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Quitlines in Europe: an overview





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Quitlines are telephone-based services providing help for smoking cessation. Quitlines can offer multiple services, including counselling, providing information, and offering self-help materials. Furthermore, quitlines can offer web-based services, such as internet counselling, chat rooms, or automated emails. Some quitlines have special services for specific groups, such as teenagers or pregnant women, or provide information and support for healthcare professionals, as well as friends and families of tobacco users. Quitlines have been adopted in many countries because of their efficiency, easiness of promotion and low barriers to access.

Even though there are national quitlines in many European countries, there is no comprehensive overview or directory of each quitline, including information about the goals of each quitline, what each quitline offers, how they are structured, and how the services offered by the quitline fit into the country's overall tobacco control strategy.

The main aim of this quitline overview was to systematically collect, analyse, and disseminate information about the goals, structure, services offered, financing, and position within the healthcare system of the national quitlines in Europe. The study team (authors ST, BHW, PS) collected data about quitlines in Europe from a variety of different sources:

- 1 We first conducted a pragmatic literature review to gain insight into research on quitlines, focusing on existing quitlines in Europe and their functions.
- 2 We then searched for quitlines in Europe and extracted data from the websites of each quitline, including any relevant scientific literature posted on the quitline's website.
- 3 We developed and distributed two subsequent surveys (quantitative and qualitative) were developed and distributed to representatives of quitlines in Europe.

The literature review focused on Europe and aimed to learn the effectiveness, reach, and promotion of the quitlines. Previous research on quitlines clearly indicates that quitline services have the potential to contribute to reducing tobacco smoking rates. However, the ability to reach large numbers of clients is vital to get all the benefits of a quitline. Multiple factors can increase reach, such as promoting quitlines on cigarette packs, possibility for online registrations, and referral systems. Most research on quitlines is conducted on a national level, making international comparisons complicated.

The website review was aimed at identifying the quitlines in Europe and finding general information on services and contact information. The website review was able to identify a website of a national quitline for 23 out of the 31 countries involved in the study. The quantitative survey was completed by 20 quitlines (Austria, Belgium, Bulgaria, Czech Republic, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Latvia, Luxembourg, the Netherlands, Poland, Romania, Slovakia, Slovenia, Sweden, and Switzerland) and provided an extensive overview of the services offered by quitlines. Most quitlines were funded by governmental or national public health organisations. Most quitlines offered brief advice, multiple counselling sessions,

and one or more additional services (e.g. referrals, mailed materials, online self-help tools or a mobile app). Two quitlines offered free smoking cessation medication. The quantitative survey was necessary to complete gaps in data from the website review and revealed multiple inconsistencies in data.

The qualitative survey aimed to gather more in-depth information regarding the organization of quitlines in different European countries. The qualitative survey was completed by representatives from 15 quitlines: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Finland, France, Germany, Iceland, Ireland, Latvia, Lithuania, the Netherlands, Norway, and Slovenia. Most representatives indicated that service delivery was their core business. This could be through answering telephone calls, actively calling clients, answering emails or live chat messages, updating social media accounts, attending network meetings, and/or working on related projects. The number of daily calls varied greatly; it ranged from fewer than five a day to nearly a hundred a day. Most quitline representatives would like to change elements related to the services their quitline offered, such as working proactively, increasing service hours, and being able to offer nicotine replacement therapy. Others would like to monitor the effectiveness of the quitline service and to increase collaboration with health insurers, policy makers, or tobacco control experts.

Most quitline representatives indicated that they would like to learn how other quitlines are organized, what services are offered, and how evaluation is conducted. The main benefit of a quitline network is the opportunity to exchange experiences with likeminded people, as these opportunities are often limited within their own quitline. The main barrier to be involved with a quitline network was a lack of time and financial resources. Several quitlines shared positive memories about meeting with the former European Network of Quitlines. Quitline representatives involved with the current European Quitlines network, which was initiated in 2020 by the Trimbos Institute, are all enthusiastic about their experiences and would like to continue their involvement.

We have formulated several recommendations for quitlines in Europe to increase their reach and effectiveness and opportunities to collaborate and to exchange experiences. The current European quitlines network may support quitlines by facilitating exchange and providing guidance on these topics:

- 1 Improve the visibility and quality of information on quitline websites.
- 2 Provide proactive e-referrals to increase the number of smokers enrolled in quitline services.
- 3 Offer multiple counselling sessions and discuss using NRT and cessation medication during these sessions.
- 4 Share their experiences on the use of digital tools to improve service delivery with other quitlines.
- 5 Improve morale and social support for quitline professionals in small organisations or when working from home.
- 6 Increase the harmonization of data collection and evaluation of quitlines.



Tobacco smoking kills millions of people every year around the world, harming also people who do not use the products themselves but are exposed to second-hand smoke (World Health Organization, 2020). Most people who smoke would like to quit (Babb et al., 2019). Effective smoking cessation support, such as counselling and medication, can improve quit success. Many governmental public health departments or ministries offer smoking cessation services through a variety of mechanisms, including by providing a telephone smoking cessation support service or 'quitline'.

Quitlines are telephone-based services providing help for smoking cessation (Anderson & Zhu, 2007; Lichtenstein et al., 2010). Quitlines are sometimes called 'helplines', or 'stoplines'. They were first introduced in the United States in the early 1980s, when a free cancer hotline in the United States, the Cancer Information Service, found that many callers wanted information on quitting smoking. The organization responded by providing the first telephone based cessation service (Anderson & Zhu, 2007). Afterwards, quitlines emerged elsewhere too, starting in Australia and the United Kingdom. This increase in quitlines hastened in the 2000s, and more quitlines were established across North America, Europe, Australia, and New Zealand (Anderson & Zhu, 2007).

Quitlines can offer multiple services, including counselling, providing information, and offering self-help materials (North American Quitline Consortium, n.d.). Furthermore, quitlines can offer web-based services, such as internet counselling, chat rooms, or automated emails (North American Quitline Consortium, 2007). Some quitlines have special services for specific groups, such as teenagers or pregnant smokers (North American Quitline Consortium, 2007). Some quitlines do not only offer services for those who want to quit smoking, but provide information and support for healthcare professionals and friends and families of tobacco users as well (North American Quitline Consortium, n.d.). Quitlines are commonly funded by the government and are free of charge for the callers (Anderson & Zhu, 2007). Anderson & Zhu (2007) name efficiency, easiness of promotion, low barriers to access, and high reachability as reasons for why quitlines have become so widely adopted.

While there are national quitlines in many European countries, there is no comprehensive overview or directory of the goals of each quitline, what each quitline offers, how they are structured, and how the services offered by the quitline fit into the country's overall tobacco control strategy.

The main aim of this research was to systematically collect, analyse, and disseminate information about the goals, structure, services offered, financing, and position within the healthcare system of the national quitlines in Europe. Furthermore, this comprehensive research on different quitlines and the services they offer provides each quitline an opportunity to appreciate their own services and to find possible additions to their offerings.

Information was collected from a variety of sources:

- ① We first conducted a pragmatic literature review to gain insight into research on quitlines, focusing on existing quitlines in Europe and their functions.
- ② We then searched for quitlines in Europe and extracted data from the websites of each quitline, including any relevant scientific literature posted on the quitline's website.
- ③ Two subsequent surveys (quantitative and qualitative) were developed and distributed to representatives of quitlines in Europe.

Data collection was conducted in order to gather, analyse, and disseminate information about the goals, structure, services offered, financing, and status of the national quitlines in Europe. A pragmatic literature review, a review of European quitline websites, a quitline survey shared with stakeholders from quitlines in Europe, and a follow-up qualitative quitline survey shared with the same stakeholders from quitlines in Europe were conducted.

Pragmatic literature review

First, a pragmatic literature review on quitlines was conducted. This literature review focused on Europe and aimed to outline the effectiveness, reach, and promotion of the quitlines, and to describe existing international quitline networks and the services offered by quitlines. The literature search was conducted in 2021 and included academic literature and grey literature, such as reports, white papers, and communication materials.

Website review

The aim of the second part of this research was to make an inventory of European quitlines and their contact information and to review what information was available on quitline websites. A data extraction sheet was formed based on the variables of the quitline database of the North American Quitline Consortium (NAQC). The extraction sheet had nine themes, namely background information, services, health education materials, web-based services, mobile-phone services, provider referral program, data on the quitline, contact information, and quitline documents. The data extraction sheet was pretested on the Irish quitline website and small adjustments were made accordingly. A comprehensive overview of materials used for the website review is presented in Annex I.

An online search was conducted in May and June 2021 to extract the information of the 27 members of the European Union plus the four members of the European Free Trade Association (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland). Google was the main search engine used to identify the quitlines. Search terms “[name of country]” and “quitline” or “smoking cessation” were used. If adequate results were not found, Google Translate was used to search with the same terms translated into the native language of a specific country. When a quitline of a specific country was found, the official website was used as the main source of information per country. Additionally, external websites, scientific papers, and quitline reports were used to complete the extraction sheet. When necessary, a translation-browser extension or the Google Translate-website was used to translate information into English.

Quantitative survey

Development of the survey

After the initial online data extraction, a survey was developed. The survey was based on the topics introduced in the data extraction sheet and NAQC's quitline-surveys. It was decided that the survey questions should be answered based on the status of the quitline in 2020 to make the results between different quitlines comparable. The survey was written in English and included approximately 20 questions. As the survey was meant to be sent to the representatives of quitlines in different countries, most of which have different official languages, the language of the survey was simplified. Definitions of complex terms and topics were added when necessary, using definitions from NAQC's surveys and website.

An online data collection tool (LimeSurvey) was used for data collection. The survey was pretested by the Dutch quitline representative before its distribution. Before answering to the survey, the respondents were asked for their informed consent. If consent was not given, the respondent was directed to the end of the survey. The survey included information about the use of collected data; the respondents were able to review it if they desired. When completing the survey, respondents were allowed to go back, to save their answers, and to resume filling out the survey later.

Contacting the quitline representatives

Contact details for potential respondents were originally found during the website review or from the current European Quitlines-network¹. Contact information for potential respondents from nine quitlines was retrieved through the current European quitlines network (quitline representatives of Austria, Belgium, Denmark, Finland, Germany, Ireland, the Netherlands, Sweden, and Switzerland). An associate from the World Health Organization provided three contacts (quitline representatives of Bulgaria, Poland, and Romania). For the remaining countries, the survey was sent to the quitline e-mail address found during the website review. If a quitline e-mail address was not found, we tried to contact a funding organisation to attain a contact for a representative. Ten more contacts were established in the forementioned way (quitline representatives of Czech Republic, France, Iceland, Italy, Latvia, Lithuania², Luxembourg, Slovakia, Slovenia, and Spain³). We were not able to reach the Greek and Maltese quitline through e-mail or by phone. It was found that the Portuguese quitline is not in service anymore. No quitlines were found for six countries, namely Croatia, Cyprus, Estonia, Hungary, Liechtenstein, and Norway.

The invitation to the survey included a link to the survey, an information letter concerning the research, and an information letter on the processing of personal information. To increase participation, the representatives were advised to use an online translator when necessary.

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- 1 The current European Quitlines network was initiated in 2020 by the Trimbos Institute. The aim of the network is to exchange best practices, new insights, and latest developments in the field of smoking cessation and tobacco products.
 - 2 Not an official quitline. The quitline in Lithuania completed the survey but left most questions unanswered and gave an open explanation about their smoking cessation procedures.
 - 3 Not an official quitline. The quitline in Spain was given a choice whether they wanted to fill the survey even though their smoking cessation services were not strictly definable as a quitline. They chose not to complete the survey.

They were also encouraged to contact the researchers via email if any questions arose, and many of the representatives used this opportunity. The invitations and the extra inquiries were sent out in early September 2021. Approximately two and a half weeks later, reminders were sent to those who had not yet completed the survey. The data collection ended in November 2021. A comprehensive overview of materials used for this quantitative survey is presented in Annex II.

Qualitative survey

To gain in-depth information about the organization of quitlines in different European countries, we subsequently developed a qualitative survey. The aim of the qualitative survey was to collect additional information on what services are offered, how the quitline is supported, and how professionals from quitlines connect with other tobacco control specialists. Furthermore, we wanted to learn whether quitlines were interested in collaborating with other quitlines, participating in a quitline network, and sharing lessons learned with other tobacco control specialists. A qualitative survey, rather than qualitative interviews, was chosen to allow respondents to use online translation websites (to translate answers from their native language into English) and to be able to collect and analyse data in a short amount of time (Braun et al., 2021). Separate surveys were developed for former quitlines (including questions on the decision to terminate the quitline), future quitlines (including questions on the decision to start a quitline), quitlines who are part of the current European quitlines network (including questions on their experiences with this network), and quitlines who were not part of the current European quitlines network (including questions on their needs for collaboration and exchange).

An online data collection tool (LimeSurvey) was used for data collection. The survey was pretested by the Dutch quitline representative before its distribution. The invitation to the qualitative survey included a link to the survey, an information letter concerning the research, and an information letter on the processing of personal information. Before answering to the survey, the respondents were asked for their informed consent. If consent was not given, the respondent was directed to the end of the survey. The survey was written in English and the language was simplified when possible. Depending on the status of the quitline, the survey included around 15 questions and took around 30 minutes to complete.

The invitation to the qualitative survey was sent to all participations of the quantitative quitline survey. Based on the data of the quantitative survey, quitlines received a specific version of the survey, depending on their status and involvement with the current European quitlines network. To increase participation, the representatives were advised to use an online translator when necessary. They were also encouraged to contact the researchers via email if any questions arose. The invitations and the extra inquiries were sent in January 2022. Approximately two and a half weeks later, reminders were sent for the ones that had not yet filled the qualitative survey. Data collection was finished in March 2022. The data was coded using a predefined codebook; MAXQDA 2022 was used to help with coding. A comprehensive overview of materials used for this qualitative survey is presented in Annex III.



Ethical approval

This project has been approved by the Trimbos Research Ethics Committee (registration number: 202110).



Pragmatic literature review

In this section, we present the findings of the pragmatic literature review and describe quitline services, effectiveness, reach, referrals and quitline networks.

Quitline services

There are several advantages to telephone counselling for smoking cessation, such as its convenience, the semi-anonymous nature, the opportunity for proactive counselling and the ability to use a structured, evidence based counselling protocol (Lichtenstein et al., 2010).

In 2005 and 2006, a descriptive review of nine European quitlines (namely Danish, French, German, Irish, Italian, Dutch, Norwegian, Portuguese, and UK quitlines⁴) was conducted by interviewing callers to the quitlines by the counsellor during the first call, and by an international research organisation after 12 months from the first call (Willemsen et al., 2008, 2010). It showed that in 2005 and 2006 the most frequent service provided to the callers was counselling (76%), and information about pharmacotherapy was given to 44% of the callers (Willemsen et al., 2008, 2010). Other services offered by the quitlines were basic information about facts and consequences of smoking cessation, advice on how to quit, referral to external services or to a health professional, and providing literature regarding smoking cessation. The mean length of the calls was found to be 15 minutes (Willemsen et al., 2010). The repeated callers seemed to be more satisfied than one-time callers or callers who obtained self-help materials (Willemsen et al., 2008). Additional calls were also found to contribute to the feeling of the quitline making it easier to quit smoking, as was the use of NRT and counselling from a health professional (Willemsen et al., 2008). The authors found that quitlines did not sufficiently adapt their service based on the educational level of their callers. Furthermore, most calls were self-referred (72%). Only 11% had been referred by a health professionals; the others were referred by family or friends (Willemsen et al., 2010).

In the past years, new developments for smoking cessation have emerged alongside the more traditional services. For instance, real-time video counselling has been used to reach smokers in rural and remote areas in Australia (Byaruhanga et al., 2020). One benefit of video counselling, compared to telephone counselling and written materials, is the counsellors' opportunity to react to verbal and non-verbal cues of the customer (Byaruhanga et al., 2020). Byaruhanga et al. (2020) evaluated the acceptability of this video-counselling with comparison to the acceptability of telephone counselling or written materials among residents of rural or remote areas in Australia. The vast majority (93.5%) of the participants stated that the contact via video was acceptable or very acceptable. However, participants who received telephone

4 The German and Portuguese quitlines were not included in the 2010 paper, since they did not recruit a sufficient number of callers during the study period. Therefore, results of the 2008 report and the 2010 paper might differ slightly.

counselling were significantly more likely to recommend the received support for friends/family than those who received video counselling (Byaruhanga et al., 2020). Both telephone counselling and video counselling were found to give better odds for participants to report the service as at least good or even excellent than written materials (Byaruhanga et al., 2020).

A Cochrane review regarding real-time video counselling gives some contradicting information. After systematically reviewing two randomised trials with in total 615 participants, no significant difference for smoking cessation between video counselling and telephone counselling was found (Tzelepis et al., 2019). Furthermore, opposite to the findings in Australia, participants of video counselling were found more likely to recommend the programme to friends or family than those who participated in telephone counselling, while the satisfaction scores between the two did not have a significant difference (Tzelepis et al., 2019). Nonetheless, further research in real-time video counselling is needed for more reliable conclusions, as the existing research is inadequate.

In addition to the above-mentioned services, many quitlines have also adopted the use of mobile applications to help with cessation, especially for the younger generations (Neuberger, 2019). A web-survey was conducted in Norway between 2013 and 2017 for smokers who visited a smoking cessation-website (86.4% of the respondents) or called a quitline (13.7% of the respondents). An app called *Slutta* was found to be the most frequently used smoking cessation tool in Norway, compared to NRT, e-cigarettes, snus, cessation medication, social media, and other cessation websites (Lund & Kvaavik, 2021). Therefore, rather than providing these additional types of support, Norway's quitline was closed in 2017 and was replaced by the app to aid smoking cessation (Helsedirektoratet, 2021). Keeping in mind the clear advantages telephone counselling can offer, such as the opportunity for proactive counselling and the ability to use a structured, evidence based counselling protocol (Lichtenstein et al., 2010), the replacement of quitlines by apps or websites is a cause of concern.

Effectiveness of quitline services

A systematic Cochrane review concerning the effectiveness of telephone counselling found that providing additional counselling, compared to only one session, increases the chances of successful smoking cessation from 7% to 10% (Matkin et al., 2019). Furthermore, the quit rates were increased by the provision of telephone counselling with RR 1.25 (Matkin et al., 2019). The quit rates of people who contacted quitlines were higher for those who received multiple sessions of proactive counselling (3 to 5 calls) than for those who were only provided with self-help materials or brief single-call counselling. However, the effectiveness was improved if the counselling was provided as an adjunct to written self-help support or to a brief intervention from a health professional (Matkin et al., 2019). The telephone counselling was also found to be more effective for people who were motivated to quit. The effectiveness of the telephone counselling then again decreased when it was used as an adjunct to more intensive counselling (Matkin et al., 2019). To summarize, the effectiveness of multiple session counselling is consistently deemed higher than that of single session counselling throughout the body of research (Matkin et al., 2019; Meingassner & Beroggio, 2016; Ngo et al., 2019; Stead et al., 2007).

Regarding multi-session counselling, the existing literature largely focuses on proactive rather than reactive counselling. A randomised trial of the effectiveness of proactive and reactive counselling was done in Sweden, and no significant difference was found between the two (Nohlert et al., 2014). However, there was a significant difference in the average number of calls and consequently a difference in the length of the counselling duration, with proactive counselling having significantly more calls than reactive counselling (Nohlert et al., 2014). Furthermore, according to Nohlert et al., earlier meta-analyses have shown that increased intensity of the counselling yields higher rates of abstinence, which implies that proactive counselling has an advantage. However, this difference is not obvious in practise, as participants using reactive counselling are able to call multiple times, and those using proactive counselling may not always accept all calls (Nohlert et al., 2014). Accordingly, this is also not supported by the Cochrane review done in 2019, where number of calls in a multi-session counselling was not found to influence significantly the effectiveness of the counselling (Matkin et al., 2019).

Reach, registration, and referrals

While the quitlines are an effective smoking cessation intervention, reaching tobacco users is a persistent challenge for the quitlines (Keller et al., 2020). The average treatment reach, defined as “the relative proportion of the population of adult tobacco users that receives evidence-based treatment”, has been estimated to be between 0.87% and 1.19% in the US (Keller et al., 2020) and between 1.42% and 1.79% in Europe (Bot et al., 2007). Correspondingly, a global study of 31 countries showed that an overwhelming majority of adults who had tried to quit smoking, had not used any assistance (median 74.4%) (Ahluwalia et al., 2021). Quitlines were the least used method for smoking cessation (other options being face-to-face counselling, NRT, prescription medication, traditional medication, switch to smokeless tobacco, and quitting without assistance) (Ahluwalia et al., 2021).

While quitline services are suitable for some tobacco users, others might prefer other support options, such as NRT or text messaging (Keller et al., 2020). A possibility of online registration allows tobacco users to receive the desired services without having to talk to a counsellor (Keller et al., 2020). A cross-sectional observational study was conducted in 2020 in the United States, focusing on the change of services and a media campaign of quitlines in Minnesota, Oklahoma, and Florida. It showed that additional cessation service options, such as offering a NRT “starter kit” and adding online registration, and the promotion of these new services increased the number of tobacco users enrolling in cessation services (Keller et al., 2020). These additions did not only affect the number of enrollers but also increased the number of successful interventions (Keller et al., 2020).

Another factor contributing to reach is the referral system, as different methods of referral may serve different populations. In addition to the traditional fax referrals, e-referrals have become more prominent. Proactive e-referrals to a quitline, in which a quitline contacts the patient after receiving the referral online, may have a 13-fold increase in connecting and enrolling patients into quitline services (Hood-Medland et al., 2019). In bidirectional e-referrals, the results of the quitline are reported back to the ordering provider (Hood-Medland et al., 2019). The bidirectionality can provide feedback from quitlines and hence contribute to tobacco registries with descriptions of interventions and by tracking tobacco status at follow-up calls (Hood-Medland et al., 2019). A prospective implementation study showed that of the e-referral orders

that were received by a Californian quitline in 2003-2006, 52% were successfully contacted, of which 39% accepted services (Hood-Medland et al., 2019). During the study period, the e-referrals were adopted by primary care, hospital care, and specialty care providers, and later on paediatric departments included e-referrals to their inpatient discharge order too (Hood-Medland et al., 2019).

A qualitative study about how well patients engage in a quitline programme after an e-referral was conducted by interviewing 55 patients who agreed to an e-referral at a primary care visit to community health centres in Ohio, in 2017-2018 (Albert et al., 2020). An Ask-Advise-Connect process was used by the primary care providers, in which the medical assistant asks their patient during the intake about their smoking status, advises the patient to quit and assesses their interest in quitting within a month, and, when suitable, connects them to the Ohio quitline via a proactive e-referral (Albert et al., 2020). Multiple reasons for not engaging in or not sticking with the program were found, such as changing of life circumstances, difficulty to find time for the counselling, not having access to uninterrupted service, discomfort with the phone counselling experience, and feeling confident of being able to quit on one's own (Albert et al., 2020). However, many of the participants who did not complete the whole program found great value in their engagement with the quitline nevertheless (Albert et al., 2020). The majority of the participants reported that they would want the providers to continue offering assistance and support with smoking cessation, as it is a process often involving several quit attempts and a behaviour change that need to be sustained over time (Albert et al., 2020).

Promotion of quitlines

There are many possible ways to promote a quitline outside the healthcare establishments. In the Netherlands, promotion of the national quitline by providing the number on the cigarette packs led to a gradual increase in calls received (Willemsen et al., 2002). This increase peaked after 24 weeks, after which it gradually decreased until a steady rate, that was still 3.5 times more than the original volume before the promotion in cigarette packs (Willemsen et al., 2002). Correspondingly, in Australia the introduction of graphic warnings and the telephone number of a quitline on cigarette packs led to similar outcomes, as the calls to the quitline doubled in two years, after which they settled down to approximately 40% higher rate than before the implementation (Pierce et al., 2012). Currently, quitlines are promoted on cigarette pack throughout the European Union, as the European Tobacco Product Directive mandates the presentation of a national quitline, a smoking cessation websites, or the e-mail address of smoking cessation counselling on tobacco packaging (European Commission, 2014).

A recent Swedish quasi-experimental study examined how different anti-smoking policies affected the number of calls to the Swedish National Tobacco Quitline (SNTQ) from 1999 to 2017 (Zhou et al., 2019). It was found that the calling rate grew significantly after a campaign on passive smoking, after banning smoking in the restaurants and after the introduction of larger pictorial warnings in the cigarette packs. The latter one however was accompanied by a reference to the SNTQ, so the attribution might be a combination of the promotion of the quitline and the pictures (Zhou et al., 2019).

Quitline networks

In North America, the first state-wide service (the California Smokers' Helpline) was launched in 1992. Afterwards, the number of quitlines in North America started to increase exponentially. In 2004, the North American Quitline Consortium (NAQC) was established; in 2006, it was incorporated as a non-profit organisation (North American Quitline Consortium, 2006). It aims to unite the quitline administrators, service providers, researchers, and national organizations in the United States and Canada (North American Quitline Consortium, 2006). NAQC's mission is to maximise the reach and effectiveness of quitlines, provide leadership and promotion of quitlines, and to offer a forum to link those who are interested in quitline operations. Currently the Consortium is comprised of over 400 organisations and professionals of varying areas connected to quitlines (North American Quitline Consortium, 2023).

Europe's first quitline emerged in 1988 in the United Kingdom. In 2000, after more quitlines started to appear, a European network of quitlines was formed. Its main objectives were to maximise collaboration between these countries that provided quitline services and to help with further development of these services (Anderson & Zhu, 2007). This network, namely the European Network of Quitlines (ENQ), comprised in the beginning of the United Kingdom, Ireland, Germany, the Netherlands, Spain, and Sweden, but by 2008 the number of the member-quitlines had grown to 30 (Willemsen et al., 2008). ENQ aimed to ensure the access to training and guidance for all the member quitlines, as well as to offer support on the development of counselling protocols, evidence-based cessation programs, technical assistance, and web-based interventions (North American Quitline Consortium, 2006). ENQ ended when the subsidy from the European Union was terminated.

Similarly, representatives of quitlines in Australia, New Zealand, Hong Kong, Taiwan, Korea, Singapore, and Thailand have formed the Asia Pacific Quitline Network to share information and to provide a forum for research regarding quitlines (Pierce et al., 2012). This network was launched in 2008.

Quitline website review

In this section, we present the findings from our inventory of European quitlines websites.

Identification of quitline websites

Of the 31 countries included in the study, quitline websites were found for 23 countries: Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Sweden, and Switzerland. No quitline website, very limited, and/or outdated information was found for eight countries: Bulgaria, Croatia, Cyprus, Estonia, Hungary, Liechtenstein, Norway, and Spain. This list of countries with insufficient information double-checked by another researcher, which resulted in some additional information being found.

The information available on quitline website differed significantly between countries. Quitline websites for Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, the Netherlands, Poland, Sweden, and Switzerland were easy to find and had a

sufficient amount of information openly available on the websites. By *sufficient*, we mean that the website had reliable contact details, updated information, telephone number of the quitline, costs of the phone consultation, and basic information about the services offered by the quitline. For other countries, a quitline website was found, but the available information was limited or outdated, namely Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Portugal, Romania, Slovakia, and Slovenia.

Information on quitline websites

Most quitline websites had information on how to contact the quitline, as well as the hours in which phone counseling or other services were offered. The quitlines in Switzerland, Slovenia, Poland, Ireland, and Germany offered some weekend hours. The Swedish quitline provided services in 11 different languages. Most quitlines also offered personalized counselling as well as a possibility for information without counselling. Denmark and Ireland offered text-based smoking cessation services in addition to the phone services. The quitlines in Austria, Belgium, the Czech Republic, Finland, Ireland, the Netherlands, and Sweden offered some form of interactive online counselling or chat service. Nine quitlines offered a quitline app. Seventeen quitline websites provided links to their quitline's Facebook page. Most quitlines offered free health education and self-help materials, such as tips for quitting smoking. All of the quitlines that were found offered their services either for free, or for a small operator-fee for the first session. At least ten quitlines were promoted by the phone number on the cigarette packs. Other forms of promotion found during the website review were television, radio, social media promotion, public transport posters, brochures (in health centers), a banner for different websites, and health promotion campaigns.

Quantitative survey

The online survey was completed by representatives from twenty national quitlines: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Latvia, Luxembourg, the Netherlands, Poland, Romania, Slovakia, Slovenia, Sweden, and Switzerland.

The oldest quitline was started in 1994 (Luxembourg) while the newest ones were established in 2016 (Czech Republic and the Netherlands⁵) (Table 1). Hours of service differed considerably. Phone counselling was offered from only a few days a week to every day. While some of the quitlines were open during office hours, some extended the services from the morning to the evening, and some limited the services for the afternoon or evening hours only. Only one of the quitlines (Bulgaria) offered services twenty-four hours a day. Several quitlines offered telephone services after 6pm (n=13) or on weekends (n=7). Chat services were offered by six of the quitlines, most of which had fixed hours.

All but two (Bulgaria and France) of the quitlines offered counselling sessions longer than 10 minutes, and vast majority offered also brief counselling sessions and multiple sessions (no brief sessions: Bulgaria, France, Luxembourg, Switzerland; no multiple session counselling:

5 Restart of the Dutch quitline, which was previously called "Stivoro Roken Infolijn".

Latvia, Netherlands, Slovakia) (Table 2). Counselling without a protocol was offered by nearly half (n=9) of the quitlines. Several other services that were offered by quitlines were *Recorded messages* (n=5), *Fax referrals to the quitline* (n=4), *Mailed health education materials* (n=12), *Text messages* (n=3), *Online self-help tools* (n=10), *Automated emails* (n=4), *Online interactive counselling* (n=5), *Mobile applications* (n=4) and *Referral to other services* (n=16). None of the quitlines offered all these services suggested in the survey, however all of them offered at least one of the additional services. Other services that were mentioned by some of the quitlines in the open question of the survey were: *E-mail counselling*, *Video testimonials*, *Dedicated website*, *Facebook groups*, *Personal e-mail messages*, *Call back service*, and *Possibility of proactive counselling*.

All quitlines were able to provide counselling on an extensive list of topics (Table 3). The survey included ten topics (namely *Motivation to quit*, *Use of cessation medication*, *Setting a quit date*, *Making a plan to quit*, *Nicotine withdrawal symptoms*, *Weight gain*, *Managing stress*, *Social support*, *Second-hand smoke*, and *Thirdhand smoke*) of which most were topics addressed by the majority of the quitlines. *Motivation to quit*, *Nicotine withdrawal symptoms*, and *Managing stress* were offered by all of the quitlines answering to the survey. *Thirdhand smoke* was by far the least common topic offered (6/20), followed by the *Second-hand smoke* (12/20). Other topics of counselling services mentioned by some of the quitlines in the survey were: *Information on tobacco and nicotine (products and law)*, *Information on cessation programs throughout the country*, *Relapse prevention*, *Various individual and general health issues*, *Tips for not smoking*, *Shame*, *Depression*, *Sleep*, *Fear*, *Other people smoking*, and *Other addictions*.

Offering cessation medication was rare, with only the quitlines in Belgium and Romania stating that they offered some forms of medications (Table 3). However, the cessation medication might still be reimbursed through other services in the country, such as the GP or a smoking cessation outpatient clinic (e.g., Netherlands, Denmark).

Only few of the quitlines had any limitations for access to their services. Limitations that were stated were language, residency of the country, and an age limit (for either calling or only for personalised counselling).

Eleven of the twenty quitlines stated they did not have protocols for special populations (Table 4). Protocols were most often targeted towards *Pregnancy/postpartum* (n=5) and *Youth under 18* (n=4). Furthermore, support for non-tobacco users was common. Seventeen quitlines stated that they offered support for *People who want to help others to quit smoking*, fourteen offered support for *Healthcare professionals*, and eleven offered support for *Parents*. Only one quitline (Luxembourg) stated that they did not offer support for non-tobacco users. Other non-tobacco users that were mentioned by some of the quitlines were: *Media*, *People with other addictions*, and *People worried about their family members or friends*. Furthermore, quitlines were asked whether they accepted referrals of various types. Three quitlines accepted fax referrals, nine accepted online referrals, and nine accepted phone referrals. Five quitlines did not have a referral system in use.

Table 1. Opening hours, funding and service providers of quitlines in 2020.

Country	Year established	Telephone services		Chat services		Funding	Service Provider
		Days of week	Hours of day	Days of week	Hours of day		
Austria	2006	Mon., Tu., Wed., Th., Fri.	10:00-18:00	-	-	Public sector / Government	Austrian health insurance Company
Belgium	2004	Mon., Tu., Wed., Th., Fri.	15:00-19:00	-	-	Public sector / Government	The Foundation against Cancer
Bulgaria	2008	Mon., Tu., Wed., Th., Fri., Sat., Sun.	24/7	-	-	Public sector / Government	Ministry of Health
Czech Republic	2016	Mon., Tu., Wed., Th., Fri.	10:00-18:00	Mon., Tu., Wed., Th., Fri.	10:00-18:00	Public sector / Government	Česká koalice proti tabáku, z.s.
Denmark	1997	Mon., Tu., Wed., Th., Fri.	Mon-Th: 10-20, Fri: 10-16	-	-	Public sector / Government	Municipality of Copenhagen
Finland	2002	Mon., Tu., Th.	Mon-Tu: 10-18, Th: 13-16	-	2-9h/week	Public sector / Government & STEA	The Organisation for Respiratory Health in Finland
France	1998	Mon., Tu., Wed., Th., Fri., Sat.	08:00-20:00	-	-	Public sector / Government	Santé publique France
Germany	2006	Mon., Tu., Wed., Th., Fri., Sat., Sun.	Mon-Th: 10-22, Fri-Sun: 10-18	-	-	Public sector / Government	German Federal Centre for Health Education ("Bundeszentrale fuer gesundheitliche Aufklaerung", BZgA)
Iceland	2000	Mon., Tu., Wed., Th., Fri.	17:00-20:00	-	-	Public sector / Government	Heilbrigðisstofnun Norðurlands - Health Care Institution of North Iceland
Ireland	2014	Mon., Tu., Wed., Th., Fri., Sat.	Mon-Fri: 10-19, Sat: 10-13	Mon., Tu., Wed., Th., Fri., Sat.	Mon-Fri: 10-19, Sat: 10-13	Public sector / Government	Contracted by the Irish Health Service
Italy	2000	Mon., Tu., Wed., Th., Fri.	10:00-16:00			Public sector / Government	Instituto Superiore di Sanità, National Institute of health
Latvia	2015	Mon., Tu., Wed., Th., Fri.	08:00-19:00	-	-	Public sector / Government	Center for Disease Prevention and Control of Latvia
Luxembourg	1994	Mon., Tu., Wed., Th., Fri.	08:00-16:30	-	-	Private sector / non-government	Fondation Cancer
Netherlands	2016	Mon., Tu., Wed., Th., Fri.	09:00-17:00	Mon., Tu., Wed., Th., Fri.	13:00-17:00	Public / Government	Trimbos Institute
Poland	1996	Mon., Tu., Wed., Th., Fri., Sat.	Mon-Fri: 9-21, Sat: 9-15	-	-	Public sector / Government	Maria Sklodowska-Curie National Research Institute of Oncology Quitline operates within National Health Program
Romania	2006	Mon., Tu., Wed., Th., Fri.	08:00-20:00	Mon., Tu., Wed., Th., Fri.	2h	Public sector / Government	Ministry of Health
Slovakia	-	Mon., Tu., Wed., Th., Fri.	08:00-15:00	-	-	Public sector / Government	Public Health Office of the Slovak Republic
Slovenia	2007	Mon., Tu., Wed., Th., Fri., Sat., Sun.	7-10, 17-20	-	-	Public sector / Government	National Institute of Public Health
Sweden	1998	Mon., Tu., Wed., Th., Fri.	Mon-Th: 09-19, Fri: 09-16	Mon., Tu., Wed., Th., Fri.	09-19, Friday: 09-16	Public sector / Government	Folkhälsomyndigheten (Public health agency of Sweden)
Switzerland	2005	Mon., Tu., Wed., Th., Fri.	11:00-19:00	-	-	Public sector / Government	Krebsliga Schweiz

Table 2. Services offered by quitlines in 2020.

	Telephone counselling services					Medication	Other services									
	No protocol	Cessation medication offered	Brief counselling	Longer than 10min	Multiple session	Cessation medication offered	Recorded messages	Fax referral to the Quitline	Mailed materials	Text messages	Online self-help tools	Automated emails	Online interactive counselling	Mobile apps	Referral to other services	Other
Austria	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No	Yes	Yes	-
Belgium	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	*
Bulgaria	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	Yes	-
Czech Republic	Yes	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	Yes	-
Denmark	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No	No	No	Yes	-
Finland	Yes	No	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	No	No	Yes	-
France	No	No	No	No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	-
Germany	No	No	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	No	No	Yes	-
Iceland	No	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	No	*
Ireland	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	-
Italy	Yes	No	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	No	No	Yes	-
Latvia	No	No	Yes	Yes	No	No	No	No	No	No	No	No	No	No	Yes	-
Luxembourg	No	No	No	Yes	Yes	No	Yes	Yes	No	No	No	No	No	No	No	*
Netherlands	No	No	Yes	Yes	No	No	Yes	No	Yes	No	Yes	Yes	No	No	Yes	*
Poland	Yes	No	Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	Yes	Yes	*
Romania	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	Yes	Yes	No	Yes	-
Slovakia	No	No	Yes	Yes	No	No	No	No	No	Yes	No	No	Yes	No	Yes	-
Slovenia	No	No	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	No	No	Yes	*
Sweden	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No	No	No	No	-
Switzerland	No	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	Yes	*

* Other services offered include: E-mail counselling (Iceland); Video testimonials (Luxembourg); Dedicated website (Luxembourg); Facebook groups (Belgium, Netherlands); Personal e-mail messages (Poland); Call back service (Belgium); Possibility of proactive counselling (Slovenia); Smoking cessation materials by email (Switzerland)

Table 3. Topics of counselling services offered by the quitlines and protocols for special populations utilized by the quitlines in 2020.

	Topics of counselling services											Protocols for special populations					
	Motivation to quit	Cessation medication	Quit date	Plan to quit	Nicotine withdrawal symptoms	Weight gain	Managing stress	Social support	Secondhand smoke	Thirdhand smoke	Other	Behavioural health condition	Alcohol / drug addiction	Youth (under 18)	Pregnancy / Postpartum	E-cigarette	Other forms of tobacco
Austria	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*	No	No	No	No	No	-
Belgium	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*	No	Yes	Yes	Yes	Yes	-
Bulgaria	Yes	No	No	Yes	Yes	No	No	Yes	Yes	-	-	No	No	No	No	No	-
Czech Republic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	-	-	No	No	No	No	No	-
Denmark	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	-	-	No	No	No	No	No	-
Finland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*	-	No	No	No	No	No	-
France	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	-	-	No	No	Yes	No	No	-
Germany	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	No	No	No	No	-
Iceland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	No	No	Yes	Yes	No	-
Ireland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	Yes	Yes	Yes	Yes	-
Italy	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	-	-	No	Yes	No	No	No	-
Latvia	Yes	Yes	Yes	Yes	Yes	No	No	No	No	-	-	No	No	No	No	No	-
Luxembourg	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	*	-	No	No	No	No	No	-
Netherlands	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*	-	No	No	No	No	No	-
Poland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	No	No	No	No	No	**
Romania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	No	No	No	No	No	-
Slovakia	Yes	Yes	No	No	Yes	No	No	No	No	-	-	No	No	No	No	No	-
Slovenia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	-	-	No	No	No	No	No	-
Sweden	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	No	No	No	No	No	-
Switzerland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	No	Yes	Yes	Yes	**

* Other topics of counselling services include: Information on tobacco and nicotine (products and law) (Austria); Information on cessation programs throughout the country (Austria); Relapse prevention (Belgium); various individual and general health issues (Finland); information about e-cigarettes and new products (Italy); Tips for not smoking (Luxembourg); shame, depression, sleep, fear, other people smoking etc (Netherlands)

** Other protocols for special populations include: Cancer patients (Poland); People with psychiatric disorders (Switzerland)

Table 4. Support for non-tobacco users, acceptance of referrals, funding and availability of evaluation by the quitlines in 2020.

	Support for non-tobacco users										Accepting referrals				Funded by			Evaluation
	Healthcare professionals	Social welfare professionals	Teachers	Parents	Local Government authorities	Help others to quit	Worried about exposure	Other	Fax referrals	Online referrals	Telephone referrals	Other	Public sector / Government	Tobacco industry settlement funds	Private sector / non-government	Evaluation available		
Austria	Yes	Yes	Yes	Yes	No	Yes	Yes	*	Yes	Yes	No	-	Yes	No	No	No		
Belgium	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	Yes	-	Yes	No	No	Yes		
Bulgaria	-	-	-	-	-	-	-	-	No	No	Yes	-	Yes	No	No	No		
Czech Republic	Yes	Yes	Yes	Yes	No	Yes	Yes	*	Yes	No	No	-	Yes	No	No	Yes		
Denmark	Yes	No	Yes	Yes	No	Yes	No	-	No	Yes	Yes	-	Yes	No	No	No		
Finland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	No	No	No	-	Yes	No	No	Yes		
France	No	No	No	No	No	Yes	Yes	-	No	No	No	-	Yes	No	No	Yes		
Germany	Yes	Yes	Yes	Yes	No	Yes	No	-	Yes	Yes	No	-	Yes	No	No	Yes		
Iceland	Yes	No	Yes	Yes	Yes	Yes	No	-	Yes	Yes	Yes	-	Yes	No	No	No		
Ireland	Yes	No	No	No	No	Yes	Yes	-	Yes	Yes	Yes	-	Yes	No	No	Yes		
Italy	Yes	Yes	Yes	Yes	No	Yes	Yes	-	No	No	-	-	Yes	No	No	No		
Latvia	No	No	No	No	No	Yes	No	-	No	No	-	-	Yes	No	No	No		
Luxembourg	No	No	No	No	No	No	No	-	No	No	-	-	No	No	Yes	No		
Netherlands	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*	No	No	-	-	Yes	No	No	Yes		
Poland	Yes	No	No	No	No	Yes	No	-	Yes	Yes	-	-	Yes	No	No	No		
Romania	Yes	No	Yes	Yes	No	Yes	No	-	No	Yes	-	-	Yes	No	No	No		
Slovakia	-	-	-	-	-	-	-	-	No	No	-	-	Yes	No	No	No		
Slovenia	Yes	No	No	No	No	Yes	No	-	No	Yes	-	-	Yes	No	No	No		
Sweden	Yes	No	No	Yes	No	Yes	Yes	-	Yes	No	-	-	Yes	No	No	Yes		
Switzerland	No	No	No	No	No	Yes	No	-	Yes	Yes	-	-	Yes	No	No	No		

* Support for other non-tobacco users include: media, calling for information on the topic (Austria); Other addictions - alcohol, gambling, internet, illicit drugs, abuse of medications (Czech Republic); People worried about their family members/friends (Netherlands).

The overwhelming majority of the quitlines was funded by the public sector/government, with only one naming also an outside funding organisation (Finland) and one being funded by private sector/non-government (Luxembourg). Tobacco industry settlement funds were not reported as funders by any of the quitlines. Eleven quitlines reported either their official budget or the estimation of it for the year 2020. The reported budgets varied largely, also depending on the size of the population served by the quitline, from approximately €30000 to a million euros.

Finally, the quitlines reported on the number of quitline users in 2020. We found large differences in the number of registered users in 2020, varying from fewer than 500 (Iceland, Latvia, Luxembourg, Slovenia) to over 40000 (France, Germany). However, comparison of the number of registrations, referrals, or the demographics of the users between different quitlines is difficult due to the variance of information collected and reported by each quitline. An information sheet for each quitline can be found in the annex.

Qualitative survey

In this section we describe the finding from the qualitative survey, which was sent to all twenty quitlines who completed the quantitative survey.

Respondents

The qualitative survey was completed by fifteen national quitlines: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Finland, France, Germany, Iceland, Ireland, Latvia, Lithuania, the Netherlands, Norway, and Slovenia. One quitline answered the *former quitlines* version of the survey (Norway), one quitline answered the *future quitlines* version of the survey (Lithuania), eight quitlines answered the version for *members of the current European quitline survey* (Austria, Belgium, Denmark, Finland, France, Germany, Ireland and the Netherlands) and five quitlines answered the version for *quitlines who are not part of this network* (Bulgaria, Czech Republic, Iceland, Latvia, and Slovenia).

The qualitative survey was mainly answered by people with a university level degree in health science, public health or nursing (N=8), or in psychology (N=5). Their years of work experiences at their respective quitline ranged from less than one year to over twenty years. At their respective quitline, 13 respondents were currently working in a management or administrative role, 1 respondent was working as counsellor, and 1 respondent as both manager and counsellor.

History

The survey asked the quitline representatives about the history of their quitline. Several quitlines mentioned changes over time in type of service (e.g. expanding from a reactive towards a proactive service, or developing a website, smartphone app and presence on social media), counselling techniques (e.g. implementing motivational interviewing and cognitive behavior therapy), type of clientele (e.g. from tobacco smokers to smokeless tobacco users and later non-tobacco nicotine product users), hours of service (e.g. expanding towards weekends, mornings and evenings), administrative support (e.g. going from a paper-based administration towards a digital system), and increases in public awareness and number of callers.

A representative from the former Norwegian quitline explained that the quitline was terminated because even though the service was of high quality, the number of callers had decreased significantly over the years. It was decided that resources should be spent on digital tools, such as apps and websites instead, since this would be more cost-efficient. The Norwegian government offers self-help tools such as a website, app and social media under the name *Slutta* ("Stopped").

A representative from the future Lithuanian quitline wrote that the Lithuanian government currently offers a website with a chat service for smokers who want to quit. Since there is scientific evidence that quitlines can be an effective smoking cessation service, the Lithuanian ministry is currently planning to offer quitline service with phone consultations.

Mission and goals

The survey asked the quitline representatives about the mission and goals of their quitline. The answers varied greatly in specificity, but all consisted of at least two of the following elements:

- Type of service that was offered (e.g. provision of information and self-help materials, referral to health care center or counselling).
- Characteristics of the services (e.g. free of charge, anonymous, non-judgmental, nationwide availability, evidence-based).
- Type of product (e.g. cigarettes or also other tobacco and nicotine products).
- Target group (e.g. people who want to quit smoking or have quit but need support during maintenance of abstinence, family members or professionals).
- Function within national public health strategy (e.g. raising awareness, protecting public health or promotion of health policies).

Most quitline representatives reported multiple goals they were trying to achieve. Goals ranged from providing information about the health consequences of tobacco smoking to healthcare professionals and the general public, to offering support during and after cessation. Other goals were increasing the reach of their services and message, developing new initiatives, providing services of high quality, and collecting data on effectiveness.

A day at the quitline

We asked quitline representative to describe a day working at their quitline. Most representatives indicated that service delivery was their core business. This could be through answering telephone calls, actively calling clients, answering emails or live chat messages, updating social media accounts, attending network meetings and working on related projects. The number of daily calls varied greatly; ranging from below five up to a hundred a day. Some respondents reported receiving prank calls on a regular basis.

Some quitlines were only staffed by a single employee at a time. Other quitlines were staffed by small teams of 3 to 6 members. This provides opportunities for consultation and peer support. Most quitlines reported having regular team meetings to discuss difficult cases and organizational issues. Several quitlines allowed staff members the opportunity to work from home.

Successes and improvements

The survey asked the quitline representatives to share what achievement they were most proud of. Most quitlines mentioned successes related to the services they offered. This included automated referrals, expansion of services, and the introduction of a smoking cessation app to reach young people. Other success stories were related to effectiveness of the quitline, organisation of the quitline, and collaboration with external parties. One quitline mentioned a successful project during the COVID pandemic:

"We have participated in a project where regions and municipalities have referred people interested in quitting using Very Brief Advice (VBA) at COVID test and vaccination centers. We have handled a massive increase in activity and built new relations."

The survey also asked what elements could be changed to improve the quitline. Most quitlines would like to change elements related to the services the quitline offered. This includes for example working proactive instead of only reactive, increasing service hours, and being able to prescribe nicotine replacement therapy. Others would like to monitor the effectiveness of the quitline service and to increase collaboration with health insurers, policy makers or tobacco control experts:

"It would strengthen the quitline if it was part of a national center for smoking cessation, where for example knowledge building, knowledge dissemination, apps and for instance campaign activities were gathered under one roof."

Collaboration

Quitlines mainly collaborate with organizations within their country. The most frequently mentioned partner was the national government, who often funds the quitline. Several quitlines collaborated with schools to provide education to young people or to teach nursing and medicine students about smoking cessation:

"We have worked with many healthcare institutions and also with schools. We go to classes and talk to students and help the teachers to talk about tobacco and nicotine addiction. [...] We have a special contract with the university hospital in [name capital] about clients who are going to surgery and are using tobacco. We also have a contract with the midwives in primary care and they send us all pregnant women who use tobacco."

Quitlines with a referral system often collaborate closely with healthcare professionals and municipal authorities. Some quitlines have a seat in national tobacco control boards and partnerships. International collaboration is reported to be limited, except for quitlines that are part of the current European quitlines network

Opportunities for a European Quitlines network

Most quitline representatives indicated that they would like to learn how other quitlines are organized, what services are offered, and how evaluation is organized:

"We would like to know how quitlines are organized in other countries, who are consultants, how educated they are. We also want to know how the success of quitlines is evaluated in other countries and how quitlines are promoted in other countries."

The majority of the respondents who are not yet part of the current network would like to be part of such a network. An active European quitlines network allows for an exchange of good practices and experiences. The main barrier to be involved with a quitline network was a lack of time and financial resources. Several quitlines were involved with the former ENQ and shared positive memories about the meetings:

"It's always interesting to see and hear what other quitlines are doing. We learned a lot in the meetings with the ENQ. We miss these meetings."

The main barrier to be involved with a quitline network was a lack of time and financial resources.

Quitline representatives involved with the current quitline network are all enthusiastic about their experiences and would like to continue their involvement. The main benefit of a quitline network is the opportunity to exchange experiences with likeminded people, as these opportunities are often limited within their own quitline:

"I am so happy to work for a quitline, since I find it an excellent service, which can do so much good with effective use of resources. Still it is quite "lonely" work. Therefore I am even more happy to be able to exchange with European colleagues!"

Furthermore, sharing guidelines and protocols or working together on promotional materials for people that do not speak the native language were reported as a benefit by the representatives.

Some representatives experienced difficulties in prioritizing the current quitlines network over other responsibilities and meetings:

"I did join the network last year but unfortunately these network meetings always seem to coincide with our organization regular work meetings. So I haven't been able to attend but once."

Several representatives reported they would like to have a yearly physical meeting to strengthen relationships between the quitlines:

"One of the values of a network is also that you can be inspired in areas where you did not know there was inspiration to be found. This will be especially true in physical meetings, where there is the possibility of unplanned dialogue and sparring."

Summary of findings

Previous research on quitlines clearly indicates that quitline services have the potential to contribute to reducing tobacco smoking rates. However, the ability to reach large numbers of clients is vital to get all the benefits of a quitline in use. Multiple factors can increase reach, such as promoting quitlines on cigarette packs, possibility for online registrations, and referral systems. Most research on quitlines is conducted on a national level, making international comparisons complicated. Furthermore, the quitline organization and services differ notably between countries. The North American Quitline Consortium (NAQC) has developed several tools to systematically evaluate quitlines and has conducted a considerable amount of research. However, since this research was mainly based on quitlines in the United States and Canada, there was a clear information gap concerning contemporary research on European quitlines.

For this report, we utilized information from a pragmatic literature review, a review of quitline websites and information provided by the quitlines themselves through online surveys. The literature review focused on Europe and aimed to outline the effectiveness, reach, and promotion of the quitlines. The website review was aimed at identifying the quitlines in Europe and finding the basic information. The website review was able to identify a website of a national quitline for 23 out of the 31 countries involved in the study. The quantitative survey was completed by 20 quitlines and provided an extensive overview of the services offered by quitlines. There were some cases, such as with the Swedish and the Irish quitlines, where the website review found more services offered than the survey. Some existing quitlines were not found during the website review (Bulgaria) or the official website was not found (Belgium, Germany). Latvia's quitline did not have an official website, hence the information during the website review was collected from an external site and some of the information was wrong or outdated.

The qualitative survey aimed to gather more in-depth information regarding the organization of quitlines in different European countries. Furthermore, we wanted to learn whether quitlines were interested in collaborating with other quitlines, participating in a quitline network, and sharing lessons' learned with other tobacco control specialists. For quitlines who are part of the current European quitlines network we included questions on their experiences with this network and for quitlines who were not part of the current European quitlines network we included questions on their needs for collaboration and exchange and their interest in participation in a quitline network. The qualitative survey was completed by 15 quitlines.

Recommendations for quitlines

Based on the results, we have formulated several recommendations for quitlines to increase their reach and effectiveness and opportunities to collaborate and to exchange experiences.

Our first recommendation for quitlines is to improve the visibility and quality of information on quitline websites. Our website review was aimed at identifying the quitlines, finding basic information on services. However, in multiple instances the information on websites was outdated or incomplete and only a few websites provided information in multiple languages. In several instances, the information found on the website and provided in the quantitative survey was inconclusive. While only few websites listed the services offered by the quitline or counselling topics in detail, the survey showed that the participating quitlines generally tended to have extensive offerings for their clients, some of which were not mentioned on their website.

A second recommendation for quitlines is to provide proactive e-referrals. Of the 20 quitlines participating in the quantitative survey, 7 did not have a referral system in place. Proactive e-referrals, in which a quitline contacts the patient after receiving the referral online, may have a 13-fold increase in connecting and enrolling patients into quitline services (Hood-Medland et al., 2019). A prospective implementation study showed that of the e-referral orders that were received by a Californian quitline in 2003-2006, 52% were successfully contacted, of which 39% accepted services (Hood-Medland et al., 2019).

A third recommendation for quitlines is to offer multiple counselling sessions and to discuss using NRT and cessation medication during the sessions. Most, but not all, quitlines offered multiple counselling sessions and offered NRT and cessation medication a counselling topic. Earlier research found that repeated callers are more satisfied compared to one-time callers or callers who only obtained self-help materials (Willemsen et al., 2008, 2010). Additional calls were also found to contribute to the feeling of the quitline making it easier to quit smoking, as was the use of NRT and counselling from a health professional (Willemsen et al., 2008). The effectiveness of the counselling increases when multiple counselling sessions are provided (Matkin et al., 2019).

A fourth recommendation is for quitlines to share their experiences on the use of digital tools to improve service delivery. Most quitlines made use of some digital applications, for example text messaging, online self-help tools, automatic emails, online interactive counselling, mobile applications, and Facebook groups. By sharing best practices with these digital tools through an international network, quitlines may learn for each other and find opportunities to collaborate and work more efficient and effective.

As a fifth recommendation, moral and social support towards quitline professionals could be improved. As one participant wrote: *"Still, it is quite lonely work."* Depending on the organization and size of the quitline, the opportunities for colleagues to support each other might be limited, for example when counsellors are used to work from home or when there is only one person on call at a time.

A sixth and final recommendation is to increase harmonization of data collection and evaluation of quitlines. By regularly working together to evaluate reach and effectiveness and exchange good practices, quitlines can improve the body of evidence for the effectiveness of their quitline. This might increase opportunities to increase funding and to improve the services that are offered.

Evaluation of limitations

The main strength of this study is that several methods were used for data collection. During the website review, many out-of-date websites were found. The quantitative survey was necessary to complete gaps in data and revealed multiple inconsistencies in data.

Another strength is the practical applicability of this research. By involving the current European quitlines network in the study design and presenting our preliminary results in their meetings, we were able to tailor our research in a way that the results are most useful for them.

A limitation of this study is the possibility that not all national quitlines were recognized. For some quitlines, we could not find any information online and through our professionals networks. However, this might also be caused by translation errors while searching online of quitline websites, or by quitlines not having a website. Nonetheless, our online search did reveal several contacts that were not part of our professionals networks, indicating that the online search was at least partly effective.

Furthermore, the quality of data might be influenced by differences in quitline organisation, culture or languages. Since quitlines collect data using different methods, the data regarding registrations, referrals, and demographics is difficult to compare. Additionally, different quitlines may have different definitions for some of the services. Even though the survey included definitions, the respondents might have understood some of the questions differently (see e.g., answers to the question about limitations of services). This may also be due to possible translation errors.

Conclusions and implications

This research aimed to systematically collect, analyse, and disseminate information about the goals, structure, services offered, financing, and position within the healthcare system of the national quitlines in Europe. We collected data through a pragmatic literature review, website review, quantitative survey and qualitative survey. The quality of information we found on the quitline websites was limited and low compared to the quality of data collected in the surveys. We found large differences between European quitlines in their organisation, the services they offer and the number of users they attract. We identified multiple areas in which quitlines could learn from each other, such as providing proactive referrals, using digital tools and social media and the quality of data collection and evaluation. The European quitlines network may support quitlines by facilitating exchange and providing guidance on these topics.

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Annex I. Website review topic guide



Background information

- Country
- Name of quitline
- Website
- Hours of operation
- Holidays/quitline closed
- Telephone number 1
- Telephone number 2
- Text2Quit number
- Deaf/Hard of hearing telephone number
- Email
- Twitter
- Facebook
- Supported languages for counseling
- Funder of the quitline
- Operator of counseling services
- Parent organization

Services

- Information only, no counseling
- Phone counseling
 - Type of intervention
 - Number and duration of sessions
 - Topic
 - Special populations
 - Eligibility criteria for phone counseling
 - Costs for phone counseling
 - Free medication offered (list medications)
 - Discounts on medications offered (list medications)
 - Eligibility criteria for medications
 - Other services

Health education materials

- Specialized materials for specific groups

Web-based services

- Self-help tools
- Interactive chat counseling
- Bot-based chat counseling
- Smoking cessation health information
- Automated email messages

- Chat rooms
- Links to other services
- Blogs
- Forums
- Social media (Facebook, Twitter, Instagram, etc) counseling and support

Mobile phone services

- Quitline app
- Automated text messages

Provider referral program

- Fax referral program
- Fax referral form
- Electronic referral program
- Person(s) eligible to refer patients
- Person(s) eligible to refer patients: others
- Referred patients contacted within
- Other services available to referring providers
- Available referral methods: faxed form
- Available referral methods: e-mail or online
- Available referral methods: EMR with electronic submission
- Tobacco users can be referred if they are thinking about quitting
- Tobacco users can be referred if they indicate a readiness to quit within 30 days
- Tobacco users can be referred if they are ready to make a quit attempt
- Tobacco users can be referred if they are quit and seek help to stay quit

Data on the quitline

- Reach: number of unique calls last year
- Budget for the quitline
- Promotion of the quitline
- Effectiveness of the quitline
- Quality of the quitline
- User satisfaction
- Feedback from users/experiences of users

Contact information

- Name, address, phone number, email address
- Website of parent organization
- Date of data extraction

Quitlines documents

- Links to documents



E-mail missing contact info

Dear ...,

The Netherlands Expertise Center for Tobacco Control (NET) aims to systematically collect, analyze, and disseminate information about national Quitlines in Europe. Several European quitlines have advised us on this project and the development of the survey. We will disseminate our findings to all European Quitlines so they will have the opportunity to share best practices and lessons learned.

We would like to invite a representative from [name Quitline] to participate in our survey. However, we are still looking for a suitable contact person from the Quitline. Could you provide us with the contact information of a representative from the Quitline?

Kind regards,

On behalf of the European quitline research project team at NET,

Sigrid Troelstra, PhD

stroelstra@trimbos.nl

E-mail invitation

Subject: Survey on European tobacco control Quitlines: How is your Quitline organized?

Dear ...,

We would like to invite you to participate in a survey about European smoking cessation Quitlines. This project aims to systematically collect, analyze, and disseminate information about national Quitlines in the 27 members of the European Union and the 4 members of the European Free Trade Association.

LINK TO SURVEY: ...

About the survey

We would like to ask you, or a colleague working at your national Quitline, to complete the online survey. Depending on what information is readily available it will take about 15 to 30 minutes of your time. Based on the survey, we might invite you to participate in a follow-up qualitative interview on the experiences and needs of your country's Quitline.

The survey is in English. In case of language issues, we recommend using an online translator, such as <https://translate.google.com/>.

Outcomes

Based on the results, we will write a report and a scientific paper describing the services, structure and goals of each Quitline. We will disseminate our findings to all European Quitlines so you will have the opportunity to share best practices and lessons learned. Taking part in the survey will allow you to appreciate your Quitline services in the context of those in other European countries.

About us

The Netherlands Expertise Center for Tobacco Control (NET) is part of the Netherlands Institute on Mental Health and Addiction (Trimbos Institute). We are commissioned by the Netherlands Ministry of Health to develop and disseminate an overview of services offered by quitlines in Europe. Several European quitlines have advised us on this project and the development of the survey.

More information

More information about the project, consent and ethical approval can be found in the documents attached to this email. If you have any questions about the project, please contact Dr. Sigrid Troelstra (stroelstra@trimbos.nl).

Kind regards,

On behalf of the European quitline research project team at NET,

Sigrid Troelstra, PhD

Information letter

We would like to invite you to participate in a survey on national smoking cessation Quitlines in Europe. This letter contains information about the survey.

Background

While many countries in Europe offer smoking cessation services through telephone services and through online programs (hereafter: Quitline), there is currently no comprehensive directory of the services that each Quitline offers, how each Quitline is structured, and how the services offered by the Quitline fit into each country's overall tobacco control strategy.

As part of a larger project on European quitlines, tobacco control researchers and specialists from the Netherlands Expertise Centre for Tobacco Control (NET) are collecting data on quitlines to help develop a directory of information about quitlines in Europe. This directory will help quitline professionals share information, tools, and other resources.

Aim of the project

This project aims to systematically collect, analyze, and disseminate information about the goals, structure, services offered, and the financing of national Quitlines in the 27 members of the European Union and the 4 members of the European Free Trade Association.

About the survey

Tobacco control researchers and specialists from NET have collected publicly available information about your country's Quitline from scientific articles and from the website of your country's Quitline. The survey asks about information that may not have been available online or in articles. The information collected through this survey will help ensure that the directory of information about European quitlines is comprehensive and accurate.

What do we expect of you?

We would like to ask you or a colleague working at the Quitline to complete the European Quitline Survey, EQS. This will take about 15 minutes to 30 minutes. Some of the answers to the questions in the survey might be available in annual reports about your country's Quitline. If this is the case for your country's Quitline, please feel free to copy and paste information from reports to answer survey questions. If copy-paste is used, please include the source and the year from which the information is reported.

We have sent you an e-mail invitation with a link to the survey. Based on data collected from the survey, you might be invited for a follow-up phone interview about your country's Quitline.

Personal information

This project has been approved by the Trimbos Research Ethics Committee. Information about the processing of personal information is included in the attachment "Information about the processing of personal information" that we have included with the invitation.

Questions or remarks?

If you have any questions about the project, please contact us. We are happy to answer your questions.

Kind regards on behalf of the European quitline research project team at NET,

Sigrid Troelstra, PhD

Information on the processing of personal information

Thank you for participation. You have received information on the aim of this project. This letter will inform you on how we process your personal information and how we ensure your privacy.

The Trimbos Institute⁶ is responsible for the processing of your personal information according to the General Data Protection Regulation (GDPR).

Below we explain what **personal information** we use, and for which aim.

1. Research data
 - Profession
 - Questions regarding your national Quitline

This information is necessary for the research project. Data and results regarding the Quitline of your country could be traced back to your organization. Information on the research activities can be found in the information letter that you received with the invitation of the survey.

2. Contact information

We would like to inform participants about the results of the research project. We might also have additional questions. Therefore, we store the following information:

- Your name
- Your e-mail
- Your phone number

The contact information will be stored separately from the research data.

Consent

This project has been approved by the Trimbos Ethics Committee. Without your consent, we cannot process your personal information. Therefore, we will ask explicitly for your consent to participate in this survey through a digital informed consent form at the beginning of the online survey.

⁶ The Trimbos-institute is headquartered at the Da Costakade 45 (3521 VS) Utrecht, phone number: +31 (0)30 297 1100.

How long will your personal information be stored?

The retention period depends on the type of personal information:

1. The research data will be stored for 10 years after the project is completed.
2. The contact information will be removed after the project is completed.

Will my personal information be shared with third parties?

The survey will be completed online. Therefore, we will store your information with our IT service provider, who will process your information for us. The information will be stored at a server within the European Union. We have made a data processing agreement with this party in which we have arranged a level of safety and confidentiality that is at least at a similar level which you may expect of us. Your information will not be shared with third parties, unless the Trimbos-institute is mandated to share certain information based on current legislation.

How do we protect your information?

We have enforced suitable technical and organizational security measures to guard your personal information against loss, misuse and unauthorized access by third parties. The information is stored on a secure server and only the project team has access to this information. Furthermore, our IT service provided is obliged to take similar technical and organizational security measures.

Your rights

You may end your participation to this research project and withdraw your consent at any moment. You can do this by sending an e-mail to stroelstra@trimbos.nl.

Additionally, you have the right to

- a. Access your personal information. You can ask for a copy of your personal information;
- b. Correct or revise your personal information if this incorrect or incomplete;
- c. Under certain conditions you also have the right to delete your personal information. For example, by withdrawing your consent for the use of your personal information;
- d. Receive your personal information in structured, acceptable and readable format and to transfer this information to others.

More information: Please see Articles 15 to 20 of the General Data Protection Regulation (GDPR).

Contact person

Do you have questions about this research project? Or do you have questions about the way we process your personal information? Or do you want to exert your rights based on the GDPR? Please contact Sigrid Troelstra via stroelstra@trimbos.nl.

Complaint?

If you feel that we have processed your information incorrectly, please contact our data protection officer at fg@trimbos.nl. The data protection officer is independent and monitors the application of the GDPR. If you have a complaint and would prefer to not submit this with us, you can contact the Autoriteit Persoonsgegevens via <https://autoriteitpersoonsgegevens.nl/>.

For more information on how the Trimbos-institute processes personal information we refer to the privacy statement at www.trimbos.nl/privacy.

Informed consent

* By consenting to participate in this survey, you agree to the following:

- **I have been informed about this research project** and how my personal information will be processed. I have been able to carefully consider my participation to this research project. I have been able to ask questions about this research project and the processing of my personal information. Any remaining questions have been answered satisfactorily.
- **My participation is voluntary.** I know that I can skip a question stop the survey at any time. I know that I can end my participation to this research project and withdraw my consent to process my personal information at any time. I do not need to state a reason to withdraw my consent and this will not have further consequences.
- **My personal information will be kept strictly confidential.** I have read the information about this research project and the processing of my personal information by the Trimbos-institute (attached to the invitation). Data and results regarding the Quitline of my country could be traced back to my organization. The information that I provide will only be used for the purposes of this research project, of which I have been informed.

I agree to participate in this research project and agree to the processing of my personal information.

I have read the information letter about the research project and the letter about the processing of personal information.

Do you agree to participate?

- I agree → Go to survey
- I do not agree → Pop-up: Do you not agree? This means that you cannot participate. Do you want to participate? Move back to the previous question. If you continue without consenting, you will be directed to the website of the Trimbos-institute.

Survey

Welcome to the European Quitlines survey!

Tobacco control services are offered through a telephone service (hereafter: Quitline) in many countries in Europe. However, there is no comprehensive directory of the goals of each Quitline, what each Quitline offers, how they are structured, and how the services offered by the Quitline fit into the country's overall tobacco control strategy. This project hence aims to systematically collect, analyze, and disseminate information about the goals, structure, services offered, financing, and position within the healthcare system of country-wide Quitlines in the 27 members of the European Union and the 4 members of the European Free Trade Association.

This survey will take approximately 15 to 30 minutes of your time. Before beginning this survey, make sure that you look up available information on the reach and/or financing of the Quitline in 2020, for example an evaluation of the functioning of the Quitline to save time. Based on the survey, we might invite you to participate in a follow-up qualitative interview on the experiences and needs of your country's Quitline.

If you have any questions or remarks, please contact us. We are happy to answer your questions.

Kind regards,

On behalf of all researchers,

Sigrid Troelstra, PhD
stroelstra@trimbos.nl

Who should we contact with questions about your Quitline? What is their contact information?

- Full name:
- Job Title:
- Employer/Organization:
- Mailing address:
- Email:
- Telephone number:.....

1. Please provide information about your Quitline.

Some Quitlines offer services in different languages or for specific populations through unique telephone numbers. Please provide the Quitline telephone numbers that are available for your country's Quitline and identify the specific populations that are targeted for each of the Quitline phone numbers.

- Name of your country's Quitline:.....
- Main telephone number for services:.....
- Quitline-specific website:.....
- Other contact information:.....

2. What year did the Quitline start?

- [year]:.....

3. Please provide information on the telephone services of the quitline.

a. In 2020, what days of the week did the Quitline offer telephone services?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

b. Which hours of the day did the Quitline offer these services?

- [hours]:.....

4. Please provide information on the chat services of the quitline.

a. In 2020, did the Quitline offer chat-counseling? If yes, what days of the week did the Quitline offer these services?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> No, the Quitline dit not offer chat-counselling |

b. Which hours of the day did the Quitline offer chat services?

- [hours]:.....

5. Which organization was the Quitline Service Provider for 2020? Please list all providers.

A Quitline Service Provider is a non-profit or for-profit organization which provides tobacco dependence treatment and smoking cessation services online or by telephone.

-
-

6. Please provide information on the services offered by the quitline.

a. What telephone counseling services did the Quitline offer in 2020?

Please check all types of counseling that were offered regularly.

Counseling here refers to a person-tailored, in-depth, motivational interaction that occurs between a cessation specialist / counselor / coach and a caller

- Counseling that is not guided by a protocol
- Brief counseling for less than 10 minutes
- A counseling session that is longer than 10 minutes
- Multiple counseling sessions

b. What other services did the Quitline offer in 2020? Please check all types of services that were offered regularly.

- Recorded messages about quitting smoking
- Fax referral to the Quitline by healthcare professionals
- Health education materials by mail
- Text messages
- Online smoking cessation self-help tools
- Automated e-mail messages
- Online interactive counselling
- Smoking cessation cellphone apps
- Referral to other cessation services
- Other (please specify):.....

7. In 2020, which topics did the Quitline counseling services typically offer?

Please check all topics that were typically addressed during counseling.

Counseling here refers to a person-tailored, in-depth, motivational interaction that occurs between cessation specialist / counselor / coach and caller.

- Motivation to quit smoking
- Using medication to help with quitting smoking
- Setting a quit date
- Making a plan to quit smoking
- Dealing with nicotine withdrawal symptoms
- Weight gain
- Managing stress while quitting smoking
- Social support
- Secondhand smoke
- Thirdhand smoke
- Other (please specify):.....

8. In 2020, were the Quitline's counseling services limited to a specific province, age, insurance status, or special population? Please check all limitations that apply to the Quitline's counseling services.

Counseling here refers to a person-tailored, in-depth, motivational interaction that occurs between cessation specialist / counselor / coach and caller.

- No, there were no limitations on receiving counselling
- Yes, the services are limited to:
 - Resident of district or province
 - Age (please specify required age for services):.....years of age
 - Insurance type (please describe):.....
 - Members of a special population (please specify which populations):.....
 - Other (please describe the limitation):.....

9. In 2020, did the Quitline use protocols for counseling special populations about smoking cessation? If yes, please check all special populations that had specific protocols for counseling.

Counseling here refers to a person-tailored, in-depth, motivational interaction that occurs between cessation specialist / counselor / coach and caller.

A protocol is a set of guidelines that describes a process to be followed for providing cessation counseling and medications.

- No, the Quitline did not use specific protocols for special populations
- Yes, the Quitline used specific protocols for:
 - People who have a behavioral health condition
 - People who are addicted to alcohol or drugs
 - Youth (under 18 years)
 - Pregnant women and/or women who have recently given birth
 - E-cigarette users
 - People who smoke or use other forms of tobacco, such as cigars, pipes, chewing tobacco, snus, or nicotine pouches
 - Other:.....

10. Please provide information about smoking cessation medication.

a. At any point in 2020, did the Quitline offer free smoking cessation medications to people who used the Quitline's services?

Smoking cessation medications are medications that can be used by people who smoke to help them quit smoking. These medications include medications that are available without a prescription and medications that are only available with a prescription from a licensed healthcare professional.

- Yes
- No (move to question 12)

b. What smoking cessation medications were offered? Please describe how medications were offered and if they were offered for free, reduced cost, or full price. Please list all medications and the standard amount of medication offered to people who used the Quitline's services in 2020.

Smoking cessation medications could be offered through coupons for medications, mailing medications, writing a prescription for medications, or other ways of offering medications to people who used the Quitline's services. Please note that 'standard amount' refers to the amount of medication provided to the average eligible person who used the Quitline services in 2020.

Open text field

11. In 2020, did the Quitline offer support to people who called who were not tobacco users or recent quitters? If yes, please check all populations that were offered support.

- Healthcare professionals
- Social welfare professionals
- Teachers
- Parents
- Local government authorities
- People who want to help other people quit smoking (i.e., proxy callers)
- People who are worried about exposure to tobacco smoke
- Other (please specify):.....

- No, this Quitline did not offer support to non-tobacco users.

12. Please provide information about referrals.

a. In 2020, did the Quitline accept referrals? If yes, please check all ways that the Quitline accepted referrals.

A referral is when a healthcare professional, a government services employee, or social welfare professional contacts the Quitline on behalf of a person who smokes and who wants help quitting smoking. The Quitline then calls the person who was referred and offers assistance with quitting smoking.

- Fax referral: a referral in which information between a referral source and a Quitline is sent or received via fax
- Online referral: a referral in which information between a referral source and a Quitline is sent or received via email or online
- Telephone referral: a referral in which a referral source calls a Quitline and provides information by speaking to someone at a Quitline
- Other:.....

- No, the Quitline did not have a system for referring people to the Quitline in 2020. (move to question 17)

b. In 2020, how many referrals did the Quitline get? Please report the number of referrals from each different method of referral. If some of the information is not available, you may leave those boxes blank.

A referral is when a healthcare professional, a government services employee, or social welfare professional contacts the Quitline on behalf of a person who smokes and who wants help quitting smoking. The Quitline then calls the person who was referred and offers assistance with quitting smoking.

- Fax referral: a referral in which information between a referral source and a Quitline is sent or received via fax. N=.....
- Online referral: a referral in which information between a referral source and a Quitline is sent or received via email or online. N=.....
- Telephone referral: a referral in which a referral source calls a Quitline and provides information by speaking to someone at a Quitline. N=.....
- Other referral modes reported in **previous question**. N=.....
- Total referrals in 2020 [sum of numbers reported above]. N=.....

13. In 2020, how many people were registered to use the Quitline services? Please report the number of registrations for each different way of connecting to the Quitline.

- How many people completed registrations from direct calls in 2020 for telephone counseling? N=.....
- How many people completed registrations from web enrolment in 2020 for telephone counseling? N=.....
- How many people completed registrations from referrals in 2020 for telephone counseling? N=.....
- Total number of completed registrations in 2020 for telephone counseling. (Sum of above) N=.....
- The Quitline did not have a registration system in 2020.



14. Please provide information about the people who used the Quitline counseling services.

- Men: N=.....
- Women: N=.....
- Total number of people under 18 years old: N=.....
- The Quitline did not collect this information in 2020

15. In 2020, how was the Quitline funded? Please check all sources of funding.

- Public sector/government
- Tobacco industry settlement funds
- Private sector/non-government
- Other public or private funders (please specify):.....

16. Please provide information about the 2020 budget for the Quitline.

- Total 2020 Quitline budget in euros:

17. Please provide information about the evaluation of the Quitline.

a. In the past five years, have the Quitline services been evaluated?

- Yes
- No (Move to question 19)

b. What were the main findings of the evaluation of the Quitline services? If possible, please upload a document about the evaluation. If this is not possible, please elaborate on the findings in the following question.

Open text field

18. Is there anything more you would like to share with us about the Quitline or about this survey?

Open text field



19. Do you want to be informed about the proceedings of this project?

- Yes
- No

20. May someone from the Trimbos Institute contact you for more information or a follow-up interview?

- Yes
- No

Please provide contact information here:

Open text field

Thank you for completing the survey!

Annex III. Qualitative survey



E-mail invitation

Subject: Overview of European tobacco control Quitlines: Next steps!

Dear ...,

We would like to thank you for your participation in the survey about European smoking cessation Quitlines and ask you participate in the next phase of this research project!

Preliminary results

Twenty European Quitlines have participated in our survey. We are currently writing a report and a scientific paper describing the services, structure and goals of each Quitline. We will disseminate our findings to all European Quitlines so you will have the opportunity to share best practices and lessons learned. Attached you will find two documents with preliminary results:

1. Short report with preliminary findings
2. Country summary based on your answers in the survey

If you have any comments on your country's Quitline summary, please let us know so we can ensure that this information that will be presented in our report will be correct.

Participate in the European Quitline Qualitative Survey

With the next phase of this research project, a qualitative survey, we aim to gather in-depth data about the organization of Quitlines in different European countries, including information about what services are offered, how the Quitline is supported, and how professionals from Quitlines connect with other tobacco control specialists. Furthermore, we would like to learn more about your Quitline's interest in collaborating with other Quitlines, participating in a Quitline network, and sharing lessons' learned with other tobacco control specialists.

In order to collect in-depth information about Quitlines in Europe, the *European Quitline Qualitative Survey* consists of a number of open-ended questions. Please answer questions in as much detail as possible.

LINK TO SURVEY: ...

Outcomes

Based on the results, we will write a report and a scientific paper describing the services, structure and goals of each Quitline and describe the needs for collaboration, knowledge exchange and participation in a quitline network. We will disseminate our findings to all European Quitlines so you will have the opportunity to share best practices and lessons learned.



More information

More information about the project, consent and ethical approval can be found in the documents attached to this email. If you have any questions about the project, please contact Dr. Sigrid Troelstra (stroelstra@trimbos.nl).

Kind regards,

On behalf of the European quitline research project team,

Sigrid Troelstra, PhD

Information letter and informed consent

Thank you very much for agreeing to participate in the *European Quitlines Qualitative Survey*.

As part of a larger research project on Quitlines in Europe, NET has collected information on European Quitlines through desk research and an online survey. With this qualitative survey, we at NET aim to gather in-depth data about the organization of Quitlines in different European countries, including information about what services are offered, how the Quitline is supported, and how professionals from Quitlines connect with other tobacco control specialists. Furthermore, we would like to learn more about your Quitline's interest in collaborating with other Quitlines, participating in a Quitline network, and sharing lessons' learned with other tobacco control specialists.

How to complete the European Quitline Qualitative Survey

In order to collect in-depth information about Quitlines in Europe, the *European Quitline Qualitative Survey* consists of a number of open-ended questions. Please answer questions in as much detail as possible. This survey will take approximately 15 to 30 minutes of your time.

Some of the answers to the questions in the survey might be available in protocols or annual reports about your country's Quitline. If this is the case for your country's Quitline, please feel free to copy and paste information from reports or protocols to answer questions. If copy-paste is used, please include a reference to the source, including the title of the source, the year of the report, and, if available, a link to the full report or protocol.

If you do not know the answer to a question, please feel to consult with your colleagues if you feel that they have information that would be useful in answering the question. If the answer is still unknown, please answer that you don't know the answer rather than skip the question.

The *European Quitline Qualitative Survey* is in English. In case of language issues, we recommend using an online translator, such as <https://translate.google.com/>.

Personal information

By participating in this qualitative survey, you agree to the following:

- **You have been informed about this research project** and have been able to ask questions.
- **Your participation is voluntary.** During the survey, you are welcome to stop at any time or to skip questions. Completing the survey will take about 45 minutes.
- **Your personal information will be kept strictly confidential.** We will use anonymous data, which will be shared with others through journal articles, conferences, reports, and grant applications from your survey data and others in order to share knowledge about this topic and strengthen tobacco cessation programs. We will try to minimize the risk that the data could be traced back to the Quitline of your country, but we cannot guarantee it.

Questions or remarks?

If you have any questions about the project, please contact us. We are happy to answer your questions.

Kind regards on behalf of the European Quitline research project team at NET,

Sigrid Troelstra, PhD

Survey

Questions for ex-Quitlines

1. Could you describe your background, such as your education, the number of years you worked at your country's former Quitline, your former job title, and your former role at the Quitline?
 - a. *Information box: By 'role', we mean both your official function at the Quitline, as well as the day-to-day work that you did at the Quitline.*
2. What was the history and mission of your country's Quitline?
3. What were the goals of your country's Quitline?
4. Why did the Quitline stop?
5. Are there any plans to restart the Quitline?
6. Does your government (Ministry of Health, Public Health Authority) offer tobacco cessation services? if yes, can you describe them?
7. From your perspective, what made your country's Quitline unique?
8. What 'lessons' learned' would you be interested in learning from other Quitlines?
9. What 'lessons' learned' would you like to share Quitlines in other countries?
10. In what ways might sharing information be helpful for Quitlines or other smoking cessation services in Europe?
11. Would you be interested in joining a European Quitlines network?
12. Is there anything else that might be good for us to know?

Questions for future Quitlines for the European Quitline study

1. Could you describe your background, such as your education, your current and future job title, and your future role at the Quitline?
 - a. *Information box: By 'role', we mean both your official function at the Quitline, as well as the day-to-day work that you do at the Quitline.*
2. Why did your country decide to start a Quitline?
3. What services will the Quitline offer?
4. Is the Quitline modeled off another Quitline?
 - a. *Information box: By 'modeled' we mean if some or more characteristics of the future Quitline are based on a specific other Quitline.*
5. What are the goals of your country's Quitline?
6. How does your country's Quitline work with other organizations inside or outside of your country?
 - a. *Information box: by 'work', we mean both informal and informal arrangements. Other organizations may include branches of the government, hospitals and healthcare centers, universities, and tobacco control service providers, such as Quitlines.*
7. What 'lessons' learned' would you be interested in learning from Quitlines in other countries?
8. What 'lessons' learned' would you like to share Quitlines in other countries?
9. In what ways might sharing information be helpful for Quitlines or other smoking cessation services in Europe?
10. Would you and others at your country's Quitline be interested in joining a European Quitlines network?
11. Is there anything else that might be good for us to know?

Questions for non-network members

1. Could you describe your background, such as your education, the number of years you've worked at your country's Quitline, your job title, and your role at the Quitline?
 - a. *Information box: By 'role', we mean both your official function at the Quitline, as well as the day-to-day work that you do at the Quitline.*
2. What is the history and mission of your country's Quitline?
3. What are the goals of your country's Quitline?
4. In your opinion, what changes or alterations could be made so that your country's Quitline is more effective at its mission and meeting its goals?
5. What happens on an average day at the Quitline?
 - a. *Information box: Please provide information about what you and your colleagues do on an average day at the Quitline, especially information about your working conditions, meetings related to the Quitline, and how services are provided to service users.*
6. What is your country's Quitline biggest achievement or success story?
7. From your perspective, what makes your country's Quitline unique?
8. How does your country's Quitline work with other organizations inside or outside of your country?
 - a. *Information box: by 'work', we mean both informal and informal arrangements. Other organizations may include branches of the government, hospitals and healthcare centers, universities, and tobacco control service providers, such as Quitlines.*
9. What 'lessons' learned' would you be interested in learning from Quitlines in other countries?
10. What 'lessons' learned' would you like to share with Quitlines in other countries?
11. In what ways might sharing information be helpful for Quitlines or other smoking cessation services in Europe?
12. What do you know about Quitline networks?
13. Would you and others at your country's Quitline be interested in joining a European Quitlines network?
14. What would make it harder for you and others at your country's Quitline to join a Quitline network?
15. Is there anything else that might be good for us to know?

Questions for network members

1. Could you describe your background, such as your education, the number of years you've worked at your country's Quitline, your job title, and your role at the Quitline?
 - a. *Information box: By 'role', we mean both your official function at the Quitline, as well as the day-to-day work that you do at the Quitline.*
2. What is the history and mission of your country's Quitline?
3. What are the goals of your country's Quitline?
4. In your opinion, what changes or alterations could be made so that your country's Quitline is more effective at its mission and meeting its goals?
5. What happens on an average day at the Quitline?
 - a. *Information box: Please provide information about what you and your colleagues do on an average day at the Quitline, especially information about your working conditions, meetings related to the Quitline, and how services are provided to service users.*

6. What is your country's Quitline biggest achievement or success story?
7. From your perspective, what made your country's Quitline unique?
8. How does your country's Quitline work with other organizations inside or outside of your country?
 - a. *Information box: by 'work', we mean both informal and formal arrangements. Other organizations may include branches of the government, hospitals and healthcare centers, universities, and tobacco control service providers, such as Quitlines.*
9. What 'lessons' learned' would you be interested in learning from Quitlines in other countries?
10. What 'lessons' learned' would you like to share with Quitlines in other countries?
11. In what ways might sharing information be helpful for Quitlines or other smoking cessation services in Europe?
12. Could you provide information about the informal EU Quitlines network, such as why you decided to join the network and the ways in which you've been involved in the network?
13. What do you see as the future of the network?
14. Is there anything else that might be good for us to know?

Coding guide

Topic	Code	Definition
Date	Date	Date of completion of the survey
Country	Country	Country in which the quitline is active
Name quitline	Name quitline	Name of the quitline
Status	Network member	The quitline is part of the unofficial "EU Quitlines network", organized by the Stoplijn
	Non-network member	The quitline is not a part of the unofficial "EU Quitlines network", organized by the Stoplijn
	Former quitline	The quitline has been discontinued
	Future quitline	The quitline is not active yet, but plans to start have been made
1 Background	Role at quitline	Job title and/or job description at the quitline
	Daily activities at quitline	Description of daily activities that are part of the job of the respondent at the quitline. Exclude: daily activities that are not a part of the quitline and daily activities conducted by colleagues.
	Years worked at quitline	Number of years involved with the quitline and/or active in current role at the quitline
	Educational background	Description of educational background of respondent, such as type of degree, field of study, post-academic education
2 History and mission of quitline	Rationale and mission of the quitline	The rationale behind the start of the quitline and the mission of the quitline
	Starting year of the quitline	First year the quitline was active
	Historic development	Historic development of the quitline. Include: Any changes or developments of the quitline since the starting year of the quitline up to the current year.
3 Quitline goals	Overall goals of the quitline	General description of goals of the quitline. Exclude: specific goals related to target groups, quit attempts, smoking prevalence, reach, national tobacco control strategy or service delivery.
	Goals related to service	Goals related to service delivery, target groups, quit attempts, smoking prevalence and reach. Exclude: Goals related to service delivery, target groups, quit attempts, smoking prevalence and reach <i>in general (not specific for the quitline)</i>
	Goals related to national tobacco control strategy	Goals related to the role of the quitline as a part of the national tobacco control strategy. Exclude: Goals related to the national tobacco control strategy <i>in general (not specific for the quitline)</i>
4 Changes and alterations	Changes and evidence	Changes that could be made related to the evidence base of the services of the quitline. Exclude: Previously made changes
	Changes and service	Changes that could be made related to the services, target groups and the reach of the quitline. Exclude: Previously made changes
	Changes and internal organization	Changes that could be made related to the internal organization of the quitline. Exclude: Previously made changes
	Changes and collaboration	Changes that could be made related to collaboration with external parties. Exclude: Previously made changes

Topic	Code	Definition
Date	Date	Date of completion of the survey
Country	Country	Country in which the quitline is active
Name quitline	Name quitline	Name of the quitline
5 Average day	Meetings on average day	Description of meetings at the quitline on an average day. Exclude: Activities that occur less than once a month
	Service delivery on average day	Description of service delivery at the quitline on an average day. Exclude: Activities that occur less than once a month
	Knowledge exchange and education on average day	Description of knowledge exchange and education (internal and external) at the quitline on an average day. Exclude: Activities that occur less than once a month
	Working conditions on average day	Description of working conditions at the quitline on an average day. Exclude: Activities that occur less than once a month
6 Achievements or success story	Success and evidence	Description of achievement or success story related to the evidence base of the quitline
	Success and service	Description of achievement or success story related to the services, target groups or reach of the quitline
	Success and internal organization	Description of achievement or success story related to the internal organization of the quitline
	Success and collaboration	Description of achievement or success story related to the collaboration of the quitline with external parties
7 Collaboration	Collaboration within country	Collaboration with external organizations within the country of the quitline. Exclude: internal collaboration and collaboration outside the country of the quitline
	Collaboration within Europe	Collaboration with external organizations within Europe. Exclude: collaboration outside of Europe
	Collaboration outside Europe	Collaboration with external organizations outside Europe. Exclude: collaboration inside of Europe
8 Unique	Uniqueness of evidence	Unique aspects of the quitline related to the evidence base of the quitline
	Unique service	Unique aspects of the quitline related to the services, target groups and or reach of the quitline
	Uniqueness and internal organization	Unique aspects of the quitline related to the internal organization of the quitline
	Unique collaboration	Unique aspects of the quitline related to the collaboration of the quitline with external parties
9 Sharing and learning with others	Sharing lessons related to evidence	Sharing or learning lessons learned of the quitline related to the evidence base of the quitline
	Sharing lessons related to service	Sharing or learning lessons learned of the quitline related to the services, target groups or reach of the quitline
	Sharing lessons related to internal organization	Sharing or learning lessons learned of the quitline related to the internal organization of the quitline
	Sharing lessons related to collaboration	Sharing or learning lessons learned of the quitline related to the collaboration of the quitline with external parties

Topic	Code	Definition
Date	Date	Date of completion of the survey
Country	Country	Country in which the quitline is active
Name quitline	Name quitline	Name of the quitline
Ex-quitlines	Rationale behind discontinuation ex-quitline	Rationale behind discontinuation of the quitline. Exclude: countries with an active quitline
	Plans to restart ex-quitline	Description of plans to restart the quitline (if applicable). Exclude: countries with an active quitline
	Other tobacco cessation services ex-quitline	Description of tobacco cessation services that are offered and/or facilitated by the national government of the country's quitline. Exclude: countries with an active quitline
	Ex-quitlines and interest joining network	Explanation of whether or not the quitline is interested in joining a quitline network. Exclude: countries with an active quitline
Future quitlines	Rationale behind starting the quitline	Description of rationale behind the decision to start a quitline. Exclude: countries with an active quitline
	Planned services future quitline	Description of the services that will be offered by the quitline. Exclude: countries with an active quitline
	Modeled future quitline	Description of whether or not some or more characteristics of the quitline are based on a specific other quitline. Exclude: countries with an active quitline
	Future quitlines and interest joining network	Explanation of whether or not the quitline is interested in joining a quitline network. Exclude: countries with an active quitline
Non network members	NAQC	Description of the North American Quitline Consortium
	European informal network	Description of the information European network
	Interest in joining network	Explanation of whether or not the quitline is interested in joining a quitline network
	Facilitators of joining network	Description of factors that would facilitate the quitline in joining a quitline network
	Barriers of joining network	Description of factors that would hinder the quitline in joining a quitline network
Network members	Goals of the network	Description of the goals of the informal European quitlines network
	Rationale behind involvement network	Explanation of rationale behind joining the informal European quitlines network
	Role of quitline in network	Description of the role of the quitline within the informal European quitlines network
	Duration of involvement network	Description of the duration the quitline has been involved with the informal European quitlines network
	Benefits of involvement network	Description of the benefits the quitline has experienced from being involved with the informal European quitlines network
	Drawbacks of involvement network	Description of the drawbacks the quitline has experienced from being involved with the informal European quitlines network
	Future of network	Description of the positive aspects, negative aspects, expansion and/or role of the quitline regarding the future of the quitline network

Annex IV. Country reports quitlines



Austria



Rauchfrei Telefon

Service provider: Austrian health insurance Company

Website: www.rauchfrei.at

Funding: Public sector / Government

Main number for the quitline: +43 (0)800 810 013

Starting year: 2006

Other contact: info@rauchfrei.at

Eligibility criteria

No limitations

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Fax referrals to the quitline, mailed health education materials, online self-help tools, mobile applications, referral to other services

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke, third-hand smoke, information on tobacco and nicotine (products and law), information on cessation programmes throughout the country

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, social welfare professionals, teachers, parents, people who want to help others to quit smoking, people worried about exposure to tobacco smoke, media, calling for information on the topic

Referrals

Fax referrals, online referrals

Service hours

Telephone services:

Monday	10:00-18:00
Tuesday	10:00-18:00
Wednesday	10:00-18:00
Thursday	10:00-18:00
Friday	10:00-18:00
Saturday	Closed
Sunday	Closed

Chat services: Not applicable

Belgium



Tabakstop (Flemish) - Tabacstop (French)

Service provider: The Foundation against Cancer

Funding: Public sector / Government

Starting year: 2004

Websites: www.tabakstop.be; www.tabacstop.be

Main number for the quitline: +32 (0)800 111 00

Other contact: <https://www.kanker.be/>

Eligibility criteria

Age limit (18+) for person-tailored counselling, however no age limit for calling the quitline itself

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Recorded messages, mailed health education materials, online interactive counselling, mobile applications, referral to other services, a closed Facebook group, call back service

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke, third-hand smoke, relapse prevention

Protocols for special populations

People with addiction to alcohol or drugs, youth (under 18), pregnant or postpartum women, users of e-cigarettes, users of other forms of tobacco

Cessation medication

Nicotine replacement therapy is offered to disadvantaged or vulnerable clients of the quitline counselling program for a maximum of six weeks. The refund can be requested once every two years.

Support for non-tobacco users

Healthcare professionals, social welfare professionals, teachers, parents, local government authorities, people who want to help others to quit smoking, people worried about exposure to tobacco smoke

Referrals

Online referrals, telephone referrals, email referral

Service hours

Telephone services:

Monday	15:00-19:00
Tuesday	15:00-19:00
Wednesday	15:00-19:00
Thursday	15:00-19:00
Friday	15:00-19:00
Saturday	Closed
Sunday	Closed

Chat services: Not applicable

Bulgaria



National Phone Tobacco Quit Line

Service provider: Ministry of Health

Starting year: 2008

Funding: Public sector / Government

Main number for the quitline: +359 (0)700 103 23

Eligibility criteria

No limitations

Telephone services

Multiple session counselling

Other services

Referral to other services

Topics in counselling

Motivation to quit, making a plan for quitting, nicotine withdrawal symptoms, managing stress, second-hand smoke, third-hand smoke

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

No specific groups of non-tobacco users selected, but anyone can call

Referrals

Telephone referrals

Service hours

Telephone services:

Monday	00:00-23:59
Tuesday	00:00-23:59
Wednesday	00:00-23:59
Thursday	00:00-23:59
Friday	00:00-23:59
Saturday	00:00-23:59
Sunday	00:00-23:59

Chat services: Not applicable

Czech Republic



Národní linka pro odvykání

Service provider: Česká koalice proti tabáku, z.s.

Websites: www.chciodvykat.cz ;

Funding: Public sector / Government

www.bezcigaret.cz

Starting year: 2016

Main number for the quitline: +42 (0)800 3500 00

Eligibility criteria

Resident of Czech Republic, minimum age of 15

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Automated emails, online interactive counselling, referral to other services

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, social welfare professionals, teachers, parents, people who want to help others to quit smoking, other addictions: alcohol, gambling, internet, illicit drugs, abuse of medications

Referrals

No referral system in use

Service hours

Telephone services:

Monday	10:00-18:00
Tuesday	10:00-18:00
Wednesday	10:00-18:00
Thursday	10:00-18:00
Friday	10:00-18:00
Saturday	Closed
Sunday	Closed

Chat services:

Monday	10:00-18:00
Tuesday	10:00-18:00
Wednesday	10:00-18:00
Thursday	10:00-18:00
Friday	10:00-18:00
Saturday	Closed
Sunday	Closed

Denmark



Stoplinien

Service provider: Municipality of Copenhagen

Funding: Public sector / Government

Starting year: 1997

Website: www.Stoplinien.dk

Main number for the quitline: +45 8031 3131

Other contact: Text message "Rygestop" and "snusfri" and "Gravid" to 1231

Eligibility criteria

Proactive multiple session counselling is offered by approximately a third of the municipalities. Reactive counselling available for citizens from all municipalities. Pregnant women and their partners regardless of the municipality can receive proactive multiple session counselling.

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Recorded messages, mailed health education materials, referral to other services

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, managing stress, social support

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, teachers, parents, people who want to help others to quit smoking

Referrals

Online referrals, telephone referrals

Service hours

Telephone services:

Monday	10:00-20:00
Tuesday	10:00-20:00
Wednesday	10:00-20:00
Thursday	10:00-20:00
Friday	10:00-20:00
Saturday	Closed
Sunday	Closed

Chat services: Not applicable



Finland

Stumppi

Service provider: The Organisation for Respiratory Health in Finland

Funding: Public sector / Government, STEA

Starting year: 2002

Website: www.stumppi.fi

Main number for

the quitline: +358 (0)800 148 484

Eligibility criteria

No limitations

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Mailed health education materials, online self-help tools, referral to other services

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke, third-hand smoke, various individual and general health issues

Protocols for special populations

Current care guidelines on tobacco and nicotine dependency, prevention and treatment

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, social welfare professionals, teachers, parents, local government authorities, people who want to help others to quit smoking, people worried about exposure to tobacco smoke

Referrals

No referral system in use

Service hours

Telephone services:

Monday	10:00-18:00
Tuesday	10:00-18:00
Wednesday	Closed
Thursday	13:00-16:00
Friday	Closed
Saturday	Closed
Sunday	Closed

Chat services: No fixed hours

France



Tabac info service

Service provider: Santé publique France

Funding: Public sector / Government

Starting year: 1998

Website:

<https://www.tabac-info-service.fr/>

Main number for the quitline: +33 (0)1 41 79 67 00

Eligibility criteria

No limitations

Telephone services

Multiple session counselling

Other services

Online self-help tools, mobile applications

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress

Protocols for special populations

Pregnant or postpartum women

Cessation medication

Not applicable

Support for non-tobacco users

People who want to help others to quit smoking, people worried about exposure to tobacco smoke

Referrals

No referral system in use

Service hours

Telephone services:

Monday	08:00-20:00
Tuesday	08:00-20:00
Wednesday	08:00-20:00
Thursday	08:00-20:00
Friday	08:00-20:00
Saturday	08:00-20:00
Sunday	Closed

Chat services: Not applicable

Germany



BZgA-Telefonberatung zur Raucherentwöhnung

Service provider: German Federal Centre for Health Education

Funding: Public sector / Government

Starting year: 2006

Website: <https://www.bzga.de/service/infotelefone/raucherentwöhnung/>

Main number for the quitline: +49 (0)800 831 3131

Eligibility criteria

No limitations

Telephone services

Brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Fax referrals to the quitline, mailed health education materials, online self-help tools, automated emails, referral to other services

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke

Protocols for special populations

People with behavioural health conditions, youth (under 18)

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, social welfare professionals, teachers, parents, people who want to help others to quit smoking

Referrals

Fax referrals, online referrals

Service hours

Telephone services:

Monday	10:00-22:00
Tuesday	10:00-22:00
Wednesday	10:00-22:00
Thursday	10:00-22:00
Friday	10:00-18:00
Saturday	10:00-18:00
Sunday	10:00-18:00

Chat services: Not applicable

Iceland



Ráðgjöf í reykbíndindi

Service provider: Health Care Institution of North Iceland

Funding: Public sector / Government

Starting year: 2000

Websites: www.heilsuvera.is ; www.8006030.is

Main number for the quitline: +354 (0)800 6030

Other contact: 8006030@hsn.is

Eligibility criteria

No limitations

Telephone services

Brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Fax referrals to the quitline, mailed health education materials, text messages, e-mail counselling

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support

Protocols for special populations

Youth (under 18), pregnant or postpartum women

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, teachers, parents, local government authorities, people who want to help others to quit smoking

Referrals

Online referrals, telephone referrals

Service hours

Telephone services:

Monday	17:00-20:00
Tuesday	17:00-20:00
Wednesday	17:00-20:00
Thursday	17:00-20:00
Friday	17:00-20:00
Saturday	Closed
Sunday	Closed

Chat services: Not applicable

Ireland



Quit.ie

Service provider: Irish Health Service

Funding: Public sector / Government

Starting year: 2014

Website: www.quit.ie

Main number for the quitline: +353 1800 201 203

Other contact: FREETEXT QUIT to 50100

Eligibility criteria

No limitations

Telephone services

Brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Text messages, online self-help tools, automated emails, online interactive counselling, referral to other services

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke

Protocols for special populations

People with behavioural health conditions, people with addiction to alcohol or drugs, pregnant or postpartum women, users of e-cigarettes, users of other forms of tobacco

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, people who want to help others to quit smoking, people worried about exposure to tobacco smoke

Referrals

Online referrals, telephone referrals

Service hours

Telephone services:

Monday	10:00-19:00
Tuesday	10:00-19:00
Wednesday	10:00-19:00
Thursday	10:00-19:00
Friday	10:00-19:00
Saturday	10:00-13:00
Sunday	Closed

Chat services:

Monday	10:00-19:00
Tuesday	10:00-19:00
Wednesday	10:00-19:00
Thursday	10:00-19:00
Friday	10:00-19:00
Saturday	10:00-13:00
Sunday	Closed

Italy



Smoking cessation line

Service provider: Istituto Superiore di Sanità

Starting year: 2000

Funding: Public sector / Government

Main number for the quitline: +39 (0)908 222 722

Eligibility criteria

No limitations, except for psychiatric patients, who will be referred to their doctor

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Mailed materials, online self-help tools, referral to other services

Topics in counselling

Motivation to quit, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, managing stress, second-hand smoke, thirdhand smoke

Protocols for special populations

People with addiction to alcohol or drugs

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, social welfare professionals, teachers, parents, people who want to help others to quit smoking, people worried about exposure to tobacco smoke

Referrals

No referral system in use

Service hours

Telephone services:

Monday	10:00-16:00
Tuesday	10:00-16:00
Wednesday	10:00-16:00
Thursday	10:00-16:00
Friday	10:00-16:00
Saturday	Closed
Sunday	Closed

Chat services: Not applicable

Latvia



Konsultatīvais tālrunis smēķēšanas atmešanai

Service provider: Center for Disease Prevention and Control of Latvia

Starting year: 2015

Main number for the quitline: +371 67037333

Funding: Public sector / Government

Eligibility criteria

No limitations

Telephone services

Brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes

Other services

Referral to other services

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, managing stress

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

People who want to help others to quit smoking

Referrals

No referral system in use

Service hours

Telephone services:

Monday	09:00-18:00
Tuesday	09:00-18:00
Wednesday	09:00-18:00
Thursday	09:00-18:00
Friday	09:00-18:00
Saturday	Closed
Sunday	Closed

Chat services: Not applicable

Luxembourg



Tabac-Stop

Service provider: Fondation Cancer

Funding: Private sector / non-government

Starting year: 1994

Websites: <https://www.maviesanstabac.lu/>

Main number for the quitline: +352 45 30 331

Other contact: <https://www.cancer.lu/fr/contact>

Eligibility criteria

Inhabitant or worker in Luxembourg (country)

Telephone services

Counselling sessions longer than 10 minutes, multiple session counselling

Other services

Recorded messages, mailed health education materials, video testimonials, dedicated website

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, tips for not smoking

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Not applicable

Referrals

No referral system in use

Service hours

Telephone services:

Monday	08:00-16:30
Tuesday	08:00-16:30
Wednesday	08:00-16:30
Thursday	08:00-16:30
Friday	08:00-16:30
Saturday	Closed
Sunday	Closed

Chat services: Not applicable

The Netherlands



De Stoplijn

Service provider: Trimbos Institute

Website: www.ikstopnu.nl

Funding: Public sector / Government

Main number for the quitline: +31 (0)800 1995

Starting year: 2016

Eligibility criteria

No limitations

Telephone services

Brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes

Other services

Recorded messages, text messages, automated emails, referral to other services, Facebook groups

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke, third-hand smoke, shame, depression, sleep, fear

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, social welfare professionals, teachers, parents, local government authorities, people who want to help others to quit smoking, people worried about exposure to tobacco smoke, people worried about their family members / friends

Referrals

No referral system in use

Service hours

Telephone services:

Monday	09:00-17:00
Tuesday	09:00-17:00
Wednesday	09:00-17:00
Thursday	09:00-17:00
Friday	09:00-17:00
Saturday	Closed
Sunday	Closed

Chat services:

Monday	13:00-17:00
Tuesday	13:00-17:00
Wednesday	13:00-17:00
Thursday	13:00-17:00
Friday	13:00-17:00
Saturday	Closed
Sunday	Closed

Poland



Telefoniczna Poradnia Pomocy Palacym

Service provider: Maria Skłodowska-Curie

National Research Institute of Oncology

Funding: Public sector / Government

Starting year: 1996

Website: www.jakrzucicpalenie.pl

Main number for the quitline: +48 801 108 108 ;
+48 22 211 80 15 (for mobile phones)

Eligibility criteria

No limitations

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Online self-help tools, mobile applications, referral to other services, personal email messages

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke

Protocols for special populations

Cancer patients

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, people who want to help others to quit smoking

Referrals

Online referrals, telephone referrals

Service hours

Telephone services:

Monday	09:00-21:00
Tuesday	09:00-21:00
Wednesday	09:00-21:00
Thursday	09:00-21:00
Friday	09:00-21:00
Saturday	09:00-15:00
Sunday	Closed

Chat services: Not applicable

Romania



Tel Verde Stop Fumat

Service provider: Ministry of Health
Funding: Public sector / Government
Starting year: 2006

Website: <https://stopfumat.eu>
Main number for the quitline: +40 (0)800 878 673

Eligibility criteria

No limitations

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Mailed health education materials, online interactive counselling, referral to other services

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke

Protocols for special populations

Not applicable

Cessation medication

Varenicline, bupropione and nicotine patches are offered for free

Support for non-tobacco users

Healthcare professionals, teachers, parents, people who want to help others to quit smoking

Referrals

Telephone referrals

Service hours

Telephone services:

Monday	08:00-20:00
Tuesday	08:00-20:00
Wednesday	08:00-20:00
Thursday	08:00-20:00
Friday	08:00-20:00
Saturday	Closed
Sunday	Closed

Chat services: Monday-Friday:
2h/day

Slovakia



Tel Verde Stop Fumat

Service provider: Public Health Office of the Slovak Republic

Starting year: 2006

Funding: Public sector / Government

Main number for the quitline: +421 (0)908 222 722

Eligibility criteria

No limitations

Telephone services

Brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes

Other services

Online self-help tools, online interactive counselling, referral to other services

Topics in counselling

Motivation to quit, cessation medication, nicotine withdrawal symptoms, managing stress

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Not applicable

Referrals

No referral system in use

Service hours

Telephone services:

Monday	08:00-15:00
Tuesday	08:00-15:00
Wednesday	08:00-15:00
Thursday	08:00-15:00
Friday	08:00-15:00
Saturday	Closed
Sunday	Closed

Chat services: Not applicable

Slovenia



Svetovalni telefon za opuščanje kajenja

Service provider: National Institute of Public Health

Funding: Public sector / Government

Starting year: 2007

Websites: <https://nijz.si/zivljenjski-slog/tobacni-in-povezani-izdelki/> ;

<https://www.skupajzazdravje.si/opuscanje-kajenja/o-opuscanju-kajenja/>

Main number for the quitline: +386 (0)80 27 77

Eligibility criteria

No limitations

Telephone services

Brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Mailed health education materials, online self-help tools, referral to other services, possibility of proactive counselling

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, people who want to help others to quit smoking

Referrals

Telephone referrals

Service hours

Telephone services:

Monday	7-10 & 17-20
Tuesday	7-10 & 17-20
Wednesday	7-10 & 17-20
Thursday	7-10 & 17-20
Friday	7-10 & 17-20
Saturday	7-10 & 17-20
Sunday	7-10 & 17-20

Chat services: Not applicable

Sweden



Sluta-röka-linjen (Swedish tobacco quitline)

Service provider: Folkhälsomyndigheten (Public health agency of Sweden)

Funding: Public sector / Government

Starting year: 1998

Websites:

www.slutarokalinjen.se

Main number for the

quitline: +46 (0)20 84 00 00

Eligibility criteria

No limitations

Telephone services

Counselling without a protocol, brief counselling (less than 10 minutes), counselling sessions longer than 10 minutes, multiple session counselling

Other services

Recorded messages, mailed health education materials

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke

Protocols for special populations

Not applicable

Cessation medication

Not applicable

Support for non-tobacco users

Healthcare professionals, parents, people who want to help others to quit smoking, people worried about exposure to tobacco smoke

Referrals

Online referrals

Service hours

Telephone services:

Monday	09:00-19:00
Tuesday	09:00-19:00
Wednesday	09:00-19:00
Thursday	09:00-19:00
Friday	09:00-16:00
Saturday	Closed
Sunday	Closed

Chat services:

Monday	09:00-19:00
Tuesday	09:00-19:00
Wednesday	09:00-19:00
Thursday	09:00-19:00
Friday	09:00-16:00
Saturday	Closed
Sunday	Closed

Switzerland



Swiss Quit Smoking Helpline

Service provider: Krebsliga Schweiz
Funding: Public sector / Government
Starting year: 2005

Websites: <https://www.rauchstopplinie.ch/index.php/de/> ; <https://www.stopsmoking.ch/>
Main number for the quitline: +41 (0)848 000 181

Eligibility criteria

No limitations

Telephone services

Counselling sessions longer than 10 minutes, multiple session counselling

Other services

Fax referrals to the quitline, mailed health education materials, online self-help tools, referral to other services, smoking cessation materials by email

Topics in counselling

Motivation to quit, cessation medication, setting a quit date, making a plan for quitting, nicotine withdrawal symptoms, weight gain, managing stress, social support, second-hand smoke

Protocols for special populations

People with behavioural health conditions, youth (under 18), pregnant or postpartum women, users of e-cigarettes, people with psychiatric disorders

Cessation medication

Not applicable

Support for non-tobacco users

People who want to help others to quit smoking

Referrals

Fax referrals, online referrals, telephone referrals

Service hours

Telephone services:

Monday	11:00-19:00
Tuesday	11:00-19:00
Wednesday	11:00-19:00
Thursday	11:00-19:00
Friday	11:00-19:00
Saturday	Closed
Sunday	Closed

Chat services: Not applicable

