Table

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| **Open-ended question and themes** | **Frequency** |
| **1. What are the biggest barriers that you face in providing evidence-based tobacco treatment in your country?** |  |
| 1. Lack of financing for services; Lack of medication and treatment (or limited access to) | 64 |
| 1. Lack of information and training opportunities; lack of funding for training | 42 |
| 1. Low interest/priority for treatment among providers/services/government or programs | 33 |
| 1. Lack of user education/smokers awareness | 17 |
| 1. Lack of evidence/special programs for special groups (including smokeless tobacco) | 13 |
| 1. Lack of support from policies | 11 |
| 1. Lack of integration among health systems-Guidelines and treatment protocol changes | 10 |
| 1. None/I don’t know/Not sure | 6 |
| 1. Other (personal experience, tobacco lobby, old technology, lack of complementary support) | 14 |
| **2. What training, resources, or policies would most help you provide better tobacco treatment?** |  |
| 1. Create policies to support training and smoking cessation. | 75 |
| 1. Improve quality/access of training | 61 |
| 1. Online resources (website, tools, books, online training and access to information) | 16 |
| 1. Not sure - can’t think of any | 8 |
| 1. Others | 9 |
| **3. What do you like about your country guidelines?** |  |
| 1. We do not have any/not sure/not applicable | 76 |
| 1. Easy to use and learn – simple, brief, general guidance. | 33 |
| 1. Evidence-based | 19 |
| 1. Comprehensive | 13 |
| 1. Up to date | 7 |
| 1. Endorsed or certified by institutions/based on well known guideline | 6 |
| 1. Tailored to target groups (such as Indigenous people) | 4 |
| 1. Innovative; high quality | 2 |
| 1. Other – [examples – use of American guidelines, innovative] | 17 |
| **4. What do you not like about your country guidelines?** |  |
| 1. We do not have any/not sure/not applicable | 78 |
| 1. Not practical (not-user friendly, hard to get copies) | 16 |
| 1. Lack of incentive for training, medication and treatment | 16 |
| 1. Not mandatory/universally adopted | 13 |
| 1. Not enough updates/outdated | 12 |
| 1. Lack important areas of guidance – no enough, not comprehensive. | 11 |
| 1. Topics underdiscussed | 6 |
| 1. Others | 13 |
| **5. What changes would you make to improve your country guidelines?** |  |
| 1. We do not have any/not sure/not applicable | 73 |
| 1. Encourage providers to implement guidelines | 19 |
| 1. Need to have regular updates | 18 |
| 1. More comprehensive guidelines | 15 |
| 1. More funding/reimbursement for treatment | 13 |
| 1. Create central website with information, resources, training | 9 |
| 1. Involve different health professionals on guideline development | 6 |
| 1. Others | 12 |
| **6. How could ATTUD better serve the needs of tobacco treatment providers in your country?** |  |
| 1. Providing online training/certification opportunities | 12 |
| 1. Translate material in different languages | 4 |
| 1. Advocacy | 3 |
| 1. Provide local activities | 3 |
| 1. Provide more networks | 2 |
| 1. Standardize tobacco treatment worldwide | 2 |
| 1. Increase access to the listsev | 1 |
| 1. Promote ATTUD | 1 |
| 1. Others | 1 |
| 1. Not applicable / No answer | 138 |