

TSET Better Health Podcast Transcript

Episode 43: Celebrating 20 Years of the Oklahoma Tobacco Helpline

November 22, 2023

Summary: The Oklahoma Tobacco Helpline is celebrating 20th anniversary, and the TSET Better Health Podcast is highlighting the free TSET-funded service that has helped hundreds of thousands of Oklahomans quit tobacco. Tune in to Episode 43 and hear from Michelle Lynch, president and CEO of the North American Quitline Consortium; Christin Kirchenbauer, Oklahoma Tobacco Helpline director, and three TSET staff members who share their own personal journeys to quitting tobacco.

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[Theme music]

James Tyree: Hello, happy holidays and welcome to Episode 43 of the TSET Better Health Podcast. This is your host James Tyree, interim associate director of Integrated Communication at TSET ...

Dylan Jasna: And I am Dylan Jasna, TSET associate director of campaigns and brands. Happy holidays to you and all of our listeners, and we are here today to celebrate, not only the holidays, but also – and more specifically today and in the weeks to come – the 20th anniversary of the Oklahoma Tobacco Helpline. The helpline has had **about a half million** registrations in that time and has helped many thousands of Oklahomans quit tobacco **for good**.

J. Tyree: This month of November is a great time to discuss and really think about quitting tobacco and preserving one's health because the Great American Smokeout happens on the third Thursday of November each year. And it's an opportune time to consider the Oklahoma Tobacco Helpline in particular this month because of a limited time offer for Oklahomans who register for the free service that will last only through Nov. 30.

D. Jasna: We'll tell you more about the helpline's special offer later in this episode. But for now, we are to tell you about our guests today. In this episode, we will hear from the new director of the Oklahoma Tobacco Helpline and the president and CEO of the North American Quitline Consortium. We'll also hear a compelling conversation James recently had with three of our TSET colleagues who are former smokers, and each person shares their personal story on why and how they quit tobacco after years of use.

Let's begin by meeting the new director of OTH.

Kirchenbauer: I am Christin Kirchenbauer and I am director of the Oklahoma Tobacco Helpline.

Kirchenbauer: We really are trying to reach any person that's 13 and older that's interested in quitting tobacco in all forms of tobacco really. The helpline has really enhanced the services that are available to make sure we meet the needs of Oklahomans, and that includes specialty resources for pregnant women or women who are considering getting pregnant or those that have already had a baby. We've also enhanced services for individuals that may need additional support due to behavioral or substance use concerns. We have enhanced protocols, increased benefits that has shown to help those individuals, which is really important. And we've also enhanced services for youth and young adults that are interested in quitting tobacco, including e-cigarettes and other nicotine products. The helpline is really just services that are available to all Oklahomans and we try to meet people where they are.

D. Jasna: OK, someone calls the Oklahoma Tobacco Helpline or visits the website at okhelpline.com. Can you walk us through the registration and program process, so anyone who is interested can know what to expect?

Kirchenbauer: The process varies depending on the way in which a person reaches out. So the helpline currently offers different ways to be connected to receive assistance. I'll go over the phone. That's typically what people think of when they think of the helpline. But if an individual calls 1-800-QUITNOW, they'll be connected to a quit coach. And a quit coach is someone who has specialized training to provide coaching for individuals, and they help that person work through beginning to try and quit tobacco or nicotine use.

So once they call, they'll begin registering for services. So the quit coach will ask you some questions to gauge where you're at. They'll also ask some demographic questions to try and understand the things that directly impacts that individual's needs. Then that coach will work with the person to develop a quit plan. And a quit plan basically identifies what succession medication might be needed, such as nicotine replacement therapy, as well as helping the person prepare to quit, like removing environmental things in their home such as ashtrays, and also identifying triggers that might impact that person as they're trying to quit.

The next option or way to get to the helpline is through digital means. So Oklahomans can register online at okhelpline.com, and at the top of the page it will say sign up, and you'll just click on that button. And as you work through that, the prompts will ask you general questions. You'll create a login, you'll get connected to your online dashboard, which is something that is really helpful for individuals to track their success. You can also track your nicotine replacement therapy shipments on the dashboard. Your quit plan is on the dashboard, and you can also connect with a quit coach digitally through text or web chat support. So we really do offer a lot of options to get people connected to help, and we really try to expand those to meet people where they're at and what fits their needs as they try to quit.

D. Jasna: As the OTH celebrates its 20th anniversary, how and why do you think it has succeeded in helping so many Oklahomans?

Kirchenbauer: I think the helpline probably would not be excelling as it is and how it has for so many years if it weren't for the investments from the Tobacco Settlement Endowment Trust or so-called TSET. The TSET is the primary funder of the helpline. And that funding has been instrumental for the helpline to provide enhanced services that I just discussed. The investment has enabled the helpline to provide services to over 30,000 sometimes a year. We have a ton of people who try to register for services yearly, and we continue to be a leader in helpline services because of the financial investments that Oklahoma has made.

In addition to funding the partnership also, partnerships also really make a difference in the success of the helpline. So we have relied on partnerships from state agencies, community partners, advocacy organizations, and tribal nations, just to name a few of those partnerships. And our partners promote the helpline. They provide programmatic support to encourage use of the helpline from the populations that they serve and the communities in which they work in. And those partnerships and enhanced support systems that have developed over the years have really been a key contributor to the success of the Oklahoma Tobacco Helpline. Another factor is our dedication to assessing and improving our support for tobacco cessation in Oklahoma. This has played a key role in the success in our ability to meet people where they are. So we really do try to evaluate our efforts to make sure that what we are doing is really working and impacting the health of Oklahomans. We use that data and evaluation efforts to make changes to services. As times change, we get new products and new research comes out. We want to make sure that we're on the forefront. And most of the times we are because we have the ability and we use that information to implement emergent strategies to make sure that what we're doing is working.

D. Jasna: And in November, anyone who registers in November can receive eight weeks of nicotine replacement lozenges, gum or patches instead of the standard two weeks.

Kirchenbauer: Yes. I think enhancing the amount of support and services we can give to all Oklahomans with that limited time offer has been really beneficial. It's provided the extra help that some individuals might need, especially with the nicotine replacement therapy. That has been really, really helpful for individuals to get additional support. We've seen a lot of added benefits and value from just increasing it, even if it is for that limited time. So it's been very helpful.

D. Jasna: As we celebrate the Helpline's 20 years of serving Oklahomans in the weeks and months to come, what do you see for the Helpline's future?

Kirchenbauer: I think with change creates a great opportunity to grow and adapt. The environment is always changing and like I said before, we really do succeed at being at the forefront of tobacco cessation efforts and we really try to be leaders in this field nationally. But we know the environment is always changing and how people communicate, interact and live, we have to pivot to support those Oklahomans who are interested. It's important for the OTH to tailor those services we provide for those populations to make sure they are getting the assistance and services that are most helpful for them. ... We also have to look at the new generation of nicotine and tobacco users. Youth are utilizing products

now as the market has changed and the products have changed, and we have to look at youth and populations targeted by this tobacco industry.

[Music]

J. Tyree: That is some good information about the Oklahoma Tobacco Helpline, on how they serve Oklahomans and have done so well over the past 20 years. It's good to know the Helpline will continue to innovate in its outreach and services going forward.

D. Jasna: At this point I'd like to share that in Fiscal Year 23, nearly 26,000 tobacco users registered for Helpline services, which was 22 percent higher than in FY22, and over 96 percent of Helpline participants reported being very, mostly or somewhat satisfied with the services they received. And get this – 40.7 of Helpline participants reported not using tobacco for 30 or more days. That is an astonishing rate of success!

J. Tyree: It really is. So once again, the Oklahoma Tobacco Helpline and its free services can be accessed by calling 1-800-QUIT-NOW – or 1-800-784-8669 – or by visiting okhelpline.com. The Helpline is a tremendous TSET-funded resource for our state, but let's get a national perspective on tobacco quitlines and what makes them effective, especially here in Oklahoma.

M. Lynch: It's a real pleasure to be here. I'm Michelle Lynch. I'm the current president and CEO of the North American Quitline Consortium, also affectionately known as NAQC.

J. Tyree: What is the consortium – or NAQC – and what entities are in it?

M. Lynch: NAQC was formed in 2004 and it was officially incorporated as a nonprofit in 2006, really with the purpose of creating a cross-sector forum for people who are interested in quitlines, working in quitlines, working on quitlines to create a space for people to come together to identify best practices, to share data, really to continue to identify how to better improve the reach and the quality of quitlines and really to advance the field. And we are a membership organization that is the foundational structure of NAQC. And again, I said we're cross-sector, so we have a variety of different types of members representing different sectors.

Our primary members, or probably our largest cohort of members are state and territorial governments who fund quitlines across the United States and across Canada. So those are typically state public health departments. TSET a is a great example of that, of a funder of a quitline. And then we also have the quitline vendors. So these are the actual service providers in the U.S. Right now, there are 11 service providers and they're all members of the consortium. We also have other independent members who may be public health professionals, researchers, technology vendors who, again, have interest in studying quitlines or otherwise are providing adjacent services or complimentary services that intersect with quitlines.

J. Tyree: Quitting tobacco can be very difficult, but it can be done in several ways. Why are quitlines like the Oklahoma Tobacco Helpline an avenue to consider for people who are ready to quit?

M. Lynch: So I had a more broad prevention and chronic disease management background. But when I came to tobacco, I really realized just how powerful it could be to be working, especially in tobacco treatment, to empower people because many people who have chronic conditions or who are trying to prevent health conditions, there can be a sense that, "This thing is happening to me." I always felt like with tobacco, it's something where we really can empower people to be at the center of their own health and with support, to really make just immensely impactful changes that can better their overall health and well-being.

And why I was so excited to come to NAQC was that quitlines are a national part of the public health tapestry, if you will, but not only are we reaching on average a quarter million people a year with quitline services, one out of every three people that uses a quitline self-reports that they're quitting successfully. So just thinking about the population health impacts of quitlines and just knowing the real benefit that quitlines can have on the health of individuals and communities just felt like a space that I could not work in.

J Tyree: What are some key similarities between quitlines across the country?

M. Lynch: Absolutely. One of the great things about quitlines and where NAQC has really been a support with members throughout the years is to identify best practices and really commonalities that we know works. Essentially, we have a great foundation of evidence that quitlines have been built upon over the past two decades. So a lot of the commonalities that quitlines across the country share are really based on, again, what has been studied to know how do we reach people, how do we make sure that the treatment is effective and safe, and also tailored, right? Because more than ever, we know with commercial tobacco, it's not just about reaching the greatest number of people, it's trying to make sure that we're intentionally reaching the populations that maybe haven't benefited equally by all the efforts that have come to date. So those populations that are experiencing the most harm from commercial tobacco.

So a few of the commonalities that I think are really exciting are things like almost every quitline has not only a toll-free number, but quitlines are offering different ways to access their services in ways that make sure that we are taking into account accessible access. So things like if people need relay services because maybe they are deaf or hard of hearing, if people need languages translated, or if they need services translated into different languages to ensure that they can receive those services in a culturally appropriate way, making sure that, for example, we're asking the right questions when people are first starting so that, again, we can understand their needs, their tobacco use history, and really, again, tailor those quitline services for what is going to help them have the best chances of meeting their goals and of having positive outcomes. Those are just a few examples.

J. Tyree: You are well aware of quitlines in states throughout our nation and the great work they do for their residents. What, from your perspective, makes the Oklahoma Tobacco Helpline stand out among them?

M. Lynch: Oklahoma is one of the most exceptional success stories in the field of tobacco treatment and cessation in the country. I have a strong opinion on that. And it was built on strong foundations, James. For quitlines specifically, we know that there's a special sauce: sustained investment in quitlines. So we have to make sure that we are investing in services. We have to make sure that we're investing in things like evidence-based FDA-approved cessation medications like nicotine replacement therapies like patches and gum. We have to promote the quitline. We know mass media works. The CDC certainly is excellent in really promoting having a very strong national campaign through the Tips From Former Smokers campaign every year.

But states, especially states with resources, can really amplify the effects of the TIPS campaign by doing their own local campaigns and by making sure that they're reaching especially into the key audiences that, again, might need the quitlines' help the most. And then we know things like health systems change. Working with health systems and healthcare providers, social services providers, to make sure that they know about the quitline and that they're actively referring to the quitline. We know that constellation of different strategies works to make sure that the quitlines, people are aware of it and that they're using it and getting the most out of it. The key with all of those strategies, it's the investment. And something that Oklahoma has been a leader in and I think really has been not only a success story but really a model for other states to look at really is the TSET model of how funds really through the trust have been protected through the way that the trust was set up.

And the TSET model through, again, it's enabled TSET to have this really comprehensive approach and a team-based approach to the helpline and to managing it that really has an exemplary and helped the helpline to really sustain one of the highest quitline reaches over years nationally. The Oklahoma helpline is reaching consistently more people than any other quitline in the country.

J. Tyree: A lot has changed over the past few years with tobacco products and cessation, and yet the core issues of nicotine addiction and the tobacco industry's deceptive and profound marketing tactics remain the same. What do you think quitlines will need to do and consider to be successful in the future?

M. Lynch: It's a great question. Like you said, the field has changed. It's never a static space, but the field has changed pretty dynamically, especially over the past, even the past 10 years, but over the past 20 years. Certainly, one is just the tobacco product landscape that, of course, continues to emerge. The field has a big enemy in the tobacco industry. They're always moving fast and moving, it seems like, a few steps ahead, and they have endless resources to keep reinventing themselves with things like electronic products, even trying to circumvent states that have had strong policies around menthol, circumventing certain flavor policies and retail policies. So we always have a big enemy

there. So thinking about the trends of how people are using tobacco. When quitlines were developed, it really was for people who smoked.

(14:10): So starting to really understand how do we address dual use, how do we address emerging product use? And how can quitlines really play an essential role in addressing other types of nicotine dependence for other products and will continue to be an essential touch point for quitlines as the community to be thinking about? We're already doing great work. Almost all quitlines have a tailored protocol for people who use e-cigarettes, including youth, which is great. Definitely, quitlines are evolving to meet those needs. The digital landscape is moving so fast, not only with text messaging, but with AI and with bots and with different web-based interventions. And the field is very rapidly expanding. And again, almost all quitlines have done something in this space. We've seen almost every quitline adopt text messaging, adopt web-based interventions.

(15:06): But to continue to not only stay on top of that with how can we expand, but to make sure that we're doing our due diligence to evaluate those types of digital interventions, to understand what are the standards, what's working is going to be really critical. And especially a role that NAQC will have a leadership role in, is to really reimagine what does a standard intervention look like? And what does it really mean to calculate how many people we're really helping with that is going to be really the next frontier as well.

(15:40): And then the last thing that I'll say about where we're going, I can't not end on the topic of health disparities and advancing health equity. It's continuing to really making sure that when we're thinking about planning and messaging and service delivery and evaluation, that we are incorporating to the extent that we can the user's voice and really their needs at the heart of it, to make sure that we're truly building systems that are meeting and evolving to meet the new needs and the preferences and resonating with the people that most need it. So a lot of exciting work ahead.

[Music]

D. Jasna: That was some good information. I think it's important to note from both Christin at OTH and Michelle with the national consortium that the Oklahoma Tobacco Helpline and quitlines in other state continually employ best practices in reaching out to different populations and in the services they deliver.

As mentioned earlier, the Oklahoma Tobacco Helpline has had about 500,000 registrations over the past two decades. But now let's hear the personal stories of two people who credit the Helpline with quitting tobacco, plus a third former smoker who quit while living out of state – and they all work here at TSET. James Tyree recently had an interesting conversation with Thomas Larson, Lauren Riepl and Lance Thomas, let's listen.

Thomas Larson: (03:05): I am Thomas Larson. I'm the Director of Public Information and Government Affairs here at TSET.

Lauren Riepl: [\(03:13\)](#): My name is Lauren Ripple, and I am a Healthy Living Programs Manager.

J. Tyree: [\(03:17\)](#): All right.

Lance Thomas: [\(03:18\)](#): And I am Lance Thomas. I am the Chief of Staff at TSET.

J. Tyree: It's wonderful to have you here. At TSET, people know that we are about health, improving health, fighting tobacco, and its health hazards, and things like that. But it's good to hear that some of us have dealt with that same struggle and that, so thank you for coming here and sharing your story with us. One thing I wanted to ask to start off with is back when you were using tobacco, about how much did you smoke and for how long?

L. Riepl: I started smoking when I was 13 years old. We would sneak cigarettes out of my friend's mom's pack or the ashtray, and it just kind of progressed from there. And at my peak smoking, I was probably smoking close to a pack a day, which, in retrospect is gross.

J. Tyree: About how long did you smoke at the time?

L. Riepl: I smoked from 13 to 29.

Thomas Larson I also started around 13, 14, and smoked for the better part of 25 years. I quit when I was 38, I think, and a lot of that time, it was about a pack a day, sometimes even a little bit more than a pack a day. So I was a heavy smoker for a lot of years.

J. Tyree All right.

Lance Thomas And I smoked for about a decade. Unlike you guys, I started the summer after I graduated high school. I went to work at a convenience store on the interstate and you couldn't say, "Hey guys, I'm going to go stand around in the back and do nothing for five minutes." But you could say, "Hey, cover me, I'm going to go get a smoke." And then you stood around in the back and smoked, and we got a lot of nice swag from Joe Camel, and yeah, that's all we did.

But I started it there, and then at my peak, after I graduated, I smoked lightly through college. After I graduated college and moved into a professional workforce, I ended up going to... What was the bar? Called The Denver Press Club, and while I was there, I would be there every evening for about three hours, and I'd smoke a pack of cigarettes.

J. Tyree: Okay.

Lauren Ooh, three hours.

Lance Thomas Yeah. Well, you had to have something to do with your hands while you were having a Guinness and talking with war stories with all the reporters.

J. Tyree So ultimately, how did you quit tobacco? Actually, even before that, why did you want to stop smoking and when you decided to do so, how challenging was it?

L. Riepl I think smoking for me was an act of rebellion against my parents. My mom was a teacher, my dad was a scientist. We had a very strict household growing up, and as I entered into adulthood, I started to have more impact from the years of smoking. And I probably had tried to quit maybe four or five times, not successfully. And it was actually a TSET commercial ad, where they were showing the possible alternatives to the impact of health on your body from smoking, besides just lung cancer. So it was people with heart attack scars, people with colostomy bags, and it was the lady who had gotten her fingers amputated. That one hit me really hard. I've played the piano since I was 9 years old, and the idea of never being able to play the piano again was fairly traumatic for me. And I called the Quitline, literally that day, and went through the program, had my little smoking mentor person that helped... My smoking coach. And I was able to quit, and I have not smoked since then. And that was almost 11 years ago.

J. Tyree: Awesome. That's fantastic. That's a good collaboration between the CDC tips campaign, and then Oklahoma to have a helpline. Great national messaging, along with the local stuff. And I'm so glad that you were able to stop. Do you still play piano?

L. Riepl: Yes. I like to pretend that I am the straight-up Phantom of the Opera.

J. Tyree: Very nice. Well, that's really good to hear. Thomas?

T. Larson Sure. Yeah, I would say my reasons for quitting, there were several of them. Obviously, I knew about the health effects. The financial effects also came into play. I mean, smoking a pack a day or more, it gets expensive over time, and there are other ways you want to use those resources.

But I love spending time outside. I love hiking and being active and being outside, and seeing other people who were, say, the age of my grandparents, who struggle with mobility, with poor health later in life, I wanted to have as many good life years as I possibly could, and realized that the biggest impediment to that was going to be my tobacco use and smoking. So part of quitting for me was visualizing myself being 70, 75, 80, and still out on a hiking trail because I'm still able to do that.

I have a son who is now a young adult and I want to have more adventures with him. I may have grandkids someday and I want to spend time with them and be healthy while I'm doing it. So all of that was really the impetus. I did a lot of visualizing what I wanted my future to look like. And I did use the Oklahoma Tobacco Helpline when I quit. I called, I got two weeks of free nicotine patches, and then added some more of my... I think I did maybe eight or 10 weeks of patches total, phasing out. But the Oklahoma Tobacco Helpline sent me a great brochure where I could develop my quit plan, think

through my strategies for dealing with stress. I signed up for text messages. So I got these encouraging texts, really, I think for six months or a year after my quit date. And those were always fun to get.

So really that was not my first time trying to quit smoking. I had tried to quit many times before and not been successful. And one thing that I did, was I stopped thinking of those as failures. I didn't fail to quit, I just learned what didn't work. So each one of those quit attempts was a learning opportunity. And then I put all of that together, learning how to deal with stress, how to avoid triggers and things like that, and with the helpline was able to quit successfully. And I have been tobacco free over six years now.

J. Tyree: Hey, congratulations.

T. Larson: Thank you.

J. Tyree: Congratulations. With the earlier attempts to stop smoking, as you said, you learn things, we all learn things as we go through these journeys and such. Were some of those with the helpline, or did you try other means before the one, the final one?

T. Larson: My successful attempt six years ago, that was the first time I used the helpline.

J. Tyree: Really?

T. Larson: Yes. Yes. I had used patches previously, but there was always something. It was, you hit a stressful patch at work, and you don't have a strategy for dealing with that so you go back to tobacco. Or you go out with friends who are still smoking and after a couple of drinks, you're less inhibited, and you're more likely to have a cigarette then. And so, learning all those little slipups.

When I finally quit, it was with the helpline. I used patches. I also, I quit drinking coffee and alcohol for a few weeks, just because I knew both of those were also triggers. I kind of stayed back from friends who I knew used tobacco for a couple of months, just until I felt like I was on more solid ground. And then if I started feeling stressed, I need to get outside, take a walk, do something to take my mind off of it. So it was a lot of different strategies that I employed, but the helpline was a big factor in helping me bring it all together.

J. Tyree: Okay. Now I'm not going to neglect you, Sir Lancelot, but I want to ask another follow-up question to Lauren first.

L. Thomas: Sure.

J. Tyree: And that is, you're smoking for a number of years, you went to the helpline, you had the incentive to stop, but even when you are ready to quit, could you describe the challenge of doing so?

L. Riepl: Yeah, so at the time I was bartending and waiting tables to pay for grad school. And so, one of the biggest complications, especially in the service industry is, like Lance mentioned, you get that break, and everyone in the bar is also smoking, and it's hard to get away from it. So it was, really, the hardest part about getting going was the fact of where I was working, was really impacting it.

And then once I got going, because I had tried patches and gum and that didn't really work. I would always backslide. And for me, it was that quit coach that would call and talk with me and talk to me about triggers, which I had never even considered as something that was inciting me to go back to smoking. That really helped me change my mental outlook on the process. So that was really a big, big impact for me in the process of quitting smoking.

J. Tyree: I'm so glad you had that person to work with you to help with that. And you both mentioned text messages to keep you going and such. That's so impactful. And you remind us about the importance of smoke-free workplaces. People have to earn a living and such, and when you are bombarded with the smoke or people using it, it can make it tough.

T. Larson: Smoke-free workplaces are so, so important. It is so difficult to quit using tobacco if the people around you, or your workplace, if you're around it all the time. So having that smoke-free space allows people who want to quit, it makes it possible for them to do so.

J. Tyree: So Lance, just thinking back, what prompted you to be ready to quit?

L. Thomas: I never considered myself to be addicted to smoking. I compartmentalized my smoking as a piece of my life. I did not smoke, other than when I was very first starting, at the job. When I worked in a professional environment, I did not smoke at work. I didn't smoke in my car. I didn't smoke at home. But I went to a bar four nights a week or more, and spent three to five hours at that bar with my friends, and we drank and smoked. That's what we did. And we had wonderful conversations, and it was a part of the lifestyle of being like those, what you might consider crusty old reporters who had their drink and their cigarette, and they talked with a deep voice and had profound things that they were communicating every day. And I wanted to be... Those were my people. And so, it was easy to reinforce it, but I never really felt... I was like, "Oh, I could quit this at any time," and I just never did.

But then I met somebody, who I am still married to, and when I met her, she didn't complain about my smoking, but her dad smoked. So she had been around it, but I don't think she really loved it. And when we, a little bit further down the road, decided to get married, she said, "I'd like you to consider quitting." I said, "Easy enough."

At the same time, we decided, because we were getting ready to get married, to get life insurance policies. And so we went and sat down, because if something happened to me or something happened to her, we wanted the other person to be taken care of. And our insurance agent said, "Do either of you smoke?" And my wife said, "Nope." And I

said, "Well, I mean, occasionally on the golf course." And he said, okay. And he said, "If you smoke, here's your premium." He slid a little piece of paper over. "If you don't smoke, here's your premium." And the cost for life insurance was about double, and this is in 2001. And I said, "Well, I don't smoke anymore."

And before we left the office, he said, "Okay, well great. The only thing I need to do," and he pulled out this little plastic packet, pulled it out and swapped our mouths. And I got a call from him about two weeks later that said, "Boy, do you go to the golf course a lot?" And I said, "Well, I've quit." He said, "Well, here's what we're going to do. We're going to do this test again in a year, and if it's the same, you get the smoker rate." And I went to my bachelor party a week later, and I decided when we were done with that, that I left my cigarette lighter, my cigarettes, anything I had left after we went to Vegas, on the TV in the hotel room, and I walked out and just said, "I can't do it." And that worked for me.

J. Tyree: Yeah.

L. Thomas That does not work for everybody, but it can work. It depends on how willing you are to just say no, and even when you want it. And that worked for me. I wish I had access to the helpline. It probably would've made it easier. I didn't smoke again after that, just because, again, I'm a little bit cheap, but I didn't want to pay the insurance. And you never know when my insurance guy's going to jump out from behind the bush and with the cotton swab. But yeah, that's how I did it.

J. Tyree: What thoughts and feelings do you have now that you are former smokers, and you're working here at TSET? How does it affect your mindset when you're working? How does it affect your job? Anything along those lines?

L. Riepl: I actually mentioned that I had used the Quitline in my interview, and I actually think that had an impact on the hiring process for me. But I will say when I started working here, I just thought TSET was just about anti-tobacco, and I had no idea that it offered all these other wonderful programs that are about healthy communities, physical activity, nutrition, all things that are important core values to me.

And so, I feel like for me, coming to work here after utilizing the programs is a wonderful full circle. It makes it very fulfilling. I always knew that I wanted to find a profession that allowed me to engage in my own personal principles on health and wellness. And so getting to work here as a Healthy Livings program manager is amazing, because every single day I'm getting to do something that I also practice at home, and that just brings me a lot of joy.

T. Larson: It's a real privilege to be at TSET, and help support people who are maybe trying to quit tobacco, and just make healthier decisions generally around physical activity or nutrition. I also leaned into being a former smoker when I interviewed for this position. And part of my job is acting as a spokesperson for the agency, and I have also mentioned it in media interviews, in public speaking engagements, because I think it's

important for people to know if they are struggling with a tobacco addiction, and if they want to quit, the people at TSET, a lot of us have been there. And we also have our daily health struggles. Some of us have been addicted to nicotine. We've been there, we've gone through it, and we know how hard it can be. So it's an honor for me to be able to help people make those healthy decisions day after day, and hopefully, learn just a little bit from my story that can help them in their own journey towards better health.

J. Tyree: Very good.

L. Thomas: I think that my work is very fulfilling because I know that there's good that's coming out of it. Having worked in corporations and other types of environments, they're all based on selling something to someone. And even though I would consider the work that we do of selling behavior change, if you want to call it that, to folks, it is not the same as selling something for a profit, because I mean, the tobacco industry sells something for a profit, right?

But for me, the best things that I've seen since I've been here, especially related to helpline, is I have three friends, that I can picture them, so I close my eyes, that are friends of mine on Facebook who expressed that they wanted to quit tobacco, and I was able to say, "Here are some resources. Call this number. You can get resources to help. You don't have to do this by yourself." All three of them post every year on their quit date. And I also had the added credibility to say, "Hey, I've been where you are. I know how hard this is, and I did it and you can do it." And that's the kind of cool part. Working at TSET is a joy because of that.

One thing that you mentioned, Thomas, that I really liked was that, about how helpful our programs are, but even when folks watch our commercials, what you will never see is us say, "The smoker is a bad person. The smoker is doing something wrong." What we say is, "The smoker is a person just like the rest of us that needs a little help because they've been deceived by a true corporation that wanted to deceive them." And that's one of the coolest things for me, is that underpinning all of our messaging is hope, not shame.

T. Larson: That's right.

L. Thomas: Because, I don't know how you guys feel, but when you're smoking and you know that it's not good for you, sometimes you feel shame that you aren't living healthier, and that can be pretty crushing, and nobody needs that.

T. Larson: I think some people who probably have good intentions and want to encourage you to quit smoking, maybe unintentionally go into shame and kind of shame you when you're smoking. So yeah, I agree with that. I'm very proud of our messaging that avoids shaming people for their behaviors, and just understanding that those behaviors are a part of deceptive marketing practices, or they're a part of a culture that sometimes makes healthy choices difficult. Not just tobacco use, but eating nutritiously, getting

physical activity. Our culture and lifestyles sometimes don't make that easy for people. It can be a challenge.

And that is not the fault of the individual. So what we're doing is we're trying to support people in making better decisions.

L. Riepl: I think that's what was so important about the campaign that impacted me, was those were very obviously real people sharing their real stories. They weren't actors, they weren't paid to say their words. They were sharing their real scars and their real lives and their day-to-day experiences. And that is truly, I think what touched me the most, was I knew what they were saying was true. You can't fake the things that they showed.

J. Tyree: Absolutely. Well, I want to thank each of you. Thank you, Thomas. Thank you, Lauren. Thank you, Lance, for sharing your experiences, for us to have this conversation and others to hear and learn from you and be inspired by you, I very much appreciate it.

[Music]

D. Jasna: Good conversation, James, and major thanks to Thomas, Lance and Lauren for sharing their stories with us. TSET, as an organization, is dedicated to improving health and saving lives by lowering or state's rates of tobacco use and obesity, but this shows that this work also means a lot to use personally. Because we are all Oklahomans trying to live the best and healthiest lives we can.

J. Tyree: If you or someone you care about is trying to quit tobacco or vape use now or want to in the coming new year, we at TSET and our grantees applaud and support your endeavor. Stick with it, it is worth the effort for your health, your finances and your future with loved ones – and we thank you all for joining us for this episode.

D. Jasna: Remember that you can listen to this or any past episode by visiting [Oklahoma.gov/tset/podcast](https://oklahoma.gov/tset/podcast), or anywhere you normally listen to podcasts. Have happy, safe and healthy holidays and we look forward to joining you again in the new year. So until then, this is Dylan Jasna ...

J. Tyree: And James Tyree wishing you peace ...

D. Jasna: And better health.