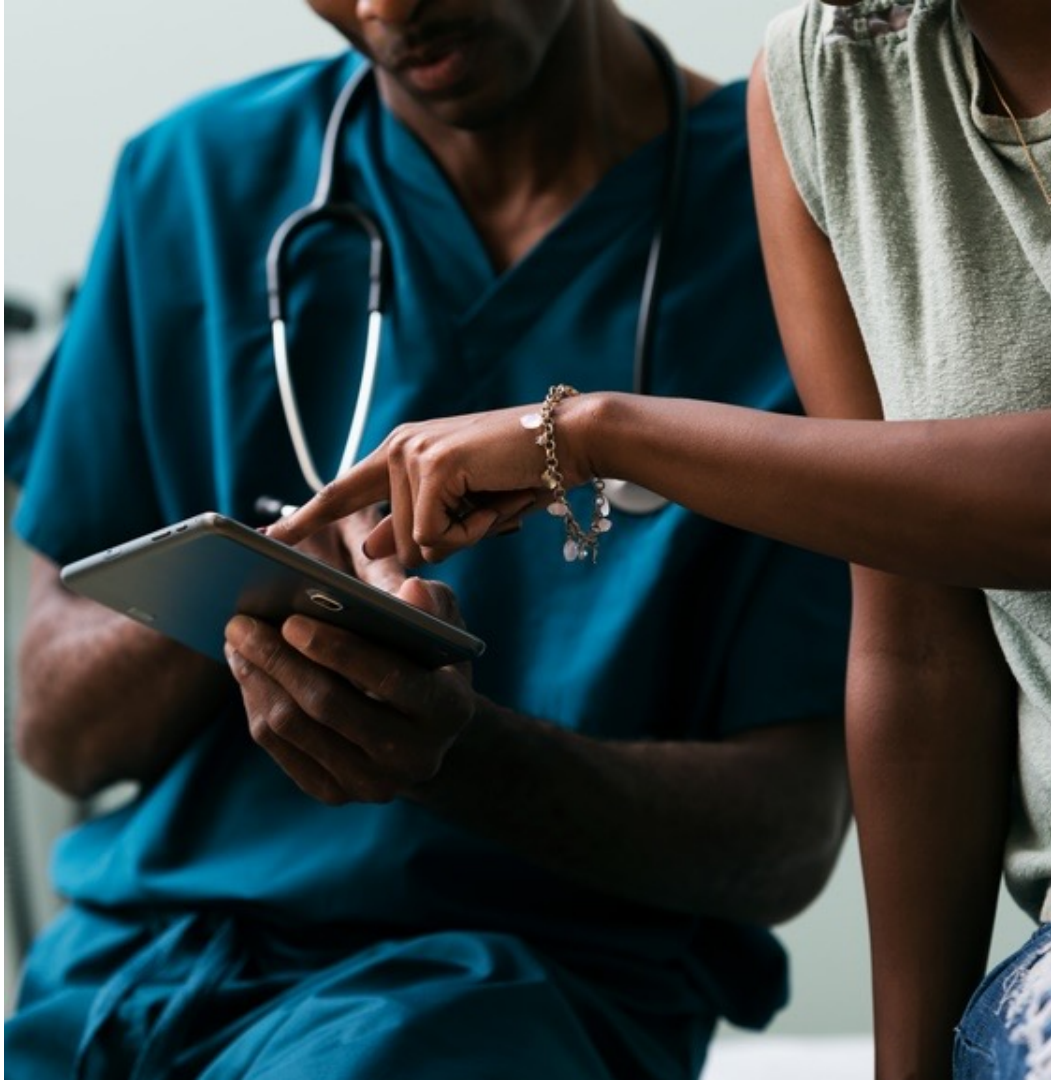
# Substitutes for smoking are not used widely, frequently, or often.

*"In fact, electronic cigarette contains nicotine, but can reduce nicotine intake gradually so as to abstain smoking. The chewable gum or the external patch is very good."*
- (PCP)




Base = all physicians, n=2,645.
*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=469; Chewing/sucking/dipping, n=399; Heated tobacco, n=374).
**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?

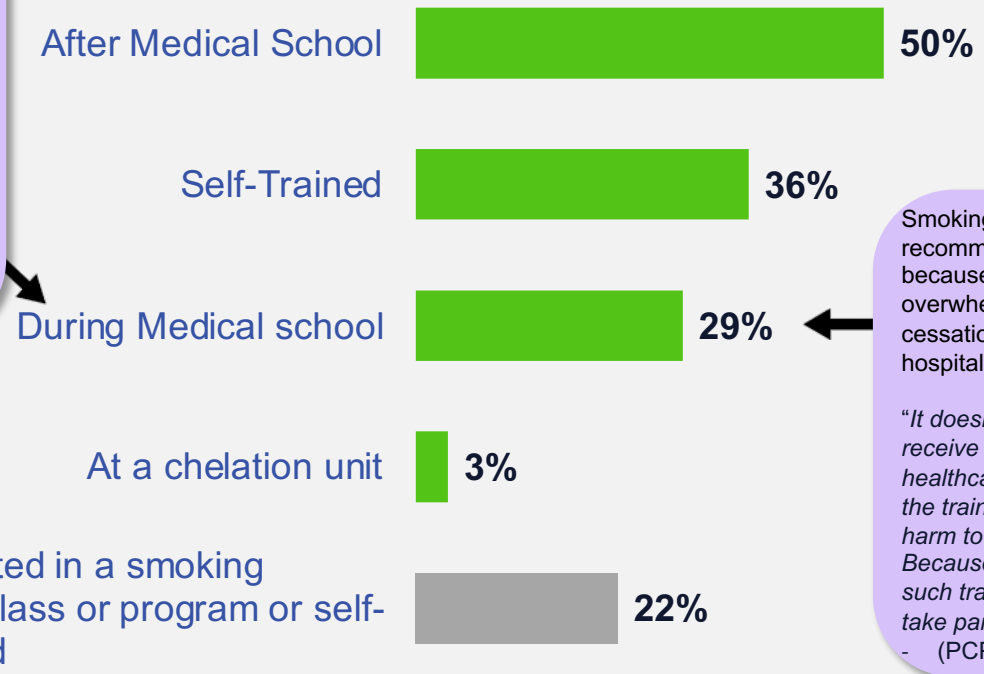
# Training



# 78% of physicians have had at least some training on smoking cessation.

"*They aren't sufficient. There is no special training on smoking abstinence. I estimate there is no special training on smoking abstinence for clinical physicians. When a doctor asks a patient's history of smoking, she or he rarely tells the patient how to abstain smoking or some replacement products, and hardly helps the patient to carry out a plan for smoking abstinence.*
*Because there are too many other trainings for medical students or physicians, and such special trainings are not thought to be so important for them. In fact, the special training can be carried out in all the society including medical universities. Some advertisement propagations may be also considered.*"
- (Specialist)

## Training on Smoking Cessation



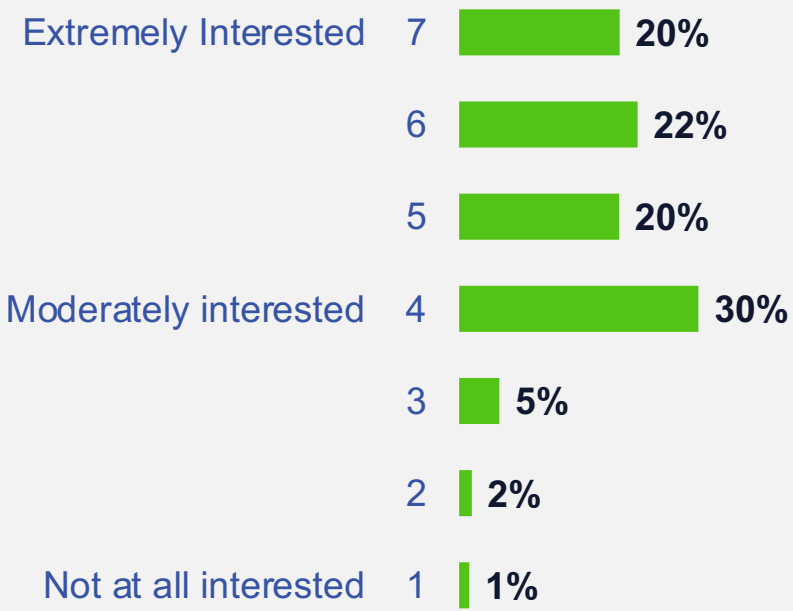

Smoking cessation training is recommended during medical school because qualified physicians are overwhelmed with workload - smoking cessation is not a priority, and not all hospitals provide the training.

"*It doesn't seem that all physicians must receive the training. I think each healthcare professional should receive the training because smoking has great harm to health.*
*Because their hospitals don't carry out such training, or they have no time to take part in the training.*"
- (PCP)

Base = all physicians, n=2,645.
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.

# 92% of physicians are at least moderately interested in future training.

## Interest in training (at least Moderately Interested)

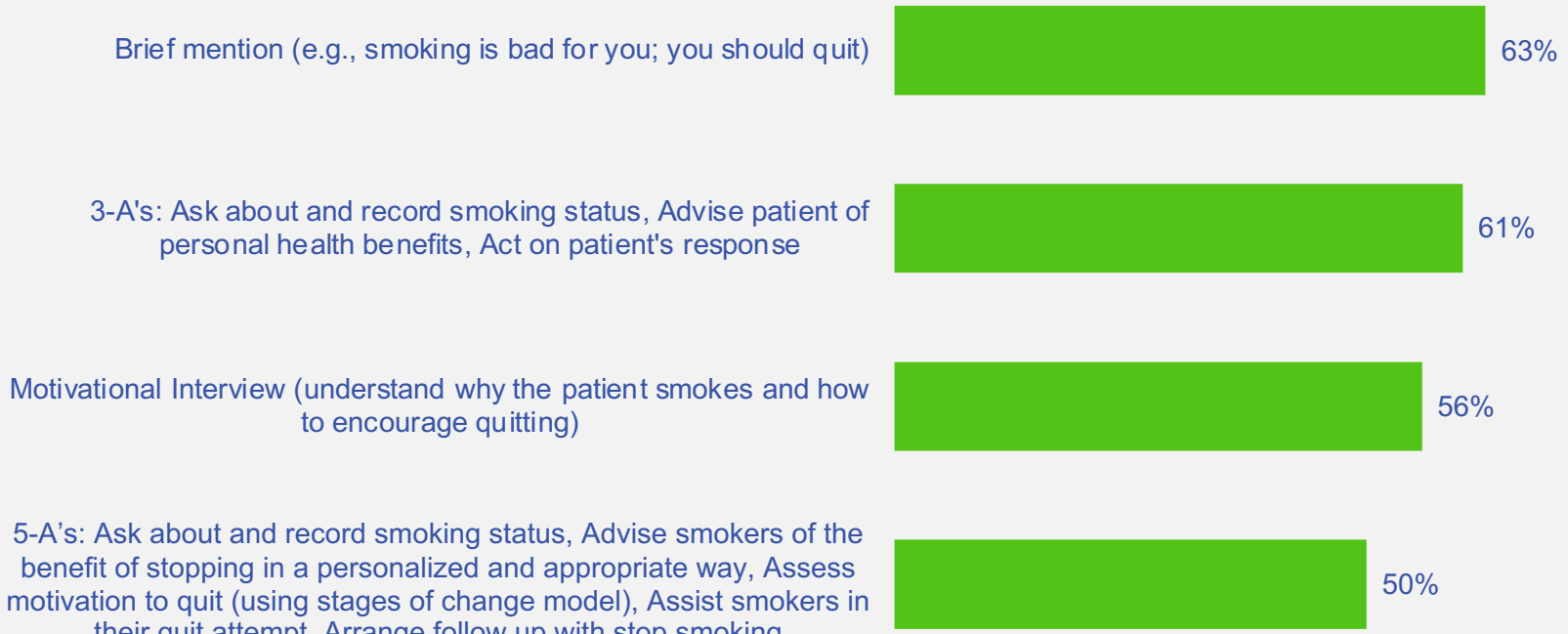



*Note: Adding individual scores may not yield the same final score due to rounding*

Base = all physicians, n=2,645.
Q75. To what extent are you interested in taking training on how to help your patients who smoke combustible tobacco products with reducing or quitting smoking? 1=Not at all interested, 4=Moderately Interested, 7=Extremely interested.

# Several training approaches are used with approximately equal frequency.

## Approaches communicated in training




Base=has taken training, n=2,068.
Q50. Which of the following approaches were communicated in the training you completed?

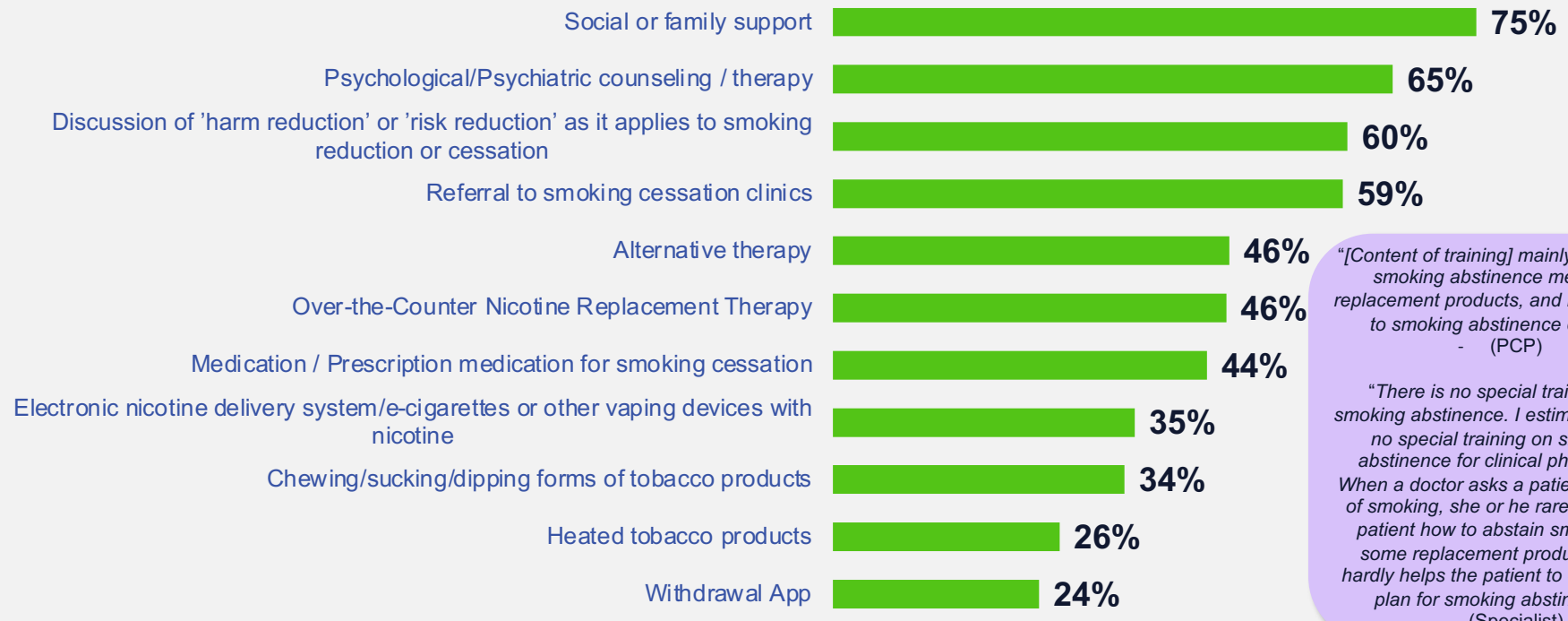
# Training about health risks, plans for quitting, and methods for quitting, tend to be seen as most valuable.

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


Base=items covered and recalled in training, sample size varies.
Q60. How valuable were each of the following topics when you participated in training (or self-trained) on smoking reduction/cessation? Please select the number from 1 to 7 which best describes your level of agreement, where 1=Not at all Valuable, 4=Moderately Valuable, 7=Extremely Valuable. Results for the top-4 categories are shown.

# Nearly all training includes social/family support, counseling/therapy, risk reduction, and clinics. Nicotine replacement therapy and prescription medication, and especially specific alternatives to smoking, are covered less often.

## Specific methods covered in training




*"[Content of training] mainly contained smoking abstinence methods, replacement products, and introduction to smoking abstinence clinics."*
- (PCP)

*"There is no special training on smoking abstinence. I estimate there is no special training on smoking abstinence for clinical physicians. When a doctor asks a patient's history of smoking, she or he rarely tells the patient how to abstain smoking or some replacement products, and hardly helps the patient to carry out a plan for smoking abstinence."*
- (Specialist)

Base=has taken training, n=2,068.
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, and low priority, are the chief reasons for not participating in training.


"*It is hard for [physicians] to spare time to participate in the training. But hospitals can organize their physicians to participate in the training regularly. Because doctors must take some credits, the knowledge on smoking abstinence may be added to their regular course.*"
- (PCP)

Base=has not taken training, n=577.
Q70. Which of the following reasons best characterize why you have not taken this kind of training? Select as many as apply.

# Motivational interviewing and effectiveness of specific tools and methods are the training subjects of greatest interest. There is very little interest in government/regulatory policy.

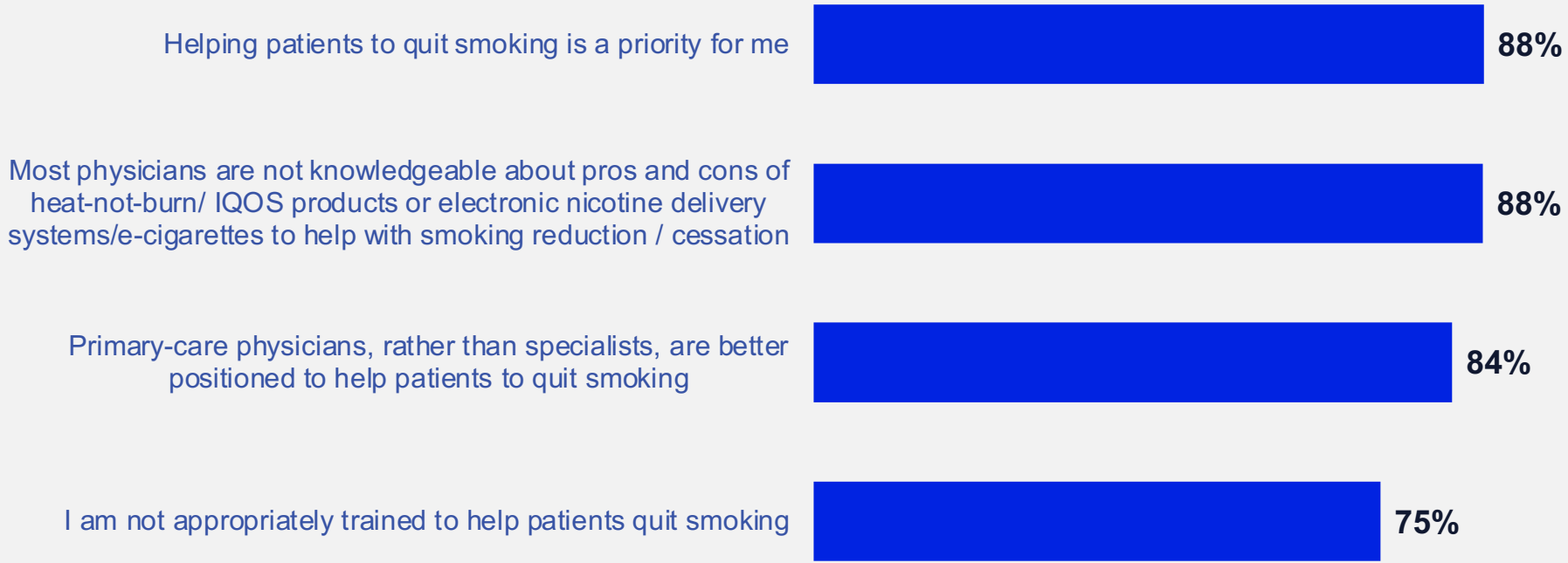
## Top-3 training subjects of interest


Base=interested in training, n=2,573.
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 88% of physicians. Most do not consider themselves to be appropriately trained.

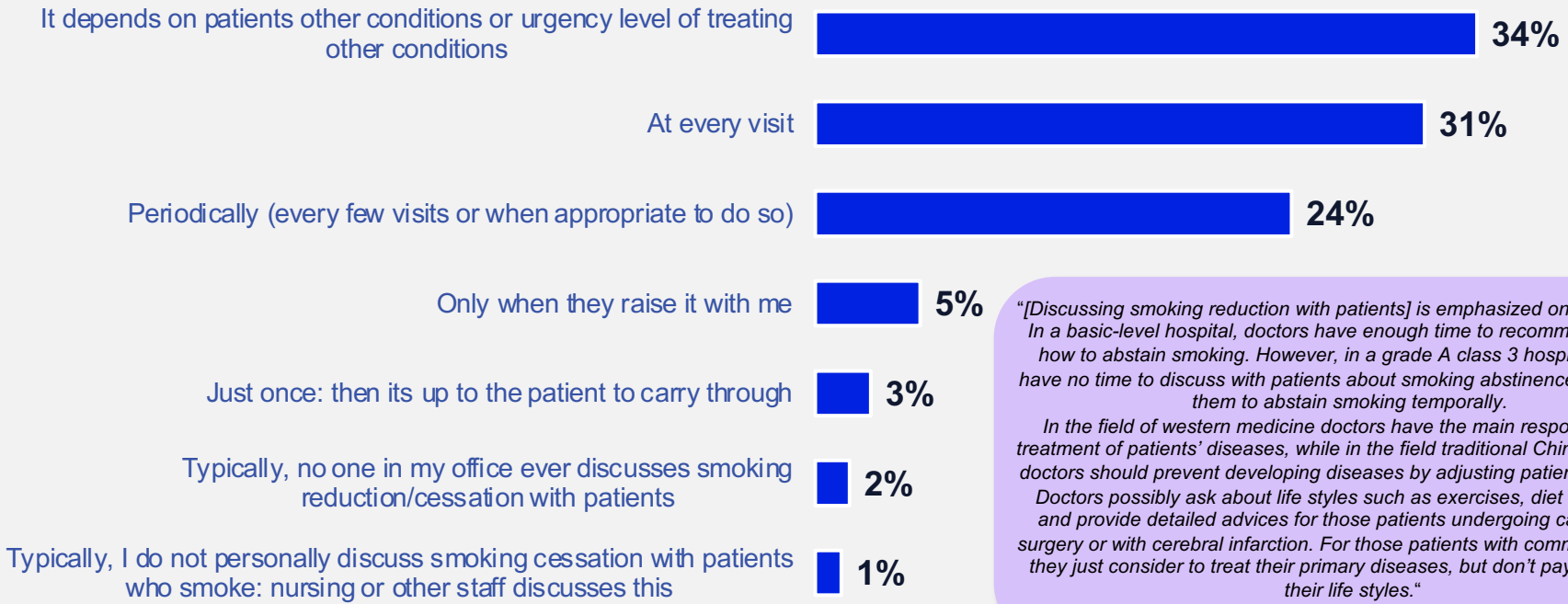
## Agreement with statements about smoking (at least Moderately Agree)




Base=all physicians, n=2,645.
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.

# Most physicians don’t discuss smoking at every visit, but only about 11% avoid initiating such discussions.

## Approach to discussing smoking reduction/cessation



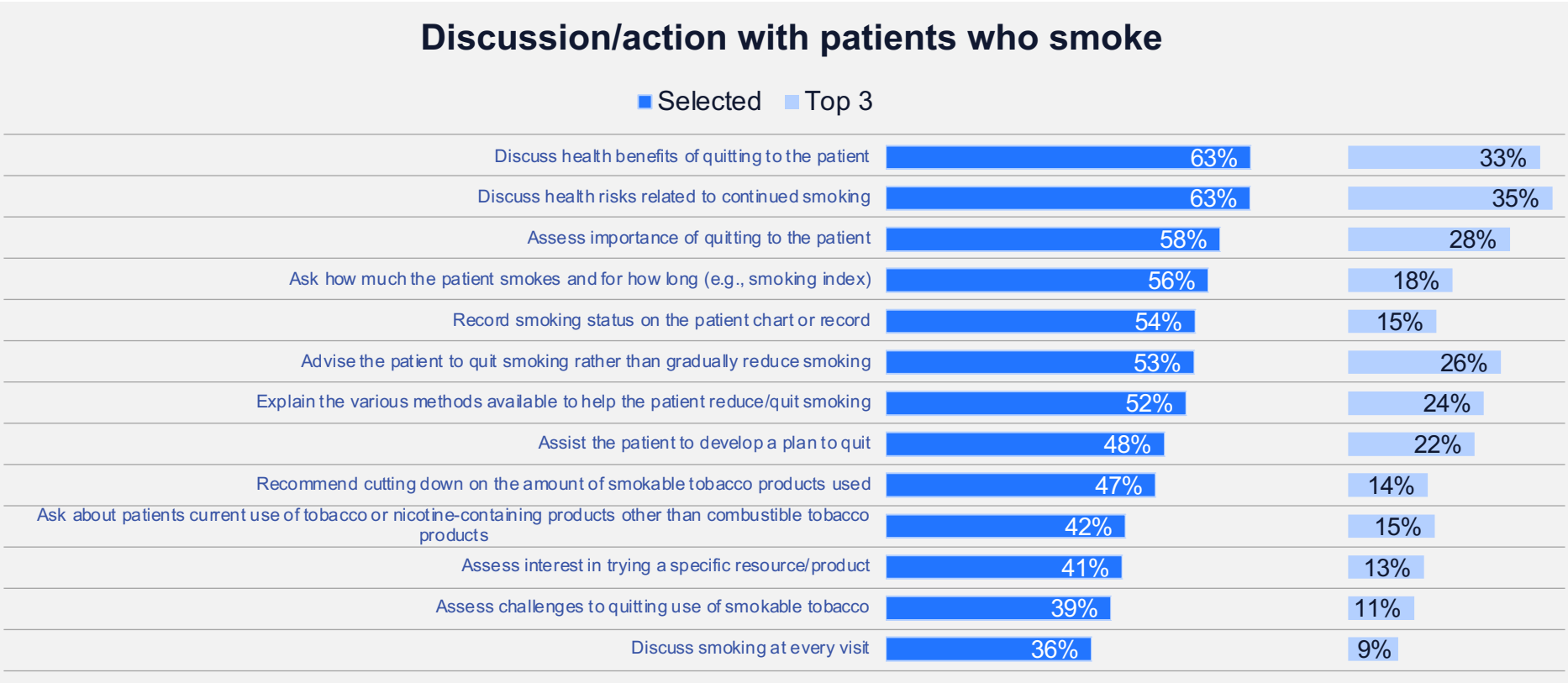

*“[Discussing smoking reduction with patients] is emphasized on insufficiently. In a basic-level hospital, doctors have enough time to recommend patients how to abstain smoking. However, in a grade A class 3 hospital, doctors have no time to discuss with patients about smoking abstinence, and just tell them to abstain smoking temporally.*

*In the field of western medicine doctors have the main responsibility for treatment of patients’ diseases, while in the field traditional Chinese medicine doctors should prevent developing diseases by adjusting patients’ life styles. Doctors possibly ask about life styles such as exercises, diet or smoking, and provide detailed advices for those patients undergoing cardiac stent surgery or with cerebral infarction. For those patients with common diseases, they just consider to treat their primary diseases, but don’t pay attention to their life styles.“*

- (PCP)

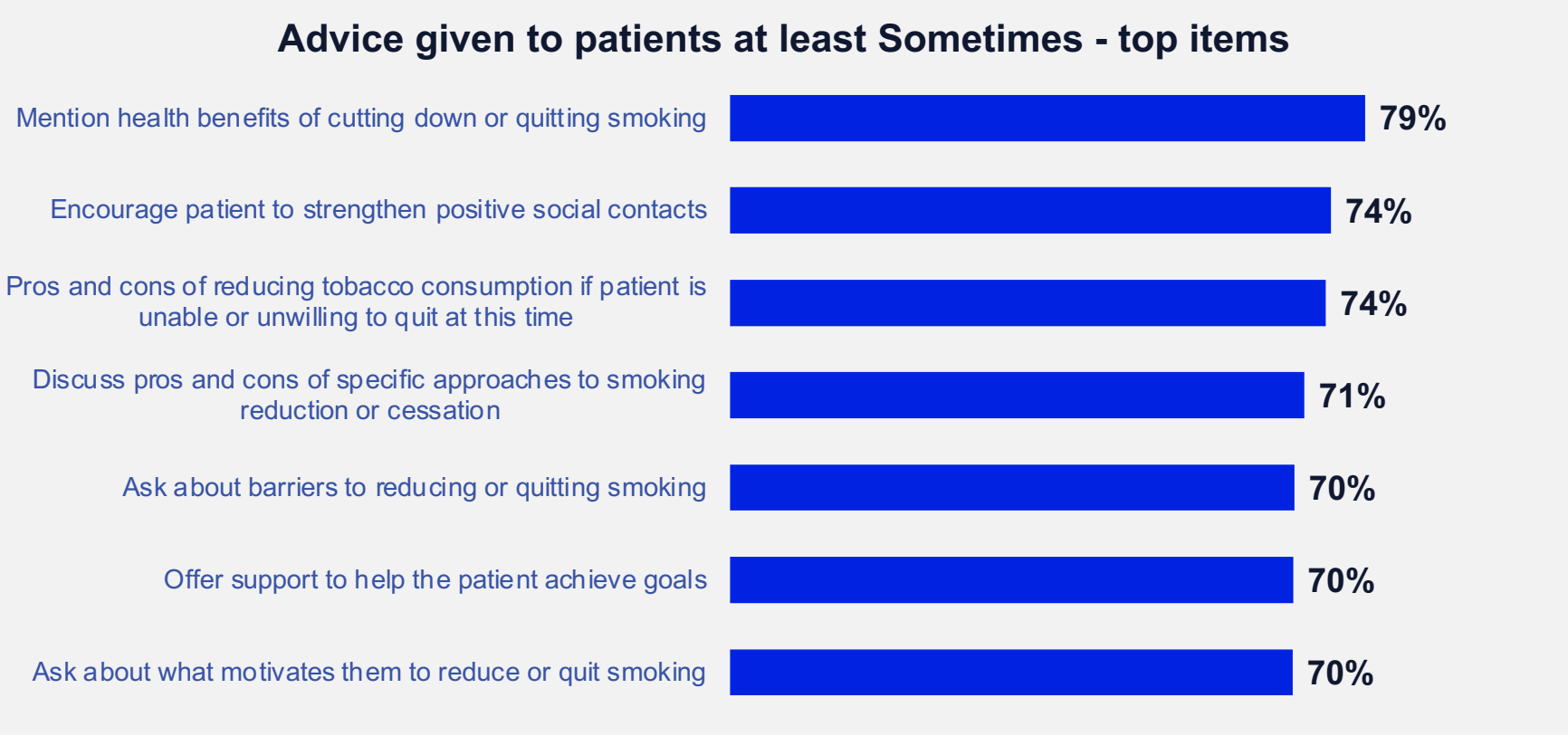
Base = all physicians, n=2,645.
Q106. Which of the following best describes how frequently you personally discuss the topic of smoking reduction/cessation with your patients who smoke?

# Health benefits and risks are the most frequent forms of discussion/action about smoking. Discussing specific alternatives to smoking is less prevalent.




Base = all physicians, n=2,645.
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?

# Mentioning health benefits is the most common form of advice.




Base=discusses smoking cessation, n=2,563.
Q107. When discussing approaches for reducing or quitting combustible tobacco products use with your patients who smoke, how frequently do you offer the following kinds of advice to them? 1=Never, 4=Sometimes, 7=Always Results for the top-4 categories are shown.

# Non-combustible tobacco is the least frequent subject of physician advice.

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


Base=discusses smoking cessation, n=2,563.
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.

# Support, counseling, and clinics are the most frequently recommended methods of smoking reduction/cessation. Specific alternatives, and quitting "cold turkey," are recommended much less frequently.

## Recommended methods of smoking reduction/cessation

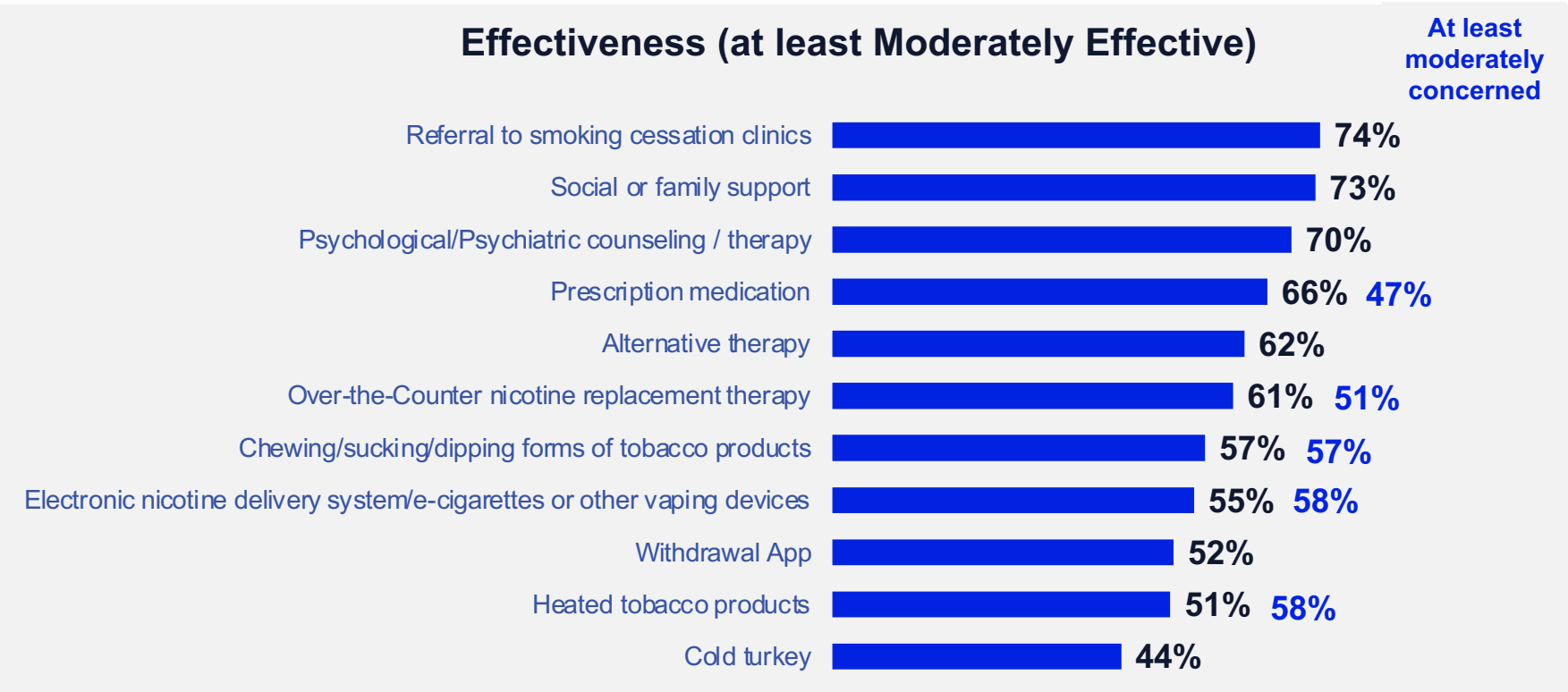

*"Generally, when we remind some patients to abstain smoking, they can't abstain smoking really. However, when they suffer from some diseases associated with smoking, they abstain smoking quickly. We can't let them abstain smoking by making them suffer from these diseases. So, I think that we should let them learn more about the harm of smoking. The harm not only refers to respiratory problems, but also relates to the heart and the cerebrovascular system."*

- (Specialist)

Base = all physicians, n=2,645.

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.

# Nearly all methods are seen as effective by a majority of physicians. General approaches are seen as more effective than specific alternatives. Levels of concern are consistent across alternatives.




Base=all physicians, n=2,645. 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.

# With physician advice there is little to distinguish the different alternatives to smoking. None are seen as usable on a long-term basis.

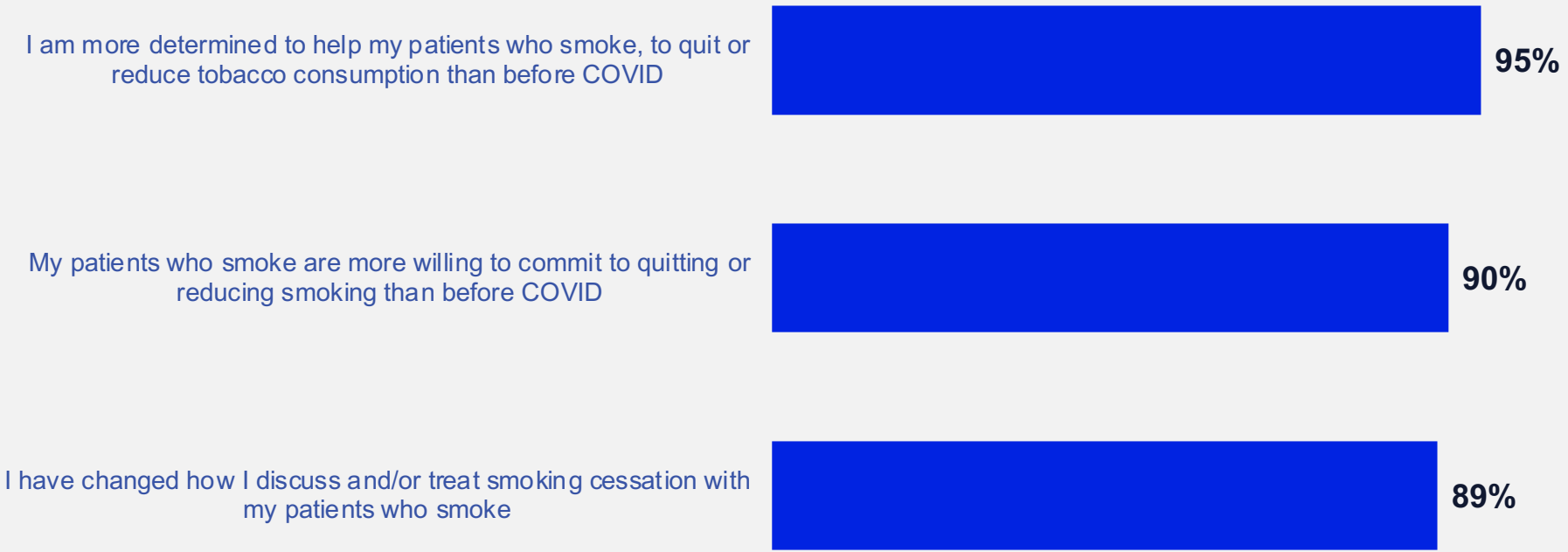
## Advice about smoking reduction/cessation methods

| | Electronic nicotine | Heated tobacco | Oral tobacco |
|---|---|---|---|
| May reduce or stop patients use of combustible tobacco | 70% | 70% | 67% |
| May lower risks associated with using combustible tobacco | 67% | 68% | 66% |
| May provide health benefits to the patients, their families, and population as a whole | 63% | 68% | 66% |
| May still have some health risks associated with inhaling vapor/aerosols | 57% | 60% | 51% |
| Should be used only until the patient quits smoking, rather than on a long-term basis | 57% | 53% | 55% |
| Should not be used along with combustible tobacco | 49% | 51% | 49% |
| May be used on a long-term basis as a substitute for combustible tobacco | 28% | 28% | 25% |

Base=recommends each item: electronic nicotine n=690, heated tobacco n=535, oral tobacco n=689.
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.

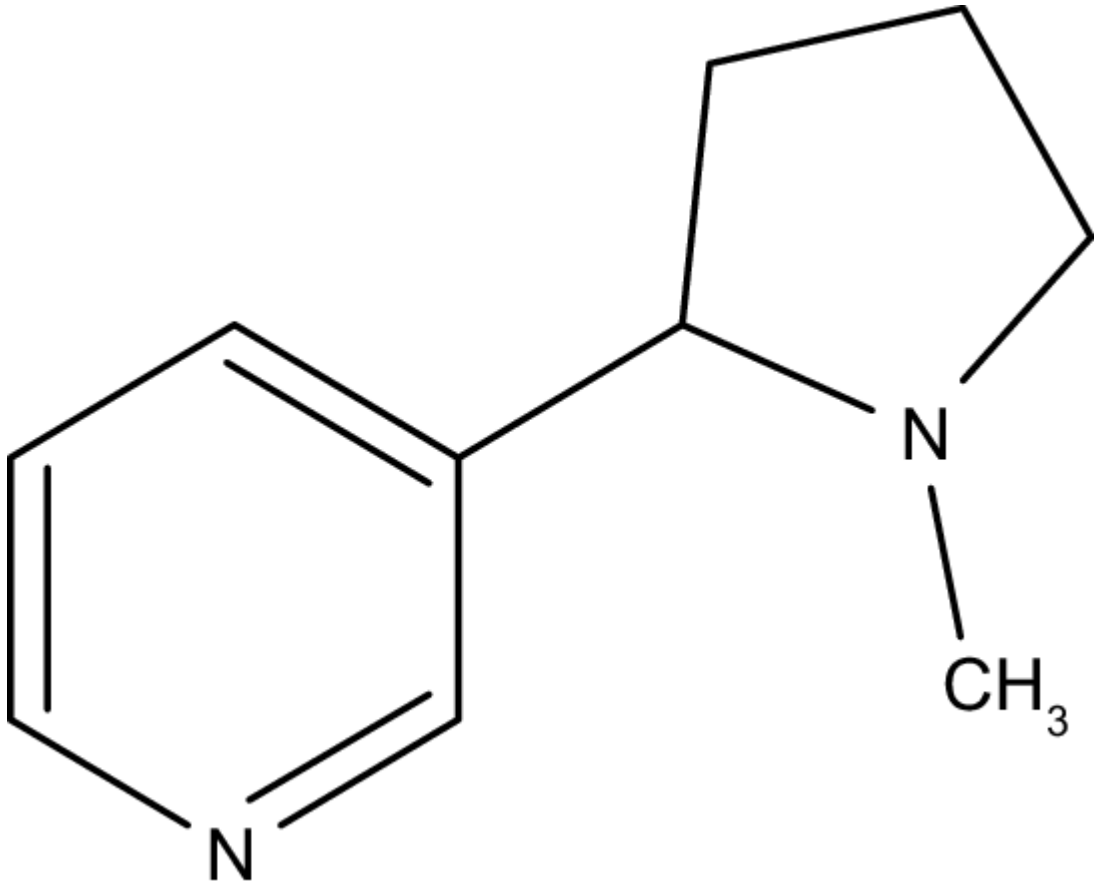
# COVID has impacted smoking cessation efforts for nearly all physicians and nearly all patients.

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



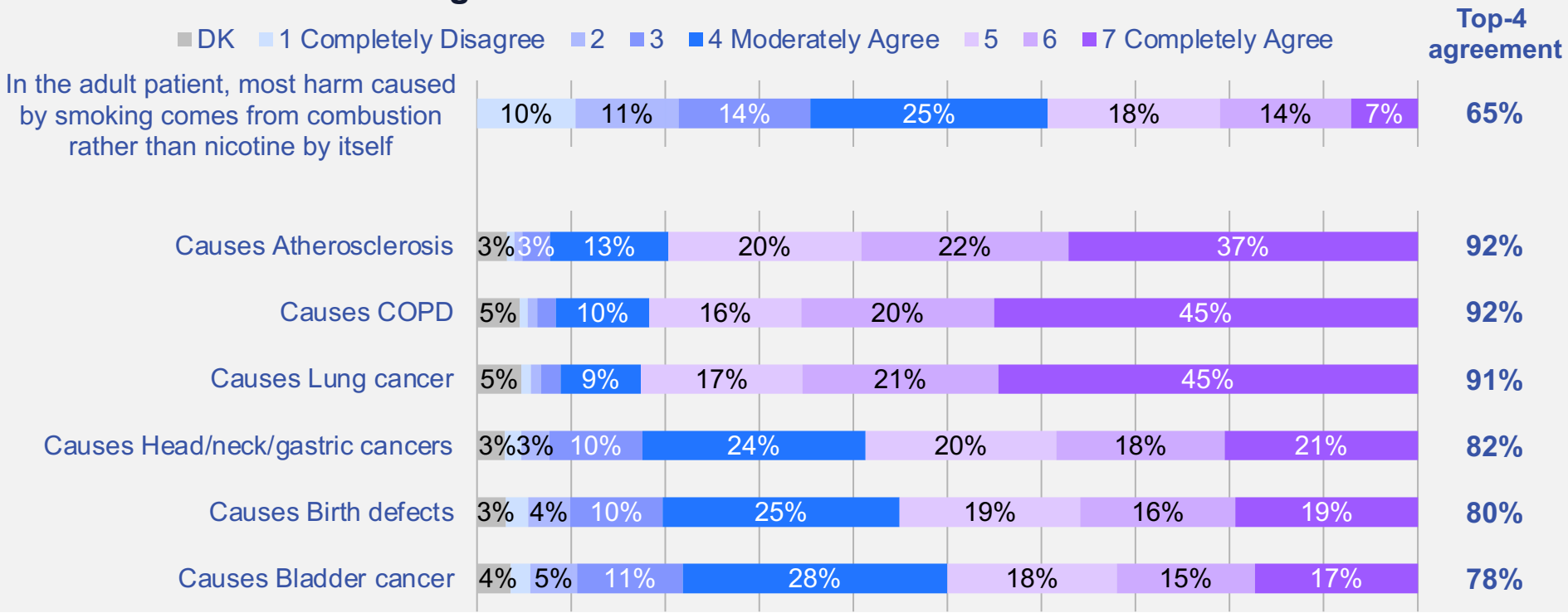

Base=prioritizes helping patients quit smoking, n=2,317.
Q96. To what extent do you agree with the following statements about the impact of COVID on patients who smoke and your approach to encouraging smoking reduction or cessation? 1=Completely Disagree, 4=Moderately Agree, 7=Completely Agree. Results for the top-4 categories are shown.

# Beliefs about nicotine



# 65% of physicians believe that combustion is more harmful than nicotine. Large majorities of physicians strongly believe that nicotine is a direct cause of various smoking-related ailments.

## Agreement with statements about nicotine




Base=all physicians, n=2,645. 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

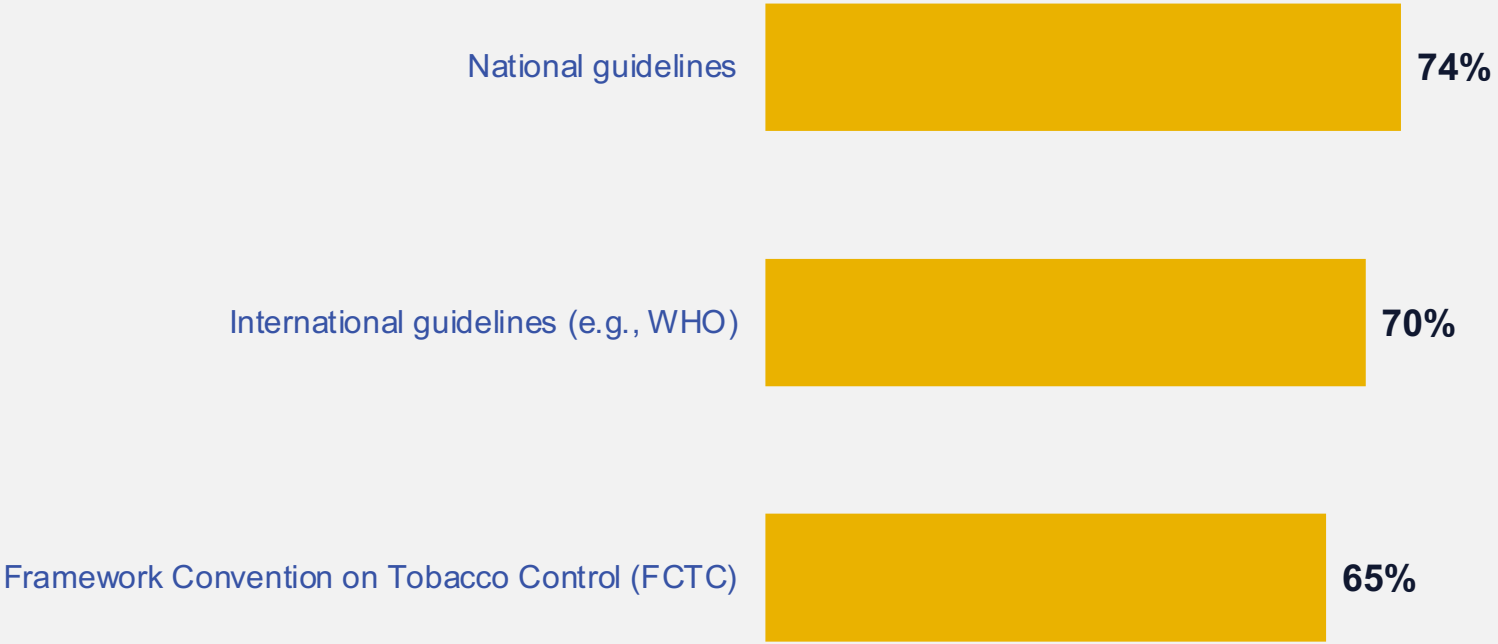
# Most physicians are familiar with specific phrases and guidelines related to smoking cessation

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


Base=all physicians, n=2,645.
Q133, Q135, Q141. Familiarity (related to smoking cessation), 1=Not at all Familiar, 4=Moderately Familiar, 7=Extremely Familiar. Results for the top-4 categories are shown.

# Most physicians report following international guidelines

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




Base=familiar with guidelines, n=2,142.
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.

## Government decisions

| | Electronic nicotine | Heated tobacco | Oral tobacco |
|---|---|---|---|
| Level of nicotine allowed is regulated | 46% | 45% | 36% |
| Restriction of smoking in public places | 43% | 48% | 34% |
| Changes in regulation are pending | 35% | 37% | 28% |
| Regulation is like any other tobacco product | 34% | 43% | 30% |
| Distribution, sales, promotion, or use is restricted | 33% | 38% | 31% |
| Taxed at lower rate than cigarettes | 31% | 29% | 25% |
| Distribution, sales, promotion, or use is banned | 23% | 24% | 20% |
| Are taxed at higher rate than cigarettes | 22% | 25% | 21% |
| Not taxed at all | 17% | 20% | 17% |
| Don’t Know/Not Sure | 10% | 12% | 12% |

Base=familiar with policies (varies).
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

| | Electronic nicotine | Heated tobacco | Oral tobacco |
|---|---|---|---|
| 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) | 34% | 33% | 30% |
| Should be taxed and regulated the same as combustible tobacco products | 31% | 33% | 28% |
| Should be widely available to adults who wish to reduce/quit smoking | 28% | 26% | 28% |
| Should be banned altogether | 26% | 27% | 22% |
| Should be available only through physicians or pharmacists | 22% | 22% | 26% |
| Should be available wherever cigarettes are sold | 22% | 20% | 23% |
| Don’t Know/Need more evidence before deciding | 8% | 9% | 9% |

Base = all physicians, n=2,643.
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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