JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

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Strengthening tobacco and nicotine cessation systems in Europe

[09/2026]

Why action is needed now

Tobacco use remains a major cause of cardiovascular disease and cancer in the EU, accounting for an estimated 25% of premature cardiovascular deaths among men and 8% among women, and 37% and 15% of cancer-related deaths, respectively.[1] Effective tobacco and nicotine cessation support reduces cardiovascular risk and contributes to the goals of the Safe Hearts Plan.[2]

- Comprehensive cessation support remains unevenly implemented despite countries' commitments to WHO FCTC Article 14.[3]
- The greatest impact is achieved when national policies are combined with coordinated local action.[3]
- Cost-effective cessation services remain underdeveloped because of insufficient infrastructure, funding, and political priority.[4]

Policy problem

Socioeconomic inequalities in cessation support. People in lower socioeconomic groups face multiple barriers to accessing smoking cessation support.[5]

Health-system implementation challenges. Integrating evidence-based cessation interventions into routine healthcare remains challenging.[6]

Accessibility and engagement challenges. Healthcare access limitations and inadequate provider engagement hinder cessation efforts.[7]

Provider capacity needs strengthening. Healthcare professionals require evidence-based guidance to deliver cessation interventions.[8]

Financial barriers restrict access. Lack of financial support hinders cessation efforts.[7]

Key recommendations

- **Establish and maintain clear national guidelines and coordination structures** to drive consistent cessation delivery across sectors and to avoid fragmentation of services.
- **Guarantee evidence-based cessation services across all healthcare settings** by integrating standardized tobacco and nicotine use identification and brief cessation interventions into routine care.
- **Strengthen cessation support** through targeted service models **for people in low socio-economic positions, those with chronic diseases** and to **those in regular contact** with health care services.
- **Remove financial barriers and reduce health inequities** by ensuring cost-covered cessation medications and counselling across all regions.
- **Strengthen workforce capacity and improve coverage and reach through systematic, structured cessation training** for all relevant healthcare professionals.
- **Implement and sustain structured national assessment frameworks** for monitoring, evaluating, and improving cessation systems.

Supporting evidence

These recommendations were developed within JA PreventNCD and informed by work conducted in WP10.4.2 on tobacco and nicotine cessation. The work examined cessation system infrastructure, implementation practices, and opportunities to strengthen evidence-based cessation support across healthcare systems. Drawing on analyses, stakeholder engagement, and exchange of experiences across participating countries, it identified recurring challenges related to equity, service integration, workforce capacity, financing, and monitoring. These common challenges informed the recommendations presented in this brief.

The country examples included in this brief illustrate how different healthcare systems have addressed tobacco and nicotine cessation challenges in practice. They provide practical examples of how selected recommendations can be translated into action in different national contexts and offer context for ongoing pilot activities within JA PreventNCD.

Norway : Removing financial barriers increases participation and quit success: 41% of a representative sample in Norway reported that they would only use cessation medicines if they were free. [9] A 2020–2023 regional pilot offering free cessation medication and mandatory counselling produced strong outcomes[10]:

- Nearly 30% remained smoke free 9 months after baseline.
- More that two-thirds had upper-secondary education or less.
- Participants emphasised that free medicines lowered the threshold to seek help:

"*Smoking is expensive and so are cessation medications… Then you see this ad: free smoking cessation medications! It is much easier to get over the threshold. So, I called and signed up*" (quote from a participant and now ex-smoker).[11]

Finland : National coordination for regional improvement: In 2024, Finland's Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare released national recommendations for cessation services across Finland's 21 wellbeing services counties (regional health authorities).[12]

The recommendations focus on:

- structures
- knowledge management
- competence development
- communications
- good practices
- support for people with special needs.[12]

Within JA PreventNCD, Finland piloted work to support the implementation of these recommendations, including a baseline assessment of cessation-service infrastructure.[13]

Austria : Routine monitoring offers important opportunities for strengthening implementation. Research from JA PreventNCD indicates that implementation data are seldom collected or published. For example, it is unknown how consistently GPs ask about nicotine use. One notable exception is the annual activity report published by the National Quitline which clearly demonstrates the value of reporting routine service data in a user-friendly format[14,15].

Implementation considerations

The recommendations vary in feasibility, implementation requirements, and resource implications, and are influenced by background factors such as system structures and coordination capacity.

- Feasibility: higher for measures building on existing structures; lower for system-wide changes
- Barriers: unclear responsibilities, limited clinical time, lack of resources
- Enablers: national coordination, established services, existing data and training systems
- Responsible actors: national authorities, healthcare organisations, healthcare professionals
- Equity: important for reducing disparities in access to cessation services
- Timing: short- to long-term implementation
- Costs: additional resources may be required, for example for training

Conclusions

Investing in strong, coordinated cessation systems is an efficient strategy for the EU and its Member States. Strengthened cessation systems can accelerate progress on non-communicable disease reduction, support Europe's health equity goals, lower healthcare costs, and increase healthy life years. By expanding access, removing financial barriers, and building strong structures, countries can advance toward the goal of ending tobacco and nicotine use, positioning the EU as a global leader in tobacco control and chronic disease prevention.

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