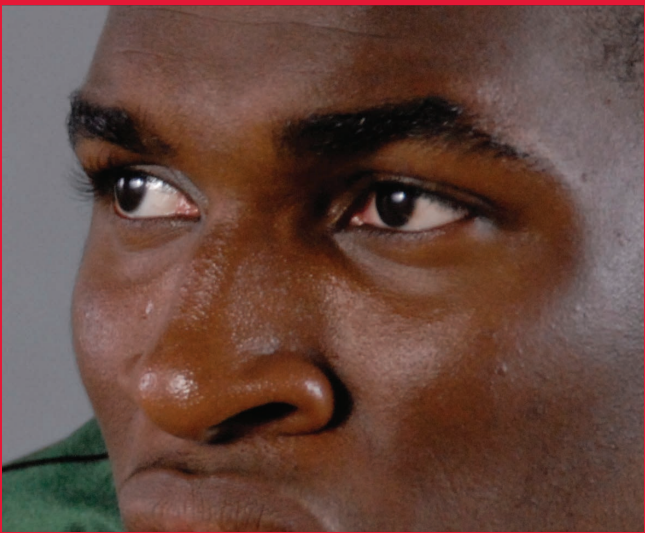


150,000 Fewer Tobacco Users by 2022



Oklahoma State Plan
for Tobacco Use
Prevention & Cessation

TOBACCO STOPS WITH ME.



TOBACCO KILLS MORE **OKLAHOMANS** THAN...

alcohol,
auto accidents,
suicides,
murders,
and illegal drugs
COMBINED.¹

IN THE UNITED STATES, SMOKING CAUSES²

87 percent of lung cancer deaths.
79 percent of chronic obstructive pulmonary disease (COPD) cases.
32 percent of heart disease deaths.

Each year, secondhand smoke exposure causes more than **8,000** deaths from stroke.

SMOKING DURING PREGNANCY CAUSES

low birth weight babies,
miscarriages,
premature birth,
and stillbirth.³

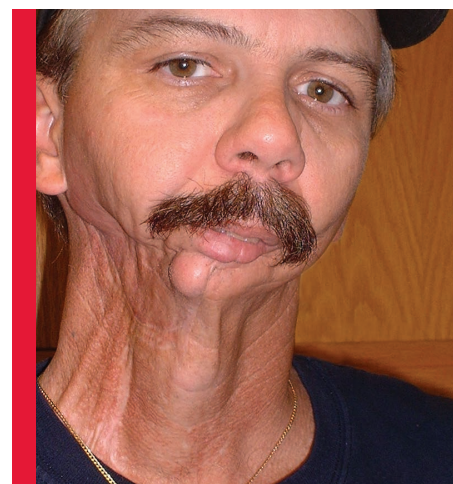
EXPOSURE TO SECONDHAND SMOKE CAUSES

heart disease,
cancers,
sudden infant death syndrome (SIDS),
asthma attacks,
bronchitis,
and pneumonia.⁴

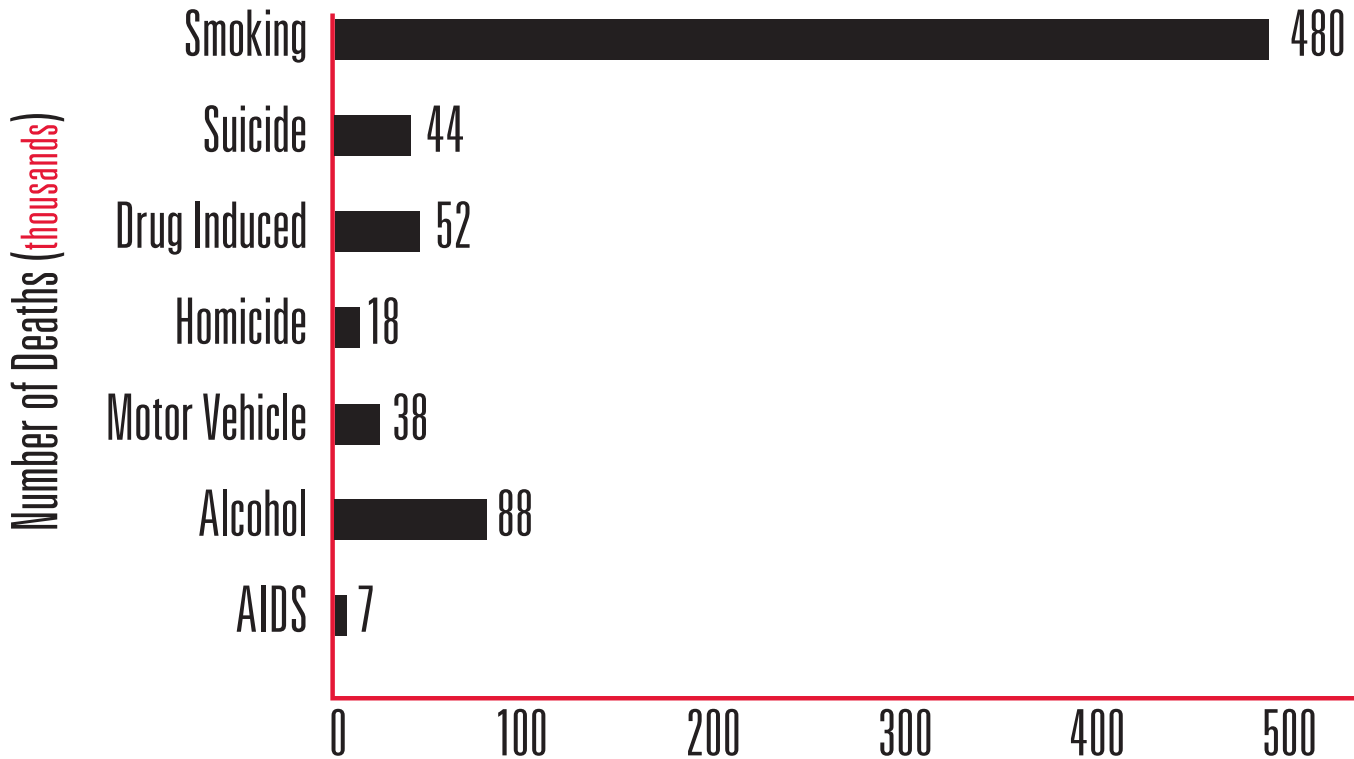
SPIT (SMOKELESS) TOBACCO CONTAINS

28 cancer-causing agents (carcinogens).

-
1. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/consumer-guide.pdf>
 2. <http://www.cdcfoundation.org/businesspulse/tobacco-use-infographic#productivity2>
 3. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>
 4. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm



ANNUAL DEATHS from smoking compared with selected other causes in the United States⁵



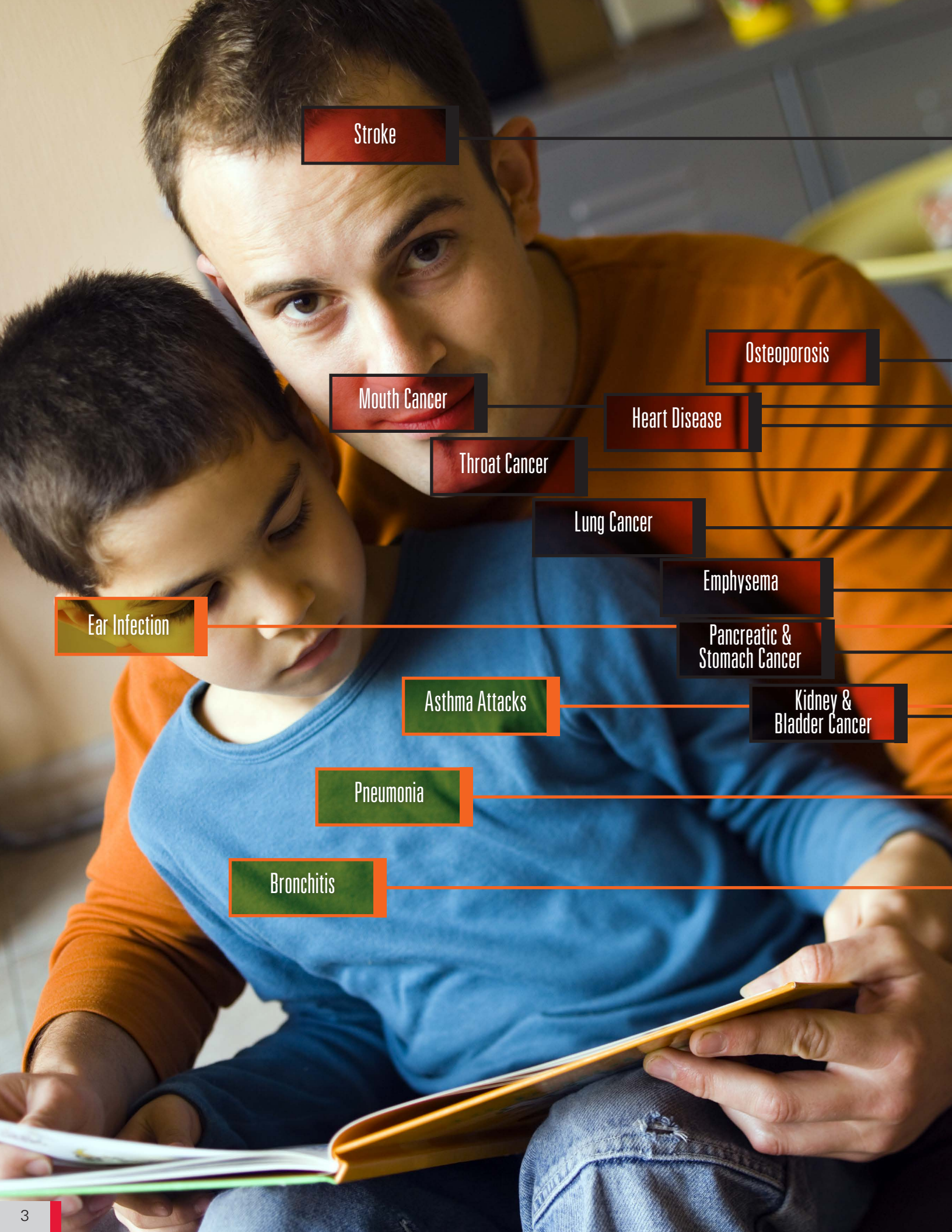
Secondhand smoke is composed of sidestream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker). Since sidestream smoke is generated at lower temperatures and under different conditions than mainstream smoke, it contains higher concentrations of many of the toxins found in inhaled cigarette smoke. Secondhand smoke contains at least 250 toxic chemicals.⁵

Partial listing of toxic chemicals in secondhand smoke:

2-naphthylamine	Hydrogen cyanide
4-aminobiphenyl	Lead
Aldehydes (such as formaldehyde)	N-Nitrosamines
Ammonia	Nickel compounds
Aromatic amines (such as 4-aminobiphenyl)	Polynuclear aromatic hydrocarbons (such as Benzo[a]pyrene)
Arsenic	Radioactive polonium-210
Benzene	Toluene
Beryllium	Vinyl chloride
Butane	
Cadmium	
Carbon monoxide	
Chromium	
Ethylene oxide	

5. <https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet#q1>





Stroke

Osteoporosis

Mouth Cancer

Heart Disease

Throat Cancer

Lung Cancer

Emphysema

Ear Infection

Pancreatic & Stomach Cancer

Asthma Attacks

Kidney & Bladder Cancer

Pneumonia

Bronchitis

TOBACCO KILLS AND CAUSES DISEASE

Tobacco use is the single most preventable cause of death and disease in the United States. For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness. Smoking harms nearly every organ of the body.⁶

DISEASES CAUSED BY TOBACCO USE

DISEASES CAUSED BY EXPOSURE TO SECONDHAND SMOKE

EFFECTS ON REPRODUCTIVE HEALTH^{3,7}

- Smoking harms many aspects and every phase of reproduction.
- Women who smoke are at an increased risk for cervical cancer and infertility.
- Men who smoke are at an increased risk for erectile dysfunction.
- Once pregnant, women who smoke are about twice as likely to experience complications.
- Smoking during pregnancy causes health problems for both mothers and babies, such as pregnancy complications, premature birth, low birth weight infants, stillbirth, and infant death. Low birth weight is a leading cause of infant deaths.

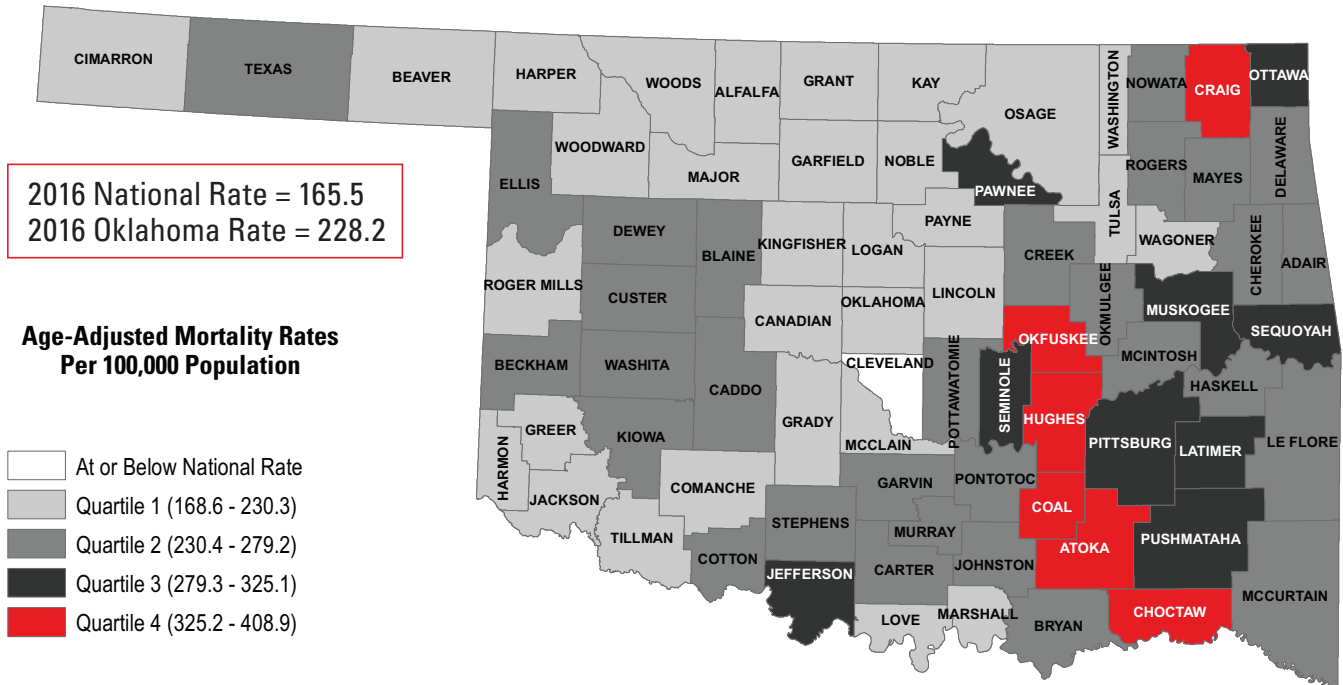
6. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

7. <https://www.cdc.gov/tobacco/campaign/tips/diseases/cancer.html>

https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/pdfs/fs_smoking_reproduction_508.pdf

HEART DISEASE MORTALITY

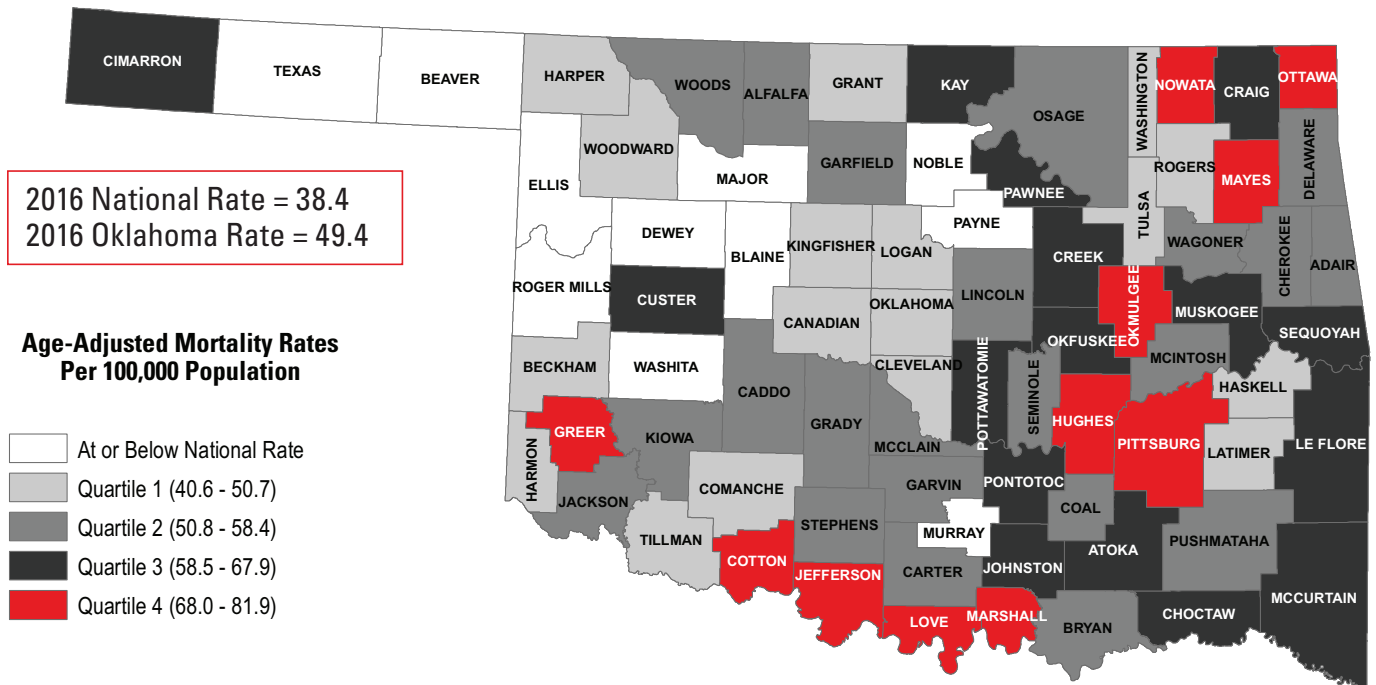
2014 - 2016 Age-Adjusted Mortality Rates



Source: Oklahoma State Department of Health (OSDH) Center for Health Statistics, Health Care Statistics, Health Care Information, Vital Statistics 2014 - 2016, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

LUNG CANCER MORTALITY

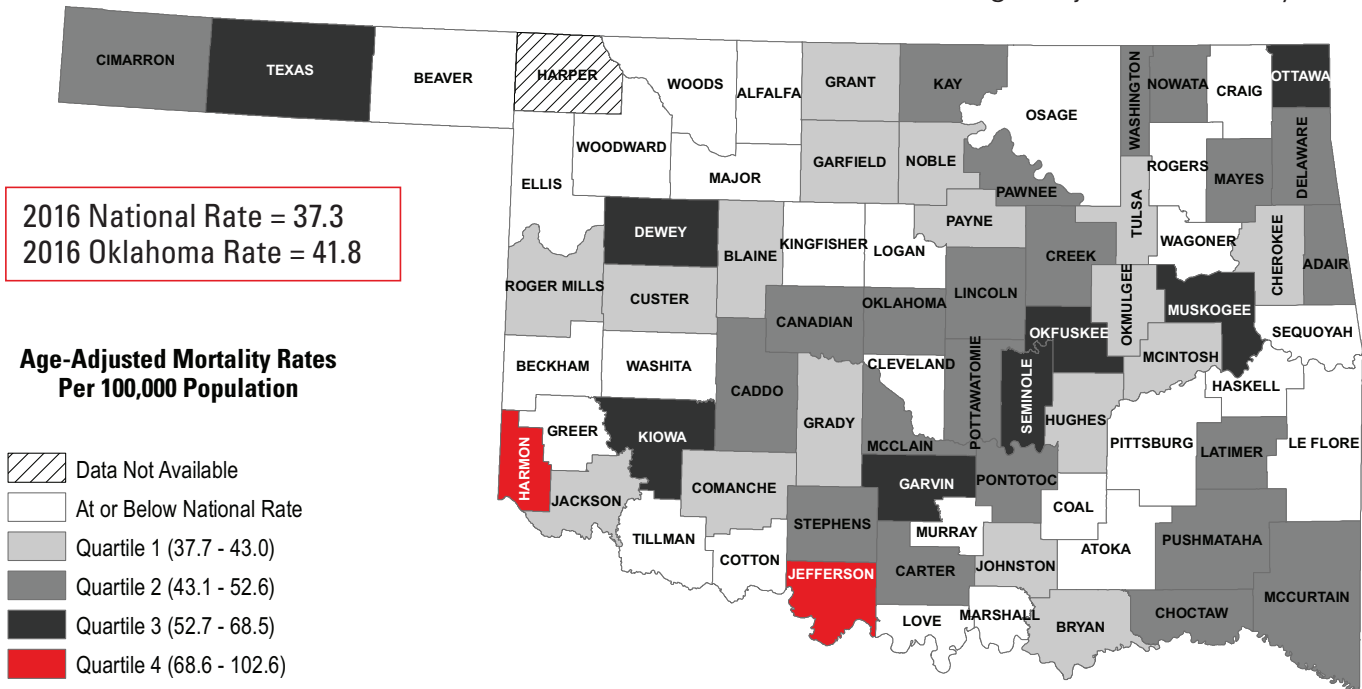
2014 - 2016 Age-Adjusted Mortality Rates



Source: Oklahoma State Department of Health (OSDH) Center for Health Statistics, Health Care Statistics, Health Care Information, Vital Statistics 2014 - 2016, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

STROKE MORTALITY

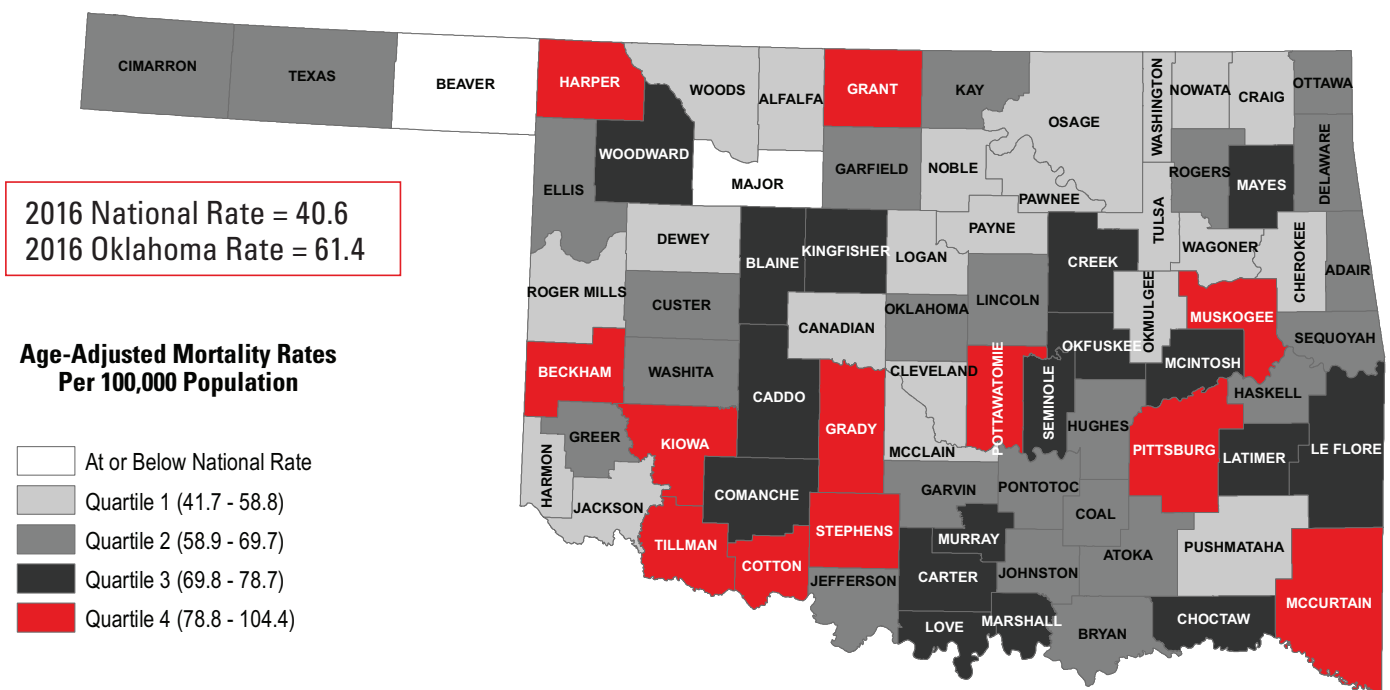
2014 - 2016 Age-Adjusted Mortality Rates



Source: Oklahoma State Department of Health (OSDH) Center for Health Statistics, Health Care Statistics, Health Care Information, Vital Statistics 2014 - 2016, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

CHRONIC OBSTRUCTIVE PULMONARY DISEASE MORTALITY

2014 - 2016 Age-Adjusted Mortality Rates



Source: Oklahoma State Department of Health (OSDH) Center for Health Statistics, Health Care Statistics, Health Care Information, Vital Statistics 2014 - 2016, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).



HEALTH & ECONOMIC TOLL OF SMOKING IN OKLAHOMA

Deaths in Oklahoma caused by smoking⁹

Number of Oklahoma smokers who die each year as a result of smoking **7,500**

Youth aged 0–17, alive today, who will die from smoking in the future **88,000**

Number of Oklahoma non-smokers who die each year from secondhand smoke **700**

Annual costs incurred in Oklahoma from smoking⁹

Total medical **\$1.62 billion**

Total Medicaid **\$264 million**

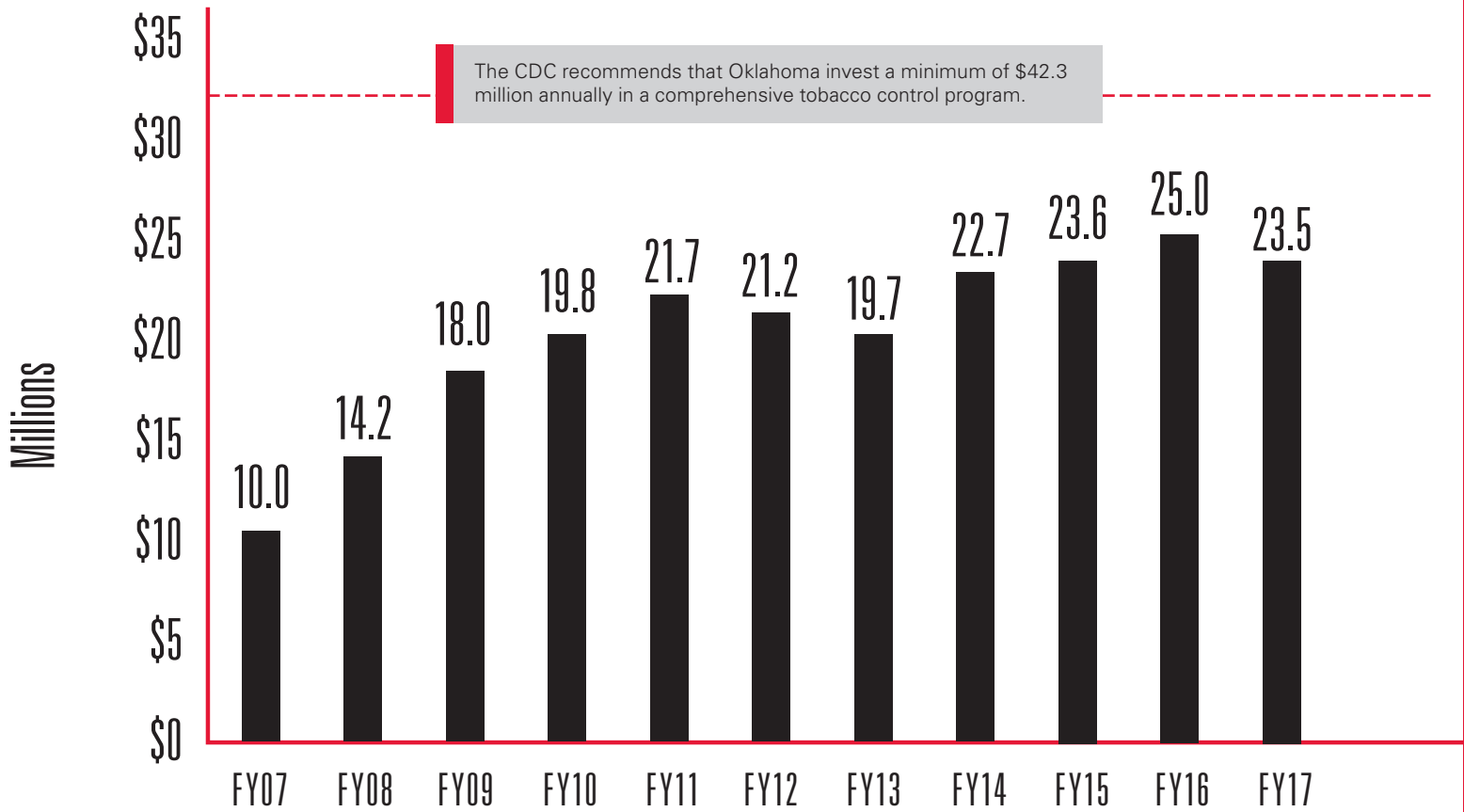
Lost productivity from premature death **\$2.1 billion**

EVERY PACK of cigarettes sold costs Oklahoma's economy \$15.67 in medical costs and lost productivity due to premature death and disease.⁸

Absenteeism can cost businesses an average of \$517 per year per employee that smokes.¹⁰

\$815	\$43	\$6
Amount tobacco use costs for every Oklahoma household every year whether they use tobacco products or not	Amount tobacco industry spends in Oklahoma per person per year to promote their product	Amount Oklahoma currently spends per person per year to reduce and prevent tobacco addiction

Funding for Tobacco Control¹¹



8. http://www.tobaccofreekids.org/facts_issues/toll_us/oklahoma; Oklahoma Tax Commission: Total Cigarette Stamps Sold in Oklahoma, 2016-2017

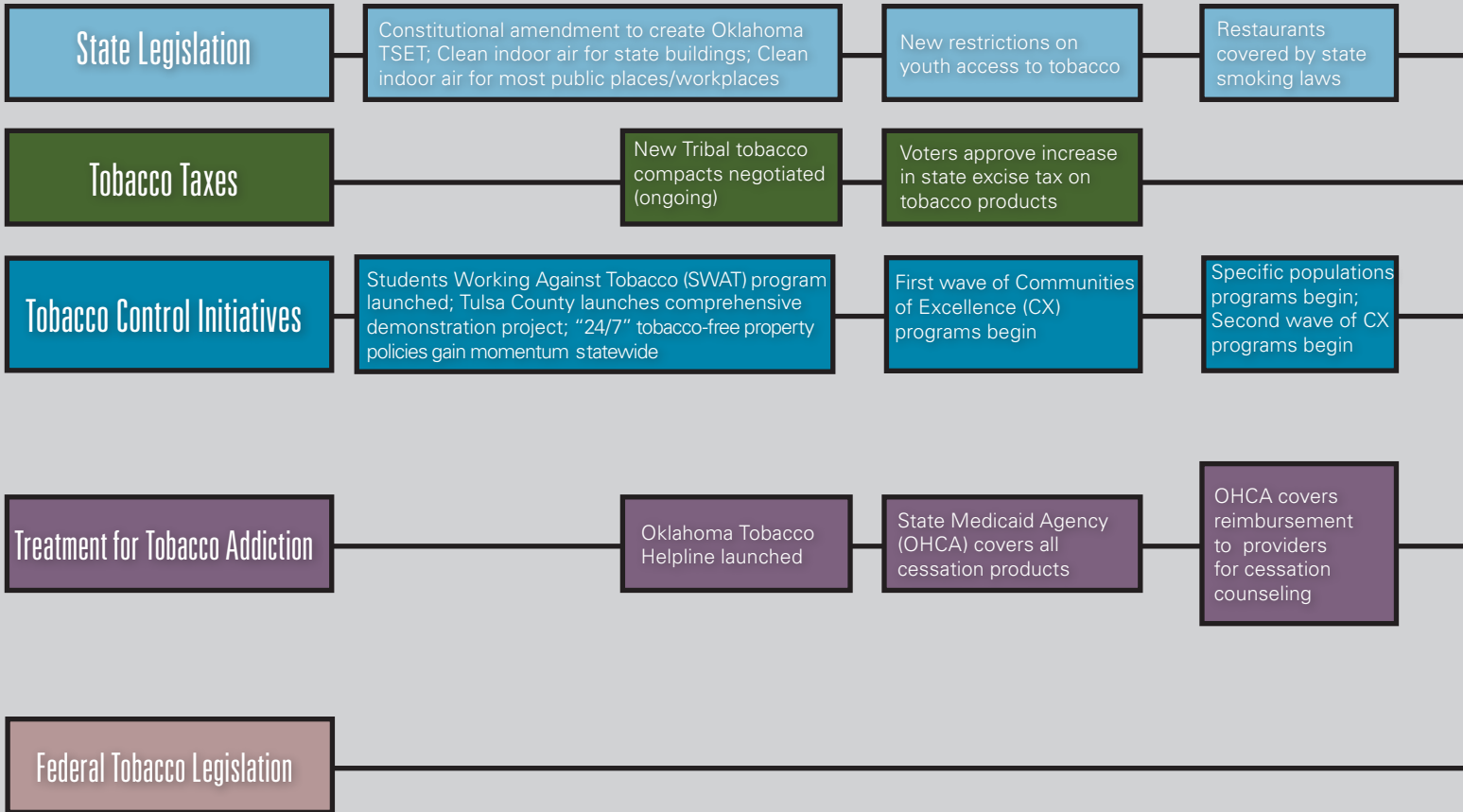
9. http://www.tobaccofreekids.org/facts_issues/toll_us/oklahoma

10. <https://www.tobaccofreekids.org/problem/toll-us/oklahoma>

11. https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

2000-2016 TIMELINE OF TOBACCO CONTROL ACTIVITY IN OKLAHOMA

2000-----2003 2004-----2005 2006-----2007



The Oklahoma Tobacco Settlement Endowment Trust (TSET) was established through a constitutional amendment overwhelmingly approved by Oklahoma voters. While most state governments have failed to keep their promise to use tobacco settlement funds for tobacco prevention and other programs to improve health, Oklahomans have created an endowment to assure that funds will be available for these purposes for generations to come. The top priority of the TSET Board of Directors is to help accomplish this State Plan.

2008

2009-----2010

2012-----2013

2014-----2015

2016-----

Oklahoma Certified Healthy Communities Act

Governor's Executive Order 2012-01 - prohibiting tobacco use on state property; Governor's Executive Order 2013-43 - prohibiting e-cigarette or vapor device use on state property; E-cigarettes added to Prevention of Youth Access Act

24/7 Tobacco-free Schools Act

New Unity Rate Tobacco Compacts with Tribes

Tobacco Stops With Me campaign begins

Cessation Systems Initiatives begin at the Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma Hospital Association, and Oklahoma Health Care Authority (OHCA)

OK Tobacco Research Center established; Healthy Systems Initiatives begin

TSET Healthy Living Programs begin

State Health Choice Plan offers enhanced cessation coverage

OHCA removes co-pay and prior authorization barrier for Rx for cessation medication; Tobacco cessation benefit policy changed to remove limits on cessation medication except Chantix; Removed barriers for providers reimbursement for billable cessation encounters

OHCA removes co-pay barrier for tobacco counseling services; The Oklahoma Tobacco Helpline launches new services and messaging

Federal Tobacco Tax Increase; Federal Tobacco Control Act (Family Prevention and Tobacco Control Act)

FDA Deeming Rule

OKLAHOMA TOBACCO CONTROL PROGRAM

VISION

All Oklahomans living in a tobacco-free society.

MISSION

To reduce sickness and death and alleviate the social and economic burden caused by tobacco use in Oklahoma.

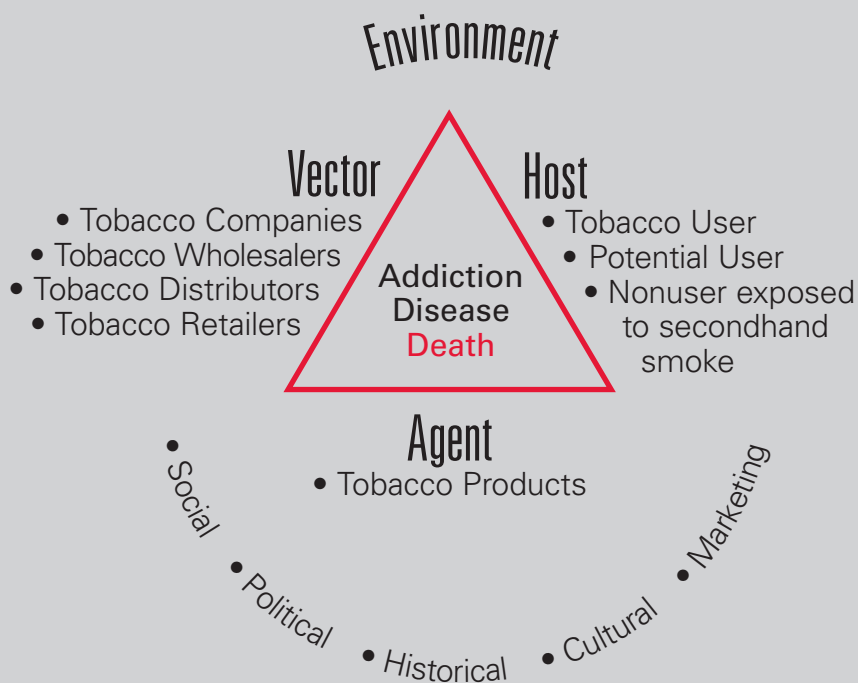
GOAL

To reduce the state smoking prevalence to the national average by 2022. When this goal is accomplished, there will be 150,000 fewer tobacco users in Oklahoma.



FACTORS FOR CHANGE

In the epidemiology model of disease, the host (the tobacco user or susceptible user and the nonuser exposed to secondhand smoke) interacts with the agent (the cigarette or other tobacco product), delivered through a vector (the tobacco companies, wholesalers, distributors and retailers), in a supportive and reinforcing environment that includes social, cultural, historical, political and marketing facilitators and influencers.



For tobacco, all these factors work together to create addiction, disease, and premature death.

To reduce tobacco use and the addiction, disease, and premature death it causes, Oklahomans must intervene on all these fronts by:

- Dismantling the environmental structures that support and promote tobacco use
- Preventing the susceptible host from initiating tobacco use
- Motivating the user to quit
- Protecting the nonuser from secondhand smoke
- Modifying the agent and constraining the vector areas we will have to address in order to make additional progress

TO REACH THE GOAL, SUSTAINED AND EXPANDED EFFORTS ARE NEEDED IN THREE KEY AREAS:

PREVENTION

When young people don't start tobacco use, addiction will gradually decline, eventually eliminating the problem. Adults must first set a good example for youth.

PROTECTION

There is no safe level of exposure to secondhand smoke, but there are immediate and long-term health benefits from 100% smokefree, healthy environments. Every Oklahoman deserves a smokefree workplace.

CESSATION

To effectively curtail tobacco use, we must provide cessation resources and an environment supportive to quitting for good. Most tobacco users want to quit and have attempted to quit many times.

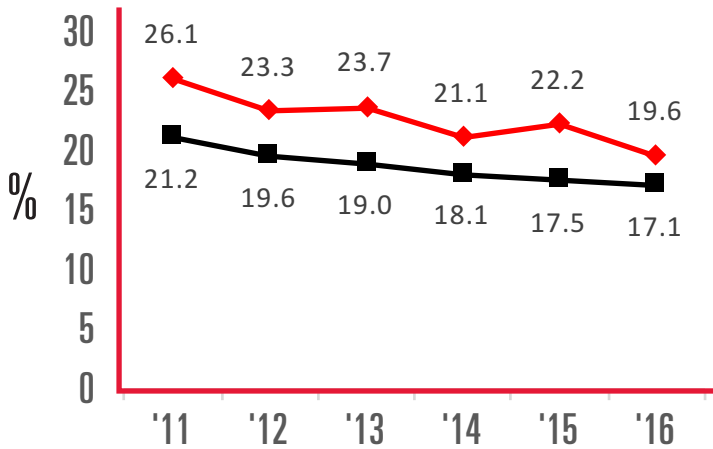
TARGET OUTCOMES

MEASURE	2012 BASELINE	2020 TARGET OUTCOME	2022 TARGET OUTCOME
Prevention			
Reduce tobacco use by high school students.	Any Form: 28.7 percent Cigarettes: 17.9 percent Spit Tobacco: 12.0 percent Cigars: 13.3 percent Electronic Cigarettes: 6.3 percent (2013) Source: 2011 Oklahoma Youth Tobacco Survey	Any Form: 21.3 percent Cigarettes: 10.0 percent Spit Tobacco: 9.9 percent Cigars: 8.4 percent Electronic Cigarettes: 9.5 percent Source: 2019 Oklahoma Youth Tobacco Survey	Any Form: 19.9 percent Cigarettes: 8.9 percent Spit Tobacco: 9.7 percent Cigars: 7.7 percent Electronic Cigarettes: 6.7 percent Source: 2021 Oklahoma Youth Tobacco Survey
Reduce tobacco use by middle school students.	Any Form: 11.3 percent Cigarettes: 3.7 percent Spit Tobacco: 4.3 percent Cigars: 4.3 percent Electronic Cigarettes: 2.6 percent (2013) Source: 2011 Oklahoma Youth Tobacco Survey	Any Form: 6.2 percent Cigarettes: 2.0 percent Spit Tobacco: 4.1 percent Cigars: 2.0 percent Electronic Cigarettes: 4.4 percent Source: 2019 Oklahoma Youth Tobacco Survey	Any Form: 5.5 percent Cigarettes: 1.7 percent Spit Tobacco: 4.0 percent Cigars: 1.8 percent Electronic Cigarettes: 3.6 percent Source: 2021 Oklahoma Youth Tobacco Survey
Protection			
Increase the percent of Oklahoma households that have smokefree home policies.	77.6 percent Source: 2012 Oklahoma Behavioral Risk Factor Surveillance System	89.2 percent Source: 2019 Oklahoma Behavioral Risk Factor Surveillance System	92.8 percent Source: 2021 Oklahoma Behavioral Risk Factor Surveillance System
Increase the percent of Oklahoma adults reporting no secondhand smoke exposure in their workplace in the past 7 days.	85.6 percent Source: 2012 Oklahoma Behavioral Risk Factor Surveillance System	93.4 percent Source: 2019 Oklahoma Behavioral Risk Factor Surveillance System	95.0 percent Source: 2021 Oklahoma Behavioral Risk Factor Surveillance System
Cessation			
Reduce cigarette smoking by adults.	All Adults: 23.3 percent Caucasian: 22.7 percent African American: 23.5 percent American Indian: 29.2 percent Hispanic: 22.5 percent Source: 2012 Oklahoma Behavioral Risk Factor Surveillance System	17.2 percent among all adult population groups Source: 2019 Oklahoma Behavioral Risk Factor Surveillance System	15.8 percent among all adult population groups Source: 2021 Oklahoma Behavioral Risk Factor Surveillance System
Reduce annual per capita consumption of cigarettes.	71.3 packs per capita per year Source: Oklahoma Tax Commission 2012	51.7 packs per capita per year Source: Oklahoma Tax Commission 2020	47.5 packs per capita per year Source: Oklahoma Tax Commission 2022

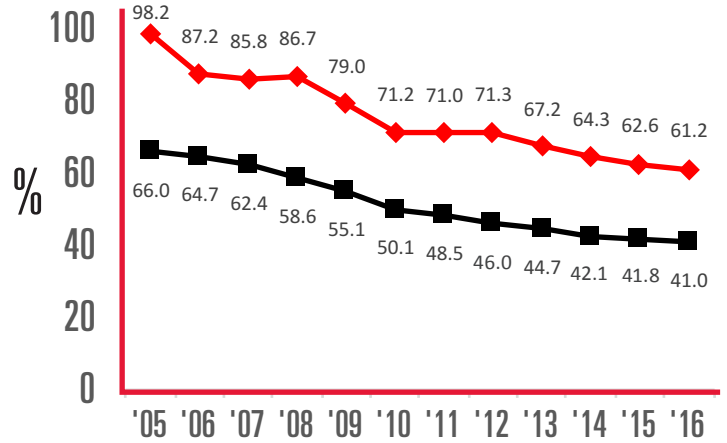
PROGRESS TO DATE

◆ Oklahoma ■ United States

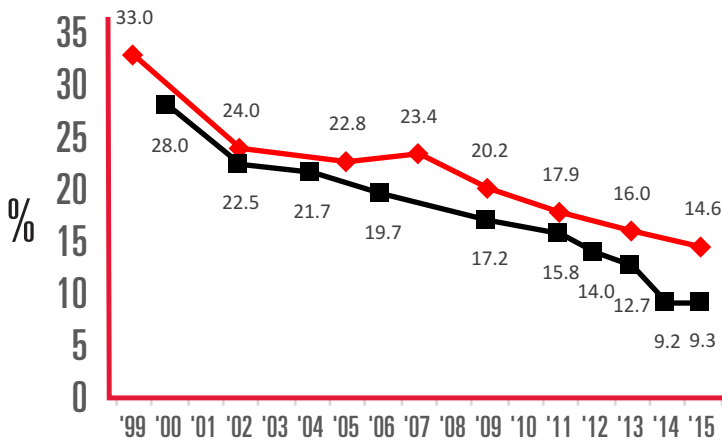
SMOKING PREVALENCE among Oklahoma adults



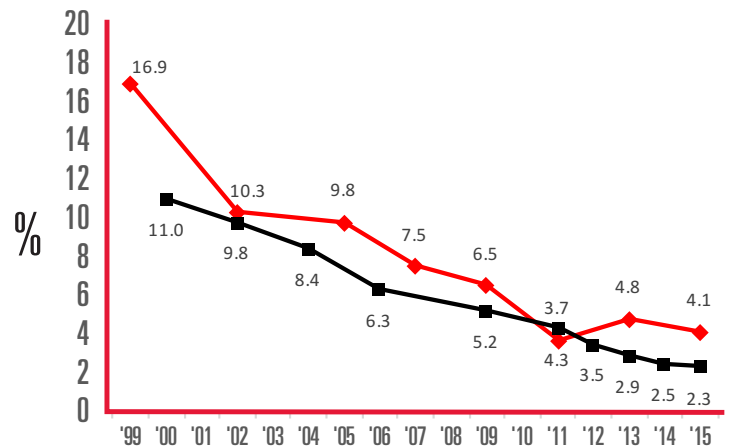
CIGARETTE SALES IN PACKS per capita



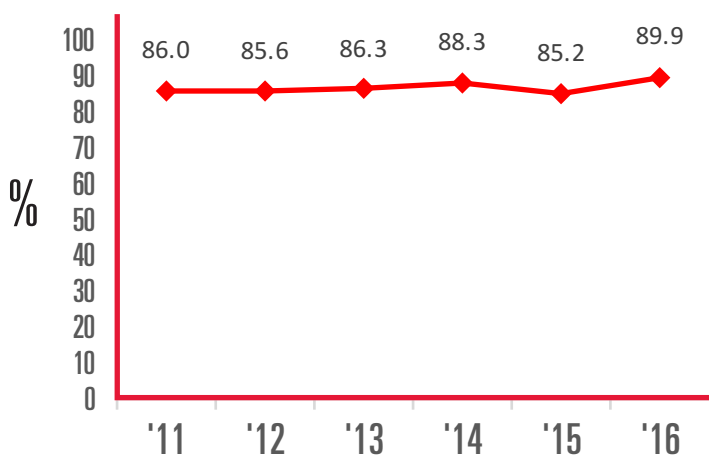
CURRENT SMOKERS among high school students



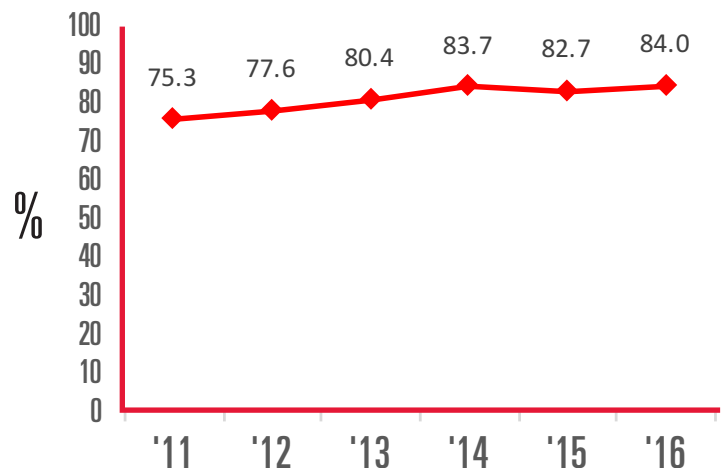
CURRENT SMOKERS among middle school students



SMOKEFREE workplace policy in Oklahoma

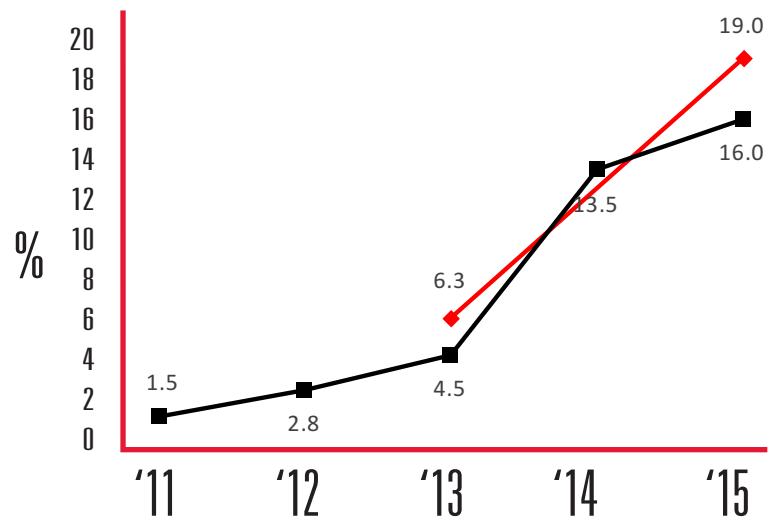


SMOKEFREE home policies in Oklahoma



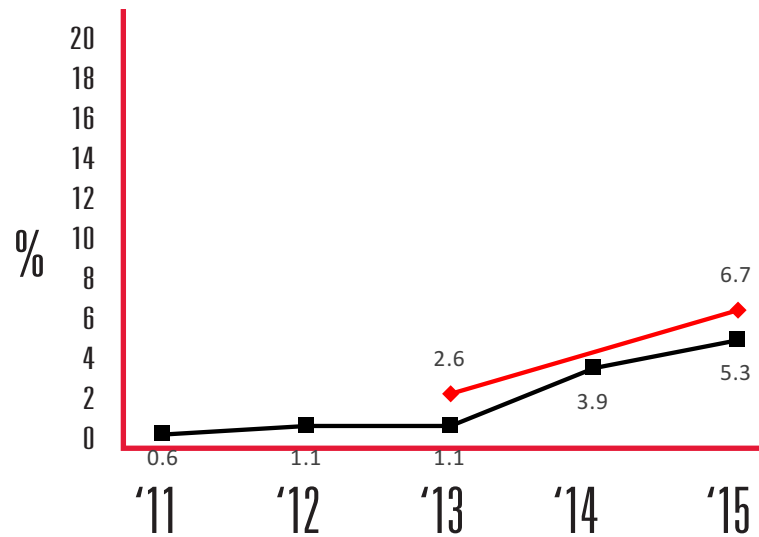
E-Cigarette use among high school students

◆ Oklahoma
■ United States



E-Cigarette use among middle school students

◆ Oklahoma
■ United States



CHALLENGES & OPPORTUNITIES

Tobacco continues to be the leading preventable cause of death in Oklahoma, and numerous partners in our state are working together to combat the negative effects tobacco imposes on Oklahomans. Below are challenges and opportunities that must be addressed to reduce this burden.

Raising Prices to Reduce Use

The single most effective way to reduce cigarette consumption, prevent youth initiation and help individuals quit using tobacco is to increase the price of tobacco products. During the recent legislative sessions (2016 and 2017) Oklahoma partners have advocated for a price increase of cigarettes, with several bills being introduced. The cigarette tax increase has yet to be achieved (as of December 2017), and Oklahoma continues to fall behind other states (ranking 36th) for state excise tax rates among all states.¹²

Protecting ALL Workers

Oklahoma's state laws to protect workers from secondhand tobacco smoke exposure have fallen far behind most other places, and they do not yet apply to electronic cigarettes and similar products. The exemptions for certain restaurants and bars, plus other business venues singled out to allow smoking, should be removed. Decades of solid studies disprove the false economic arguments of the past against smokefree policies in these venues. It's time for Oklahoma to strengthen its laws and protect ALL workers from exposure to secondhand smoke.

12. <http://www.tobaccofreekids.org/research/factsheets/pdf/0386.pdf>

Focusing on Key Policy Initiatives

Oklahoma must be more creative with the messaging related to the effect tobacco has on all Oklahomans. Oklahoma must keep policymakers centered on the health issues related to tobacco and utilize data, personal stories, and expertise to reinforce the message. Policy initiatives should continue to be a focus for those messages including the price of tobacco products, clean indoor air and the repeal of preemption to allow local government to make laws stronger than the state law.

Discouraging ALL Tobacco Use

“Spit” or smokeless tobacco is not a safe alternative to smoking despite increasing messages coming from the tobacco industry encouraging smokers to use these products when they can’t smoke. These messages are intended to keep people from fully recovering from addiction to nicotine and to hamper cessation efforts. These and other “alternative products” must be addressed.

Electronic cigarettes, often referred to as vapor products, have become increasingly popular over the past five years. Between 2013 and 2015, Oklahoma has seen a 201 percent increase in e-cigarette use among high school students. However, there was an 8.2 percent decrease in adult usage from 2015 to 2016. It is important that Oklahoma continue to research and use evidence when addressing new and emerging tobacco products.

Staying Alert & Fighting Back

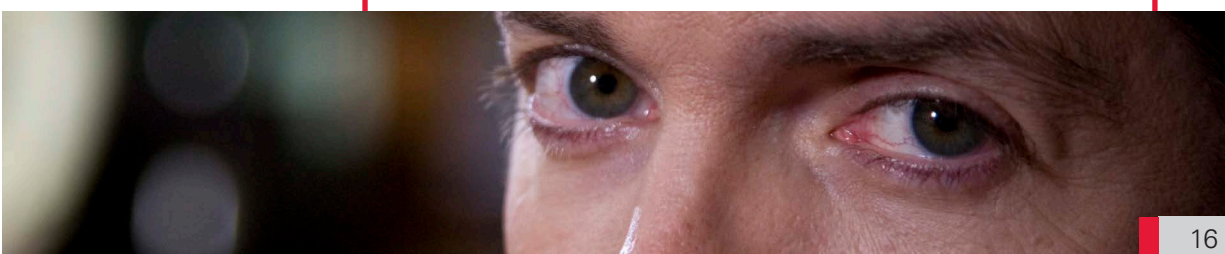
All of our goals and objectives must challenge tobacco industry strategies. When they up the stakes, we have to respond. The tobacco industry is increasing its efforts, targeting more youth, young adults, and minorities. We must realize that the tobacco industry, to protect its livelihood, will find new ways to target the population and change its social image. They are constantly creating new, more clever ways to target young people.

Recognizing Communities as Leaders

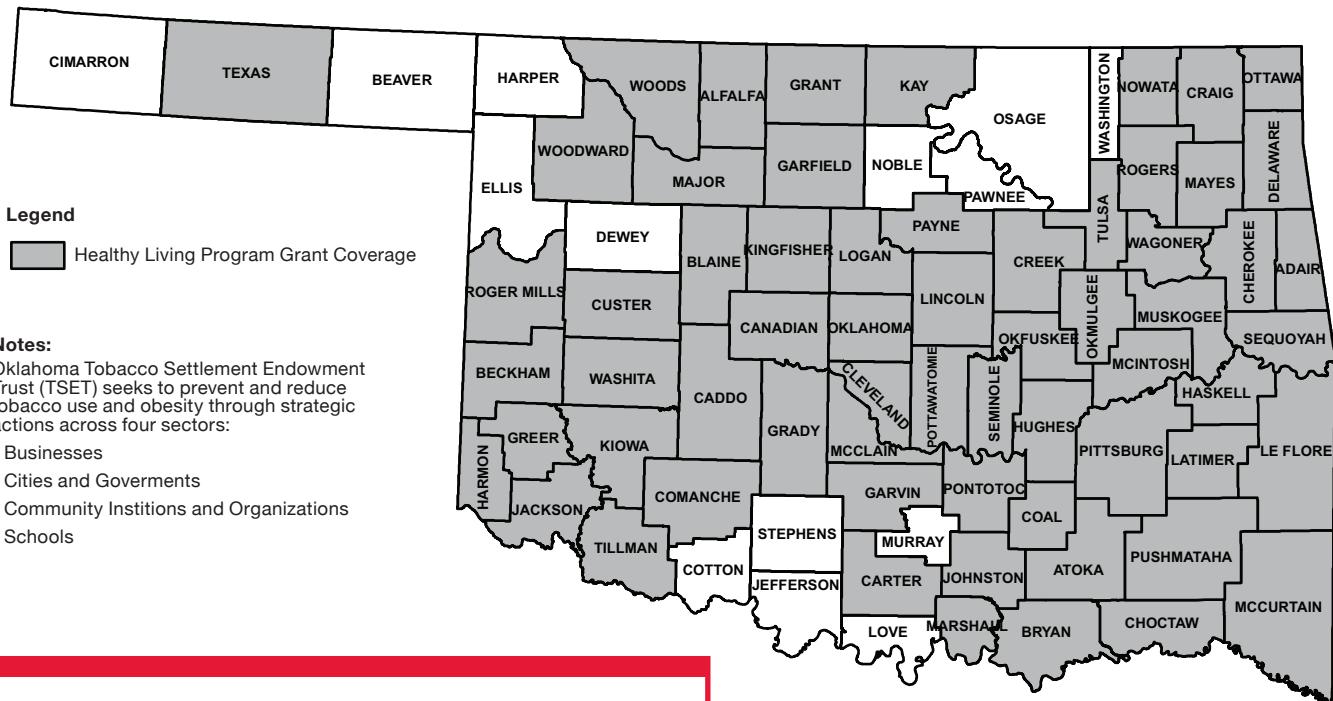
As a state, it is important that local communities are empowered to lead the way on addressing the negative impact tobacco has on Oklahoma. The 1987 tobacco industry strategy that took away or “preempted” local control over tobacco policy in Oklahoma communities is holding the state of Oklahoma back and must be repealed.

Engaging and utilizing local and state policymakers, health systems and local community members will make Oklahoma a united force - a force that can make even more progress in improving the health of every Oklahoman. It is important that Oklahoma utilize grassroots efforts to push forward every aspect of tobacco control to ensure consistent strategies that can and will impact the health of all Oklahomans.

The tobacco industry is constantly creating new, more clever ways to target young people.



TSET Healthy Living Grant Recipients



COMMUNITY ACTION IS KEY

The TSET Healthy Living Program (HLP) consists of 50 organizations working in 63 counties to prevent and reduce tobacco use among other health initiatives. Using a comprehensive approach, the grantees work with businesses, city governments, community organizations and schools to create meaningful opportunities to encourage Oklahomans to be tobacco free. The TSET HLP supports the prevention and reduction of tobacco use in an effort to lessen the burden of unhealthy behaviors before they take root.

The TSET HLP and other statewide community partners are key players who bring about community support and resources that are needed to bring forth change in Oklahoma.

Communities Lead the Way

Community partners:

- Educate government officials and policymakers at the state and local levels to increase the visibility of tobacco control successes, build support for tobacco control action and increase knowledge about evidence-based tobacco control strategies.
- Advocate with organizations and institutions, including tobacco retailers, health care organizations, school boards, and parks and recreation officials to adopt policies and resolutions to prevent and reduce tobacco use and promote the tobacco-free norm.
- Educate health care administrators and providers, insurers and employers, and government officials and policymakers to increase provision of and coverage for tobacco dependence treatment.
- Encourage local news coverage of tobacco prevention events, support efforts to advance tobacco control by educating the community and key community members, and keep the tobacco problem on the public agenda.

Collaboration with Tribal Nations

This State Plan would not be complete without acknowledging the special relationship between the State of Oklahoma and American Indians. Traditional use of sacred tobacco must be recognized and addressed when shaping meaningful, culturally appropriate tobacco control programs and policies in American Indian communities.

It is critical to the success of the State Plan for the State of Oklahoma and local governments to work collaboratively with Oklahoma's tribal nations. While the State of Oklahoma recognizes the sovereign status of Oklahoma's tribal nations, the State Plan provides a unique reference tool to identify areas of potential cooperation to address tobacco control within tribal jurisdictions.



Tribal nations are sovereign governments, recognized in the U.S. Constitution and by the State of Oklahoma.

The tobacco plant is considered a sacred gift with traditional uses specific to each tribe, each very different from commercial tobacco use.

KEY ACTIVITIES

Prevention

- Increase the number of counties with comprehensive, community-based tobacco prevention programs
- Reduce youth access to tobacco by ensuring compliance with laws/ordinances/tribal policies
- Advance tobacco-free policies and reduce social acceptability of tobacco use among Oklahomans
- Strengthen public and private policies to counter tobacco industry marketing tactics
- Enact key public policy measures to increase prices on tobacco products

Protection

- Increase compliance with secondhand smoke laws
- Educate the public and employers about the health effects of secondhand smoke
- Increase the number of voluntary smokefree policies for multi-unit housing and for specifically exempted venues such as stand-alone bars
- Generate support of restoring local rights for cities and counties to adopt stronger smoking ordinances
- Encourage voluntary adoption of home and auto smokefree policies

Cessation

- Increase the number of health care systems that effectively implement the national guidelines for treating tobacco dependence
- Advance tobacco-free policies and provision of tobacco dependence treatment in all health and mental health care settings
- Support employer provision and promotion of tobacco dependence treatment for employees and adoption of tobacco-free workplace properties
- Increase the number of health insurance plans that provide comprehensive coverage of tobacco dependence treatment
- Expand and sustain efforts to promote the Oklahoma Tobacco Helpline

NEEDS OF SPECIFIC POPULATIONS

Reduce tobacco industry marketing to young adults

Decrease initiation of electronic cigarette use among youth

Reduce spit tobacco use among high school boys

Decrease initiation of tobacco use among youth and young adults

Strengthen protective factors among high-risk youth, including opportunities for youth participation/leadership and interaction with adult role models

Reduce the proportion of children whose parents or caregivers smoke in homes or cars

Reduce the number of bar, hotel, and restaurant workers exposed to secondhand smoke in the workplace

Reduce secondhand smoke exposure among pregnant women

Increase the proportion of residents of multi-unit housing with access to smokefree buildings

Encourage and support voluntary smokefree policies at businesses and facilities of Oklahoma's 39 federally-recognized tribal nations

Reduce smoking rates among American Indians and multi-racial Non-Hispanics, low socioeconomic communities, LGBTQ populations, consumers of mental health/substance abuse services, and post-deployment military personnel

Increase Oklahoma Tobacco Helpline calls from men, Hispanics, and veterans

Reduce the use of electronic cigarettes among various populations

Increase accessibility to Oklahoma Tobacco Helpline services for the deaf and hard of hearing

Increase availability of cessation services for youth and pregnant/post-partum mothers



STATE & LOCAL POLICY NEEDS

State-Level

Extend state law to eliminate smoking in all indoor public places and workplaces.

Return the rights of Oklahoma communities to adopt tobacco-related ordinances stronger than state law, as allowed in all neighboring states.

Protect funding for tobacco control programs. Reject any proposal to limit the current constitutional authority of the Oklahoma Tobacco Settlement Endowment Trust.

Prohibit all free sampling of tobacco products.

Increase the state excise taxes on tobacco products.

Collaborate with tribal nations on tobacco control policy to address secondhand smoke exposure within casinos in a manner that recognizes the sovereign status of tribes.

Local-Level

Adopt prevention of youth access to tobacco ordinances that most effectively utilize the limited local powers permitted under current state law.

Adopt clean indoor air ordinances that most effectively utilize the limited local powers permitted under current state law.

Seek voluntary smokefree/tobacco-free policies.

Collaborate on tobacco control policy with tribal nations in a manner that recognizes the sovereign status of tribes.

EVERY OKLAHOMAN CAN MAKE A DIFFERENCE

Smokers and Non-Smokers

- Make your homes and cars tobacco-free
- Refuse tobacco industry sponsorship of events and refuse tobacco industry-sponsored materials or magazines in your offices or classrooms
- Call the Oklahoma Tobacco Helpline at 1-800-QUIT-NOW and encourage your loved ones to call
- Encourage your elected officials to support strong public policy that will protect the public and workers from secondhand smoke, and prevent initiation of tobacco use
- Join a coalition and make a difference in your community

Health Care Professionals

- Ask your patients about tobacco use
- Advise them to quit
- Refer them for coaching and support
- Prescribe or recommend cessation medications
- Follow-up at subsequent visits

Business Owners and Managers

- Become an Oklahoma Certified Healthy Business
- Establish a tobacco-free property policy for your business, indoors and outdoors
- Offer smoking cessation to your employees through insurance coverage or wellness programs
- Promote the Oklahoma Tobacco Helpline 1-800-QUIT-NOW
- Sponsor a local coalition's activities or events

School Boards, Faculty and Staff, Parents and Students

- Incorporate electronic cigarettes as prohibited products with school district tobacco-free policies
- Support a Students Working Against Tobacco (SWAT) team by sponsoring activities, becoming an adult facilitator, or joining up and getting your friends involved

City Councils, Community Leaders, and Concerned Citizens

- Join together to pass strong local ordinances and voluntary policies to protect the public and workers from secondhand smoke, and prevent initiation of tobacco use
- Sponsor a local coalition's activities or events

The Oklahoma State Plan for Tobacco Use Prevention and Cessation is authorized by statute (63 OS §1-229.5) to be updated annually by the Advancement of Wellness Advisory Council, consisting of seven members serving three-year terms, appointed by the Governor, Speaker of the House of Representatives, President Pro Tempore of the Senate, and the Oklahoma State Board of Health.

The Advancement of Wellness Advisory Council wishes to thank the multitude of community and state partners for their commitment and dedication to reduce death and disease caused by tobacco use.

This State Plan, last revised in December 2017, is hereby respectfully submitted to state leaders and to all the people of the Great State of Oklahoma.

FOR MORE INFORMATION

Oklahoma State Department of Health, Center for the Advancement of Wellness
www.health.ok.gov (405) 271-3619

Oklahoma Tobacco Settlement Endowment Trust
www.tset.ok.gov (405) 525-8738

Tobacco Stops With Me www.stopswithme.com

Breathe Easy www.breatheeasyok.com

Oklahoma SWAT (Students Working Against Tobacco) www.okswat.com

Surgeon General's Reports www.surgeongeneral.gov

Oklahoma Tobacco Helpline (Cessation Assistance) 1-800-QUIT-NOW

