

CHRONIC DISEASE BURDEN UPDATE

This update focuses on data five years prior to and after the enactment of the Smoke-free Illinois Act.

IMPACT OF SMOKE-FREE ILLINOIS ACT

Enacted on January 1, 2008, the Smoke-free Illinois Act (SFIA) prohibits smoking in enclosed public places and places of employment and within 15 feet of entrances, exits, windows that open and ventilation intakes. Illinois was the 13th state to have a comprehensive smoke-free law prohibiting smoking in workplaces, restaurants, bars, theaters, museums, schools, private clubs, casinos and other enclosed public places. As of December 2012, there are currently 25 states with comprehensive smoke-free laws enacted and 37 states with a smoke-free law banning smoking in at least one location - workplaces, restaurants, or bars.

Secondhand smoke is a mixture of the smoke given off by the burning end of tobacco products and the smoke exhaled from the lungs by smokers that contains a complex mixture of chemicals, many of which are known to cause cancer.

A 2006 report by the U.S. Surgeon General estimated that exposure to secondhand smoke kills around 50,000 people in the United States annually, including about 2,000 in Illinois. Inhaling secondhand smoke causes lung cancer and coronary heart disease in healthy nonsmoking adults and increases the risk of serious respiratory problems in children, such as a greater number and severity of asthma attacks and lower respiratory tract infections.

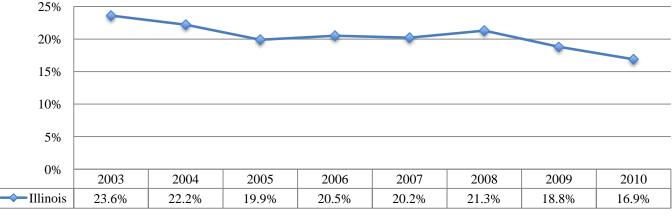
There is no protection afforded by separating smokers from non-smokers within the same enclosed environment, and ventilation systems and air cleaners are not effective at eliminating secondhand smoke. The only effective means of protecting people indoors from secondhand smoke is to not allow smoking in enclosed public places.

Since SFIA was enacted, a further legislative measure has been taken to reduce the prevalence of smoking in Illinois. In May 2012, Illinois increased the cigarette excise tax by \$1 per pack to \$1.98. Illinois now has the 16th highest cigarette excise tax in the United States.

ILLINOIS ADULT SMOKING TREND

From 2003 to 2010, the prevalence of smoking declined from 23.6 percent in 2003 to 16.9 percent in 2010. A noticeable decline was reported after the SFIA was enacted in 2008.

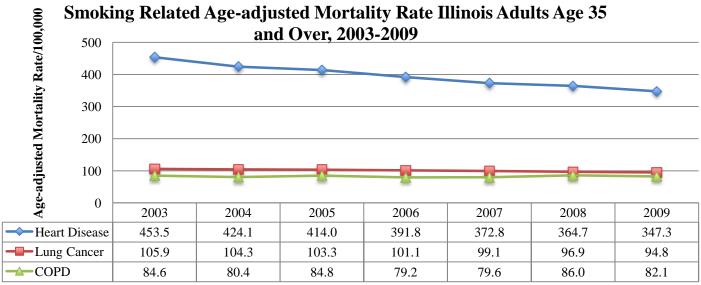




Source: Illinois Behavioral Risk Factor Surveillance System

SMOKING RELATED MORTALITY

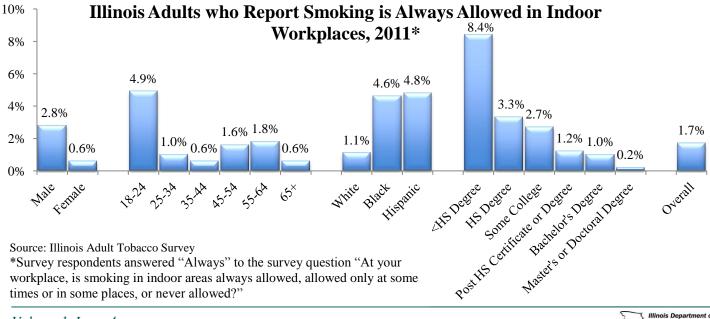
Heart disease, lung cancer, and chronic obstructive pulmonary disease (COPD) are diseases that have smoking as a risk factor. Prior to SFIA, significant declines in mortality were seen for heart disease and lung cancer. These declines in mortality continued after SFIA was enacted. The heart disease mortality rate has declined from 453.5 per 100,000 in 2003 to 347.3 per 100,000 in 2009. The lung cancer mortality rate has declined from 105.9 per 100,000 in 2003 to 94.8 per 100,000 in 2009. This equates to an annual 4.2 percent decline in heart disease mortality and a 1.4 percent decline for lung cancer mortality. Mortality from COPD has fluctuated over this same time period but shows a decline from 84.6 per 100,000 in 2003 to 82.1 per 100,000 in 2009.



Source: National Center for Health Statistics, data release April 2012

EXPOSURE TO SECONDHAND SMOKE IN WORKPLACES

In 2011, three years after SFIA was enacted, 94.7 percent of Illinois adults reported smoking was never allowed in indoor work places. However, 3.6 percent of Illinois adults reported smoking was sometimes allowed and 1.7 percent of Illinois adults reported smoking was always allowed in indoor workplaces. The demographics of the adults still exposed to secondhand smoke that reported smoking is always allowed in indoor workplaces are shown below.





EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES

Since SFIA was enacted, most adults (91.0%) reported no exposure to secondhand smoke in indoor public places. Most of the Illinois Adult Tobacco Survey respondents in 2011 (89.0%) believe policies not allowing tobacco use in indoor or outdoor public places should be strictly enforced.

While SFIA does not cover outdoor public places, many communities have adopted ordinances prohibiting smoking in these areas. More than half of adults (64.3%) reported no exposure to secondhand smoke in outdoor public places.

Smoking Never Allowed in Home 100% 82.3% 80.8% 78.1% 73.0% 80% 60% 40% 20% 0% 2005 2007 2009 2011 Source: Illinois Adult Tobacco Survey

SMOKE-FREE POLICY AT HOME

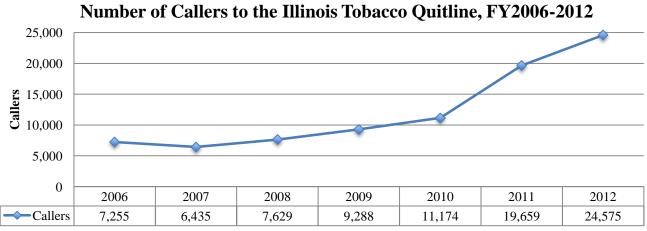
It has been shown that an indoor smoke-free policy is associated with increasing the likelihood of having a voluntary indoor smoke-free home policy¹.

After SFIA was passed, there has been an increase in the number of homes where smoking is not allowed. In 2011, smoking was not allowed in 82.3 percent of homes.

¹Cheng, K., Glants, S., and Lightwood, M. 2011. Association between smokfree laws and voluntary smokefree-home rules. *American Journal of Preventive Medicine*. 41(6): 566-572.

QUITLINE CALLERS

While nearly half (44.1%) of current smokers surveyed in 2011 by the Illinois Adult Tobacco Survey had a quit attempt in the past year, 63.9 percent said that they wanted to quit for good. This also is reflected in the number of callers to the Illinois Tobacco Quitline (ITQL). The number of callers to the ITQL was steady before SFIA was enacted, but increased dramatically after SFIA became law.



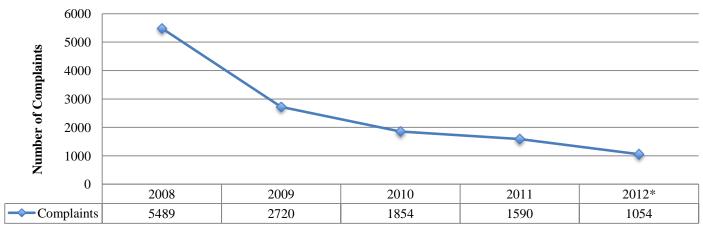
Source: Illinois Tobacco Quitline



SMOKE-FREE ILLINOIS ACT COMPLAINTS

Since SFIA was enacted, there have been more than 12,000 violation complaints reported to the Illinois Department of Public Health and local health departments. There has been a decline in the number of violation complaints every year.

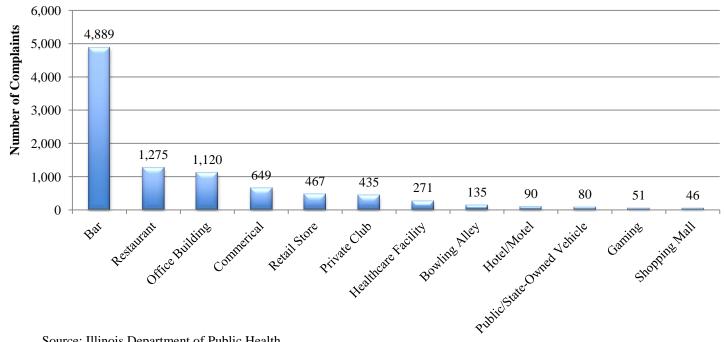
SFIA Complaints, 2008-2012*



Source: Illinois Department of Public Health

Bars have been the type of venue that received the most SFIA violation complaints, followed by restaurants and office buildings.

SFIA Complaints by Venue Type, 2008-2012*



Source: Illinois Department of Public Health

*Data as of February 2012.



^{*}Data as of November 2012.