Offer help to quit tobacco use

World Health Organization
European Region

The tenth edition of the WHO report on the global tobacco epidemic *(1)*, released in June 2025, presents the latest comparative data to assess global, regional and national progress in protecting people from the harms of tobacco use. To support evidence-based policy dialogue in the WHO European Region, a set of measure-specific factsheets has been developed, each summarizing the implementation of one MPOWER[1] component. This factsheet provides an overview of the status of the **O — Offer help to quit tobacco use** measure as of 2024.

Key messages

The number of countries in the WHO European Region that have a national quit line and cover the cost of nicotine replacement therapy (NRT) and some cessation services increased from three in 2007 to 12 in 2024 *(1)*.

2007	2024
3 countries	**12** countries

The percentage of countries that provide NRT and/or some cessation services and cover the costs of at least one of these (either an NRT or a cessation service) also increased during this period, from 43% in 2007 to 64% in 2024 *(1)*.

As of 2024, 35 countries in the Region had an operational national toll-free quit line.

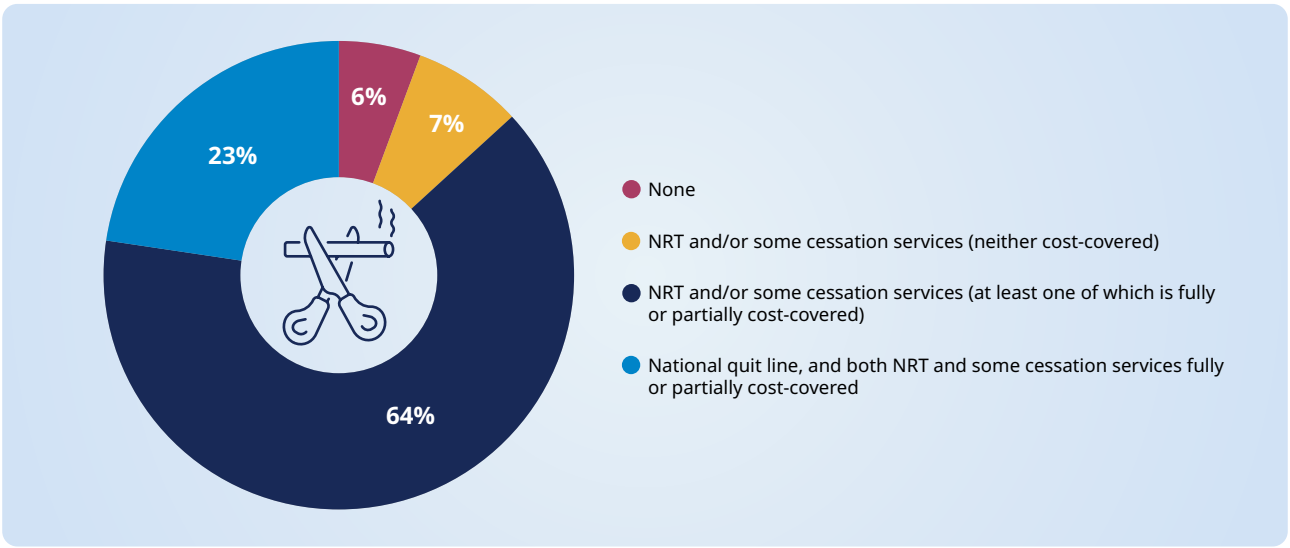
A quarter of the countries in the Region operated a national quit line and covered the cost of NRT and some other cessation services (Fig. 1).

NRT is not available in seven countries in the Region. In 39 countries, it can be bought in pharmacies, while in seven countries it is available for purchase in general shops. As of 2024, only three countries fully covered the cost of NRT for people wishing to quit, and a further 13 countries provided partial funding.

NRT is included on the essential medicines list in 13 countries in the Region.

1 MPOWER is a set of six cost-effective and high impact measures that help countries reduce the demand for tobacco. The acronym MPOWER stands for: M: monitor tobacco use and prevention policies; P: protect people from tobacco smoke; O: offer help to quit tobacco smoking; W: warn about the dangers of tobacco; E: enforce bans on tobacco advertising, promotion and sponsorship; and R: raise taxes on tobacco.

Fig. 1. Percentages of countries that provide cessation programmes for the treatment of tobacco dependence, 2024



Source: WHO *(1)*.

What should be done?

- Policies, services and capacity for tobacco cessation must be improved and strengthened to ensure that all people who use tobacco have access to effective cessation support.
- The guidelines for Article 14 of the WHO Framework Convention on Tobacco Control recommend specific activities for promoting tobacco cessation and providing effective treatment for tobacco dependence *(2)*, namely to:

1. conduct a national situation analysis to create or update a strategic plan;
2. develop and disseminate comprehensive national tobacco-cessation guidelines;
3. develop training capacity and ensure that tobacco control and tobacco cessation are included in the training curricula of all health professionals and other relevant occupations, both before and after qualification, and in continuous professional development programmes;
4. make the recording of tobacco use in medical notes mandatory; and
5. establish a sustainable source of funding for help in quitting tobacco use.

References[2]

1. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). License: CC BY-NC-SA 3.0 IGO.
2. Guidelines for implementation of Article 14. Geneva: WHO Framework Convention on Tobacco Control; 2013 (https://fctc.who.int/publications/m/item/guidelines-for-implementation-of-article-14).

2 All references were accessed 14 November 2025.

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