Doctors' Survey: Greece 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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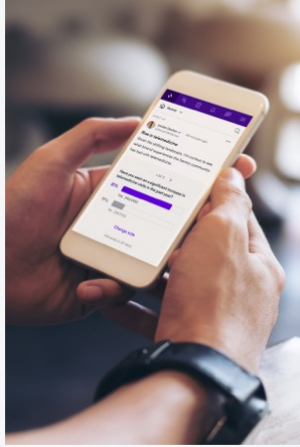
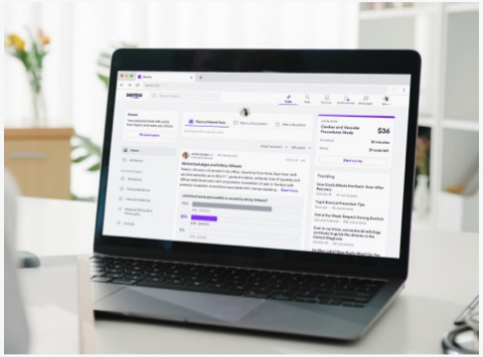
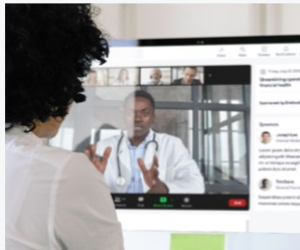






Executive Summary: Greece

Smoking experience is widespread among physicians in Greece.

- 35% of physicians are past smokers and 15% are current smokers, which the NAB interviews point out are lower than their expectation
- Most have tried to quit.
    - “Cold turkey” is by far the most popular and most effective method.
    - Only 12% of smokers have no plans to quit.
- Long-term health is overwhelmingly the primary reason to quit.
- Barriers to quitting mostly related to habit formation, including craving and enjoyment.

Training about health risks is seen as most valuable.

- Only 59% of physicians have had at least some training.
    - 82% are at least moderately interested in additional training.
- 65% cite comparative effectiveness as among their top subjects of interest.
- Lack of opportunity is the dominant reason for not participating in training, and is consistent with NAB feedback mentioning that no official training opportunities exist in Greece.

Executive Summary: Greece

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

- 93% of physicians proactively discuss smoking with their patients who smoke at least sometimes.
    - 90% consider it a priority.
- The most popular recommendations are smoking cessation clinics (60%) and over-the-counter nicotine replacement (52%).
    - Smoking cessation clinics are seen as far more effective.

Physicians are likely to attribute negative health consequences to nicotine.

- 79% of physicians believe that combustion causes more harm than nicotine.
- Between 59% and 74% believe that nicotine is a direct cause of various smoking-related ailments, with many agreeing completely.

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.

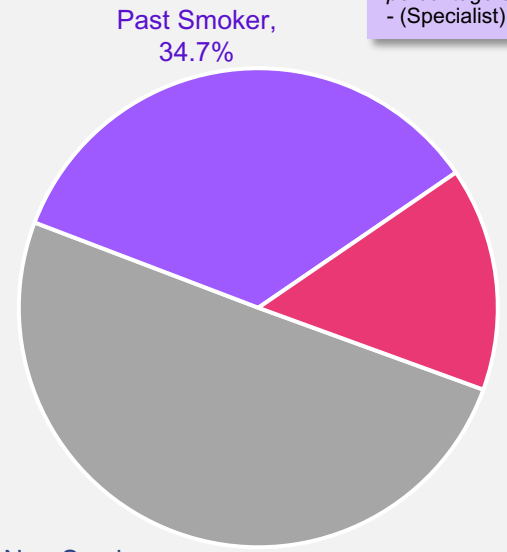
- For this research project, Sermo conducted 783 online interviews of physicians in Greece.
  - Interviews were conducted between March 2, 2022 and May 26, 2022.
- Qualified physicians:
  - Are licensed.
  - Are full-time.
  - Have been practicing for at least 2 years.
  - Spend at least 50% of their 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 follow-up, 2 NAB qualitative interviews conducted in February 2023 with a PCP and Pulmonologist

Smoking-related behavior

About half of physicians in Greece have experience with smoking. 15% are current smokers.

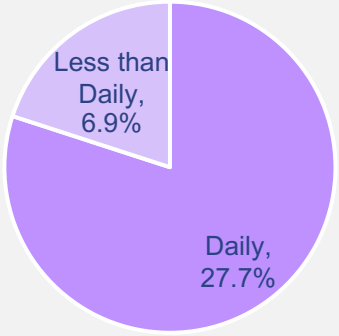
NAB comments that 15% is lower than expected
"I thought the percentage of doctors who smoke is more than 15%. Maybe it has to do with the specialties that were chosen to participate, for example surgeons were not included, and in my perception a very high percentage of surgeons are smoking, and similarly a very high number of orthopedists are smoking, are the surgery-linked specialties have a tendency to smoke because they believe it is stress relieving. So, I believe that the overall percentage of doctors who smoke in reality is higher"
- (Specialist)

Total

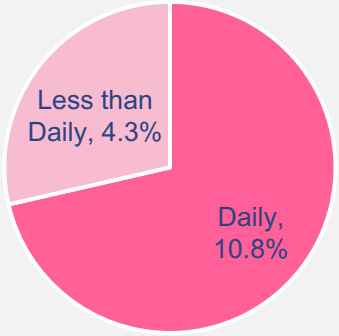


"Impressive (low) maybe they are lying about it."
- (Specialist)

Past Smokers

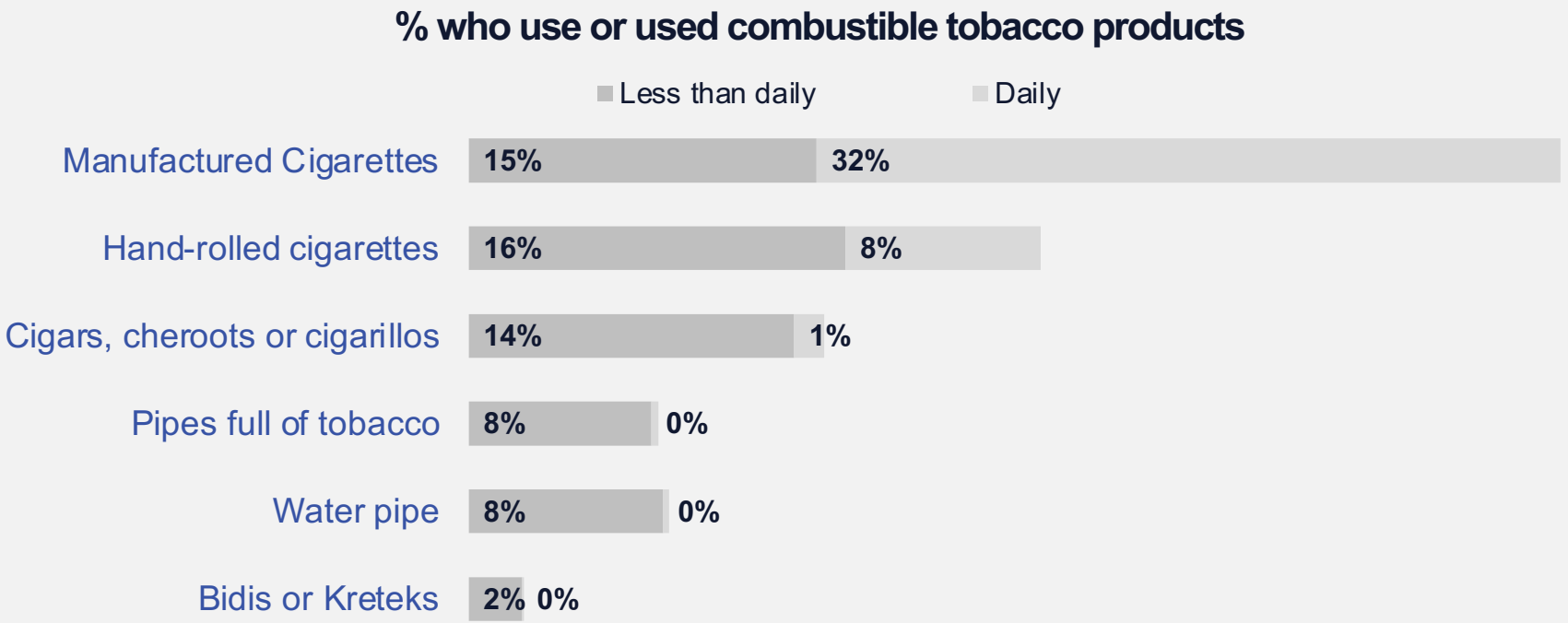


Current Smokers



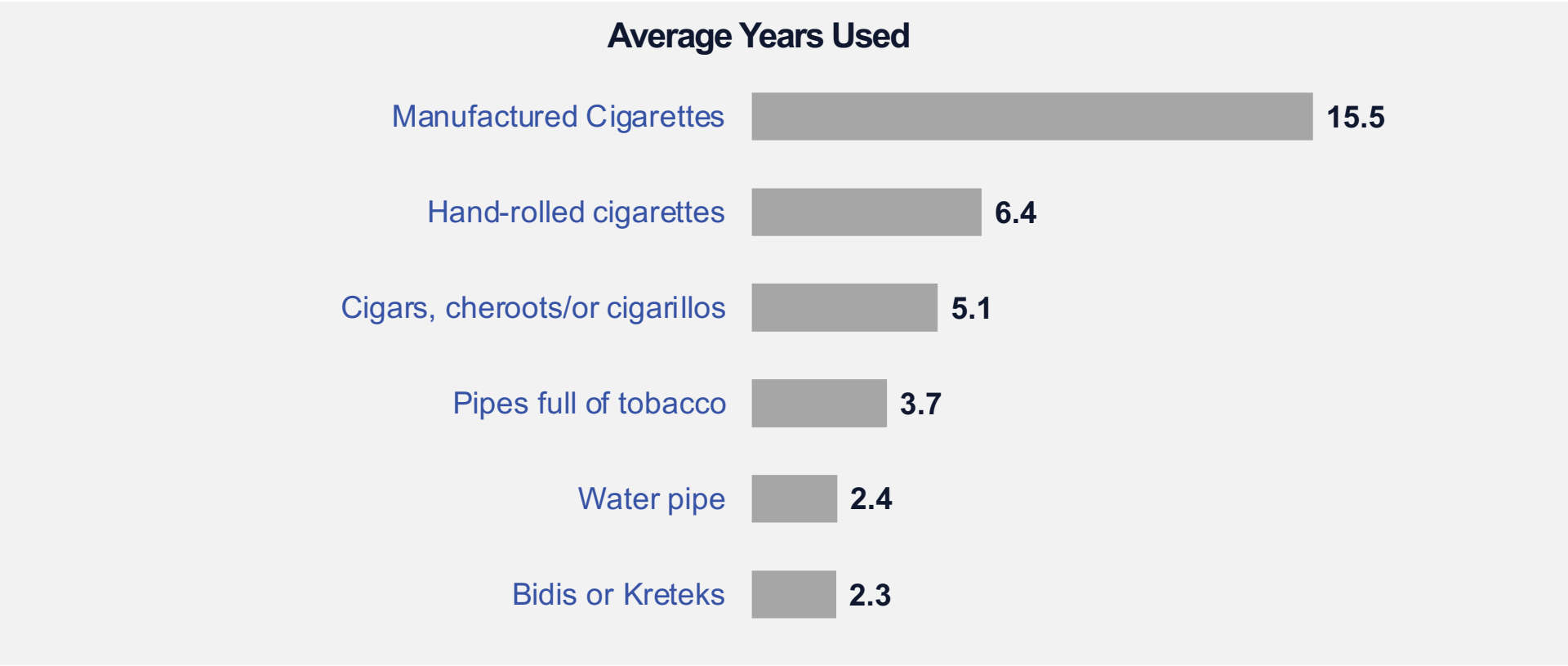
Base = all physicians, n=783.
S13. Which of the following best characterizes your own tobacco smoking habits?

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



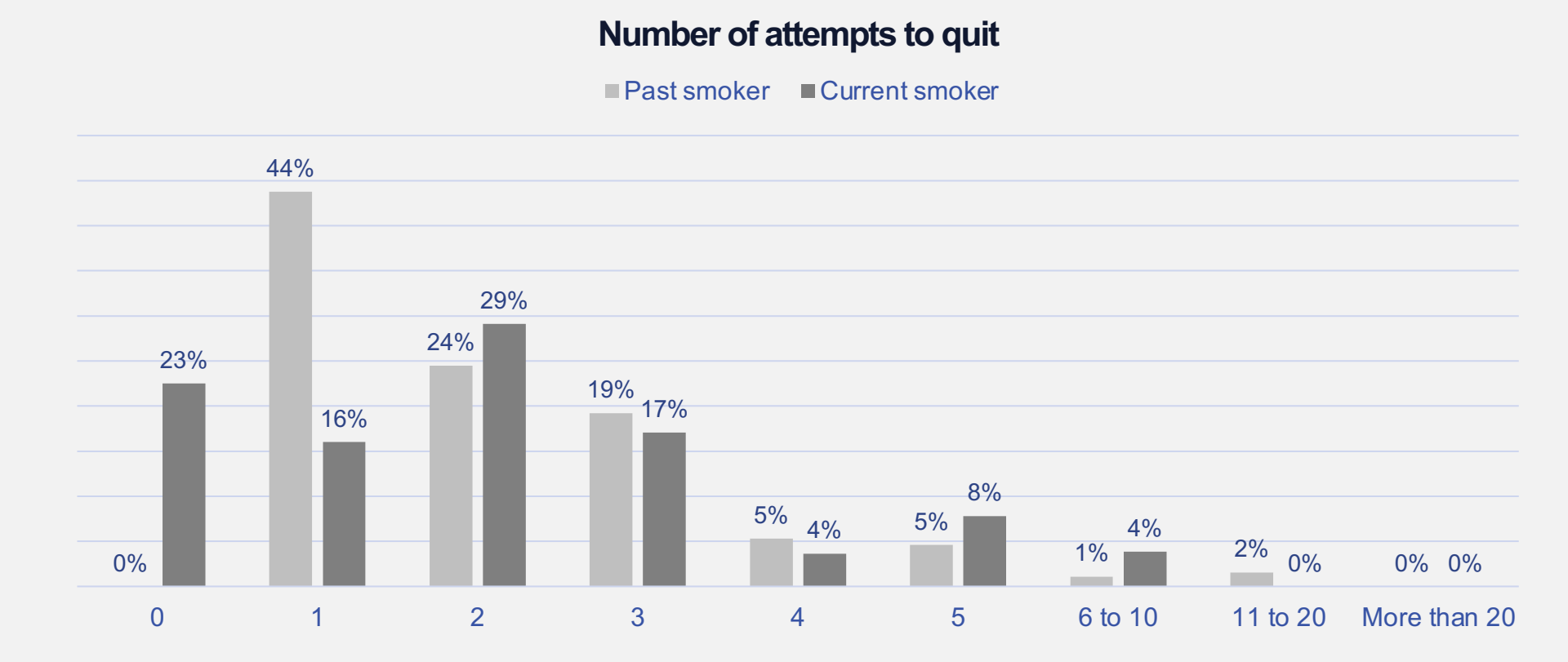
Base = all physicians, n=783
Q10. Earlier, you reported that you used to/currently smoke tobacco. Which of the following combustible tobacco products shown below did/do you smoke on a daily or less frequent basis? Non-smokers are coded as nonusers for all products.

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



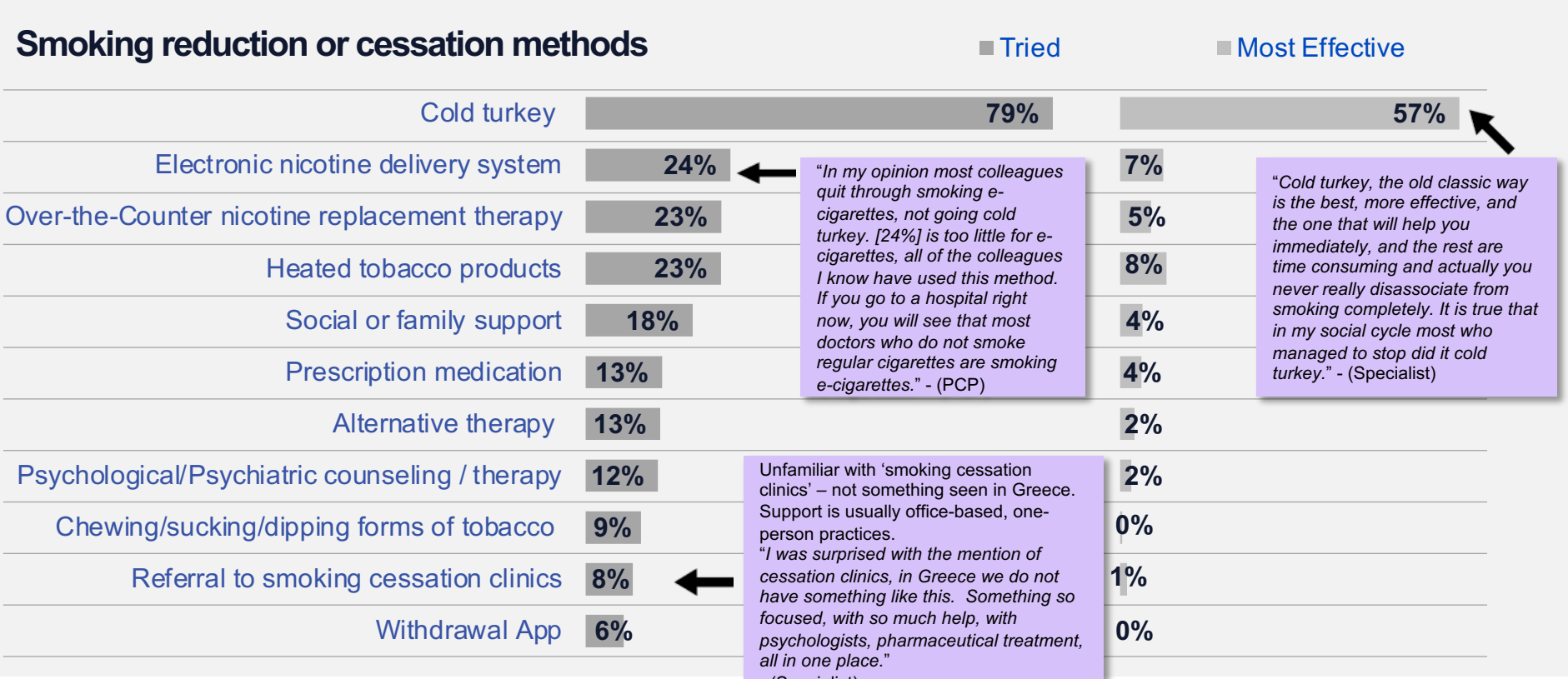
Base = users of each product (varies)
Q16v2. For how long did or do you smoke each type of tobacco product? Write in the approximate number of years, rounding to the nearest whole number.

68% of past smokers quit after only one or two attempts. More than three-quarters of current smokers have attempted to quit at least once; about a third have tried to quit three or more times.



Base = Past smoker (n=283), Current smoker (n=120)
Q20. Approximately how many times, if any, "did you attempt to quit smoking before you were successful in quitting"/"have you attempted to quit"? Enter a 1 if you quit on your first try.

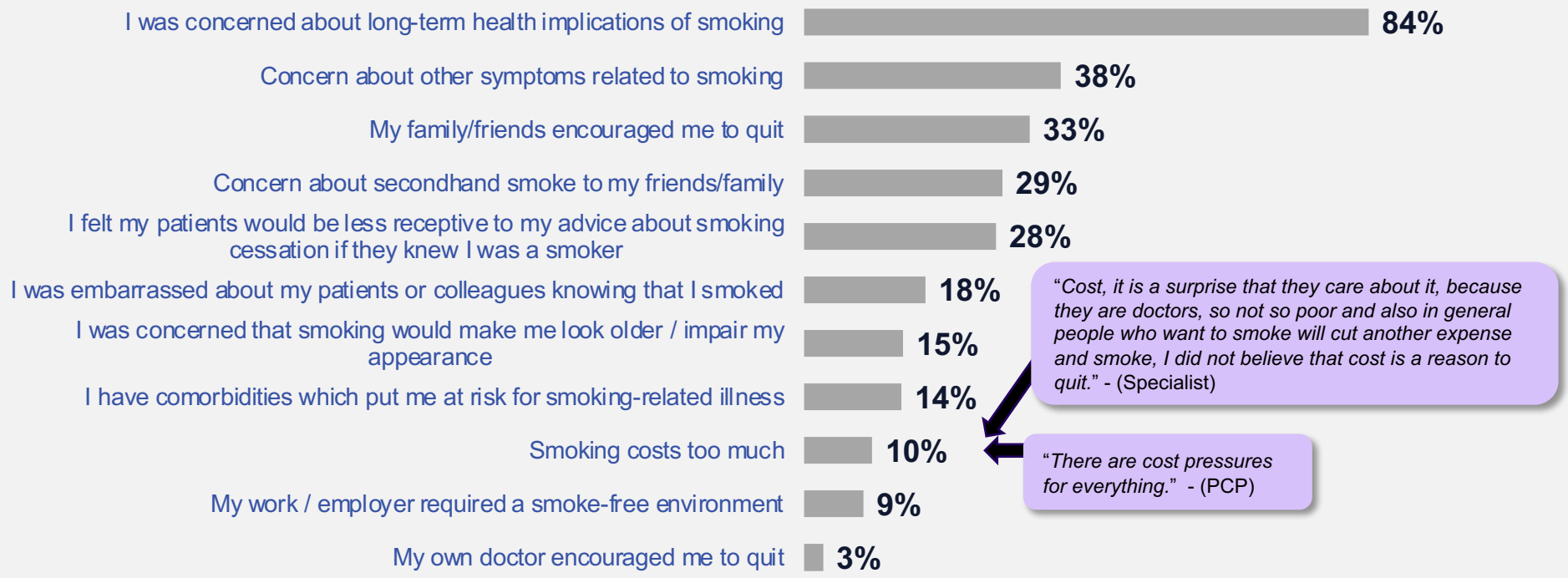
“Cold Turkey” is by far the most popular, and most effective, method of smoking reduction or cessation.



Base = attempted to quit at least once, n=375
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.

Reasons for deciding to quit smoking

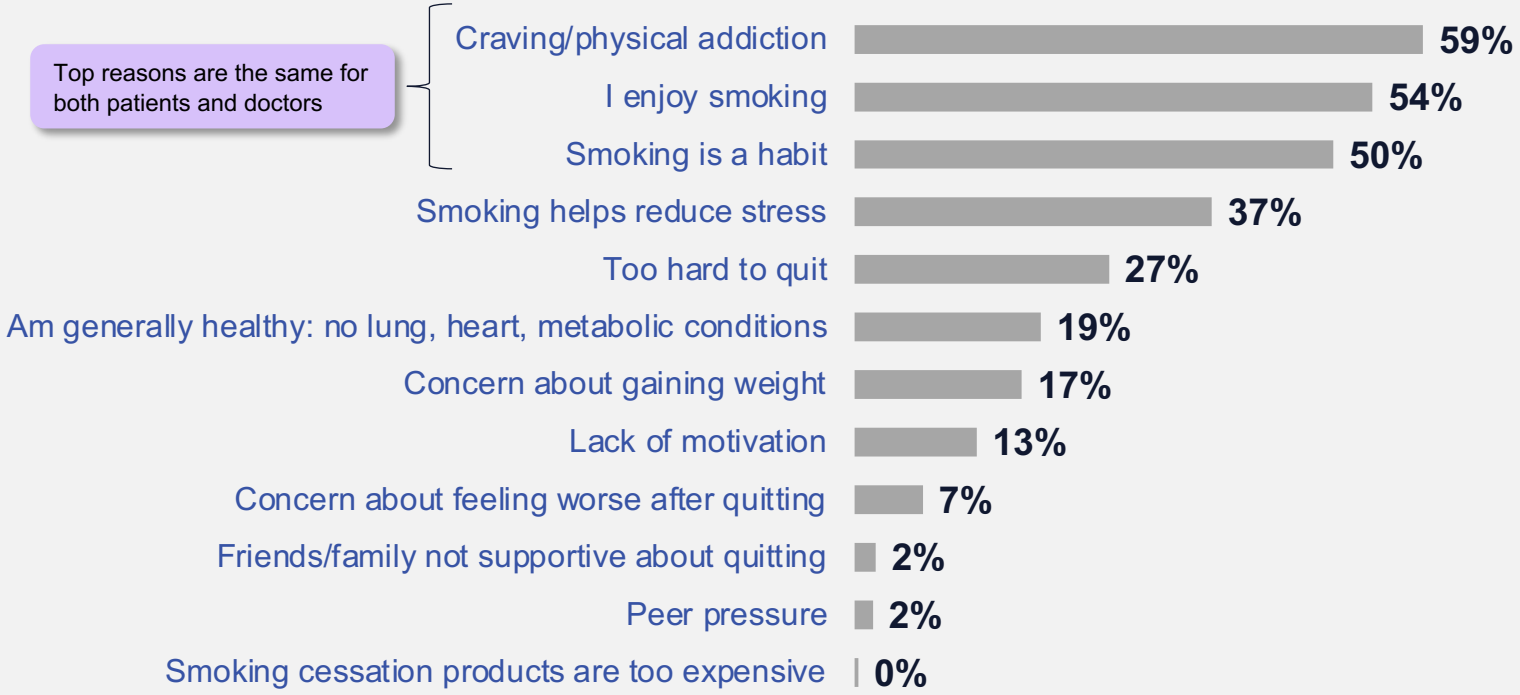


Base = attempted to quit at least once, n=375
Q30. Which of the following reflect the reasons why you decided to quit smoking, regardless of whether you succeeded or not? Select all that apply.

The few barriers with substantial impact are primarily related to habit formation, including craving and enjoyment.

Barriers preventing quitting

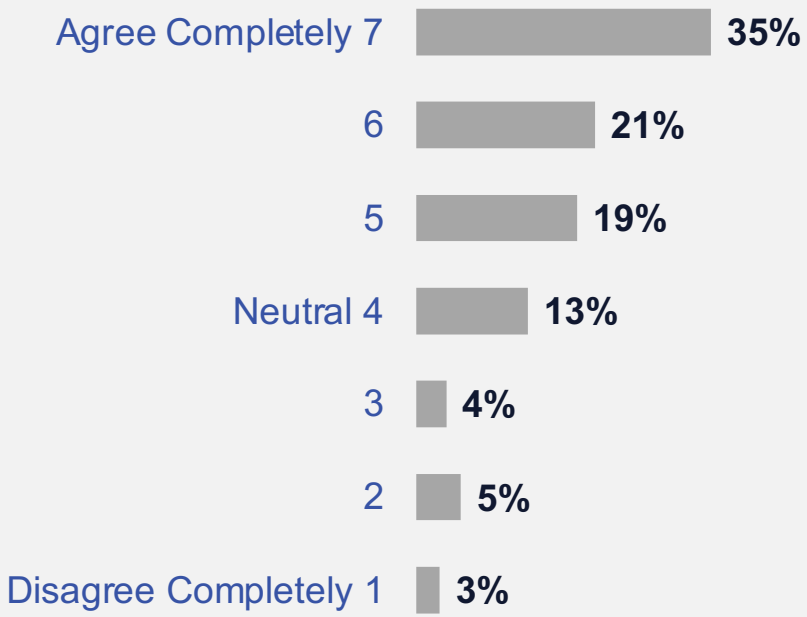
Top reasons are the same for both patients and doctors



Base = current or past smokers, n=403
Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

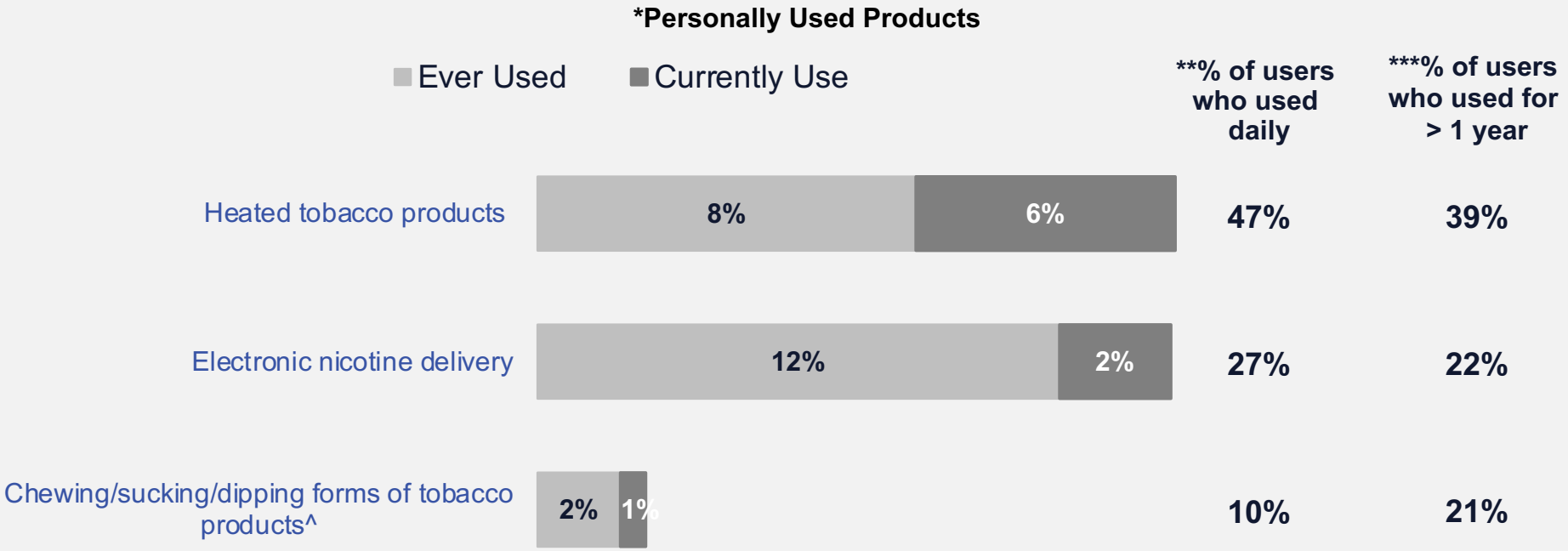
88% of current smokers plan to quit in the future.

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



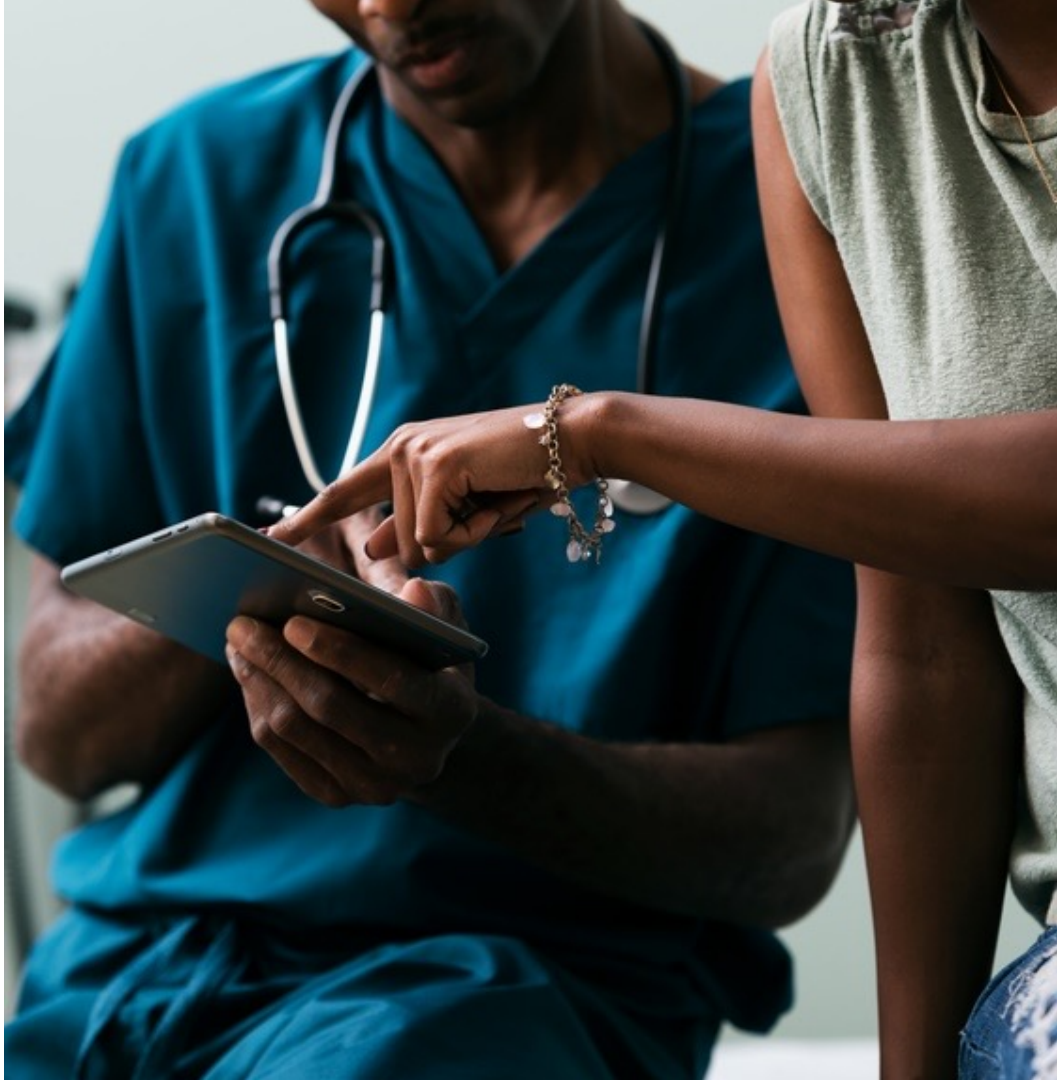
Base = current smokers, n=120
Q40. Select the number that best reflects your level of agreement. 1=Disagree Completely, 4=Neutral, 7=Agree Completely.

Heated tobacco has slightly higher usage than electronic nicotine, and has a substantially higher prevalence of daily and long-term usage.

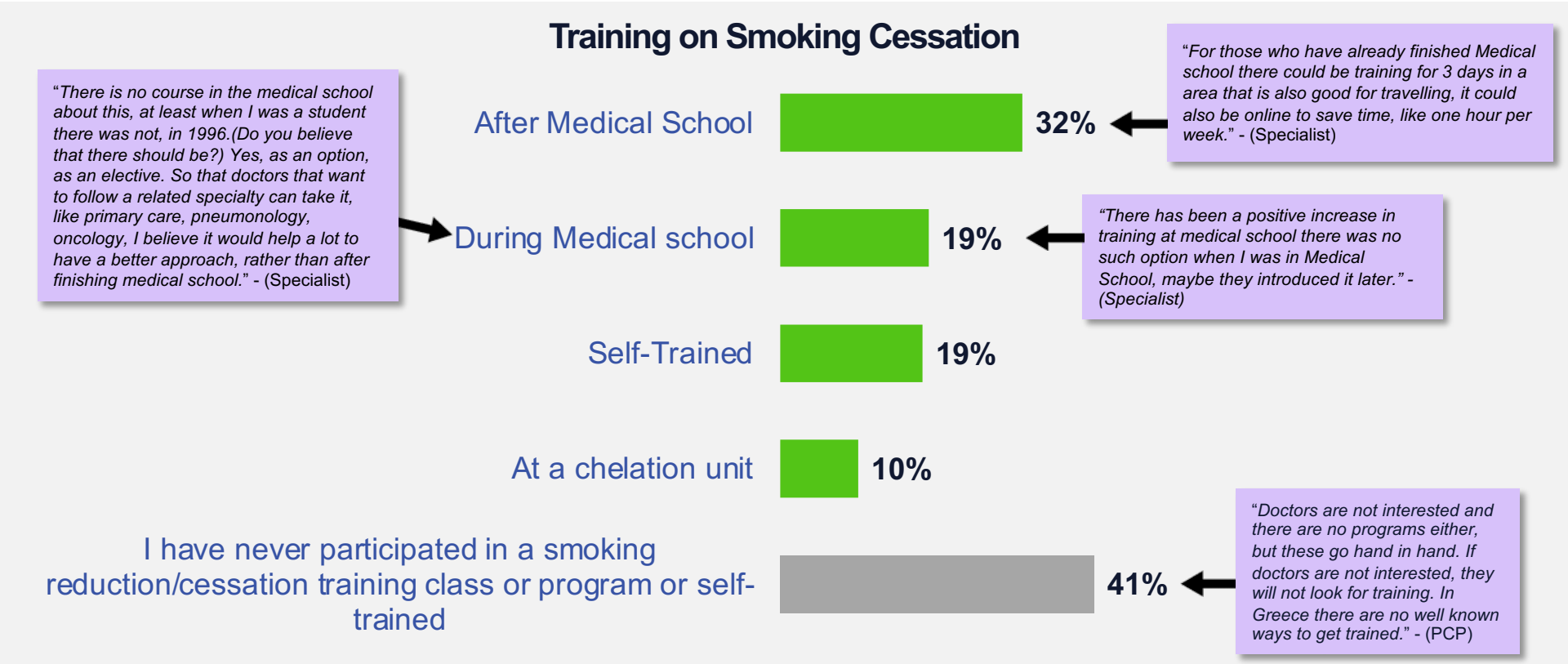


Base = all physicians, n=783.
*Q45. Have you personally ever, or do you currently use, of any of the following products yourself (If former or current smoker, for reasons other than to help you reduce or quit smoking)?
Base = varies by product (Heated tobacco, n=121; Electronic Nicotine Delivery, n=110; Chewing/sucking/dipping, n=22 [^note small base size]).
**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



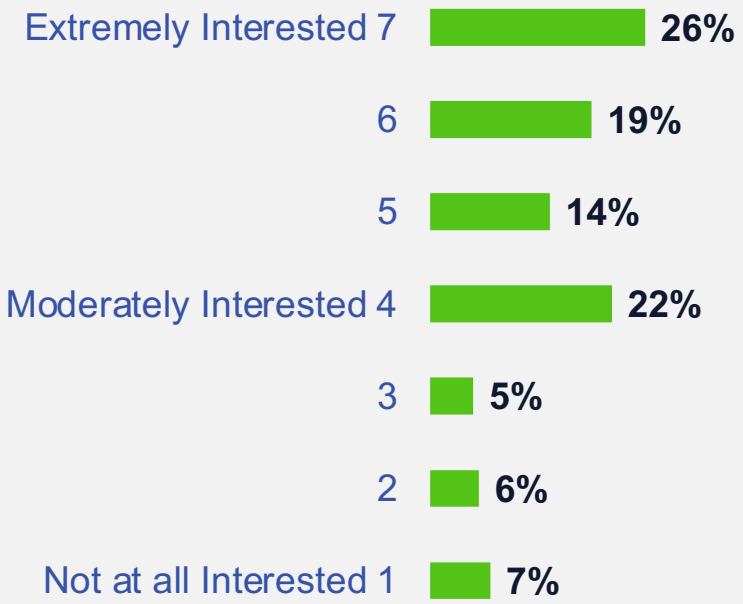
Only 59% of physicians have had at least some training on smoking cessation. For most of those who have had training, their training was after medical school.



Base = all physicians, n=783
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.

82% of physicians are at least moderately interested in training.

Interest in training (at least Moderately Interested)



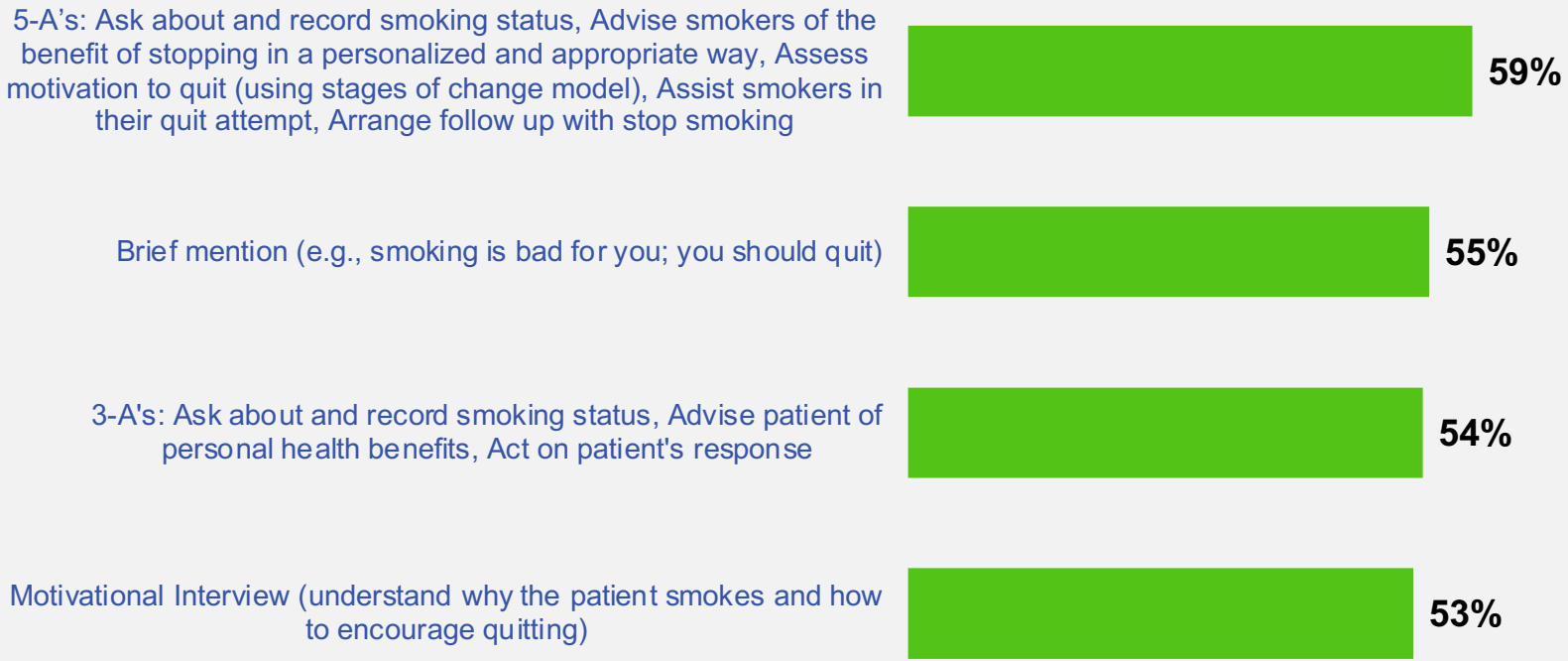
"*More official, organized training, and updates on methods are needed.*"
- (Specialist)

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

Base = all physicians, n=783
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 communicated with approximately equal frequency.

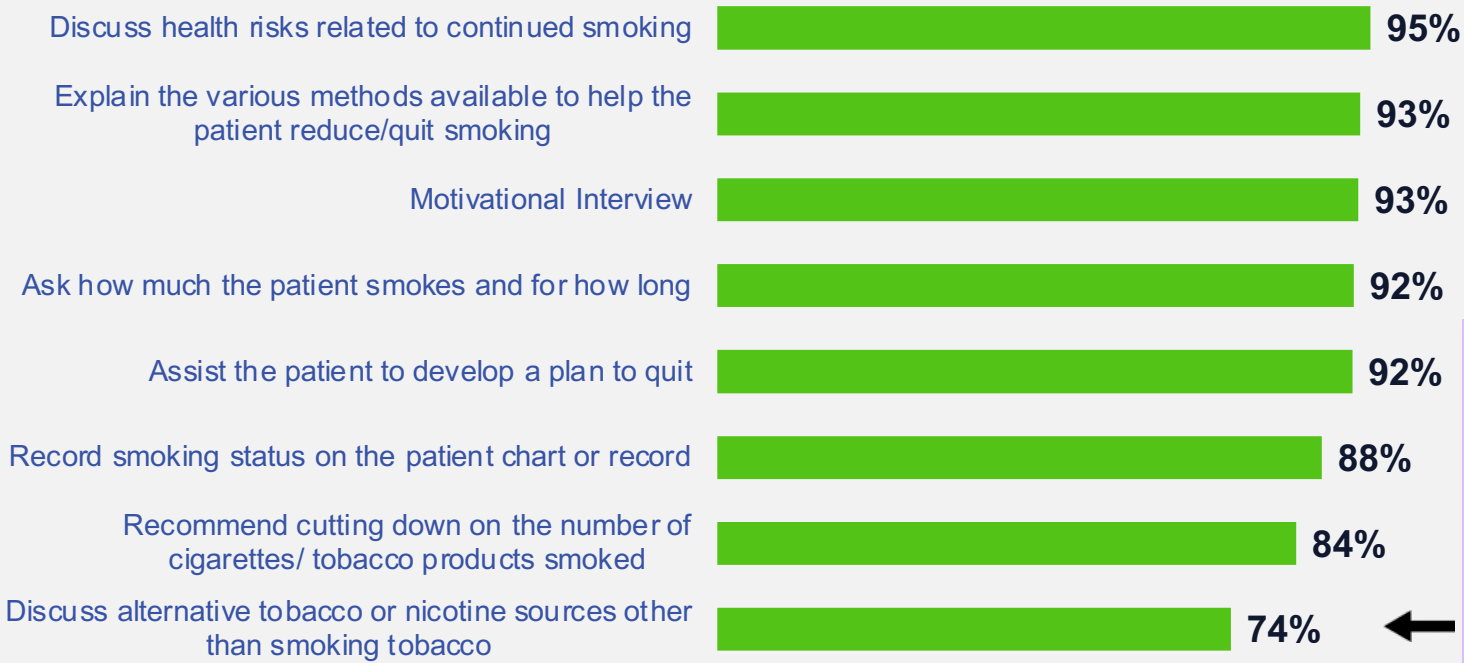
Approaches communicated in training



Base = has taken training, n=458
Q50. Which of the following approaches were communicated in the training you completed?

All training topics are seen as at least moderately valuable by a substantial majority of physicians.

Value of training topics (at least Moderately Valuable)



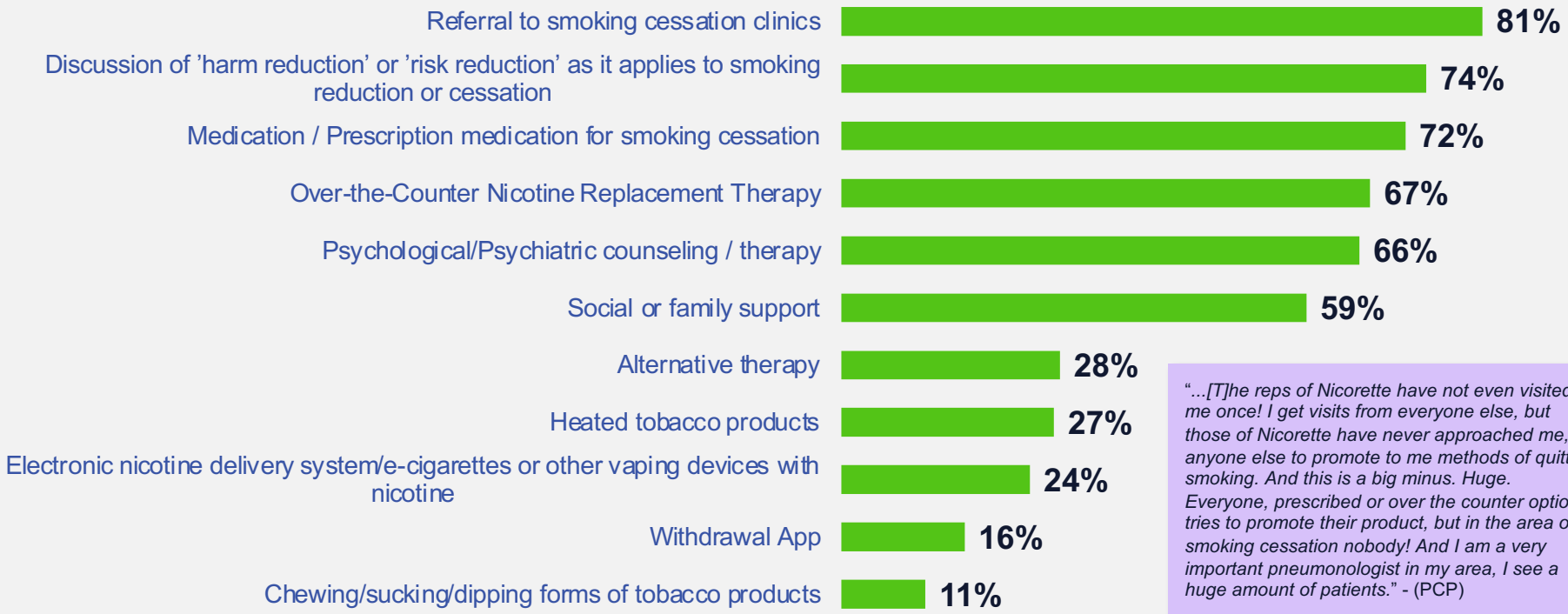
There is value in these options, but there is no training, even by companies who offer alternatives

"*[training should be done by] Medical schools or the State, or the companies who have smoking cessation products, like it happens in all other pharma categories. They will get sales. Can be done with reps.*" - (PCP)

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.

The six most common training methods are covered between 59% and 81% of the time. The five least common methods are covered less than 30% of the time.

Specific methods covered in training



"*...[T]he reps of Nicorette have not even visited me once! I get visits from everyone else, but those of Nicorette have never approached me, or anyone else to promote to me methods of quitting smoking. And this is a big minus. Huge. Everyone, prescribed or over the counter options, tries to promote their product, but in the area of smoking cessation nobody! And I am a very important pneumonologist in my area, I see a huge amount of patients.*" - (PCP)

Base = has taken training, n=458
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 opportunity is, by far, the most common reason for not taking training.

"*There should be some motives, beyond self-motivation.*" - (Specialist)

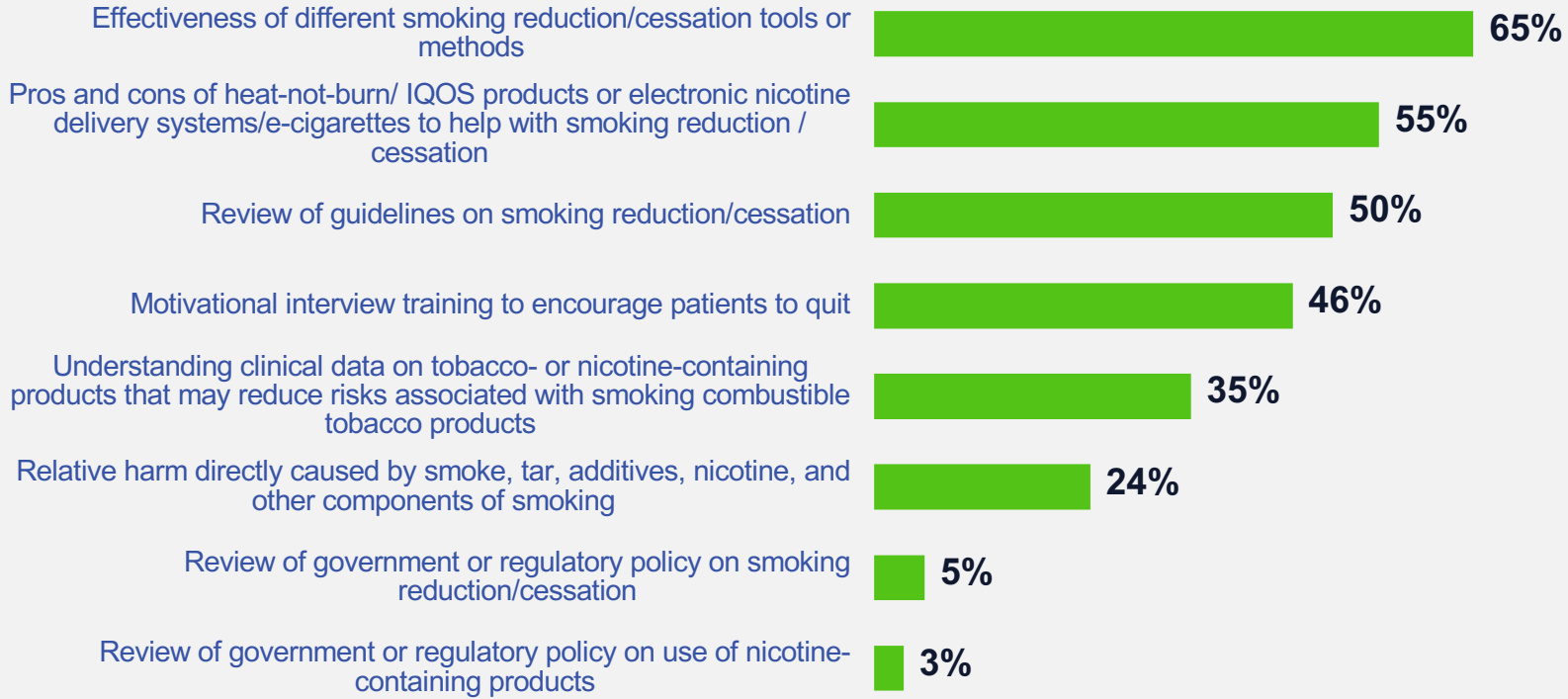
These could be a motivator to have regular training rather than one-off.

"*To be given a day off from work to attend a seminar – to have motives to attend.*" - (Specialist)

Base = has not taken training, n=325
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. The pros and cons of heat-not-burn/electronic nicotine products are also of interest. There is very little interest in government/regulatory policy.

Top-3 training subjects of interest

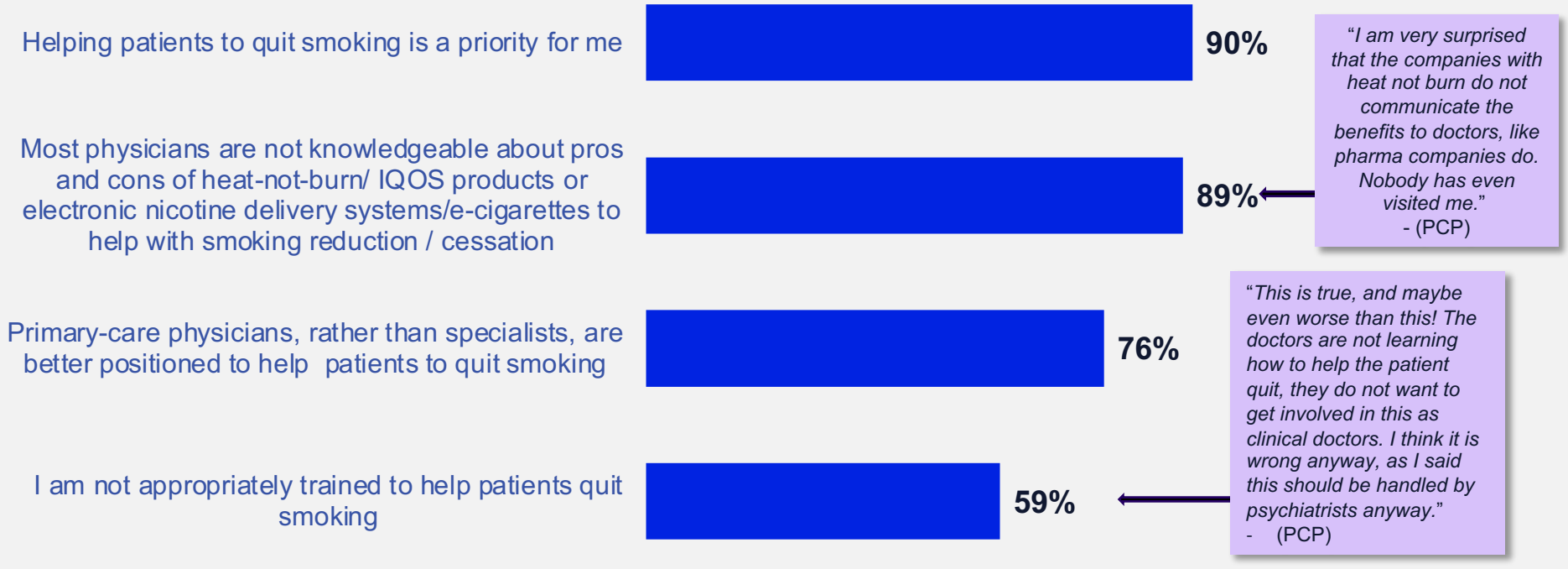


Base = interested in training, n=672
Q77. If you were to take training on smoking reduction/cessation in the near future, what topics would be of the greatest interest to you? Select up to 3.

Discussions with patients

Helping patients quit smoking is a priority for 90% of physicians. 59% believe they are not appropriately trained to provide such help.

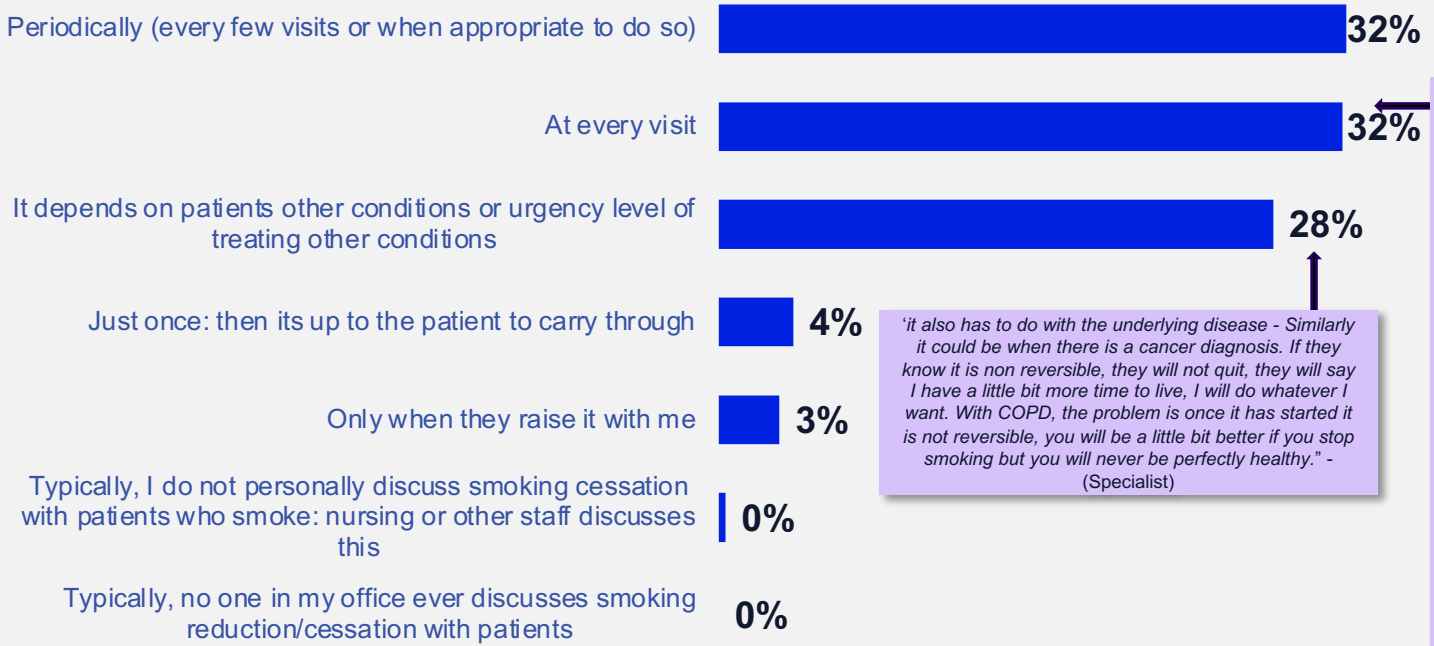
Agreement with statements about smoking (at least Moderately Agree)



Base=all physicians, n=783.
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 discuss smoking either at every visit, or periodically. Only a small minority avoid proactive discussions about smoking.

Approach to discussing smoking reduction/cessation



'it also has to do with the underlying disease - Similarly it could be when there is a cancer diagnosis. If they know it is non reversible, they will not quit, they will say I have a little bit more time to live, I will do whatever I want. With COPD, the problem is once it has started it is not reversible, you will be a little bit better if you stop smoking but you will never be perfectly healthy." - (Specialist)

"I agree that doctors will not insist to discuss it every time, including myself, because discussing every time is tiring for the patient and it puts them in a defensive mood, and this is making stop any discussion about any health problem. So you ask, what did you do with the issue of smoking, did you reduce it? No doctor I cannot make it. You will say again, you know you should … and they say yes I know, I cannot discuss it now. So you see they are in defense, so you cannot say all the other things you want and need to say. I believe most of us doctors have the discussion now and then, not continuously, like if the patient comes every month to prescribe meds or to ask something, the discussion about smoking will happen every 3 months. And in the process of the patient file update. It is a tiring and time consuming discussion, especially in the public sector they do not have the time to discuss."
- (Specialist)

Base = all physicians, n=783
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 frequently discussed topics with patients who smoke. Collecting data is prevalent but is not considered as important. Assessing the importance of quitting is also common.

Discussion/action with patients who smoke

Base = all physicians, n=783
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?

Physician advice almost always involves mentioning the health benefits of cutting down or quitting.

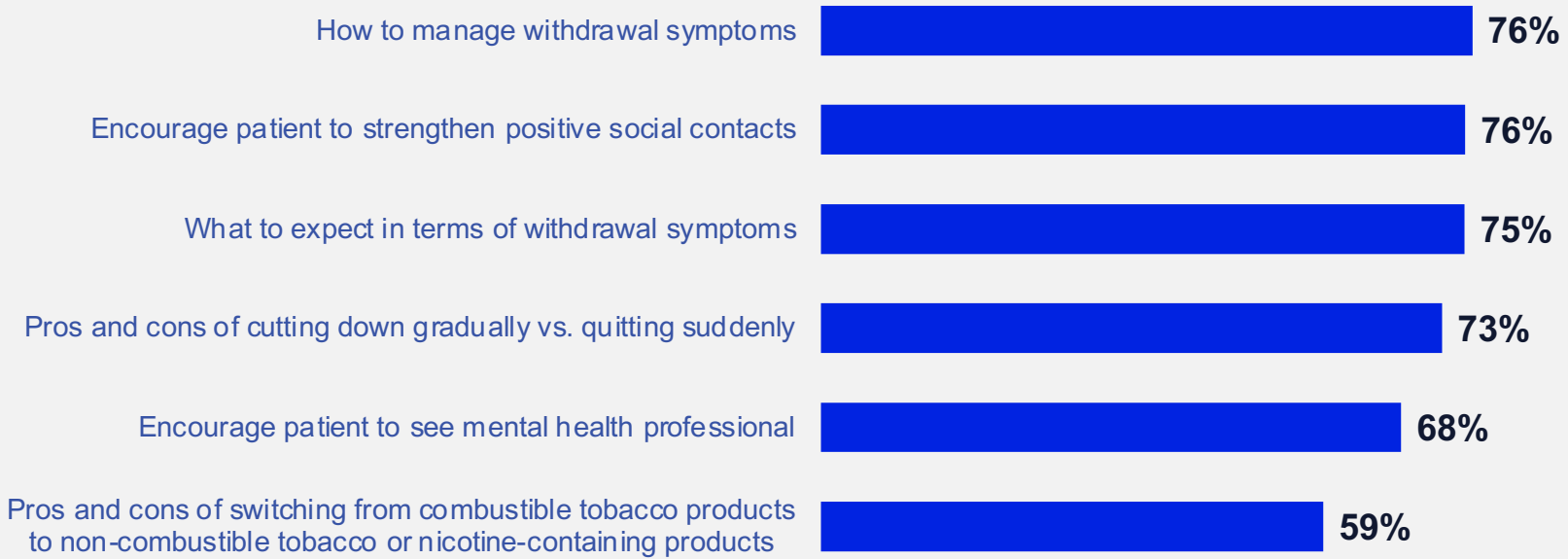
Advice given to patients at least Sometimes - top items

"*The point is to mention what motivates the patients, not to scare them. They know all the rest, the issue is what they have to win (from quitting).*"
- (Specialist)

Base=discusses smoking cessation, n=781.
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 products are least likely to be part of physicians' advice to patients.

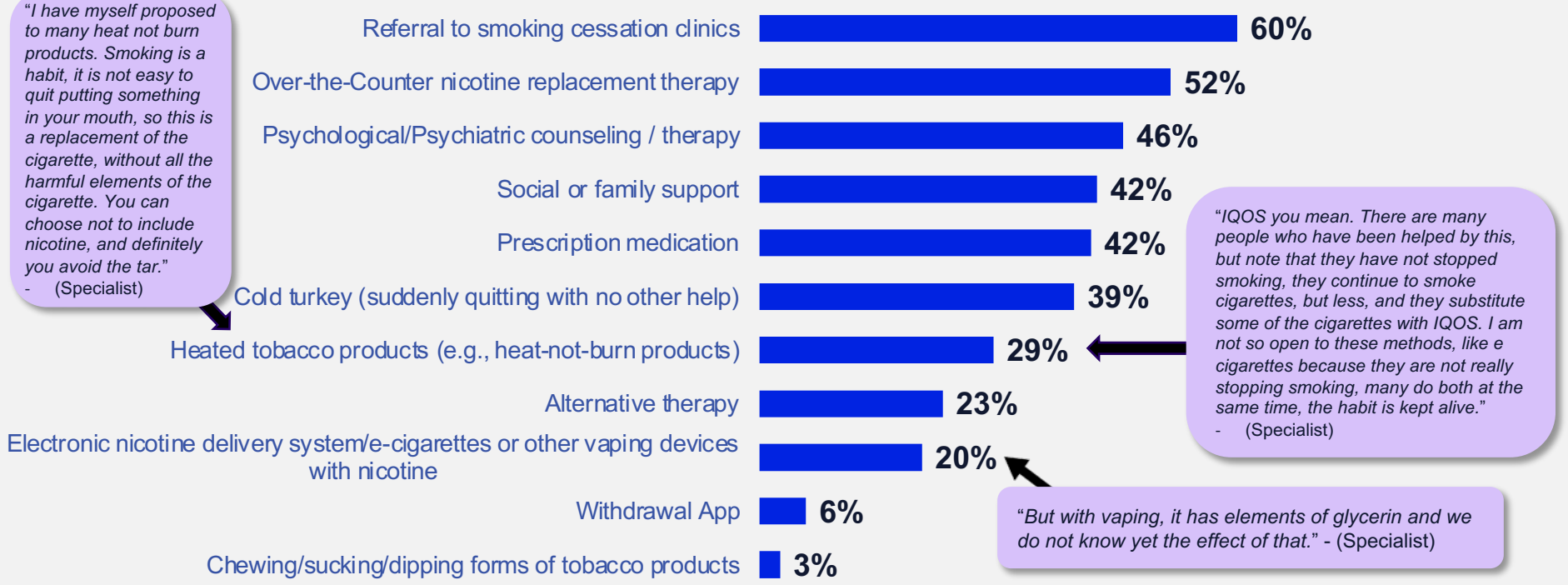
Advice given to patients at least Sometimes (continued)



Base=discusses smoking cessation, n=781.
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.

Smoking cessation clinics are the most frequent recommendations. Over-the-counter nicotine replacement is also commonly recommended. Specific alternatives to smoking are recommended by 29% of physicians or less.

Recommended methods of smoking reduction/cessation



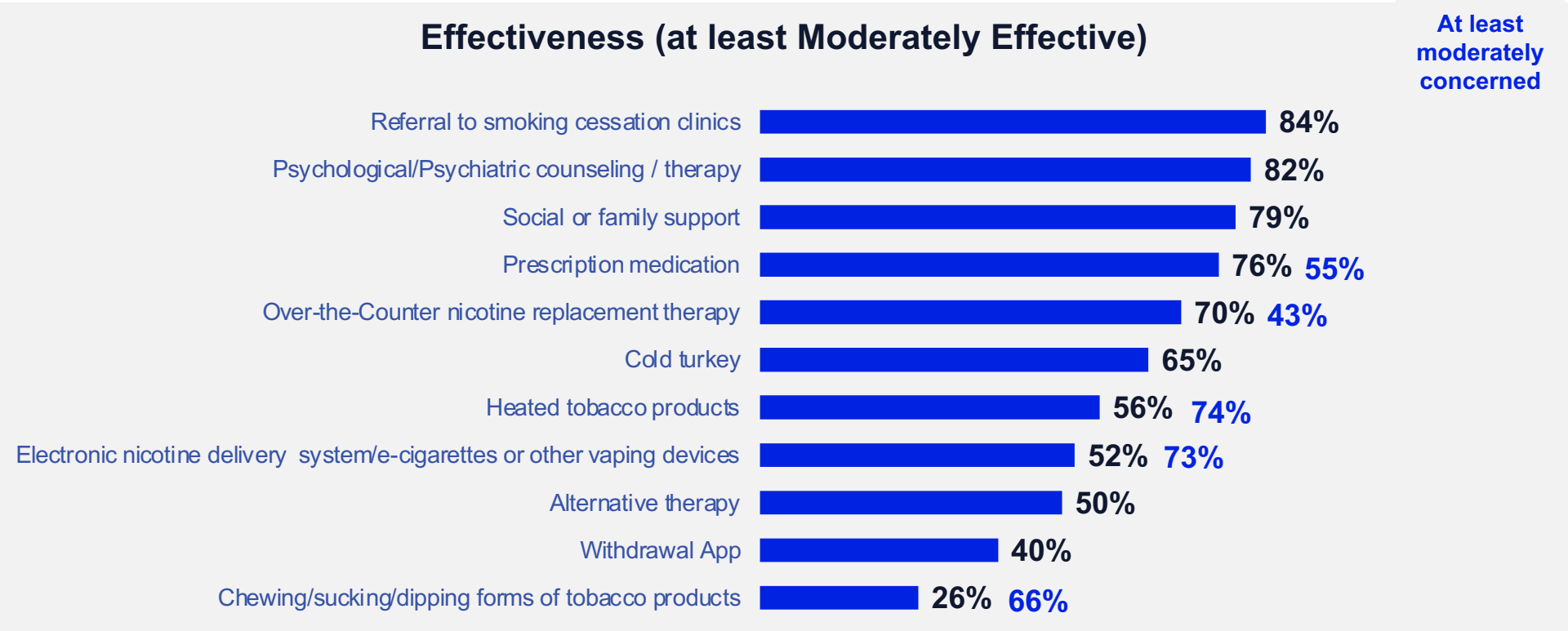
"*I have myself proposed to many heat not burn products. Smoking is a habit, it is not easy to quit putting something in your mouth, so this is a replacement of the cigarette, without all the harmful elements of the cigarette. You can choose not to include nicotine, and definitely you avoid the tar.*"
- (Specialist)

"*IQOS you mean. There are many people who have been helped by this, but note that they have not stopped smoking, they continue to smoke cigarettes, but less, and they substitute some of the cigarettes with IQOS. I am not so open to these methods, like e cigarettes because they are not really stopping smoking, many do both at the same time, the habit is kept alive.*"
- (Specialist)

"*But with vaping, it has elements of glycerin and we do not know yet the effect of that.*" - (Specialist)

Base = all physicians, n=783
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, counseling, and social/family support are seen as most effective for reduction/cessation.



Base=all physicians, n=783. 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.

Oral tobacco is seen as less beneficial than electronic nicotine and heated tobacco. None of the alternatives are seen as suitable long-term substitutes for combustible tobacco.

Advice about smoking reduction/cessation methods

	Electronic Nicotine	Heated tobacco	Oral tobacco*
May lower risks associated with using combustible tobacco	71%	73%	53%
May still have some health risks associated with inhaling vapor/aerosols	70%	70%	60%
Should be used only until the patient quits smoking, rather than on a long-term basis	64%	54%	56%
May reduce or stop patients use of combustible tobacco	61%	70%	74%
May provide health benefits to the patients, their families, and population as a whole	51%	56%	33%
Should not be used along with combustible tobacco	41%	49%	30%
May be used on a long-term basis as a substitute for combustible tobacco	23%	25%	26%

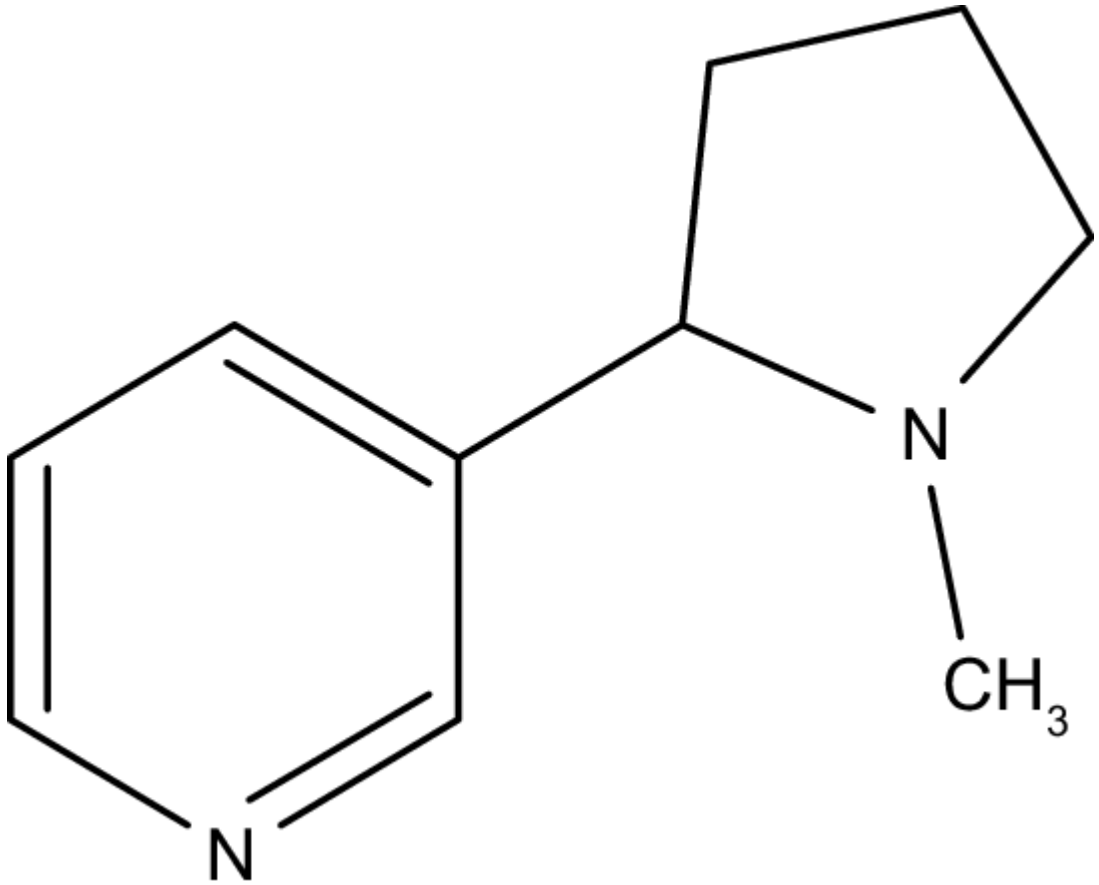
Base = recommends each item: electronic nicotine n=171, heated tobacco n=247, oral tobacco n=22* (*caution: low base)
Q115,Q116, Q117. When you recommend _____ to your patients who smoke combustible tobacco products, what advice do you usually give them? Select as many as apply.

COVID has impacted the attitudes and behavior of physicians and patients.

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

Base=prioritizes helping patients quit smoking, n=712.
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

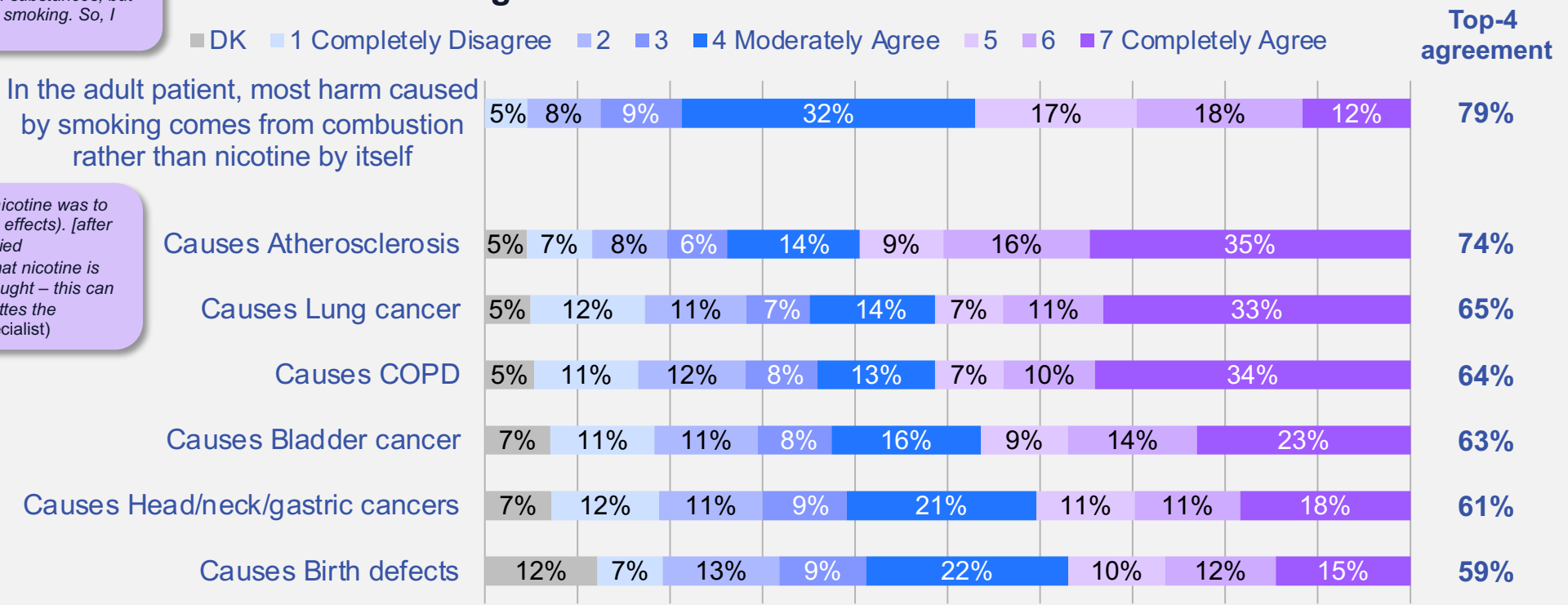


79% of physicians believe that combustion is more harmful than nicotine. Between 59% and 74% believe that nicotine is a direct cause of various smoking-related ailments.

s to be blamed, in ncer, but from the portant nicotine f substances, but smoking. So, I

icotine was to effects). [after ied at nicotine is ught – this can ttes the cialist)

Agreement with statements about nicotine



Base = all physicians, n=783

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.

Public policy and professional guidelines

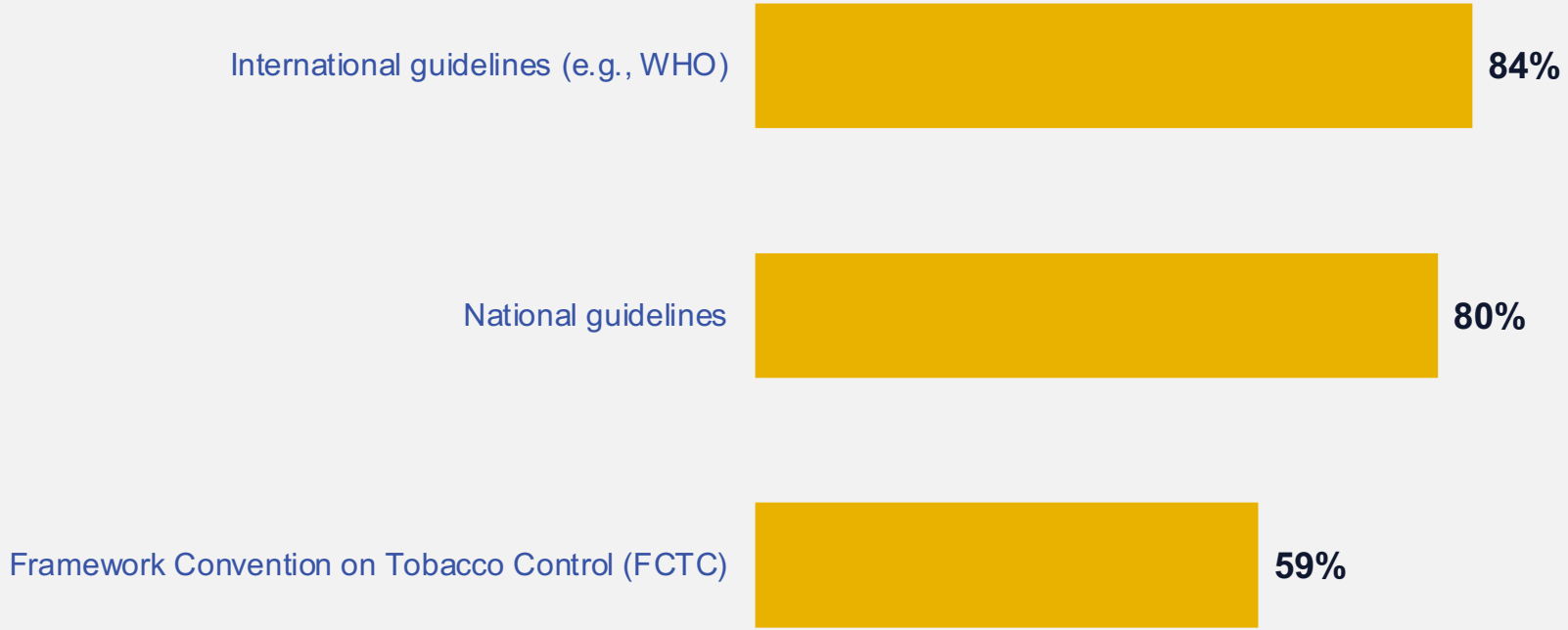
Most physicians are familiar with phrases and guidelines related to smoking cessation.

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

Base=all physicians, n=783.
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 follow guidelines related to smoking reduction/cessation.

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



Base=familiar with guidelines, n=600.
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.

Except for some restrictions and some regulations, physicians tend to see government decisions about smoking substitutes similarly.

Government decisions

	Electronic Nicotine	Heated tobacco	Oral tobacco
Restriction of smoking in public places	41%	43%	24%
Regulation is like any other tobacco product	32%	33%	23%
Level of nicotine allowed is regulated	28%	26%	19%
Distribution, sales, promotion, or use is restricted	16%	18%	17%
Taxed at lower rate than cigarettes	13%	11%	9%
Changes in regulation are pending	12%	11%	11%
Are taxed at higher rate than cigarettes	10%	11%	6%
Distribution, sales, promotion, or use is banned	4%	3%	7%
Not taxed at all	3%	5%	5%
Don't Know/Not Sure	35%	35%	42%

Base = familiar with policies, n=536
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. There is somewhat less approval of wide availability for oral tobacco.

Physician opinions

	Electronic Nicotine	Heated tobacco	Oral tobacco
Should be widely available to adults who wish to reduce/quit smoking	39%	42%	26%
Should be taxed and regulated the same as combustible tobacco products	31%	30%	25%
Should be available wherever cigarettes are sold	31%	34%	23%
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)	30%	30%	25%
Should be available only through physicians or pharmacists	14%	13%	19%
Should be banned altogether	11%	10%	17%
Don't Know/Need more evidence before deciding	15%	14%	17%

Base = all physicians, n=783
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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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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