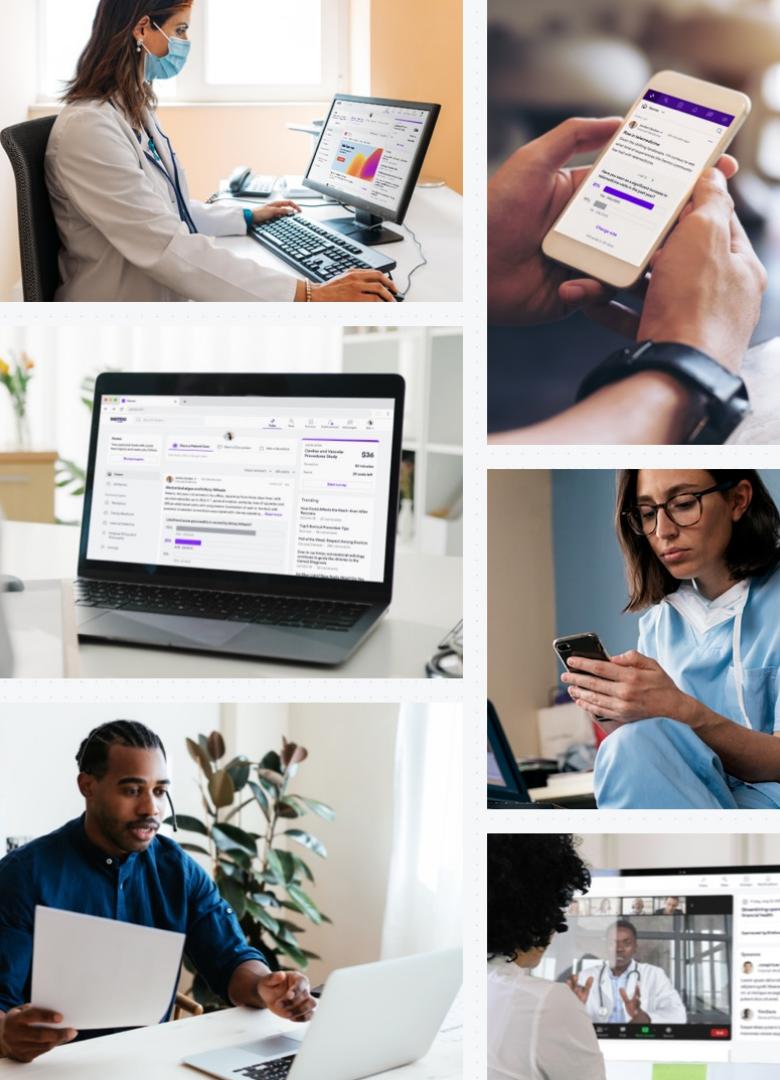


# Doctors' Survey: Italy results

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: Italy

Smoking experience, especially past smoking, is prevalent among physicians in Italy.

- 27% of physicians are past smokers.
- 9% are current smokers.
  - 80% of current smokers have tried to quit.
  - 90% of smokers plan to quit in the future.
- Among current and past smokers, “cold turkey” is the most popular and most effective method.
- Long-term health is the by far the most important reason for quitting; enjoyment and stress reduction are the primary barriers to quitting.

For training, many subjects are seen as valuable by large majorities of physicians.

- 70% of physicians have had at least some training.
  - 90% are at least moderately interested in additional training.
- 58% cite comparative effectiveness as among their top subjects of interest.
- Lack of opportunity is by far the chief reason for not participating in training.

## Executive Summary: Italy

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

- 91% of physicians proactively discuss smoking with their patients who smoke (at least sometimes).
  - 90% consider it a priority.
- 45% recommend counseling/therapy.

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

- 86% of physicians believe that combustion causes more harm than nicotine.
- 64% to 77% believe that nicotine is a direct cause of various smoking-related ailments, with many believing completely.

# Research design



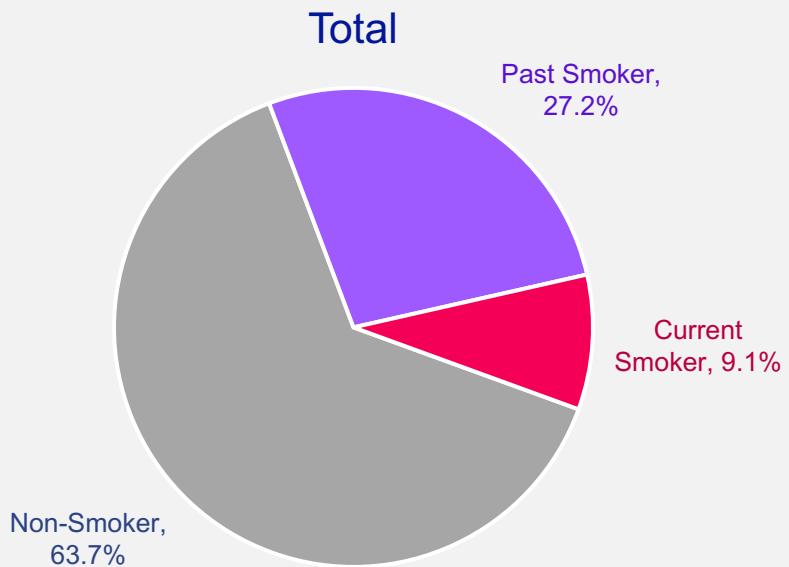
## Research Design

- For this research project, Sermo conducted 1,143 online interviews of physicians in Italy.
  - Interviews were conducted between March 4, 2022 and April 15, 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.

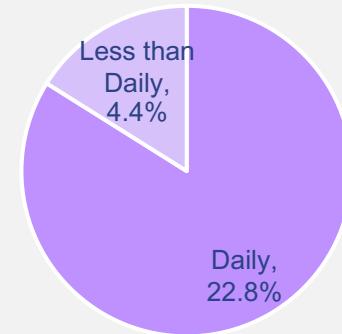
# Smoking-related behavior



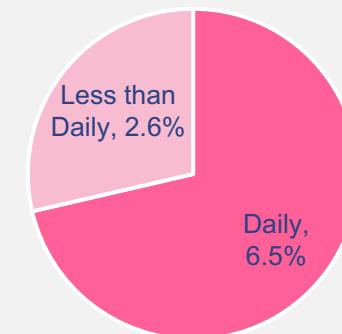
**27% of physicians in Italy are past smokers. 9% currently smoke.**



**Past Smokers**

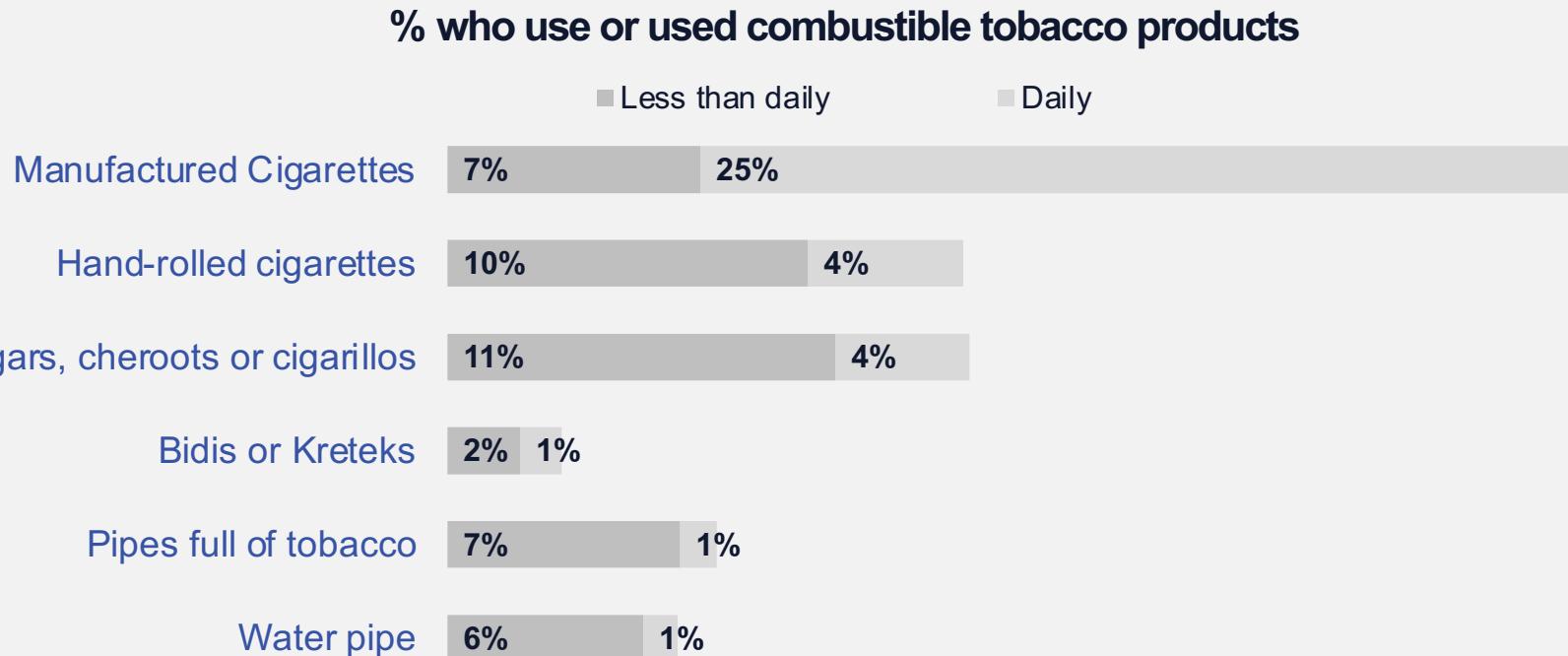


**Current Smokers**



Base = all physicians, n=1,143  
S13. Which of the following best characterizes your own tobacco smoking habits?

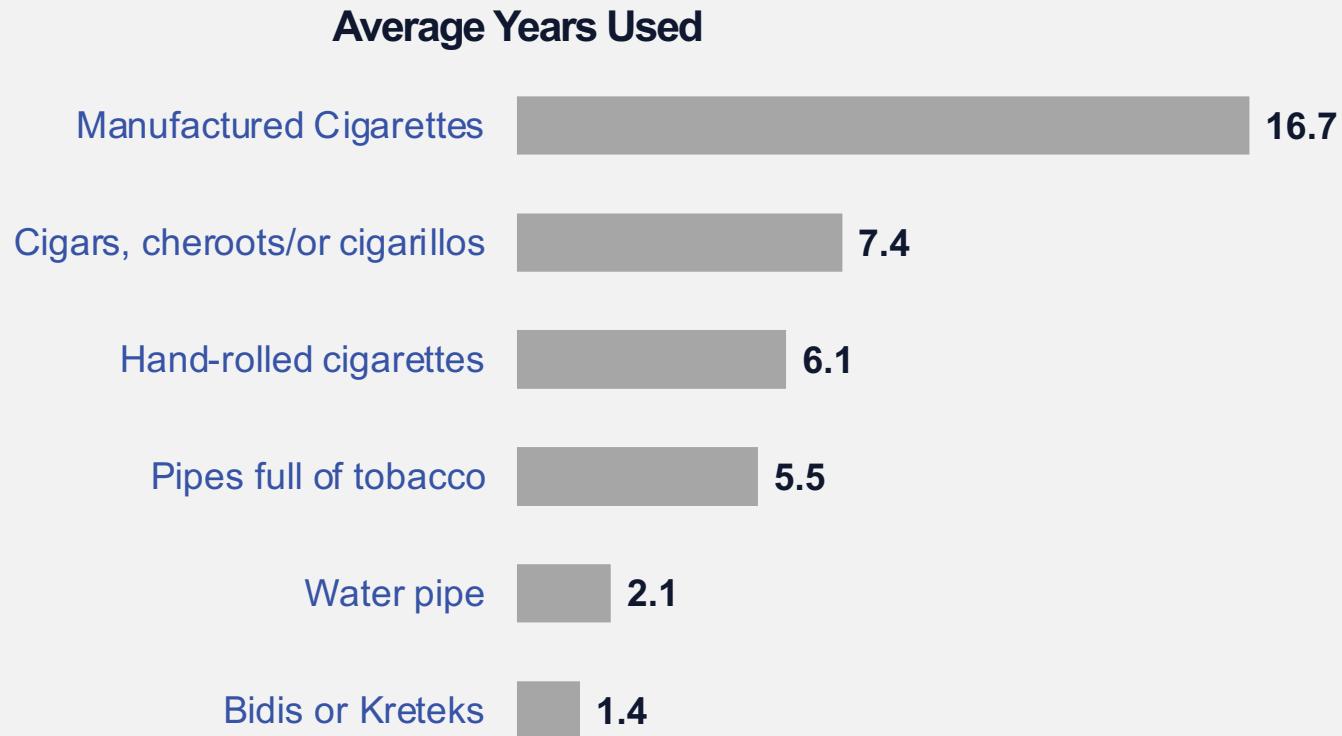
**Manufactured cigarettes are by far the most commonly used combustible tobacco product.**



Base = all physicians, n=1,143

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.

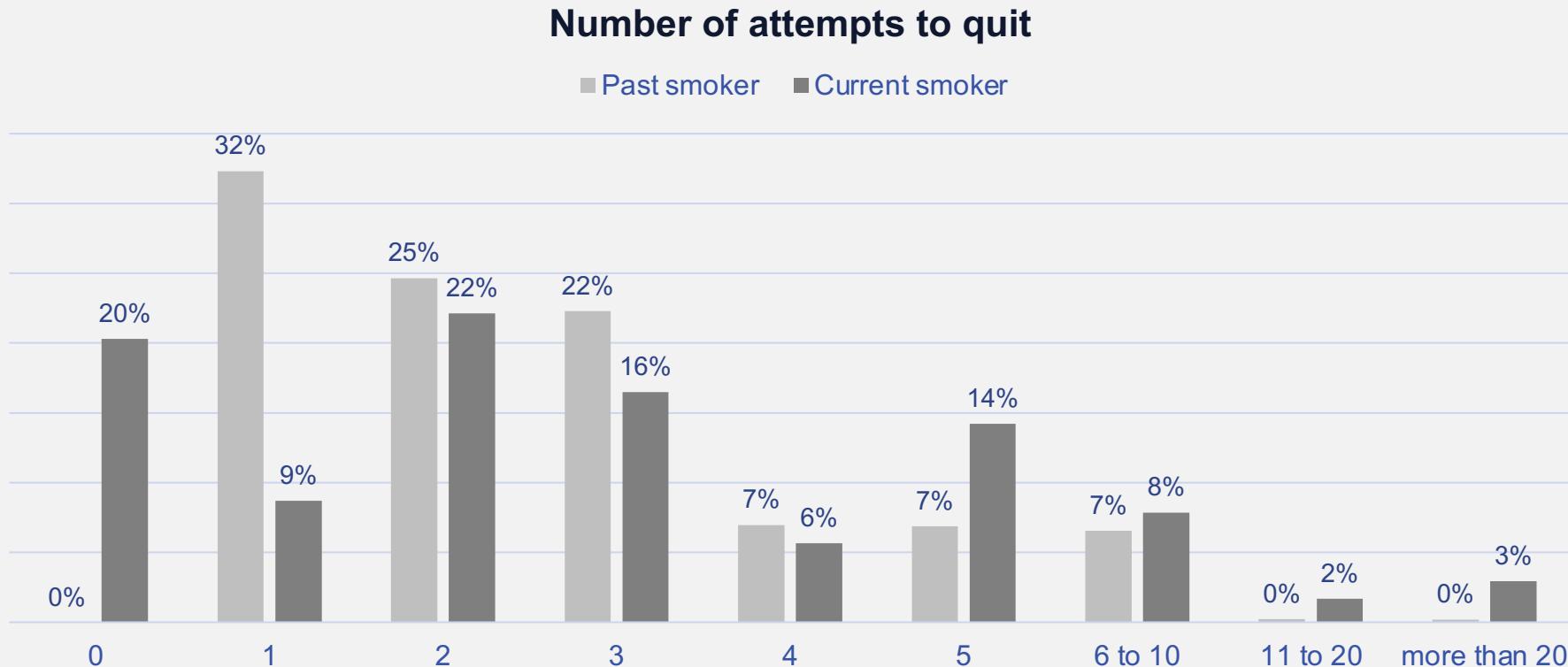
Among users, manufactured cigarettes have the longest span of usage.



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.

**79% of past smokers quit after one to three attempts. 80% of current smokers have attempted to quit at least once, and half have tried to quit three or more times.**



Base=Past smoker (n=290) or Current smoker (n=112)

Q20. Approximately how many times, if any, "did you attempt to quit smoking before you were successful in quitting"/"have you attempted to quit"?

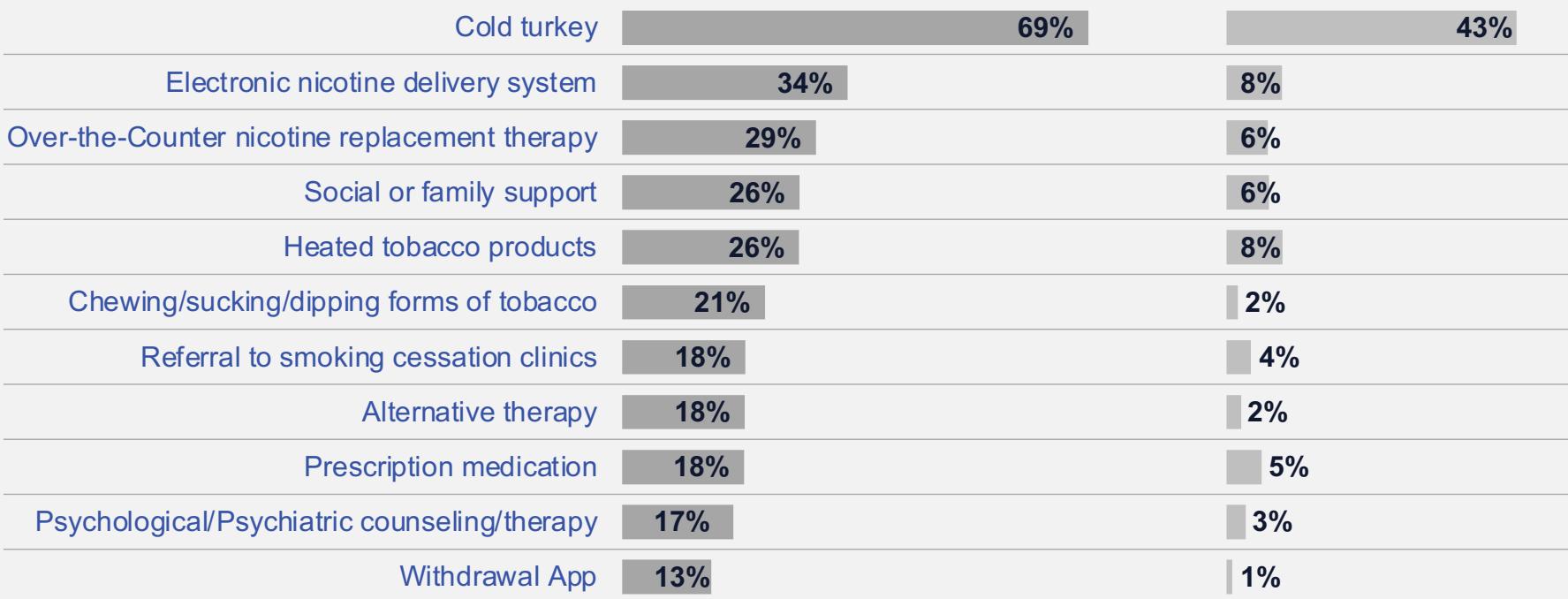
Enter a 1 if you quit on your first try.

**A large majority of smokers tried to quit “cold turkey,” and the method is considered by far the most effective.**

## Smoking reduction or cessation methods

■ Tried

■ Most Effective

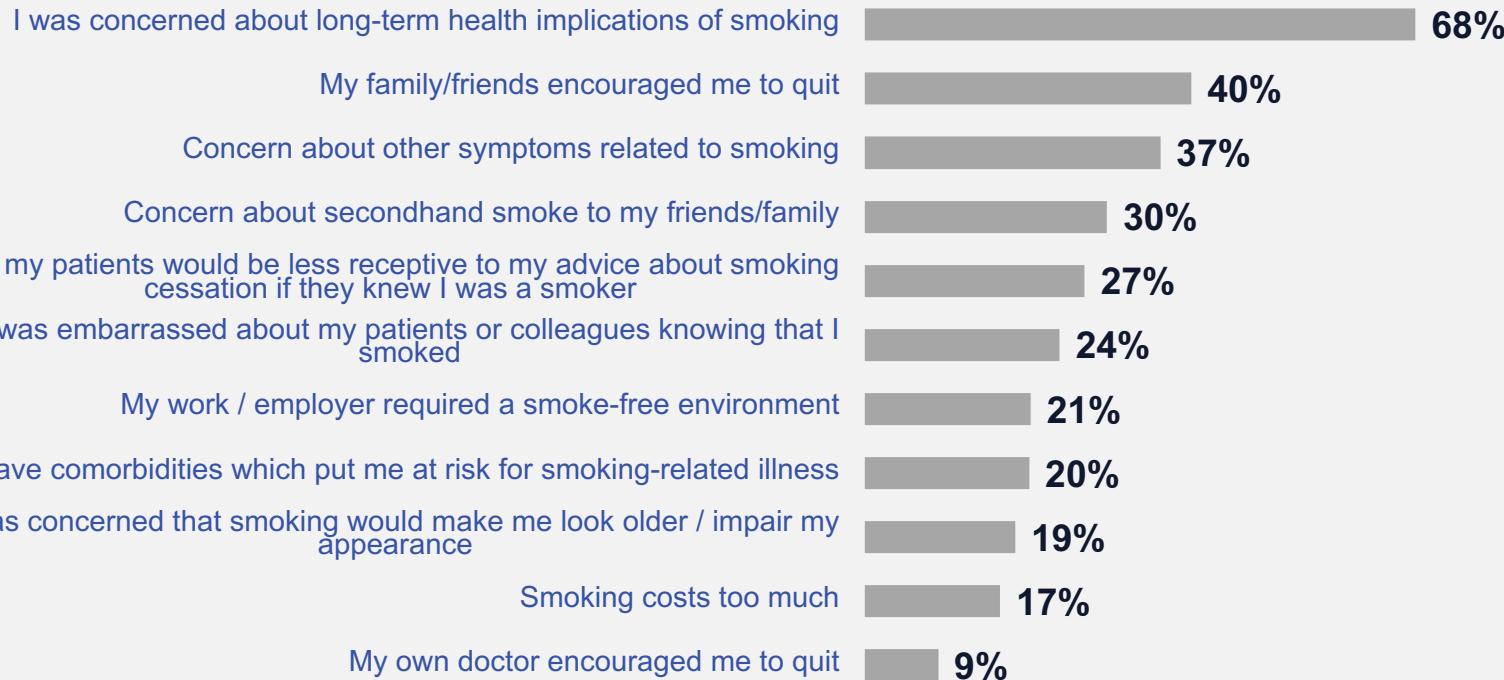


Base=attempted to quit at least once, n=381

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 plays a role in 68% of decisions to quit smoking. Reactions of family/friends, and concern about symptoms, are sometimes also relevant.**

### Reasons for deciding to quit smoking

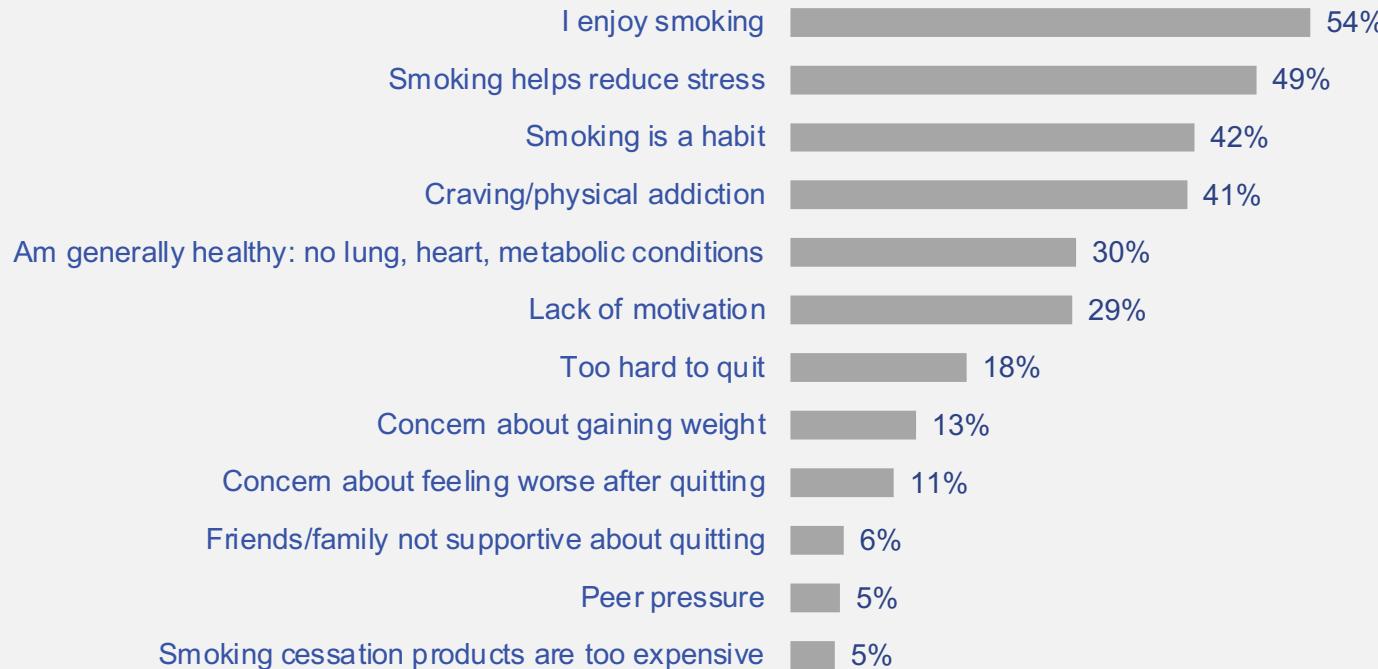


Base=attempted to quit at least once, n=381

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. Stress reduction and habit-formation are also relevant.**

## Barriers preventing quitting

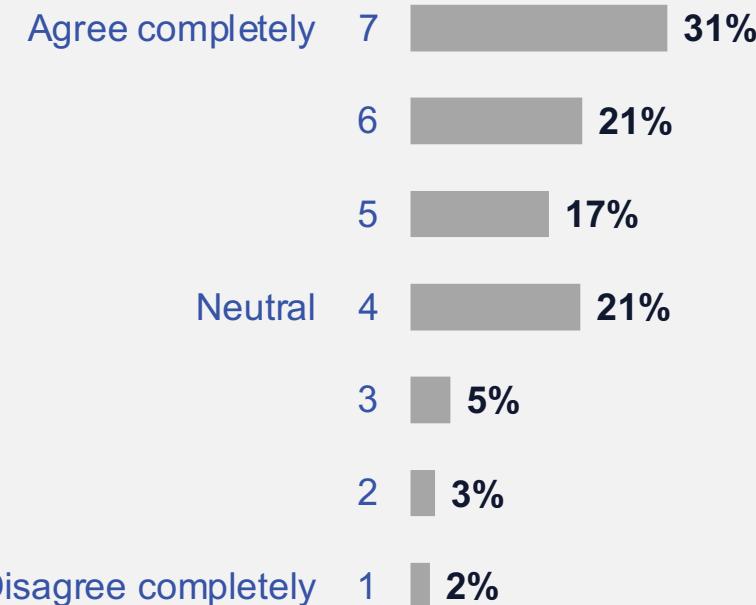


Base=Current or Past smokers, n=402

Q35. What barriers prevented/prevent you from quitting smoking? Select all that apply.

Only 10% of smokers are not interested in quitting.

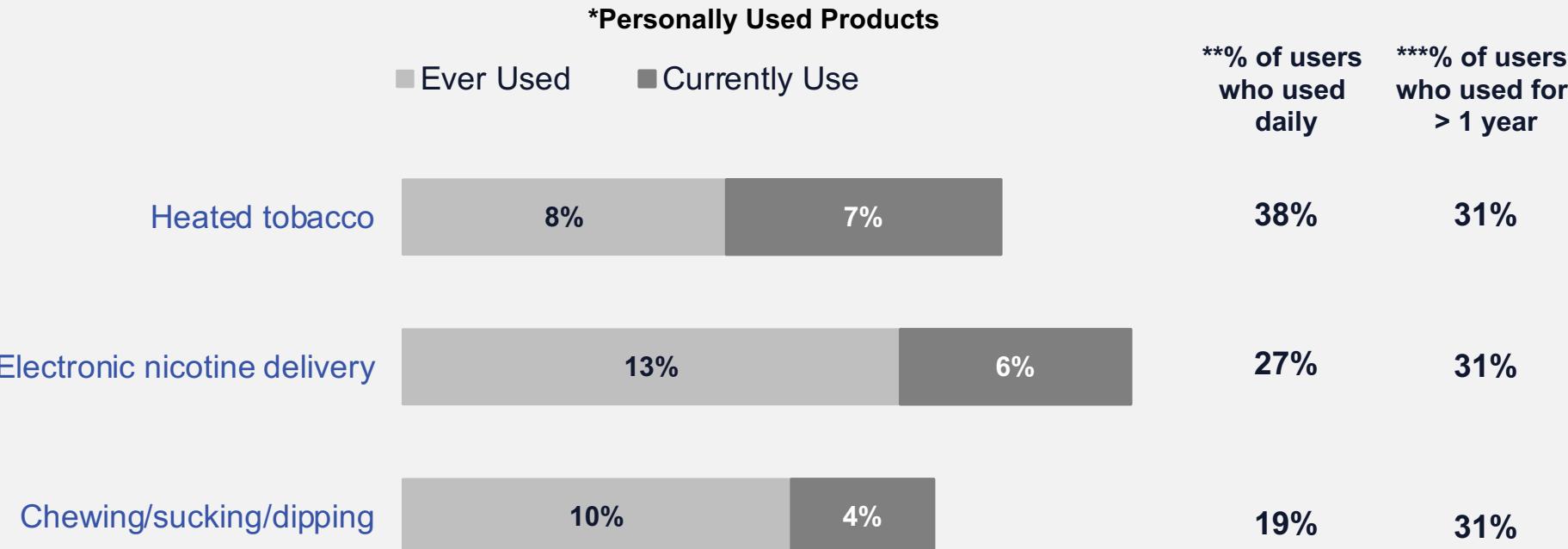
### Plans to quit smoking in the future



Base=Current smokers, n=112

Q40. Select the number that best reflects your level of agreement. 1=Disagree Completely, 7=Agree Completely.

## Substitutes for smoking are used only infrequently, and for a short time.



Base = all physicians, n=1,143.

\*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=216; Electronic Nicotine Delivery, n=191; Chewing/sucking/dipping, n=151).

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

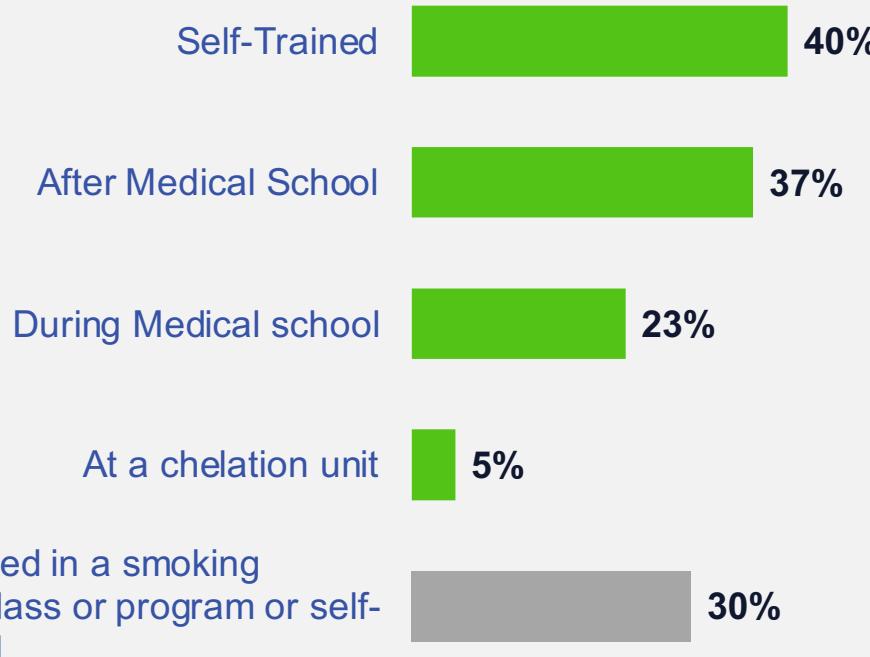
\*\*\*Q47. For how long did you personally use each type of product?

# Training



70% of physicians have had at least some training on smoking cessation. Only 23% were trained in medical school, the rest were self-trained (40%) or trained after medical school (37%).

### Training on Smoking Cessation



Base = all physicians, n=1,143

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.

**90% of physicians are at least moderately interested in training.**



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

Base = all physicians, n=1,143

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 , where 1=Not at all Interested, 4=Moderately Interested, 7=Extremely Interested?

## Several training approaches are used with similar frequency.

### Approaches communicated in training

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



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



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



Base=has taken training, n=815

Q50. Which of the following approaches were communicated in the training you completed?

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

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



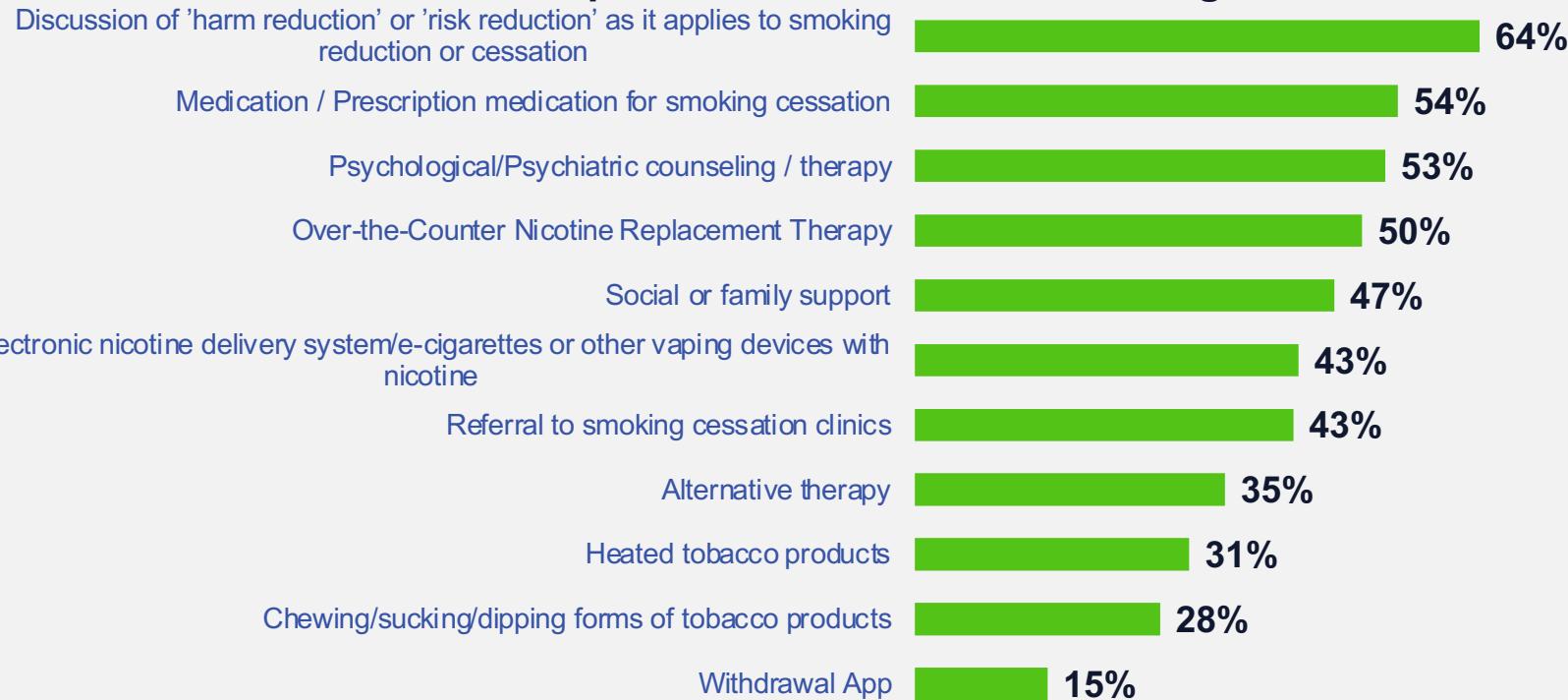
Base=items covered and recalled in training, sample size varies.

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.

**Harm reduction and prescription medication are the most frequently encountered training topics. Counseling and social/family support, and nicotine replacement, are also often present.**

### Specific methods covered in training



Base=has taken training, n=815

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 the dominant reason for not participating in training.

## Reasons for not taking training



Base=has not taken training, n=328

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 and the pros/cons of different products are of greatest interest. Regulation and policy attract minimal interest.**

### Top-3 training subjects of interest



Base=interested in training, n=1,093

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



**90% of physicians consider helping patients quit smoking to be a priority. 70% do not consider themselves appropriately trained to do so.**

### **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

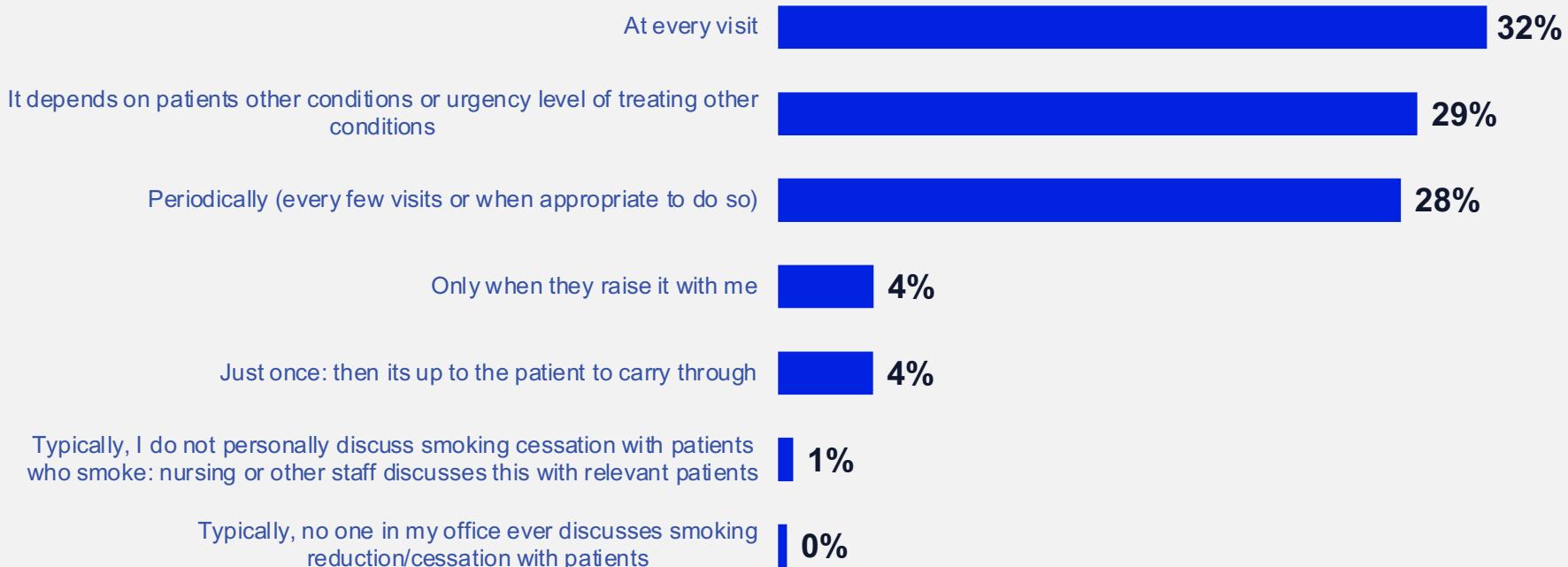


Base=all physicians, n=1,143.

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.

**91% of physicians proactively discuss smoking cessation with their patients who smoke; 32% discuss it at every visit.**

### Approach to discussing smoking reduction/cessation



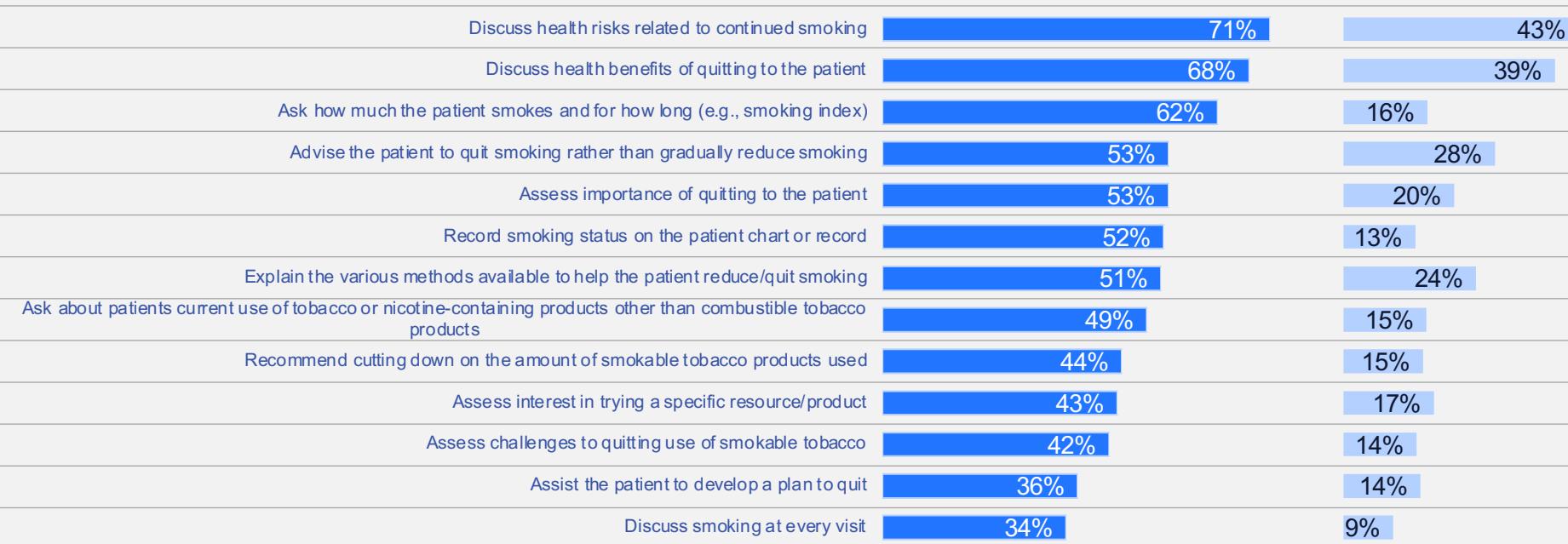
Base = all physicians, n=1,143.

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 prevalent subjects in discussions with patients who smoke. Specific plans and challenges are less frequently discussed.**

## Discussion/action with patients who smoke

■ Selected ■ Top 3



Base = all physicians, n=1,143.

Q105. Which of the following topics do you typically discuss or take action with your patients who smoke combustible forms of tobacco, regardless of other conditions they may have?

**The health benefits of quitting are the most frequent subject of physician advice to patients.**

### **Advice given to patients at least Sometimes - top items**

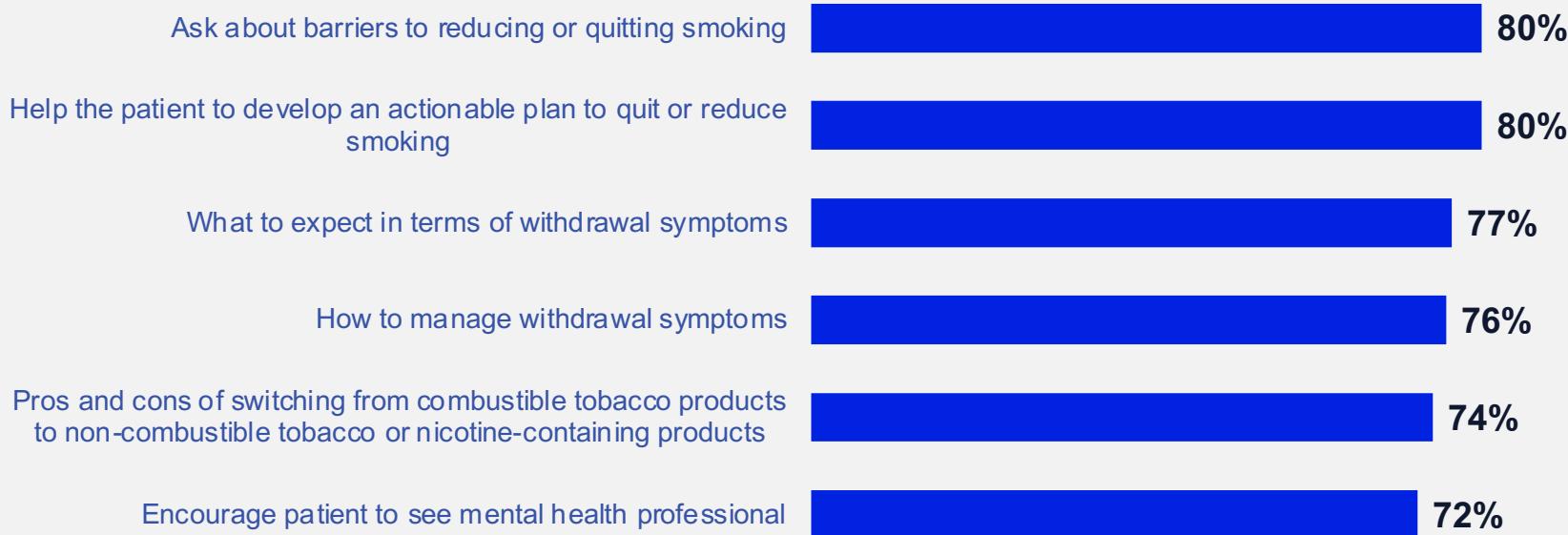


Base=discusses smoking cessation, n=1,128.

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.

**Withdrawal, non-combustible tobacco, and mental health are least likely to be part of physician advice to patients.**

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

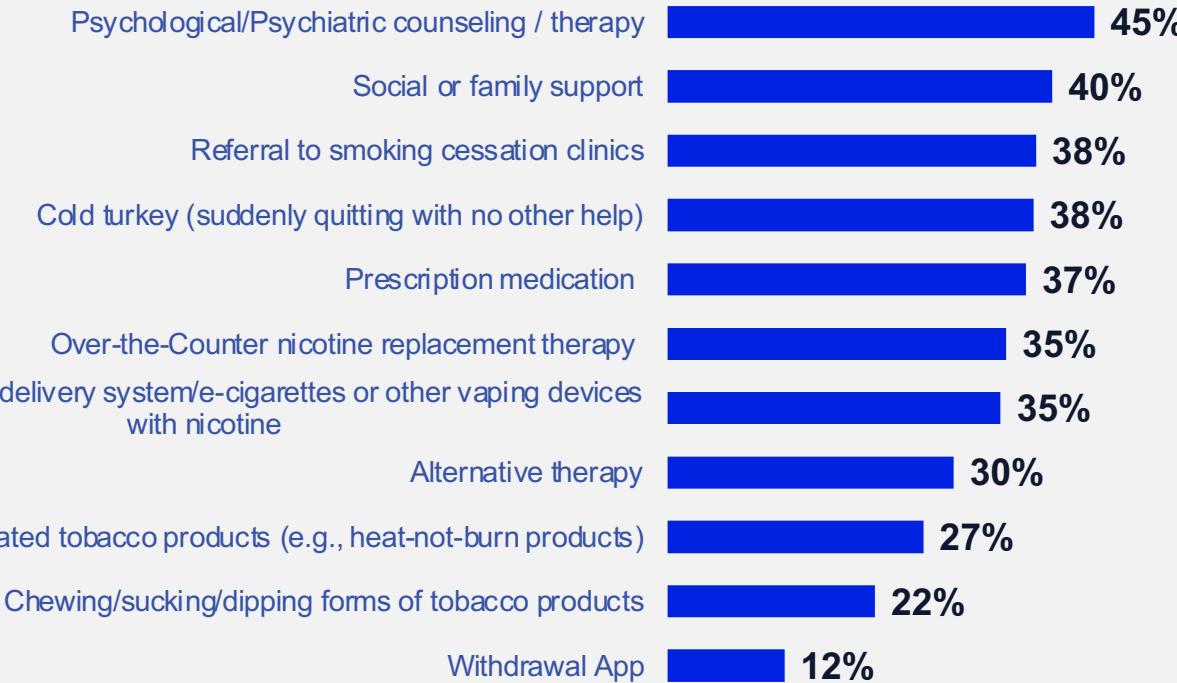


Base=discusses smoking cessation, n=1,128.

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.

**Counseling and social/family support are the most frequently recommended methods of smoking reduction/cessation. Specific replacements are mentioned by no more than 35% of physicians, and often less.**

### Recommended methods of smoking reduction/cessation



Base = all physicians, n=1,143.

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.

**Counseling and social/family support are seen as most effective. Concern is widespread about some methods.**

## Effectiveness (at least Moderately Effective)

At least  
moderately  
concerned



Base=all physicians, n=1,143. 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.

**Different tobacco cessation methods are generally viewed similarly, with the understandable exception of vapor/aerosol risk.**

### Advice about smoking reduction/cessation methods

	Electronic nicotine	Heated tobacco	Oral tobacco
May reduce or stop patients use of combustible tobacco	62%	56%	64%
May lower risks associated with using combustible tobacco	61%	63%	57%
May still have some health risks associated with inhaling vapor/aerosols	55%	50%	31%
Should be used only until the patient quits smoking, rather than on a long-term basis	50%	50%	47%
May provide health benefits to the patients, their families, and population as a whole	42%	40%	38%
Should not be used along with combustible tobacco	35%	40%	38%
May be used on a long-term basis as a substitute for combustible tobacco	25%	23%	27%

Base=recommends each item: electronic nicotine n=398, heated tobacco n=296, oral tobacco n=259.

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 made helping patients with smoking cessation more compelling for nearly all physicians.

## 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



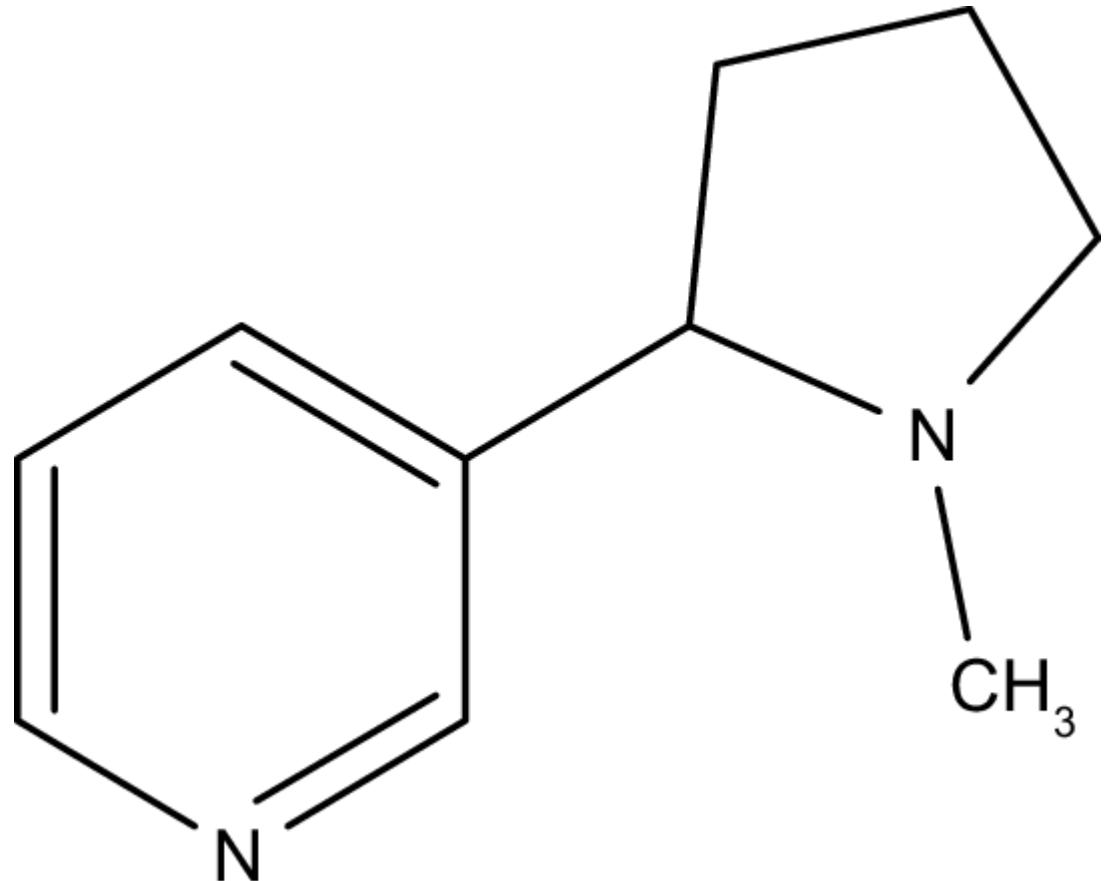
I have changed how I discuss and/or treat smoking cessation with my patients who smoke



Base=prioritizes helping patients quit smoking, n=1,032.

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

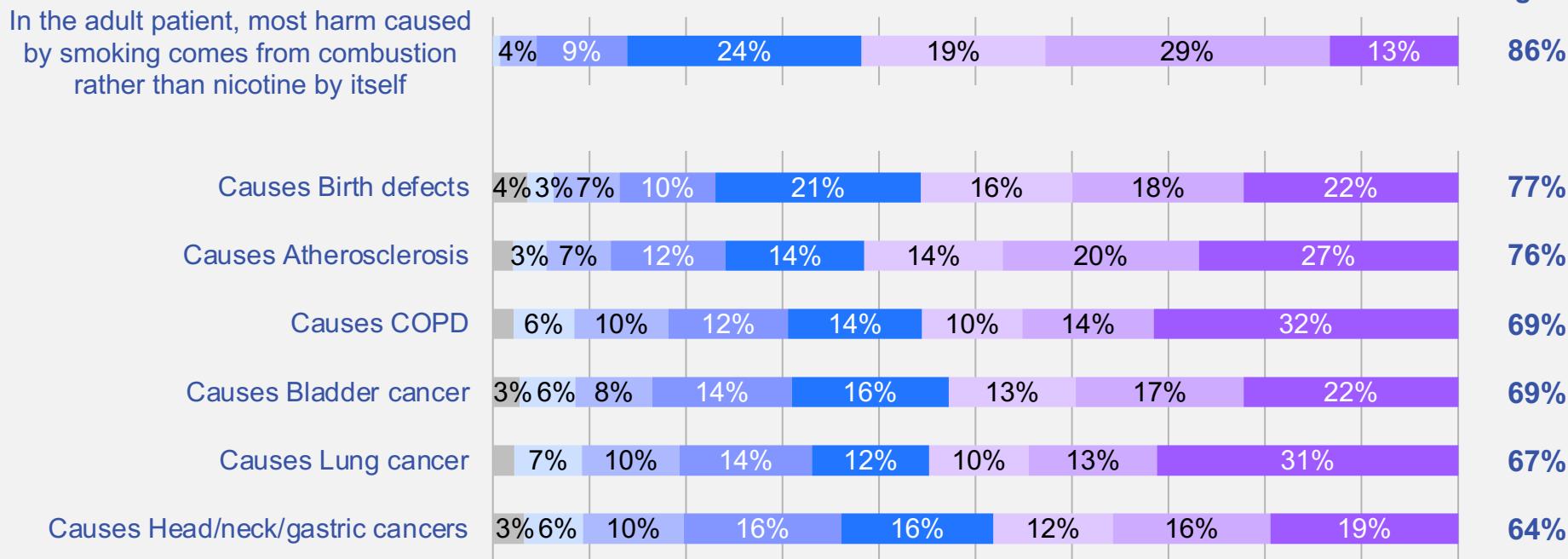


86% of physicians believe that combustion is more harmful than nicotine. 64%-77% of physicians believe that nicotine directly causes various smoking-related conditions, with 19% to 32% believing strongly.

### 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=1,143. 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



Phrases related to smoking cessation are familiar to large majorities of physicians; guidelines and policies are less familiar.

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

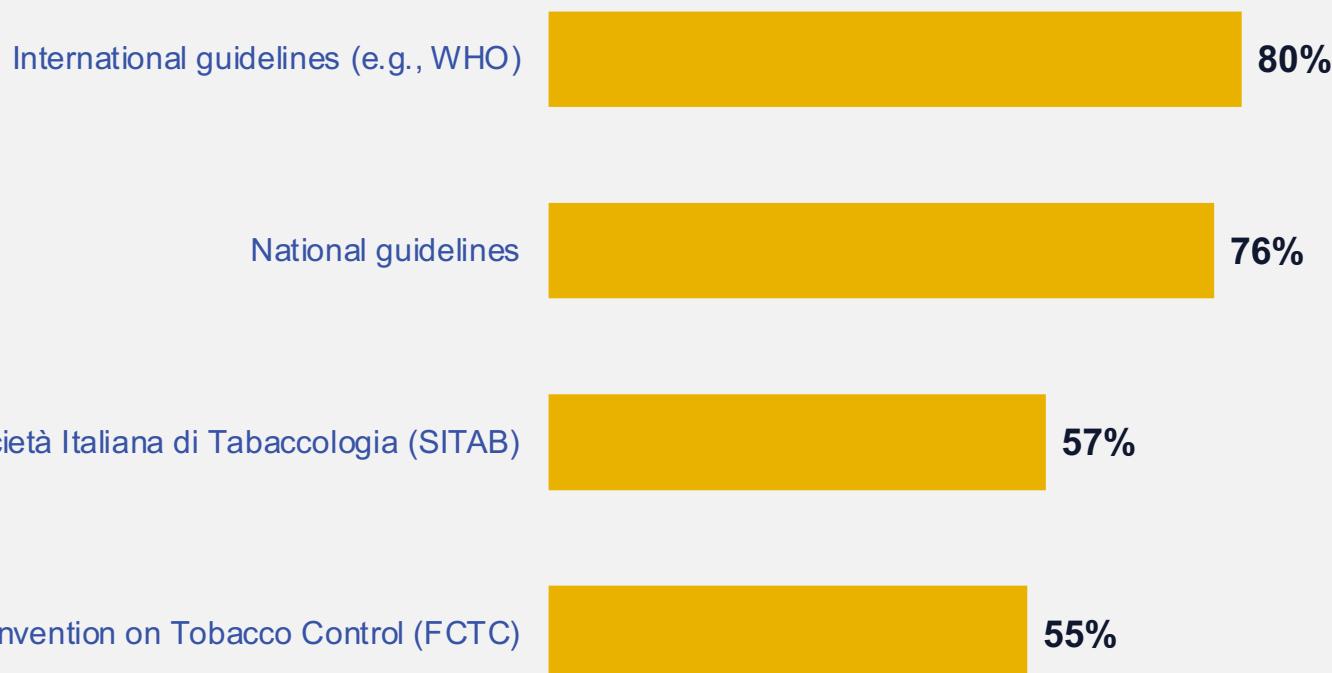


Base=all physicians, n=1,143.

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 international and national guidelines. Following other guidelines is less common.**

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



Base=familiar with guidelines, n=793.

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=Slightly, 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 greater regulation for oral tobacco.**

### Government decisions

	Electronic nicotine	Heated tobacco	Oral tobacco
Restriction of smoking in public places	42%	50%	23%
Level of nicotine allowed is regulated	41%	38%	31%
Regulation is like any other tobacco product	29%	36%	19%
Taxed at lower rate than cigarettes	25%	22%	19%
Distribution, sales, promotion, or use is restricted	21%	26%	24%
Changes in regulation are pending	20%	30%	11%
Are taxed at higher rate than cigarettes	17%	17%	13%
Not taxed at all	13%	18%	18%
Distribution, sales, promotion, or use is banned	9%	16%	12%
Don't Know/Not Sure	14%	15%	17%

Base=familiar with policies, n=752.

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.

# Opinions are very similar for different smoking cessation products.

## Physician opinions

	Electronic nicotine	Heated tobacco	Oral tobacco
Should be widely available to adults who wish to reduce/quit smoking	34%	31%	29%
Should be available wherever cigarettes are sold	30%	27%	24%
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)	28%	29%	23%
Should be taxed and regulated the same as combustible tobacco products	25%	27%	18%
Should be available only through physicians or pharmacists	17%	18%	24%
Should be banned altogether	16%	19%	15%
Don't Know/Need more evidence before deciding	11%	12%	12%

Base = all physicians, n=1,143.

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.*

*For more information about the Foundation for a Smoke-Free World, please visit its website ([www.smokefreeworld.org](http://www.smokefreeworld.org)).*

