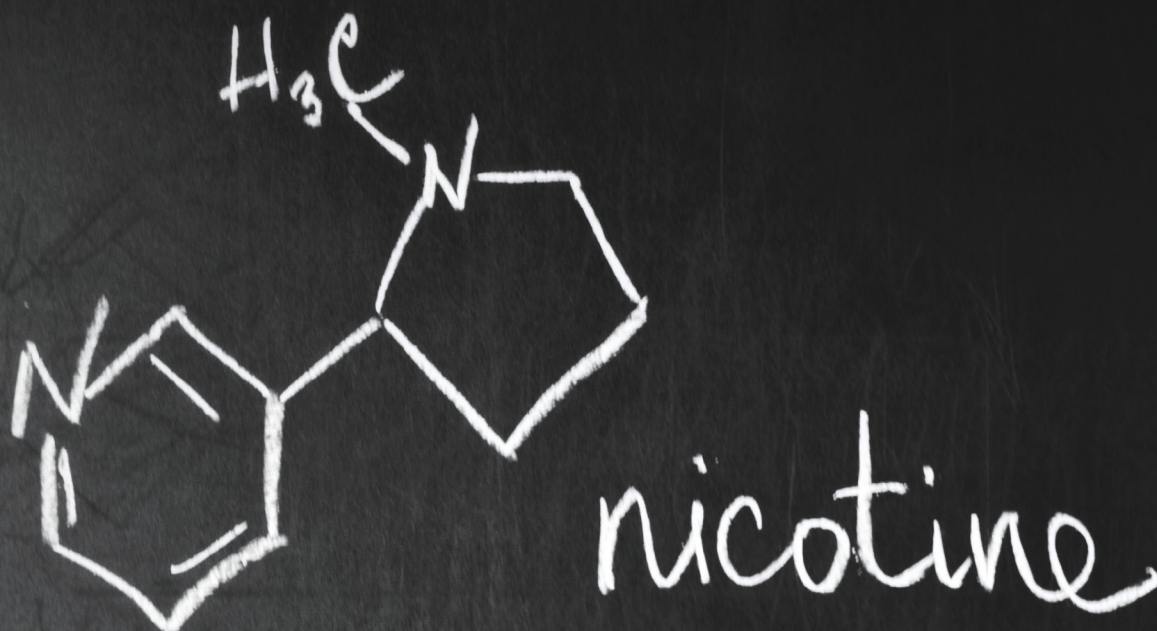


# Quitlines in Europe: An update on the treatment of addiction to new nicotine products

*'The majority of quitlines have a unified approach to treating nicotine addiction, regardless of the delivery method.'*



## Quitlines in Europe:

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## Colophon

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# 1 Summary

In recent years, there has been a rapid development, promotion, and use of new tobacco products. Ministries of Health and tobacco control services, including quitlines, have made efforts to address the new tobacco and nicotine product landscape. However, little is known about what, if any, steps quitlines in Europe have taken to address new tobacco and nicotine product use.

To gain insight into if and how quitlines in Europe have addressed new nicotine products, the Trimbos Institute drafted a survey and invited representatives from several quitlines in Europe to complete it. This 2026 survey-based study follows up on our previous research on quitlines in Europe from 2023. The current research was conducted to gain insight into new developments in the quitlines since 2021, as well as learn about how they deal with new nicotine products at the quitlines. Professionals from sixteen quitlines in Europe completed the survey by October 2025.

Results showed that a number of quitlines in Europe had undergone notable changes, such as changes in management and branding, in products and services offered, and in the scope of quitlines in the time since the last survey.

The majority of quitlines had no special protocol for treating nicotine addiction from non-tobacco sources, arguing that the *mechanism of addiction is the same*. While quitlines did not report having a special, specific protocol for new nicotine products, they did adapt to the new tobacco landscape by treating nicotine addiction based on currently known standards, answering questions about new products, and developing new educational material about the (harms of) new products.

This study shows that quitlines in Europe, while adaptable and addressing new products in a pragmatic way, might benefit from more standardized scientific guidance on supporting users of new nicotine products who want to quit.

## 2 Introduction

The tobacco and nicotine product landscape is changing in Europe. Cigarette smoking rates are dropping in many countries. Tobacco companies, primarily members of the multinational tobacco industry, are developing and promoting new nicotine products such as e-cigarettes ('vapes'), heated tobacco products, nicotine sticks, and nicotine pouches.<sup>1</sup>

Dual use of cigarettes and new nicotine products is common.<sup>2</sup> New nicotine products are especially attractive to adolescents, with tobacco companies promoting and marketing products to teens.<sup>3</sup> While research on the effects and potential harms of these new products is ongoing, current research reveals that new nicotine products, such as e-cigarettes,<sup>4</sup> are not harmless and often contain a high amount of nicotine, which can lead to rapid nicotine addiction. As new products are being developed at a fast pace, governments struggle to regulate the production, marketing, sales, and use of new nicotine products.

Tobacco control services, including quitlines, are adapting as a response to the rapidly changing tobacco landscape. Quitlines are telephone and web-based resources that offer information and cessation assistance to people who smoke, information about the harms of tobacco/nicotine use and exposure to the public, and cessation education to healthcare professionals.<sup>5</sup> Quitlines were initially established to help people quit smoking cigarettes. However, the scope and the activities of many quitlines have grown and, in many cases, include providing information and cessation support for new nicotine and tobacco products.

In 2023, the Trimbos Institute published the report **Quitlines in Europe: an overview**.<sup>6</sup> Its main aim was to systematically collect, analyse, and disseminate information about the goals, structure, services offered, financing, and role of the national quitlines in Europe.

While the 2023 report provides a comprehensive overview of tobacco control services offered by quitlines, new research is needed due to changes in the tobacco control landscape and changes in the tobacco control services provided by quitlines in Europe. There is no up-to-date information about how quitlines in Europe view new nicotine products, if users of new nicotine products seek quitline services, and if and how addiction to new nicotine products is treated by quitlines.

To address this gap, the Trimbos Institute developed and disseminated a survey to representatives from quitlines in Europe. In addition to gathering data on changes at quitlines, this survey sought to gain insight into how quitlines specifically address new nicotine products.

## 3 Methodology

Data collection was conducted to gather, analyse, and disseminate information about how national quitlines in Europe treat nicotine addiction due to smoking, vaping, heated tobacco, and use of snus/nicotine pouches. A survey was shared with stakeholders from quitlines in Europe, with both closed and open-ended questions.

### 3.1 Development of the survey

After the previous report, and with the input of the European Quitline Network<sup>a</sup>, a new survey was developed. The survey was based on questions raised by members of the Network about approaches to new nicotine products during quitline meetings.

The survey was written in English and included approximately 19 questions. The questions in the survey covered a wide range of subjects, ranging from services that are provided to recommendations for other countries. As the survey was to be sent to the representatives of quitlines in different countries, the language of the survey was simplified. A secure online data collection tool (LimeSurvey) was used for data collection.

### 3.2 Data collection

The survey was pretested by the Italian quitline representative. After testing and making minor adjustments, the survey was disseminated. Quitline representatives from all 27 EU member states and the four European Free Trade Association (EFTA) members were sought for this study; these are the same countries that were approached for data collection for the previous report **Quitlines in Europe: an overview**.

No quitline was found for Croatia, Cyprus, Estonia, Hungary, Liechtenstein, or Norway. For eight countries, the available information was limited or outdated, namely Bulgaria, Greece, Iceland, Lithuania, Malta, Portugal, Romania, and Spain. Out of the seventeen countries remaining, sixteen completed the survey (Table 1). A list of participating quitlines and their websites can be found in Appendix 5.

Before the survey, the respondents were asked for their informed consent. When consent was given, the respondent could complete 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.

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a The European Quitline 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, see our website: [Tobacco control: monitoring, research and prevention - Trimbos-instituut](#).

The quitline representatives were encouraged to contact the researchers via email if they had any questions. The invitations were sent in August 2025. Approximately one month later, reminders were sent to the quitlines that had not yet filled out the survey. Data collection was finished in September 2025.

### **3.3 Ethical approval**

As the data collection did not involve sensitive, personal data, or health data, there was no additional ethical approval required by the Institute's Research Ethics Committee.

## 4 Results

### 4.1 Countries & number of inquiries

From August to October 2025, the survey was completed by sixteen European quitlines. These were Austria (AT), Belgium (BE), Czech Republic (CZ), Finland (FI), France (FR), Germany (DE), Ireland (IE), Italy (IT), Latvia (LV), Luxembourg (LU)<sup>b</sup>, the Netherlands (NL), Poland (PL), Slovak Republic (SK), Slovenia (SI), Sweden (SE), and Switzerland (CH).

We asked quitlines about the number of contact moments in the year 2024. Respondents from quitlines reported the volume of calls and other contact moments in 2024 varied substantially across countries. Countries with smaller populations (e.g., Latvia, Luxembourg, Slovenia) reported approximately 30 to 250 inquiries a year, whereas countries with larger populations (e.g., France, Germany, Italy) recorded significantly higher numbers, ranging from over 4,000 to 19,000 calls and other contact moments per year (Table 1).

Quitlines were asked to provide data on the total number of inquiries received as well as the number specifically related to new nicotine products. Most countries reported receiving few inquiries about quitting these products or indicated that such questions were not recorded separately but were rather included within the overall volume. When data on assistance for quitting new nicotine products were available, the number of inquiries in 2024 ranged from fewer than ten to several hundred per country. Table 1 has an overview of these data.

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<sup>b</sup> Stop smoking helpline of the Luxembourg Foundation for Cancer.

**Table 1. Number of contact moments (by phone, text, email and/or online messaging) in the year 2024.**

Country	# inquiries for information about smoking and tobacco	# inquiries for assistance with quitting smoking	# inquiries for information about new products	# inquiries for assistance with quitting new products
Austria	850	4,838	170	725
Belgium	9,764	1,838	1,269	73
Czech Republic	1,000	700	100	200
Finland	980	980	50	10
France	3,500	19,000	non recorded	not applicable
Germany	3,600	4,400	30	<10
Ireland	not available	4,340	non recorded	non recorded
Italy	195	6,020	390	non recorded
Latvia	249	The majority of calls	0	0
Luxembourg	45	30	2	0
Netherlands	1,000	3,000	500	500
Poland	1,050	6,449	non recorded	non recorded
Slovak Republic	428	184	not applicable	not applicable
Slovenia	16	56	0	0
Sweden	12,455	3,912	non recorded	non recorded
Switzerland	not available	not available	not available	not available

*Note: Quitlines could give an estimation of the number of inquiries when they did not have the exact numbers. 'Non recorded' means that a quitline does not monitor these inquiries separately. The numbers given by France only include inquiries by phone.*

## 4.2 Major changes to quitlines in Europe since 2021

Respondents were asked if their quitline had undergone any major changes since the prior survey in 2021. Of the sixteen respondents who completed the survey, nine quitlines reported that they had undergone major changes and answered this question. Appendix 2 contains all responses on major changes from survey respondents, which include changes in management and branding, in products and services offered, and in scope. Below, we present relevant quotes to illustrate responses from quitlines about these major changes.

A small number of respondents noted that their quitline had undergone changes related to quitline management and branding.

*"Reorganization: Since 2025, eight regional public health offices have been managing the smoking cessation hotline. Until then, the hotline had been managed by 36 regional public health offices."*

*"Rebranding The quitline: In 2024, The quitline was rebranded with a fresh logo, updated website, and a new slogan, now also addressing smokers and vapers. The logo reflects current social trends, while our counselors stay up to date on products and emerging developments to better support everyone who reaches out."*

Some of the respondents shared that their quitlines had added new products, services, and resources; these included informational materials about smoking and about new nicotine products, new trainings for healthcare professionals, and increased access to cessation services.

*"New trainings for healthcare professionals  
- training focused on communication skills for hotline workers  
- course focusing on gaining knowledge about addiction issues (including quitting smoking)"*

*"Since August 2025, the Internet-based call center (the telephone number of the quitline) is always visible in outbound calls and has documented which kind of nicotine product is used. Counselling is also available for stopping new nicotine products (e-cigarettes, heated tobacco products and nicotine pouches). There are new brochures/info materials."*

*"We now provide free NRT (Nicotine Replacement Therapy) for clients accessing support to quit through the quitline. Previously, this was only available through face-to-face services. We also increased the budget and, subsequently, staffing for the quitline."*

Two respondents described how the scope of their quitlines grew from addressing tobacco/nicotine addiction to other substance and behavioral addictions.

*"The national quitline is offering counseling not only for tobacco use, but also alcohol, illicit drug use, medication use, cannabis, and non-substance addictions such as gambling and internet addiction. It also offers support for relatives or friends of people who have a substance use problem."*

*"Since spring 2024, the phone number is providing consultations on other addictions as well — alcohol, illegal drugs, gambling, and co-dependence."*

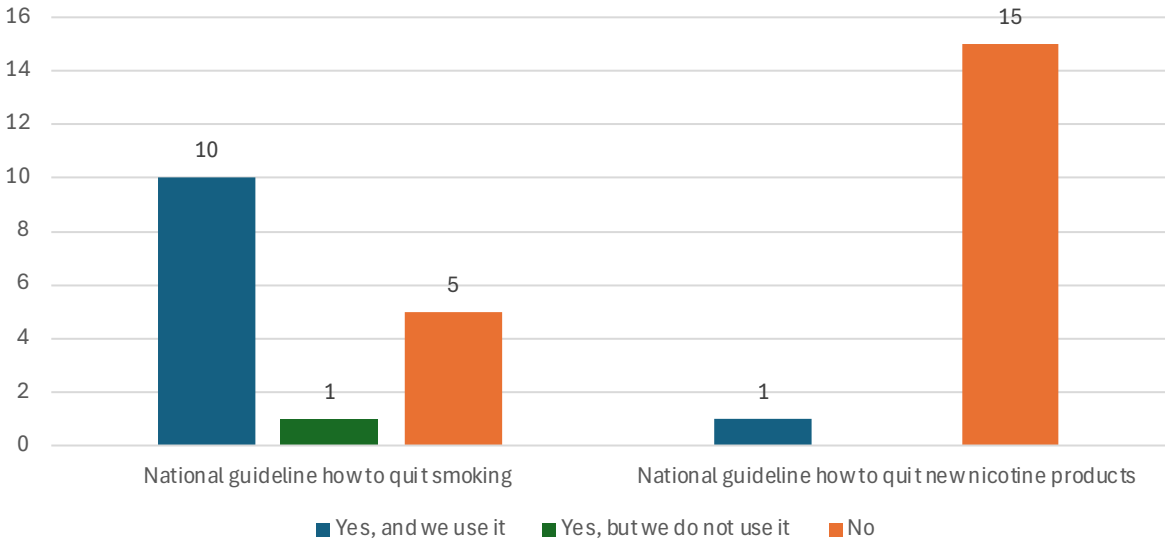
## 4.3 Guidelines

In the survey one of the questions was whether the quitlines use a national guideline for providing smoking cessation care and if they use one for cessation care for other nicotine products. Commonly, national guidelines for smoking cessation - an official set of recommendations issued by a government or a recognized national authority - are a basis for how to treat smoking addiction on a national level.<sup>7</sup>

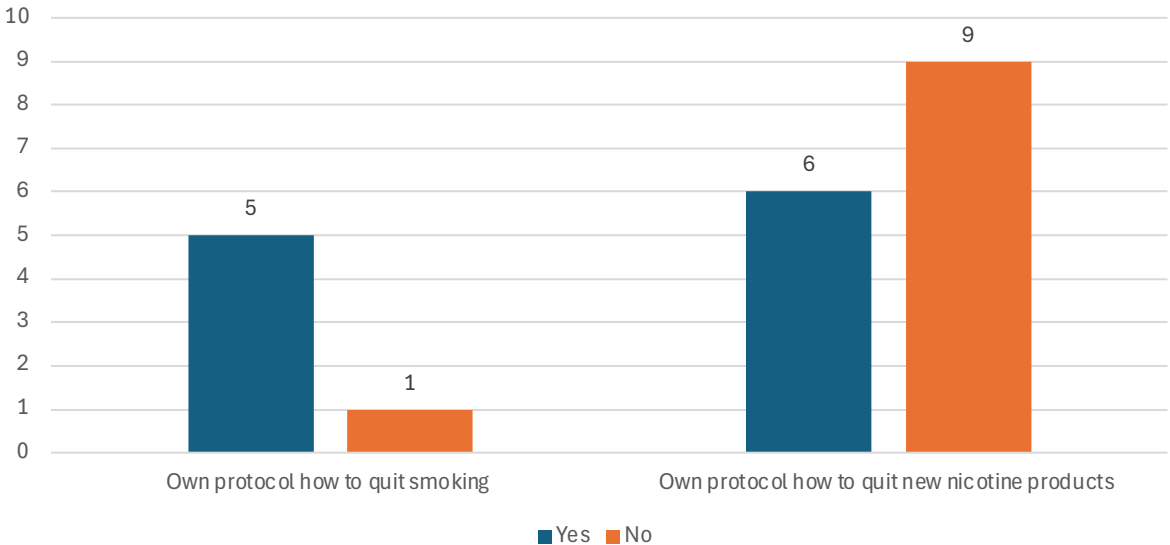
Among the sixteen quitlines in Europe surveyed, ten reported the existence and use of a national guideline on smoking cessation (Figure 1). Five countries indicated that, although they lack a national guideline, they use a protocol to assist individuals seeking information and support for quitting tobacco use (Figure 2).

With respect to guidelines addressing new nicotine products, only one quitline reported having a national guideline specifically for these products. Additionally, six quitlines stated that they have developed and utilize their own protocols for managing dependence on new nicotine products.

**Figure 1. Number of quitlines that rely on a national guideline on how to quit smoking and a national guideline on how to quit new nicotine products, such as e-cigarettes, heated tobacco products, and nicotine pouches/snus.**



**Figure 2. Number of quitlines that have developed their own protocol on how to quit smoking or how to quit new nicotine products in absence of a national guideline.**



## 4.4 Approaches to addiction to different types of nicotine products

Respondents were asked if their quitlines treat nicotine addiction differently for new nicotine products. Respondents were asked to select one of three answers [1. *We only treat addiction due to smoking cigarettes*; 2. *Same – We treat 'nicotine addiction due to use of other nicotine products' the same as 'nicotine addiction due to smoking cigarettes'*; 3. *Differently – We treat 'nicotine addiction due to use of other nicotine products' differently from 'nicotine addiction due to smoking cigarettes'*]; the respondents were then asked to describe their quitline's method of treating nicotine addiction.

Thirteen respondents answered that their quitline treats *'nicotine addiction due to use of other nicotine products'* the same as *'nicotine addiction due to smoking cigarettes'* (Figure 3). One of these respondents noted that their quitline treated the nicotine products the same as other forms of nicotine use (such as cigarettes) but had not had any requests for help with new nicotine product addiction yet. One respondent noted that their quitline treats new nicotine products differently in that it only offers behavioral cessation support for non-tobacco products, while they also offer support with pharmaceutical treatment in case of tobacco addiction. Appendix 4 contains all responses from survey respondents. The selection of quotes below illustrates the choices made by quitlines and the treatments offered.

*"Our product-agnostic model treats nicotine addiction as a behavioural and psychological issue, regardless of whether it's delivered via vape, pouch, or cigarette, and uses the same therapeutic tools (Motivational Interviewing (MI), Cognitive behavioral therapy (CBT), Acceptance and Commitment Therapy (ACT)) across all products allows for continuity in care, especially for users who switch or co-use. Acceptance and commitment emphasis on values-based living and psychological flexibility is particularly suited to the nuanced appeal of modern nicotine products, which often target identity, stress relief, or social belonging. Our use of ACT acknowledges that quitting is not just about resisting cravings, it's about changing one's relationship with discomfort and desire. Offering chat-based counselling in multiple languages is inclusive, especially for marginalized or younger populations who may be experimenting with products like pouches or vaping. A non-judgmental presence and tone reflect an understanding of user psychology and meeting people where they are, rather than where public health wishes they were. We use evidence-based yet pragmatic messaging. We try to educate users on risks without moralizing."*

*"The quitline provides the same support to people who want to quit nicotine products as it does to those quitting tobacco. This ensures that anyone affected by changing nicotine trends can find tailored help and guidance."*

Many respondents shared that their quitline viewed addiction to nicotine – whether a result of smoking cigarettes or using a new nicotine product – the same, regardless of delivery method.

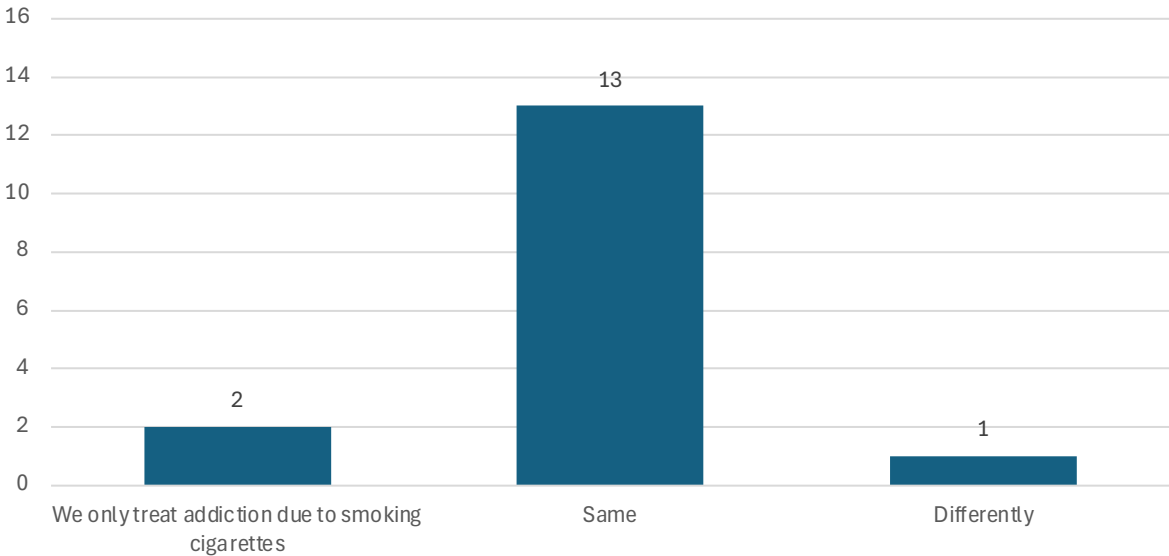
*"The mechanism of addiction is the same with small nuances that are reflected during quitting."*

*"We treat tobacco smoking dependence in the same way as dependence on other nicotine products, since the underlying physiological mechanisms are the same. Similarly, the psychological mechanisms – such as habits, rituals, and behavioural patterns – also overlap."*

*"The quitline adopts a unified approach to treating nicotine addiction regardless of the delivery method. This is rooted in our evidence-based methodology, which views nicotine as the core addictive substance driving the dependence, with similar underlying psychological and physiological mechanisms across all forms. Our treatment model is designed to be flexible and person-centered, applying the same core principles and processes to all forms of nicotine use. The rationale is grounded in the science of nicotine dependence. The addiction is primarily to nicotine itself, not the delivery method. Nicotine is the Common Addictive Agent; nicotine activates the brain's reward system (via dopamine release), leading to dependence."*

Two national quitlines that took part in our survey restrict cessation support to smoking-related nicotine addiction, offering no equivalent assistance for dependence on newer nicotine products.

**Figure 3. Number of quitlines that treat nicotine addiction due to the use of new nicotine products the same or differently from nicotine addiction due to smoking cigarettes.**

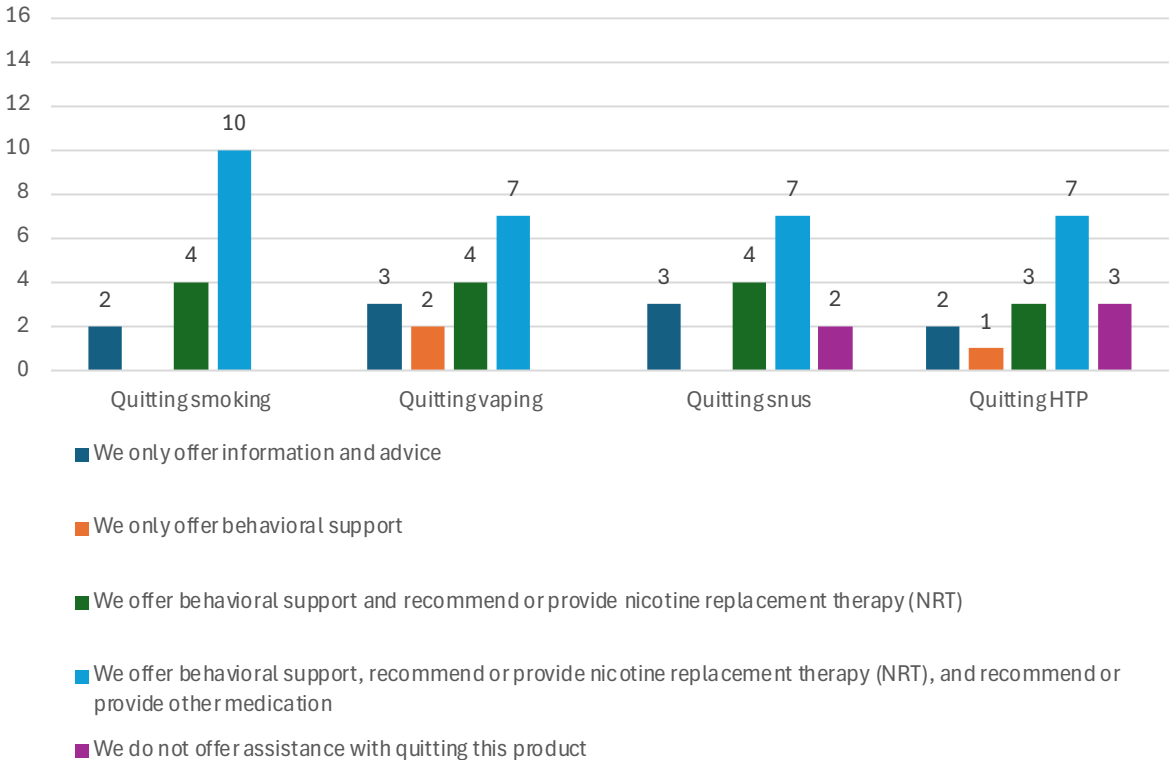


### 4.5 Treatment of nicotine addiction

When asked 'does your quitline treat *'nicotine addiction due to use of other nicotine products'* the same as -or differently from- *'nicotine addiction due to smoking cigarettes'*, the majority of countries (n=13) answered that they treat the addiction the same (Figure 3). However in the follow-up questions, there are some discrepancies found in the treatment of new nicotine products. When it comes to how to stop smoking or how to stop one of the new nicotine products, eleven or more quitlines who use the same approach offer behavioral support for all products. In ten or more cases nicotine replacement therapy and/or medication is provided or recommended, such as varenicline, bupropion, and cytisine. Finally, two quitlines reported treating nicotine addiction from all delivery methods the same by giving out information and advice on all nicotine products. One of the quitlines that answered that it treats nicotine addiction the same regardless of the delivery method offered behavioral support in all cases, but did not offer NRT or medication in all cases. Another of the quitlines that answered that it treated all nicotine products the same, does not treat the addiction to Heated Tobacco Product (HTP).

Specific protocols for how to help clients overcoming addiction to new nicotine products are often absent. In general, quitlines in Europe rely on a standardized approach to nicotine addiction. One quitline has a different approach to the cessation of new nicotine products to that of smoking cessation. The support for people who want to quit smoking is prioritized over support for people who want to quit new nicotine products, such as e-cigarettes. Support for cessation of new nicotine products is only provided when there is no waiting list for the smoking cessation service.

**Figure 4. Help provided by the quitlines when clients want to quit smoking, vaping, using nicotine pouches/snus or heated tobacco products.**



## 4.6 Measuring nicotine dependence

Stop smoking advisors often rely on the Fagerström Test for Nicotine Dependence<sup>8</sup> to evaluate the level of nicotine dependence among individuals addicted to cigarette smoking. For measuring the dependency for the nicotine addiction in smoking, ten countries reported that they assess nicotine dependence using the Fagerström test, one used an extended version of the Fagerström test, and one used the Heaviness Smoking index [HIS],<sup>9</sup> or Hooked on Nicotine Checklist [HONC].<sup>10</sup>

When people use more than one nicotine product, the nicotine addiction might be higher than the addiction measured for smoking. The development and use of a general nicotine dependence test would be useful for people who use more than one nicotine product.

When we asked if the quitlines assessed for a general nicotine dependence, nine quitlines stated that they did, eight of which again used the Fagerström test; one quitline asks about the frequency of using the products and the nicotine it contains. A selection of quotes illustrates how quitlines assess general nicotine dependence.

*"We use Fagerström's test and try to estimate roughly the daily intake based on the amount and nicotine concentration of the used products, though in most of the cases of multiple users it's only a rough estimate."*

*"During the counselling session, while developing an individualized quit plan, we ask two questions to assess the level of nicotine dependence (Heaviness of Smoking Index: HSI)."*

*"Questions of the Fagerström Test - we choose the nicotine product - Fagerström Test for Nicotine Dependence [FNTD] - or minimal Heaviness of Smoking Index (HONC), additionally nicotine protocol or description of the daily routine."*

*"The Fagerström questionnaire does provide a baseline measurement that is filled out at the onset of all of our client contacts."*

## 4.7 Unique treatments for new nicotine products

In order to gain insight into the different ways that quitlines in Europe view, address, treat, or engage with new nicotine products, respondents were asked to describe the ways in which their quitline is unique with regard to new nicotine products. Appendix 3 contains all responses. In the illustrative quotes below, respondents described how their quitline addresses new nicotine products through new informational materials, through nicotine addiction treatment services, and through engaging with other public health organizations.

Many respondents described why and how their quitline educates the public and quitline clients about new nicotine products.

*"We convert the difficult scientific literature into something that is understandable for the population — smokers, people who work in healthcare, relatives of smokers, etc. We want to be easily accessible and provide reliable information to everyone who wants to know more about (new) nicotine products, regardless of their age or occupation."*

*"The quitline has a brochure available for parents and professionals working with children and adolescents. It aims to provide clear, evidence-based information on tobacco and nicotine products — ranging from cigarettes to e-cigarettes and pouches—so they can engage young people in informed conversations. The brochure is especially relevant today, as new nicotine products are rapidly gaining popularity among youth, whose developing brains are highly vulnerable to addiction. By equipping adults with reliable knowledge and practical tools, it helps counter industry influence, support healthier choices, and contribute to a smoke-free generation."*

*"We have translated most of our materials to other languages in order to offer information to immigrants in our country. We are also planning to translate the main materials to another language that people use. We are in co-operation with the National Organisation of the Unemployed to reach the people who don't have occupational health services. We are involved in many non-smoking/non-nicotine networks in, and in these networks, we organize webinars, educational events, and speeches to advance a nicotine-free country. We also provide information about smoke- and vape-free spaces, for example in the network headed by our National Railways."*

Many respondents noted that their quitlines offer treatment for nicotine addiction itself, whether nicotine addiction from smoking tobacco or from using new nicotine products.

*"The quitline provides the same support to people who want to quit nicotine products as it does to those quitting tobacco. This ensures that anyone affected by changing nicotine trends can find tailored help and guidance."*

Respondents described different ways in which their quitlines work with other public health organizations, such as through developing strong relationships with Ministries of Health.

*"The quitline itself [is] not providing these above-mentioned services but the Center for Disease Prevention and Control [provides] information and education on new nicotine products both for professionals and the community. It is also involved in developing guidelines and is involved in various projects both national and international that address smoking cessation. The quitline itself is operated by a third party that is contracted by the Center to provide necessary staff and conducting training of staff."*

*"As we are a very small country, there are unfortunately very few services available to help residents quit smoking. However, we have a good relationship with the Ministry of Health, so the needs of the various quitlines are being addressed and efforts are being made to improve the situation."*

## 5 Discussion

### Assessing and treating general nicotine dependence

The increasing popularity of new nicotine products has been noted by quitlines professionals. People have started calling quitlines with questions about how to quit their nicotine dependency from e-cigarettes, nicotine pouches, or other nicotine products.<sup>11,12</sup>

New nicotine products, such as vapes and nicotine pouches, have gained popularity in recent years and created a new gateway to tobacco use for (young) people. New nicotine products can extend or alter their nicotine consumption. For instance people can use more than one type of nicotine product or might replace one nicotine product with another, e.g., many young people who smoke a vape also smoke cigarettes.<sup>13</sup>

The most successful approach to quitting smoking is a combination of pharmacological and behavioral therapies.<sup>14</sup> Fourteen quitlines offer behavioral support with a combination of NRT and/or medication to help people quit smoking. When we look at the pharmacological and behavioral support for new nicotine products, we see the numbers drop of quitlines that offer this combined treatment. (figure 4).

With regard to the pharmacological treatment of the nicotine addiction through smoking, usually the level of nicotine dependency is measured to assess the intensity of the physical addiction. For this, twelve quitlines in Europe use the Fagerström test, one uses an extended version of the Fagerström Test, and one uses the Heaviness Smoking index or Hooked on Nicotine Checklist in assessing in assessing a nicotine addiction from smoking.

When it comes to treating the addiction to new nicotine products or a combination of smoking and new nicotine products, nine quitlines also test for nicotine dependence. Some calculate the total nicotine intake of all nicotine products and steer towards a nicotine-free outcome. In these cases the total nicotine intake is taken into account instead of differentiating between nicotine intake of tobacco cigarettes and new nicotine product, which aligns with new policies.<sup>15</sup>

Thirteen quitlines are of the opinion that a nicotine addiction is a nicotine addiction, regardless of the delivery method. Perhaps this view that there is just one type of nicotine addiction – both tobacco and non-tobacco dependence – implies that quitlines may feel that no separate protocol is necessary. On the other hand, one quitline noted that they have not received calls from users of new nicotine products. This could mean that users of new nicotine products do not feel the need to call the quitline or are perhaps unaware that the underlying mechanism of the addiction to new nicotine products can be treated in the same way as a smoking addiction.

The ways in which quitlines organize cessation support for users of new nicotine products is not yet fully developed. Our research shows that most countries do not have a specific protocol for quitting new nicotine products whereas they do have one for addressing the nicotine dependence through smoking addiction.

## **Education**

In addition to the help or treatment given for quitting new nicotine products, many of the quitlines in Europe report that they are also educating people about tobacco use, new nicotine products, and how to quit. They do this through translating materials in different languages, often with the goal of reaching different socio-economic groups. Some quitlines inform the public by sharing simplified scientific information. Other quitlines train healthcare professionals and many keep websites and materials updated.

## **Quitlines part of health networks**

From the answers we received from the survey, it became clear that quitlines often are not an entity separate from other institutes or services. A number of quitlines are part of departments of Ministries of Health and national public health institutes. Others are linked to Ministries of Health and national public health institutes, either by accessing and linking to services provided by Ministries of Health and national public health institutes or as contracted service providers. Some are part of a network with other quitlines. Finally, some quitlines are in contact with other national organizations by providing services and education.

## 6 Limitations

In this report, we explored how quitlines across Europe support callers with the cessation of new nicotine products, such as e-cigarettes and nicotine pouches.

We had a response of sixteen quitlines in Europe. Some of the other European countries do not have a quitline or we found that the available information was limited or outdated, namely that of Bulgaria, Croatia, Cyprus, Estonia, Greece, Hungary, Iceland, Liechtenstein, Lithuania, Malta, Norway, Portugal, Romania, and Spain. A limitation of this study is the possibility that not all national quitlines were recognized.

Furthermore, the quality of data might be influenced by differences in quitline organisation, culture or languages. Respondents might have understood some of the questions differently. This may also be due to possible translation errors.

We did not ask the questions separately about measuring the nicotine dependence for the different nicotine products. It was also difficult to record the questions about quitting smoking or quitting new nicotine products separately, because they are often used simultaneously.

## 7 Conclusions and implications

This research aimed to collect, analyse, and disseminate information about the treatment of addiction of new nicotine products by national quitlines in Europe. We collected data through a survey containing quantitative and qualitative questions. The information we found showed a large overlap between quitlines in Europe in their treatment of a nicotine addiction through smoking and a nicotine addiction through new nicotine products.

We found that thirteen out of sixteen of surveyed quitlines respondents answered that their quitline treats *'nicotine addiction due to use of other nicotine products'* the same as *'nicotine addiction due to smoking cigarettes'*. The majority of quitlines treats quitting smoking with behavioral therapy, providing NRT and assessing the nicotine dependence with a Fagerström test. In the majority of cases, the treatment of nicotine addiction from new nicotine products is approached the same way.

As shown in this report, professionals from most quitlines in Europe that completed our survey are aware of the role new nicotine products have on the smoking or nicotine addiction. By considering the addiction to these products in much the same way as the addiction to tobacco products, they follow a pragmatic approach. Broad scientific insights could develop further knowledge how addiction to new nicotine products must be treated in comparison to or in combination with the addiction to combustible tobacco products.

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# Appendix 1: Quitline survey

**1. Please provide the following information about the quitline**

- Name of the country:.....
- Name of the quitline: .....
- Quitline-specific website: .....

**2. In 2024, how many times was the quitline contacted by phone, text, email, and/or online messaging?**

*If you don't know the exact numbers, please give an estimate.*

- For information about smoking and tobacco: .....
- For assistance with quitting smoking cigarettes: .....
- For information about new nicotine products, such as vapes/e-cigarettes, heated tobacco products/heat-not-burn, or snus/nicotine pouches: .....
- For assistance with quitting new nicotine products .....

**3. Have there been any major changes at your quitline since 2021?**

*For example: Has the quitline undergone a reorganization or a restructuring? Is the quitline funded by a new organisation? Does the quitline offer new products or services, such as new training courses for healthcare professionals or new health education materials? Has there been a change in treatment for tobacco and nicotine addiction?*

- Yes
- No

*If quitlineChanges is 'yes'*

Please describe the changes that have been made.

**4. In your country, which of the following nicotine products are legally available for sale?**

*Select all that apply*

- Tobacco cigarettes
- Vapes / e-cigarettes that are tobacco flavoured
- Vapes / e-cigarettes that are non-tobacco flavoured
- Heated tobacco products (heat-not-burn)
- Snus or nicotine pouches
- Other tobacco products (i.e. shag tobacco, cigars, cigarillos)
- Other nicotine products

*If Other nicotine products is 'yes'*

In your country, what other nicotine products are legally available for sale?

**5. Is there a national guideline in your country about how to quit smoking?**

*By national guideline, we mean a guideline or handbook that has been developed by a national-level health organization, such as the Ministry of Health.*

- Yes, and we use it **1**
- Yes, but we do not use it **2**
- No **3**

*If [NatGuidSmok] is 2 or 3:*

Does your quitline have their own protocols or guidelines about how to quit smoking? [OwnProtSmok]

- Yes
- No

**6. Is there a national guideline in your country about how to quit new nicotine products?**

- Yes, and we use it **1**
- Yes, but we do not use it **2**
- No **3**

*If [NatGuidNic] is 2 or 3:*

Does your quitline have their own protocols or guidelines about how to quit new nicotine products?

- Yes
- No

*If NatGuidSmok is 1 or 2 or OwnProtSmok is yes or NatGuidNic is 1 or 2 or OwnProtNic is 1:*

Please add the name(s) of the guideline(s) on how to quit smoking and/or other nicotine products. If available, please include a link to the guideline or send a copy to [Milly Neuman](#). Click on the name to draft an email, or send an email to [MNeuman@trimbos.nl](mailto:MNeuman@trimbos.nl).

**7. In general, does your quitline treat 'nicotine addiction due to use of other nicotine products' the same as -or differently from- 'nicotine addiction due to smoking cigarettes'?**

- We only treat addiction due to smoking cigarettes
- Same – We treat 'nicotine addiction due to use of other nicotine products' the same as 'nicotine addiction due to smoking cigarettes'
- Differently – We treat 'nicotine addiction due to use of other nicotine products' differently from 'nicotine addiction due to smoking cigarettes'

*If [Treatment] is 'same'*

**8.** Please describe how and why your quitline treats the nicotine addiction due to other nicotine products in the same way as a nicotine addiction due to smoking cigarettes.

*If Treatment is 'differently'*

**9.** Please describe the differences in how your quitline treats the nicotine addiction due to other nicotine products and in how your quitline treats a nicotine addiction due to smoking cigarettes.

**10. The following questions are about if and how your quitline helps clients quit cigarettes and /or new nicotine products.**

If someone wants to **quit smoking cigarettes**

- We only offer information and advice
- We only offer behavioral support, like motivational coaching **1**
- We offer behavioral support and recommend or provide nicotine replacement therapy (NRT) **2**
- We offer behavioral support, recommend or provide nicotine replacement therapy (NRT), and recommend or provide other medication **3**
- Other **4**
- We do not offer assistance with quitting smoking

*If ProtocolSmok is 3:*

Please share information on the medication recommended or provided through the quitline, such as varenicline, cystisine, bupropion, or other medication options.

*If ProtocolSmok is 4:*

Please describe what your quitline offers to help clients quit smoking.

If someone wants to **quit vaping**, what assistance does your quitline provide?

- We only offer information and advice
- We only offer behavioral support **1**
- We offer behavioral support and recommend or provide nicotine replacement therapy (NRT) **2**
- We offer behavioral support, recommend or provide nicotine replacement therapy (NRT), and recommend or provide other medication **3**
- Other **4**
- We do not offer assistance with quitting vaping

*If ProtocolVape is 3:*

Please share information on the medication recommended or provided through the quitline, such as varenicline, cystisine, bupropion, or other medication options.

*If ProtocolVape is 4:*

Please describe what your quitline offers to help clients quit using e-cigarettes/vapes.

If someone wants to **quit snus/nicotine pouches**, what assistance does your quitline provide?

[ProtocolSnus]

- We only offer information and advice
- We only offer behavioral support **1**
- We offer behavioral support and recommend or provide nicotine replacement therapy (NRT) **2**
- We offer behavioral support, recommend or provide nicotine replacement therapy (NRT), and recommend or provide other medication **3**
- Other **4**
- We do not offer assistance with quitting snus/nicotine pouches

*If ProtocolSnus is 3:*

Please share information on the medication recommended or provided through the quitline, such as varenicline, cystisine, bupropion, or other medication options.

*If ProtocolSnus is 4:*

Please describe what your quitline offers to help clients quit using snus/nicotine pouches.

If someone wants to **quit heated tobacco products / heat-not-burn**, what assistance does your quitline provide? [ProtocolHTP]

- We only offer information and advice
- We only offer behavioral support **1**
- We offer behavioral support and recommend or provide nicotine replacement therapy (NRT) **2**
- We offer behavioral support, recommend or provide nicotine replacement therapy (NRT), and recommend or provide other medication **3**
- Other **4**
- We do not offer assistance with quitting heated tobacco products

*If ProtocolHTP is 3:*

Please share information on the medication recommended or provided through the quitline, such as varenicline, cystisine, bupropion, or other medication options.

*If ProtocolHTP is 4:*

Please describe what your quitline offers to help clients quit using heated tobacco products.

**11. Does the quitline's website include information for clients about how to quit any of the nicotine products listed below?**

*If yes, please include a link to the relevant pages on the website.*

- Tobacco cigarettes: .....
- Vapes/e-cigarettes: .....
- Heated tobacco products/heat-not-burn: .....
- Snus or nicotine pouches: .....
- Other nicotine products: .....

**12. Does your quitline's website offer specific services or assistance on how to quit nicotine or products other than cigarettes?**

*Examples of services include live chat with a stop smoking advisor, online registration in the quitline, online quit tool, app, etc)*

*If yes, please include a link to the relevant pages on the website.*

- Vapes / e-cigarettes: .....
- Heated tobacco products / heat-not-burn: .....
- Snus or nicotine pouches: .....
- Other nicotine products: .....

**13. Does your quitline assess clients for nicotine dependence due to cigarette smoking?**

- Yes
- No

*If yes:*

How does your quitline assess clients for nicotine dependence due to cigarette smoking?

- We use the Fagerström test
- We use the HONC test
- Other: ...

*If yes:*

Please describe the process of assessing clients for nicotine dependence due to cigarette smoking.

**14. Does your quitline assess for a general nicotine dependence, such as due to new nicotine products (like vaping), dual use (like smoking and vaping) or multiple use (a combination of more than two nicotine products)?**

- Yes
- No

*If yes:*

How does your quitline assess clients for nicotine dependence due to new nicotine product use?

- We use the Fagerström test
- We use the HONC test
- Other: ...

*If yes:*

Please describe the process of assessing clients for nicotine dependence due to the use of new nicotine products, dual use or multiple use.

**15. From your perspective, in what ways is your quitline unique or unusual with regard to new nicotine products?**

*For example:*

- Working with special populations, such as offering information, services, and treatment for new nicotine products to adolescents and young adults, pregnant women, new migrants, patients with a chronic illness, people without health insurance, etc.*
- Information and education about new nicotine products for professionals, such as dental professionals, teachers, social workers, mental healthcare professionals, birth care professionals, etc.*
- Community education, such as providing information about vape-free spaces, speaking at conferences and meetings, providing information about new nicotine products not sold in your country, working with community leaders to address new nicotine products, etc.*

**16. Do you have any tips or tricks for other European quitlines, especially regarding quitlines and new tobacco products?**

**17. Is there any other information that you would like to share with us and other European quitlines?**

*Please include a link to the additional information or send a copy to [Milly Neuman](#). Click on the name to draft an email, or send an email to [MNeuman@rimbos.nl](mailto:MNeuman@rimbos.nl).*

**18. May we approach you for additional questions?**

Yes

No

*If AdditionQuestion is 'yes':*

Please tell us the best way to reach you for additional questions. Please include your preferred phone number and/or e-mail address.

**19. Would you like to be updated on the outcomes of this research? If so, we will send you a copy of the final report by email after publication.**

Yes

No

*If Update is 'yes'*

Please tell us your e-mail address

# Appendix 2: Changes to the quitline

Changes to the quitline
Answers given by different quitlines about major changes to their quitlines since 2021
<p><b>Reorganization</b></p> <p>Since 2025, eight regional public health offices have been managing the smoking cessation hotline. Until then, the hotline had been managed by 36 regional public health offices.</p>
<p><b>New trainings for healthcare professionals</b></p> <ul style="list-style-type: none"><li>- training focused on communication skills for hotline workers.</li><li>- course focusing on gaining knowledge about addiction issues (including quitting smoking).</li></ul>
<p>The national quitline is offering counseling not only for tobacco use, but also alcohol, illicit drug use, medication use, cannabis, and non-substance addictions such as gambling and internet addiction. It also offers support for relatives or friends of people who have substance use problem.</p>
<p><b>Rebranding the quitline</b></p> <p>In 2024, the quitline was rebranded with a fresh logo, updated website, and a new baseline, now also addressing smokers and vapers. The logo reflects current social trends, while our counselors stay up to date on products and emerging developments to better support everyone who reaches out.</p>
<p><b>New brochures</b></p> <p>Two new brochures were added:</p> <ol style="list-style-type: none"><li>1) One brochure informs people about how NRT can support a quit attempt, explains different options, guides proper use and tapering, and debunks common myths.</li><li>2) Another brochure is available for parents and professionals working with children and adolescents and aims to provide clear, evidence-based information on tobacco and nicotine products —ranging from cigarettes to e-cigarettes and pouches — so they can engage young people in informed conversations.</li></ol>
<p><b>New IT platform</b></p> <p>To safeguard service quality, the quitline replaced its outdated IT system. Preparations started in 2022 with a requirement plan and supplier consultations. The new platform was fully implemented in 2025.</p>
<p>The quitline is organizing two to four quitting groups per year, and groups have six meetings remotely. The quitline also offers proactive coaching for people who want to quit and need more intensive counseling. Some peer support meetings are organized and there is also a peer support group in Facebook.</p>
<p>Since spring 2024, the phone number is providing consultations on other addictions as well — alcohol, illegal drugs, gambling, and co-dependence.</p>
<p>We now provide free NRT for clients accessing support to quit through the quitline. Previously, this was only available through face-to-face services. We also increased the budget and subsequent staffing for the quitline.</p>
<p>Relaunch of the brand with additional online services and a redesigned website.</p> <p>Renewal of the contract with the Tobacco Prevention Fund.</p>

## Changes to the quitline

### Answers given by different quitlines about major changes to their quitlines since 2021

#### Experiment with NRT tele-prescription

In February 2025, the Quitline-App was discontinued.

Since August 2025, the Internet-based call center (the telephone number of the quitline) is always visible in outbound calls and has documented which kind of nicotine product is used. Counselling is also available for stopping new nicotine products (e-cigarettes, heated tobacco products and nicotine pouches). There are new brochures/infomaterials.

There is also cooperation with the Health Insurance for the relapse prevention after group counselling. There has been adaptation of counselling based on available medicine (since May 2024, Cytisin is available as an over-the-counter product in pharmacies without prescription.

Since August 2025, the Nicotine Replacement Therapy Inhaler has not been available anymore, but other forms of NRT are still available over-the-counter products in pharmacies.)

# Appendix 3: Unique

**Answers given by different quitlines in what ways their quitline is unique or unusual with regard to new nicotine products**

While maintaining anonymity, we offer proactive counselling with expert psychologists. This doesn't make us unique, but not many offer this service.

Our quitline is in no way unique with regard to new nicotine products. Usage of new nicotine products is very low among callers, so we focus on tobacco cigarette consumption.

The smoking cessation line provides brief information to the caller regarding the options and methods for quitting smoking. It directs the caller to specialized workplaces in regional public health offices.

We provide counselling not only for smoking cessation, but all other substance and non-substance addiction. We are also open to family, friends, and relatives. We offer support until the client finds a treatment, we look up for the treatment possibilities, and we also offer cessation for nicotine, alcohol (in certain cases when it is safe for the client), and other non-substance use disorders.

We convert the difficult scientific literature into something that is understandable for smokers, people who work in healthcare, relatives of smokers, etc. We want to be easily accessible and provide reliable information to everyone who wants to know more about (new) nicotine products, regardless of their age or occupation.

The quitline provides the same support to people who want to quit nicotine products as it does to those quitting tobacco. This ensures that anyone affected by changing nicotine trends can find tailored help and guidance.

From a broader perspective, the quitline tries to blend behavioral support, safety education on use of new products, and public health policy reinforcement into a more comprehensive service model. It's not just about "how to quit smoking" but about empowering users to quit all forms of nicotine in a legally compliant, health-conscious way. The quitline pushes more clearly to a nicotine-free outcome.

With regard to the guidance of vapers, the end goal is nicotine-free, not vape-maintenance. The quitline's information also acknowledge some smokers might use e-cigs during quitting, but the counselling is oriented toward stopping smoking and/or vaping entirely (nicotine-free endpoint), while warning against dual use and flagging uncertainties about long-term harms of vaping.

The quitline has a brochure available for parents and professionals working with children and adolescents. It aims to provide clear, evidence-based information on tobacco and nicotine products — ranging from cigarettes to e-cigarettes and pouches—so they can engage young people in informed conversations. The brochure is especially relevant today, as new nicotine products are rapidly gaining popularity among youth, whose developing brains are highly vulnerable to addiction. By equipping adults with reliable knowledge and practical tools, it helps counter industry influence, support healthier choices, and contribute to a smoke-free generation.

We have translated most of our materials to other languages in order to offer information to immigrants in our country. We are also planning to translate the main materials to another language that people use. We are in co-operation with the National Organisation of the Unemployed to reach the people who don't have occupational health services. We are involved in many non-smoking/non-nicotine networks in, and in these networks, we organize webinars, educational events, and speeches to advance a nicotine-free country. We also provide information about smoke- and vape-free spaces, for example in the network headed by our National Railways.

**Answers given by different quitlines in what ways their quitline is unique or unusual with regard to new nicotine products**

The quitline itself is not providing these above-mentioned services but the Center for Disease Prevention and Control is providing information and education on new nicotine products both for professionals and the community. It is also involved in developing guidelines and is involved in various projects both national and international that address smoking cessation. The quitline itself is operated by a third party that is contracted by the Center to provide necessary staff and conducting training of staff.

The quitline is working as part of the national institute of public health. Experts from the institute work with special populations, share information, and conduct education about new nicotine products for professionals and community education.

As we are a very small country, there are unfortunately very few services available to help residents quit smoking. However, we have a good relationship with the Ministry of Health, so the needs of the various quitlines are being addressed and efforts are being made to improve the situation.

We educate society through our websites.

Our quitline can be used by everybody. There is no age limit. No valid insurance required. The number is toll-free. Infomaterials can be ordered free of charge.

The quitline is a part of the huge offer from the Health Insurance, which offers group counselling, single counselling, online-formats (counselling and presentations), special treatment for pregnant women, and inpatient smoking cessation. The quitline is financed by the Ministry of Health, nine federal states, and the social insurance companies.

The quitline has its own scientific advisory board. The quitline is part of the network of quitlines and gives presentations and/or posters at conferences etc.

Counselling is done only by clinical and health psychologists with specialisations in treatment of tobacco- and nicotine-dependence.

The quitline is the country-wide hub for treatment-programs for tobacco- and nicotine-dependence.

Our product-agnostic model treats nicotine addiction as a behavioural and psychological issue, regardless of whether it's delivered via vape, pouch, or cigarette, and uses the same therapeutic tools (MI, CBT, ACT) across all products allows for continuity in care, especially for users who switch or co-use. Acceptance and commitment emphasis on values-based living and psychological flexibility is particularly suited to the nuanced appeal of modern nicotine products, which often target identity, stress relief, or social belonging. Our use of ACT acknowledges that quitting is not just about resisting cravings, it's about changing one's relationship with discomfort and desire. Offering chat-based counselling in multiple languages is inclusive, especially for marginalized or younger populations who may be experimenting with products like pouches or vaping.

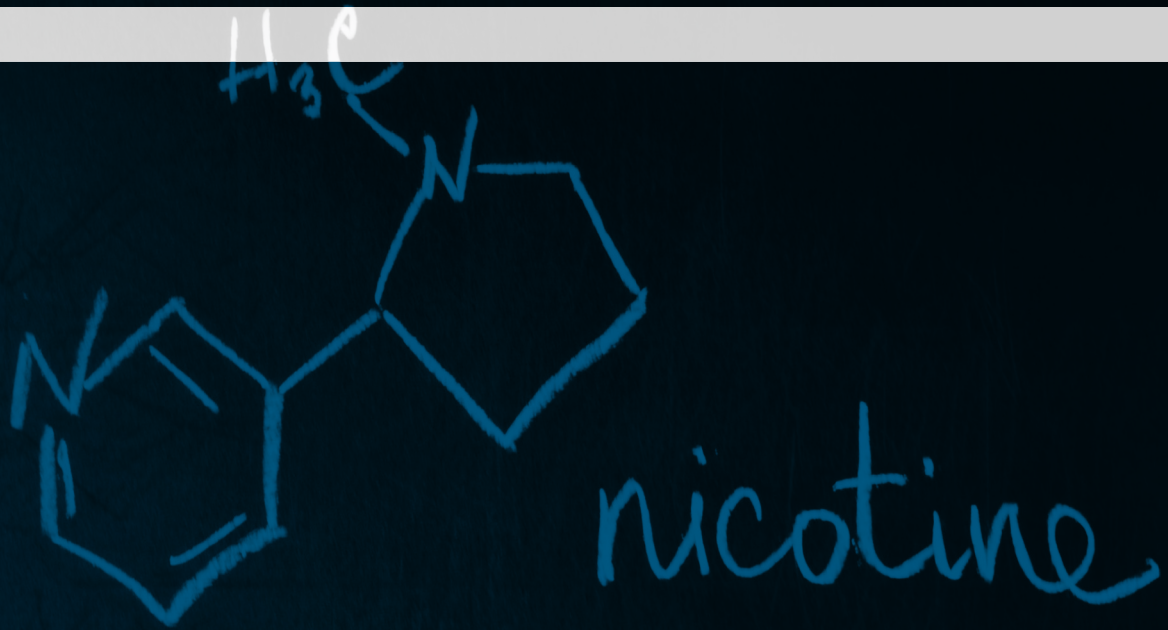
A non-judgmental presence and tone reflect an understanding of user psychology and meeting people where they are, rather than where public health wishes they were. We use evidence-based yet pragmatic messaging. We try to educate users on risks without moralizing.

# Appendix 4: The same treatment

Answers given by different quitlines on how and why nicotine addiction due to other nicotine products is treated in the same way as a nicotine addiction due to smoking cigarettes
Same protocol for e-cigarettes, HTP, and cigarettes.
Only around ten callers per year are calling to quit other nicotine products; therefore, no special treatment exists.
The mechanism of addiction is the same with small nuances that are reflected during quitting.
Right now, the treatment for nicotine addiction is the same for tobacco as for other nicotine products so we do not have a list with different treatment options for them necessarily. We do, however, always try to find the best possible treatment option. We try to ascertain why they smoke or vape, what age group they belong to, and what way of quitting would suit them best. We always customize our approach but not solely based on what kind of nicotine products they use because a lot more factors come into play.
The quitline approaches vaping cessation in the same way as smoking cessation, because the core addiction is to nicotine rather than the delivery method. Nicotine is the main substance driving addiction across all tobacco products, including e-cigarettes, and the withdrawal from nicotine occurs similarly, regardless of whether it is inhaled via a cigarette or an e-cigarette. Support follows clear, evidence-based smoking cessation methods, including behavioral counseling and, when appropriate, nicotine replacement therapy. E-cigarette users may encounter specific challenges — such as flavored products, discreet use, variable nicotine delivery, and the perception of reduced harm — which are supported by tailored behavioral interventions.
Our counseling via the quitline is based on national guidelines and as long as there are no different kinds of guidelines for new products, we give counseling to get rid of nicotine addiction regardless of the product. Of course, we try to estimate the amount of daily used nicotine based on products etc. and give information about impact of different products, but the counseling for nicotine cessation follows the same protocol.
The protocol is developed and used the same way regardless of the type of nicotine product that is being used.
We have the same protocol for products containing nicotine because it is the same Psychoactive Substance (PAS) and the mechanism of addiction. We use an adjusted Fagerström test for new nicotine products.
To date, we have not yet received any requests regarding addiction to nicotine products. For this reason, we do not yet have any protocols in place, as we lack practical experience in this area.
Because there are no guidelines yet for other nicotine products, we remain committed to smoking cessation for all nicotine products, focusing on nicotine-sensitive relapse data from the telephone counseling protocol.
We treat tobacco smoking dependence in the same way as dependence on other nicotine products, since the underlying physiological mechanisms are the same. Similarly, the psychological mechanisms – such as habits, rituals, and behavioral patterns – also overlap.
Same tools (protocol, variations of the test for nicotine dependency, same consultation cycle) different habits in using the products are treated individually.
The quitline adopts a unified approach to treating nicotine addiction regardless of the delivery method. This is rooted in our evidence-based methodology, which views nicotine as the core addictive substance driving the dependence, with similar underlying psychological and physiological mechanisms across all forms. Our treatment model is designed to be flexible and person-centered, applying the same core principles and processes to all forms of nicotine use. The rationale is grounded in the science of nicotine dependence. The addiction is primarily to nicotine itself, not the delivery method. Nicotine is the Common Addictive Agent; nicotine activates the brain's reward system (via dopamine release), leading to dependence.

## Appendix 5: Quitlines and websites

Country	Name of quitline	Quitline Website
Austria	Rauchfrei Telefon	<a href="http://www.rauchfrei.at">www.rauchfrei.at</a>
Belgium	Tabakstop / Tabacstop	<a href="http://www.tabakstop.be">www.tabakstop.be</a> ; <a href="http://www.tabacstop.be">www.tabacstop.be</a>
Czech Republic	Národní linka pro odvykání (National Quitline)	<a href="https://www.chciodvykat.cz/">https://www.chciodvykat.cz/</a>
Finland	Stumppi	<a href="https://www.hengitysliitto.fi/elamanlaatu-ja-hyvinvointi/savuttomuus/">https://www.hengitysliitto.fi/elamanlaatu-ja-hyvinvointi/savuttomuus/</a>
France	Tabac info service	<a href="https://www.tabac-info-service.fr">https://www.tabac-info-service.fr</a>
Germany	BIOEG-Telefonberatung zur Rauchentwöhnung	<a href="https://rauchfrei-info.de/">https://rauchfrei-info.de/</a>
Ireland	Quit.ie	<a href="http://www.quit.ie">www.quit.ie</a>
Italy	Telefono Verde Fumo	<a href="http://smettodifumare.iss.it">smettodifumare.iss.it</a>
Latvia	Atbalsta tālrunis atkarības jautājumos	<a href="https://www.spkc.gov.lv/lv/atbalsta-talrunis-atkaribas-jautajumos">https://www.spkc.gov.lv/lv/atbalsta-talrunis-atkaribas-jautajumos</a>
Luxembourg	Tabac-Stop	<a href="https://www.maviesanstabac.lu/">https://www.maviesanstabac.lu/</a> <a href="https://www.cancer.lu/fr/contact">https://www.cancer.lu/fr/contact</a>
Netherlands	De Stoplijn	<a href="http://www.ikstopnu.nl">www.ikstopnu.nl</a>
Poland	Telefoniczna Poradnia Pomocy Palącym	<a href="http://www.jakrzucicpalenie.pl">www.jakrzucicpalenie.pl</a>
Slovak Republic	Linka pomoci na odvykanie od fajčenia	<a href="https://www.uvzsr.sk/web/uvz/linka-pomoci-na-odvykanie-od-fajcenia">https://www.uvzsr.sk/web/uvz/linka-pomoci-na-odvykanie-od-fajcenia</a>
Slovenia	Telefon za pomoč pri opuščanju kajenja	<a href="https://nijz.si/zivljenjski-slog/tobacniin-povezani-izdelki/">https://nijz.si/zivljenjski-slog/tobacniin-povezani-izdelki/</a> ; <a href="https://www.skupajzazdravje.si/opuscanjekajenja/o-opuscanju-kajenja/">https://www.skupajzazdravje.si/opuscanjekajenja/o-opuscanju-kajenja/</a> Main number for the quitline: +386 (0)80 27
Sweden	Sluta-röka-linjen (Swedish tobacco quitline)	<a href="http://www.slutarokalinjen.se">www.slutarokalinjen.se</a>
Switzerland	Swiss Quit Smoking Helpline	<a href="https://www.rauchstoplinie.ch/">https://www.rauchstoplinie.ch/</a>



*'The addiction is primarily to nicotine itself, not the delivery method.'*