

# Position Statement on Clean Indoor Air Regulation in West Virginia

*Epidemiological Basis for an Occupational and Environmental Policy on Secondhand Tobacco Smoke (SHS)*

West Virginia Department of Health and Human Resources

Bureau for Public Health

Research and Preparation by Division of Tobacco Prevention - Office of Community Health Systems and Health Promotion

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The West Virginia Department of Health and Human Resources (DHHR) encourages voluntary and regulatory initiatives to eliminate secondhand smoke from public places and workplaces. West Virginia State Code (16-2-11 [ii]) states "that local boards of health shall provide... environmental health protection including the promoting and maintaining of clean and safe air." DHHR endorses the enactment of clean indoor air (CIA) regulations at the county level by local boards of health. The West Virginia Legislature gave local health boards the authority to pass such regulations, and the legal authority for local boards to protect public health through smoking bans has been upheld by an opinion of the Office of the Attorney General and by several court decisions.

DHHR supports West Virginia's continued national prominence in protection of its citizens through locally enforced CIA regulations. Scientifically acknowledged research proves that boards of health are effective venues for tobacco control and public health protection. DHHR does not accept any preemptive attempts at lessening locally enforced regulations or the ability of local health departments to adopt all-inclusive smoke-free policies.

Economic as well as epidemiologic evidence justifies the implementation and enforcement of no-smoking policies at the workplace and other public settings. Because of our mission to provide a healthy environment for the benefit of all the public, DHHR encourages absolute elimination of smoking in the indoor environment as the optimal way to minimize secondhand smoke exposure and to reduce coronary heart disease and heart attacks. Failure to implement and enforce such clean indoor air policies will have predictable adverse health and economic outcomes for both employees and employers.

**Based upon strong scientific evidence, consensus of the medical community, and common accord of both private and public regulatory agency positions, the only way to effectively eliminate health risks associated with indoor exposure to SHS is to completely ban smoking.**

Passage of CIA regulations is one of four major goals for the Centers for Disease Control and Prevention's National Tobacco Control and Prevention Program (of which West Virginia is a part) and it is an important component in *Best Practices for Comprehensive Tobacco Control Programs* (CDC, August 1999). These regulations are inexpensive to implement and enforce, but reach many people in a positive policy initiative.

Economic studies have been emerging since 1998 which prove that restaurants and bars do not suffer from lost revenue when smoking bans are implemented. Business revenue is maintained or it increases. Many businesses are now using their smoke-free status as a marketing tool to appeal to the vast majority of patrons that demand a smoke-free environment.

It is logical to protect the overwhelming majority of people from the negative health impact of secondhand smoke by restricting or banning smoking. The benefits include not only better health but cost savings to businesses. **"Smoking bans can have a substantial impact on public health. The savings, as measured in human lives, is undeniable."** (from Institute of Medicine Report, 10/09 - see below).

In accord with nationally accepted guidelines and health care standards, DHHR recommends that all employers develop and implement written tobacco-free policies that incorporate best practices to provide all employees a tobacco-free work environment including voluntary, proven smoking and spit tobacco cessation programs.

**This position statement of WV DHHR is based upon findings from the July 2006 U.S. Surgeon General's Report on the Effects of Environmental Tobacco Smoke and upon solid research and extensive work done by:**

-American College of Occupational and Environmental Medicine (ACOEM) prepared by the College's Environmental Medicine Committee under auspices of the Council on Scientific Affairs. The lead author for the ACOEM guidelines was Alan M. Ducatman, MD, FACOEM of the West Virginia University School of Medicine.

-American Society of Heating, Refrigerating & Air-Conditioning Engineers (ASHRAE)-2005 Environmental Tobacco Smoke Position Document.

-Institute of Medicine, October 2009 Report Brief on Secondhand Smoke and Cardiovascular Effects.

\*these documents made available on request

**Revised Position Statement approved by DHHR Secretary Patsy A. Hardy – July 2010**

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