

# *Tobacco Free Initiative*

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## **Meeting on Tobacco and Religion**

**3 May 1999**

**Geneva, Switzerland**

## *Meeting Report*

World Health Organization  
Division of Noncommunicable Diseases  
Tobacco Free Initiative  
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## **Contents**

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- I. Introduction
- II. Meeting proceedings
- III. Summaries of presentations
- IV. Recommendations
- Annex 1 Texts of presentations
- Annex 2 List of participants

## **I. Introduction**

Religion represents a new frontier for public health in terms of partnership opportunities. To explore these opportunities, a Meeting on Tobacco and Religion was held at WHO headquarters, in Geneva, Switzerland, on 3 May 1999. Participants included Geneva-based representatives of major religions and staff members of WHO. The meeting was held with the goal of exploring new partnerships and strengthening existing ones to facilitate tobacco control activities.

## **II. Meeting proceedings**

The meeting was chaired by Dr M.H. Khayat, Deputy Regional Director for the Eastern Mediterranean, WHO. Dr Derek Yach, Programme Manager, WHO Tobacco Free Initiative, opened the meeting with an overview of the Tobacco Free Initiative, a WHO Cabinet project. Dr Yach underlined the importance of religious groups in tobacco control and the potential for them to contribute to preventing tobacco-related diseases at global, country, community and individual levels. The importance of the proposed Framework Convention on Tobacco Control (FCTC) and the part to be played by nongovernmental organizations (NGOs) in its development were also summarized.

Dr Khayat presented the work of the WHO Regional Office for the Eastern Mediterranean in tobacco control and religion, including its publications on this topic. The spiritual dimensions of health and the ethical values underpinning public health actions in tobacco control were underlined. In addition, religion in many societies played a key role in education, which created additional opportunities for improved health education. As a sign of the growing interest in tobacco, major Muslim scholars had been involved in defining the Islamic ruling on smoking and other meetings were foreseen in the Eastern Mediterranean Region involving Orthodox, Roman Catholic and other Christian leaders.

Meeting participants from the various faiths presented the role of their religious precepts in regard to tobacco and highlighted several opportunities for expanded collaboration with public health programmes and tobacco control activities (for full text of presentations, see Annex 1).

Lastly, Pasteur Professor Jean-Claude Basset discussed the Inter-religious Platform based in Geneva together with historical aspects of tobacco and its religious dimensions. As an example, he outlined Protestant attitudes towards health more specifically the different Protestant positions on tobacco, and summarized the ethical and moral grounds for action against tobacco.

## **III. Summaries of presentations**

### **Bahá'í**

For Bahá'ís, true health extends beyond physical well-being. Although the Bahá'í Teachings do not prohibit smoking, it is strongly discouraged as unclean and unhealthy. Part of this stems from the Bahá'í Teachings' strong emphasis on scientific investigation of reality. Given the overwhelming evidence about the negative effects of smoking, the promotion of smoking - a habit that clearly causes disease and death - through advertising aimed at children and youth, particularly in developing countries, is a breach of public trust. Bahá'ís believe that religious communities have a significant role to play in health initiatives, as they give structure to community life and are important sources of encouragement, motivation and support for behavioural change.

## **Buddhism**

Buddhism teaches the path of freedom. Freedom implies a way of life without dependence on anything, a life of mental clarity. This clarity comes from being free of addiction. Buddhists believe that people live in an interconnected and interdependent world. Thus, smokers would ideally respect those who choose to overcome their addiction and promote a healthier lifestyle. In addition, changing the image of the smoker from being “cool” would be a way to avoid the problem that once a habit is formed, not much can be done through prohibition.

Individuals must assume responsibility for their habit. This can be helped by positive encouragement of non-smoking. Buddhists strongly contend that people are fortunate to be born in human form in order to attain a true understanding of life. Therefore anything that harms the body or mind must be avoided. It is of prime importance to do the utmost to take care of the body and mind, both one's own and those of others.

## **Hinduism**

Tobacco is traditionally seen in Hindu teaching as a *vyasana*, i.e. a dependence unnecessary for the preservation of health. The *vyasana* impedes attainment of the Hindu goal of spiritual life: cessation of suffering, access to bliss which is not a limited joy, and freedom from the bondage of nature. Medical science has categorically demonstrated the ill effects of smoking. Hinduism attaches importance to the human heart, a recurring central symbol used in various types of meditation. Since smoking induces cardiac disease, it should be seen as an assault on this holy seat of God. Although tobacco was not present in ancient India, its use today should be limited not only because of its medical effects but also out of consideration for others.

## **Islam**

Islamic rulings on smoking have been defined by major Muslim scholars working from the Koran and prophetic traditions. One of the fundamental objectives of Islam is to protect the integrity of the individual. For this reason, the harmful health effects of tobacco make its consumption a contradiction of Islamic teaching. For followers of Islam, respecting these and other teachings is the way to become responsible human beings, aware of the necessity to protect the body which is a gift from God. Clear messages based on consciousness, responsibility and justice are essential to curbing the harms of tobacco. To promote individual responsibility, education and information campaigns for preventing tobacco use are proposed.

## **Judaism**

Judaism approaches nature positively, considering it to be a source of blessing. Creation is neither entirely good nor entirely bad but depends on the way we use things. The use of tobacco weakens the body's equilibrium. It is the responsibility of each individual to avoid anything that can harm or weaken the bodily envelope that carries the soul. The Jewish tradition proposes action not through prohibition, but through educational approaches that invite individuals to use their common sense. Intellectual, physical and spiritual faculties are gifts presented to each human and striving to preserve the body is a measure of the esteem in which those gifts are held.

## **Orthodox Christianity**

Human nature is a common good and the source of life is reflected in a unique way in each human person. Modern thought poses a problem in attacking the idea of the person independently of the real source of existence. The outcome is to talk about “my life, my will, my right to freedom” as a paramount value, separated from the common good of life. Orthodox Christianity welcomes the Tobacco Free Initiative in the hope that its efforts against tobacco will

engage the holistic problem of the need to cure the human person. In practical terms, this means that effective campaigns for the Tobacco Free Initiative should see the problem of tobacco in relation to the problem of life as a whole.

### **Roman Catholicism**

Recently, the Roman Catholic Church has taken an official position on smoking and its harmful effects. His Holiness Pope John Paul II, in his Bull of Indication of the Great Jubilee of the Year 2000, called for all Christians and men and women of good will to abstain from consuming tobacco products for a day with the proviso that the monetary equivalent of one day's smoking be donated to efforts to control the HIV/AIDS epidemic and to assist those affected by this epidemic. The reaffirmation of the idea of *mens sana, in corpore sano* (sound mind, sound body) is reflected in the recognition by the Pontifical Council of the harmful effects of tobacco consumption.

### **IV. Recommendations**

The Meeting made the following recommendations for future action:

1. Focus future meetings on the ethical and moral aspects of tobacco and tobacco control;
2. Receive and disseminate information on the effects of passive smoking;
3. Continue the dialogue and share information, especially with religious organizations at the country level;
4. Develop collaboration between religious organizations and WHO's Tobacco Free Initiative on evidence-based educational programmes and investigations of the harmful effects of tobacco on men, women and children.

## Texts of Presentations

Participants kindly provided copies of their presentations which are reproduced below in the order of speaking at the Meeting.

### **Mr G. Ballerio Bahá'í**

Thank you for the invitation to attend this meeting and for the opportunity to share our views and experience on how to coordinate a global strategic response to tobacco as an important public health issue.

For Bahá'í it is evident that the problems confronting mankind are no longer merely regional. As humanity gradually comes to recognize the interconnectedness of all life on this planet, new perspectives, attitudes and institutions will emerge, whose principles are in harmony with an evolutionary process toward a unified, just and sustainable global civilization. Our meeting today is yet another small but important step in that direction.

For Bahá'ís true health extends beyond physical well-being. Emotional, intellectual and spiritual well-being are all required for an individual and a community to be healthy. As Dr Khayat points out in the final sentence of his excellent paper “Spirituality in the definition of health: the WHO point of view”. “Stress may well be a spiritual disease. If we can find ways to practically approach the spiritual dimension of health,” Dr Khayat suggests, “we may be able to alleviate and combat some of the pressures of modern life.”

Although smoking is not banned in the Bahá'í Faith, it is strongly discouraged as unclean and unhealthy.

The Bahá'í Teachings place great importance on the scientific investigation of reality. In recent years, scientific evidence about the effects of smoking on both the smoker and those who inhale second-hand smoke points overwhelmingly to the harm of smoking and to the need for a clean environment, free of smoke.

We are, therefore, concerned about the promotion of smoking through advertising, particularly in developing countries and especially when it is directed toward children and youth. With clear knowledge of the harmful consequences of smoking, tobacco companies continue to take advantage of the masses of humanity. Is this not a breach of public trust to promote a habit that is clearly the cause of disease and death?

Bahá'ís support efforts to discourage smoking through education. They participate in ‘primary health care’ (PHC) campaigns through their network of training institutes, which are open both to community health workers and to individuals who are interested in the health of their families and their neighbours. One component of the training is prevention of disease, which includes education about the harmful effects of smoking.

Community health workers are encouraged to provide health-related information to individuals and groups in the community and to children through health education in schools. They may also observe world health days such as tobacco-free days.

Bahá'ís believe that religious communities have a significant role to play in health initiatives. They give structure to community life and are an important source of encouragement, motivation and support for behavioural change.

Other forms of support which religious communities might provide include the following:

- Educational programmes for schools and communities that would teach the inherent nobility of each person and the need to develop qualities and virtues that express that higher nature (Such qualities would include cleanliness, self-control, moderation in all habits, respect and compassion for others, selflessness, service to family and community, and respect for one's innate physical, emotional, intellectual and spiritual gifts.);
- Promotion of quit-smoking days;
- Spiritual support (e.g. prayer) for those trying to quit;
- Moral support for those with smoking-related complications; and
- The use of strategies that encourage individuals to find solutions to their problems within themselves. One vehicle through which individuals can find answers to problems is group consultation, that is, a process of frank and open discussion within a supportive and loving environment. This process, which is practised in Bahá'í communities throughout the world, has been found to be an extremely useful educational tool for youth, teachers, parents and health workers.

**Rev. Professor Athanasios Hatzopoulos  
Greek Orthodox Church**

I would first like to report to you four cases relevant to the theme of today's discussion and then make four comments as a contribution to our reflection.

**Case 1.** I was under 20 when I once attended a sermon by a Greek Orthodox priest on smoking in the course of a Sunday liturgy. The overwhelming majority of the audience were apparently non-smoking people. I remember I got a very strong feeling that more than anything else it was a show-off of a rhetorical style that could be so vehemently authoritative and self-appreciative as it surely would be satisfactorily unopposed. Bearing that incident in mind, I think that if easy-going clerical preaching against tobacco has no other way to be delivered, it is preferable and wiser for me to keep silent.

**Case 2.** A few years ago I got to know quite well a Greek civil servant aged about 55, a renowned lazy person, who used to spend part of his working time calculating his savings with a particular emphasis on how much money he saved every day since he had stopped smoking. And that utilitarian approach to life obviously added to a feeling of self-esteem and self-justification.

**Case 3.** A week ago I was attending a conference in a nearby town in Switzerland. There were 10 people, five women and five men. We met during a break only to find that all five women-constituting a kind of club at a ritual session- were smoking in a mood of obvious satisfaction, while none of the men there present was. Perhaps it was a sort of religious rite that I was impertinent enough to enrich with an intriguing question: aren't you afraid of the consequences many specialists say that smoking can have on your health? The unanimous answer came spontaneously as a solid foundation to a feeling of self-assuredness: not at all!

**Case 4.** The Greek Tobacco Free Society pays quite a lot for a publicity spot which is shown often enough on Greek television: two young men run after the motor scooter of a young girl to offer her a book which, unknown to her, has just fallen out of a carrier bag on her back. However, only the one who does not smoke has the stamina to run far enough and get an exclusive smile of appreciation or whatever from the book-owner, while the smoker is forced to remain miserably behind. I once found myself in a group of some six young people, men and women, somewhere in Athens; they were all smoking. I asked them if they cared if they found themselves among those whose lack of force obliges them to remain miserably behind. Their answer came without any hesitation: we detest those whose ultimate purpose in life is only to be the first. Some of them audaciously added some arguments to prove that the anti-smoking campaign is promoted only to justify the existence of the relevant organizations or societies and the posts of people working in them. One of them told me something about an intuitive reaction

against a fundamentalist tendency of the Tobacco Free campaign. A sort of refrain in that surrealist “song” of their self-justification nearly muzzled me: after all, we all die!

Commenting briefly on these cases and on the use of tobacco at large I would like to point out the following.

First, I think I should make a certain distinction between smoking once in a while and addiction to or dependence on it. After all, I do not think that the tobacco trade and publicity are really interested in occasional smokers whose will is not taken over by a habit as a result of unrestrained repetition.

Secondly, the problem as I see it is that of volition and its status. For Christian thinking the sense of volition animated the discussions during the seventh century A.D., which ended up in a formal decision of what Christians consider as the VIth Ecumenical Council of Constantinople (681). The question was about the origin of volition: is it related to human nature or to the human person? In this context, it is important to state that on the one hand there is the human nature that we all share and on the other hand there is the uniqueness of each person who essentially reflects what is common to all in an unrepeated way. Human nature is the common good and the source of life that is reflected in a unique way in a human person. Furthermore, human nature possesses a natural will that is both the indispensable power which gives life its vitality and the basis for a sense of responsibility *vis-à-vis* its protection and its enhancement. Only if natural will is sane, can it stand as a trustworthy guarantor for life. Christians talk about the rehabilitation, purification and sanctification of human nature together with its natural will, which was made possible once and for all, and is thereafter open as an unfathomable well of treasure to be experienced and freely shared on a personal level, manifested by the power of a deliberative will shining over the person. The problem posed by modern thought is that it seems to attack the idea of the person and the deliberative will, often independently of its natural link, its real source of existence, and practically setting aside real life as a passive or annoying presence. The outcome is to talk about **my** life, **my** will, **my** right to freedom, **my** deliberation as a paramount value separated from the common good of life, which is somehow left aside. In the end the person may create a certain code of morality that is acceptable or comprehensible only as far as it obeys subjective criteria rather than objective and universal values.

Thirdly, have we ever thought why personalities like Mgr Helder Camara, the late most respected Mother Teresa of Calcutta or a devout and contemplative Christian monk would have been highly unlikely to be seen in a photo with a cigar in their lips? Isn't it at least partly because they are commonly thought of as persons who, fully exercising their right to freedom, combined their personal deliberative will with a purified natural will in the arena of an unabated service to life as a holistic value; life that finds its ultimate expression not only in their own person and will, but also in the dignity of all who share life as a common good, especially in the service of those whose dignity and life seems to be marginalized in a world of big egos, where the interests of VIPs seem to count more than nature - especially human nature - as a source of (human) life? Isn't it somehow because the expressions of ego pointed out in the four initial cases of this paper, such as self-appreciation, self-esteem, satisfaction and personal pleasure, were deliberately hidden under a heavy coat of concern for a full manifestation of human nature in all its glory, not in its limited appearance on a personal level, but in the dignity of that meekness and poverty that everybody can share unopposed and in that simplicity so peculiar to nature as such, which makes lilies - which neither toil nor spin - shine more than Solomon in all his glory (see Matthew 6:28-29; Luke 12:27)?

Fourthly, I think Christianity - particularly Orthodoxy - can welcome the Tobacco Free Initiative of the World Health Organization in the hope that it can eventually tackle it as part of the holistic problem of the need to cure the human person, that frame full of dust (see Psalms 103:14), and the importance of making it shine as a dynamic reflection at the heart of a reasonable nature. This in practice means that the Tobacco Free Initiative may develop an effective campaign only

if it sees the problem of tobacco in relation to the problem of life as a whole, in relation to the problem of personal deliberation subjecting life to conditions dictated by personal interests. Such a campaign can hopefully be effective only if it considers the expansion and success of tobacco in relation to the triumph of that over-powerful and self-justifying deliberation which divides countries into non-smoking and smoking because of fires built by bombs implacably devastating life, dismembering smoking fellow human beings.

**Ven. Dr Tawalama Dhammika**  
**Geneva Buddhist Vihara**  
**International Buddhist Foundation**

Buddhism is the main religion or philosophy in the world that teaches a path of freedom. Freedom implies a way of life without dependence on anything, a life of mental clarity which enables an individual to be so aware that every moment of life is lived with a mind trained to make the most skilful choices, so that there is no regret. This clarity comes from no addiction to anything.

As usual in most of these problem areas of life, the main problem comes from a lack of proper understanding. Many people do not fully realize how harmful tobacco is when they take their first cigarette. This is where much of the difficulty sets in. In spite of all that is already being done to wipe out tobacco abuse, by WHO and other organizations, publicity, television and media, the problem will probably still persist. Has enough been done to inform the vulnerable youth at an early age at school by means of films to make clear the calamities caused by tobacco abuse?

Although in many ways religious teachers have lost the mainstream across-the-board influence they once had, they are still very powerful in all societies and they also reach people of all walks of life. This is also a means of reaching many different kinds of people, with little investment. Finally, the threatened though everywhere respected smoker should consider the fact that we live in a world of interconnectedness and interdependence. Somehow he will always be able to go on undermining his health, but he should respect those who choose to overcome their addiction and promote a healthier lifestyle. We must attack the problem from a different angle, and produce positive encouragement towards non-smoking.

First of all, there are several factors to remember. The image of the smoker must be changed from “cool” to “gross”. Smoking is heavily linked to weight loss and weight control; many people use the subterfuge of smoking to cut their appetite and thus lose weight in spite of the detrimental effect that smoking has on their health. Making chewing-gum, popcorn, or ice-cubes look more interesting, more attractive, more “cool” does not attack the problem at its base. A more positive way would be to encourage physical exercise, sport, fresh air, and outdoor activities. Even this is not fully effective, because the hankering to continue the bad habit is still there. The problem is that once the habit is formed, not much can be done by prohibition. It is the person himself who has to assume the responsibility of his “bad” habit.

This is where Buddhism comes in. In Buddhism we look into ourselves to realize the problem and its cause; this is essential. Once the cause is deeply understood the problem is already to a great extent, solved. An important aspect of Buddhism, in order to accomplish this introspection, is disciplining the mind through mind-culture.

I wish to say that Buddhism is a world religion which, though often steeped in tradition, is ever ready to change. The mere fact that its main message is one of freedom means that it is ever ready to work hard for the promotion of well-being.

All Buddhists are absolutely clear on these facts and they try to live up to them to the best of their ability. Unfortunately the people in many Buddhist countries receive another equally strong

message from tobacco companies and films, especially American ones. This is equally true all over the world, hence the rise in smoking among the young in the West. You see this phenomenon here in Switzerland, at bus-stops for example. Many people don't just light up a cigarette: they pose, then flash the lighter, and exhale with a great flourish like Greta Garbo; it's a whole act.

First of all, mind-altering drugs and alcohol impede and diminish the free flow of the mind so that an individual under their influence may act carelessly, giving rise to life-influencing results which do not inspire the person towards the goal of peace. Of central importance to Buddhism is the acceptance of cause and effect. Secondly, dependence on anything means that the mind is ever occupied with looking for the substance and the purchasing of it. There is no hope for freedom when one is in this state of mind. Lack of a cigarette renders the addict agitated and uncentered -both behavioural patterns which no informed, reflecting person wishes to suffer from. Thirdly, it is the strong Buddhist contention that we are lucky to be born in human form, because only in this form can we attain the true understanding of life. Therefore anything which harms the body or the mind must be avoided, as explained in the last of the five precepts given to lay people.

According to Buddhism the body does not even belong to us (even committing suicide is considered to be murder). That is all the more reason to take care of this body and its mind and do nothing to harm this entity, such as tobacco smoking or consumption of alcohol, or drugs. This is why the Buddhist follower practices introspection and understanding the cause of the problem within himself, and the effect of his actions on others. To conclude, for every human being it is of prime importance to do the utmost to take care of our body and mind, as well as those of everyone else.

### **Swami Amarananda Hindu Centre of Geneva**

What is known as Hinduism today is principally the evolution of Vedic religion. In Vedic sacrifices in olden days, they used to offer melted butter, milk, grains, cakes, animal flesh, sometimes soma juice. According to the scholars, it is not certain whether wine was one of the offered items, Emperor Ashok's check on Vedic sacrifices and the Vedantic concept of pure food gradually made flesh disappear from the offerings during a cult, except in those parts of India where Ashok's rule was never imposed.

In Vedanta, the human body is called the gross body. Linked with it, but more subtle and powerful than it, is the conglomeration of vital energy, the whole of the mental apparatus and the organs of cognition; this conglomeration is called the subtle body. Subtler than the subtle body is the sheath of bliss in proximity with the spirit which cannot be called individual any more. The more subtle a thing is, the more pervading and powerful it is. So, spirituality is within, its outer showcase is the gross body.

The gross body is fabricated by food. There is a mantra in Vedic literature which says, "If food is pure, the mind is in poise. When the mind is in perfect poise, there develops the capacity of retaining subtle truths by the mind".

The purity of food was judged by its effect on the mind. All edible things in India were categorized, hundreds of leaves were categorized - into three categories : exciting, non-exciting, and intermediate – according to their effect on the mind. The general theory about food gradually became crystallized by the time of the composition of the Gita. In the 17th chapter of this holy book, we find the following : "Persons whose mind is in poise by nature like those foods which promote longevity, equilibrium, energy, health, happiness and cheerfulness as well as those which are tasty, non-pungent, nourishing and agreeable. Persons whose mind is excited by nature like foods which are very bitter, very sour, very salty, burning and very hot, very

pungent, very thirst-producing, i.e. the foods which bring on uneasiness, depression and disease. Persons whose mind is in inertia by nature like foods that are stale, tasteless, putrid, decomposed, unclean and those which are the leavings of others”.

Again, the Gita says in the 17<sup>th</sup> chapter: “For a person who is temperate in food and recreation, who puts in measured effort in his work, who maintains a balance in sleep and in vigil, the yoga becomes an instrument of destroying sorrow.”

But it must be remembered that for Hindus, their holy books are important. But greater importance has been historically accorded to people who live an exalted life. Their conduct, and their sayings guide the people rather than what is in the holy books.

Tobacco is traditionally seen in India as a *vyasana* i.e. a dependence which is not necessary for the preservation of health. The goal of spiritual life in India is formulated as follows : cessation of suffering, access to bliss which is not a limited joy, freedom from the bondage of nature. So a *vyasana* matches ill with a spiritual life. The Medical science has categorically demonstrated the ill effects of smoking. The poet Kalidas said: “The first among all spiritual practices is the care of the body”. Again, there is an importance in Hinduism of the human heart, which is a great symbol used in various types of meditation. Since smoking induces cardiac disease, it should be seen as an aggression on this holy seat of God.

Tobacco was not there in ancient India. But the attitude of a modern Hindu theologian should be the outcome of extrapolation of all the general ideas about food and drink. And above all, one should desist from the pleasure of smoking out of consideration for others, Well has it been said: “There are two dictums left by the sage Vyasa in all the Vedas, in all the scriptures : Doing good to others is an act of merit; harming others is a sinful act”.

### **Ms A.M. Colandrea**

#### **The Holy See and Pontifical Council for Pastoral Assistance to Health-Care Workers**

The Pontifical Council for Pastoral Assistance to Health-Care Workers has launched the initiative for “A no tobacco day in favour of the victims of HIV/AIDS”. This initiative is part of the preparations for the Great Jubilee of the Year 2000.

In his Bull of Indication of the Great Jubilee of the Year 2000, Pope John Paul II recalled that of the signs testifying to the mercy of God the Father, “one is especially necessary today: charity, which opens our eyes to the needs of those who are poor and excluded”. He continues by emphasizing that “there can be no real progress without effective cooperation between the peoples of every language, race, nationality and religion” and that “there is also a need to create a new culture of international solidarity and cooperation” (No. 12). Since time immemorial, the Church has been open to scientific progress and recommendations: this is why the Church proposes an ethic and a way of living to both Christians and all men and women throughout the world.

This initiative by the Pontifical Council for Pastoral Assistance to Health-Care Workers has been sent to all the heads of the different local Churches of different denominations to invite all Christians and all men and women of good will to abstain from consuming tobacco products for one day. The monetary equivalent will be devoted either to the HIV/AIDS control fund or to a fund to assist persons directly or indirectly affected by the epidemic. This financial assistance may be given to Catholic diocesan or national hospitals or to other medical or health projects.

In this way the Church wishes to contribute to the increasingly urgent efforts of WHO to draw the attention of the international community to the ravages caused by smoking to the health of smokers and to all those in their immediate surroundings.

The Pontifical Council endorses the age-old wisdom expressed in the adage *mens sana, in corpore sano* and reverts to the prophetic and evangelical tradition recommending, among other things, compassion and solidarity. Relief for men and women suffering from this affliction of our age, awareness of the ravages caused by tobacco consumption and personalization of the effort to hold them in check, physical and mental health and, above all, friendship with God – these are the expected outcomes of this initiative, which seeks to highlight an important dimension of our living faith - providing testimony of evangelical values in our daily lives.

**Mr Tariq Ramadan**  
**Islamic Centre of Geneva**

When Muslim jurists (*fuqahâ'*) looked to the scriptural sources of Islam (the Koran and the prophetic traditions) to propose a classification of prescriptions, they found five essential principles (or areas) on which Muslim law was based. In all circumstances and places, the fundamental purpose of the prescriptions is to protect *religion, the integrity of the individual, understanding, progeny and property*.

In the present case, the reference will be to the concept of *protection of the individual*. All products or forms of consumption, as well as any treatment that might jeopardize the life or health of an individual, are to be proscribed and are contrary to the spirit of Islam. This is the explanation given by jurists for the Koranic prohibition of alcohol. By analogy, tobacco is one of those products which, although they did not exist at the time of the Revelation, are harmful to health and whose consumption is in complete contradiction with the tenets of Islam.

It is important to explain how these prescriptions are presented to us and on what they are founded. Their basis is the notion of responsibility and protection. For a believer, what matters when he obeys a rule is understanding that he obeys it *as a responsible being* who appreciates *the need to protect his body* and to keep it in good health. Our body, which is a gift from God, has claims on our conscience and faith directs our conscience to respect the claims of all beings and things. Clearly, then, it is an *ethic of responsibility*.

It would seem that this is the way to take the campaign forward today. Accusatory statements, denigration and messages designed to inspire feelings of guilt are fruitless and serve only further to relegate “religious issues” or “religion” to a role of “prohibition”. What is needed today is a clear message based on three pillars: *awareness, responsibility and justice*. This means that the approach must be primarily, and almost exclusively, educative.

Developing *awareness* means addressing the issue at an early stage. The starting point is to provide information on the global problem, from tobacco cultivation to its marketing, from consumption to its effects, from the impact of fashion to the effects of advertising. It is vital for people to understand the mechanisms behind a huge industry which are inspired by a purely commercial logic. Combating tobacco consumption means developing several levels of awareness, and this cannot be achieved without education and information.

Fostering *responsibility* means restoring everyone’s understanding of *the action required* to allow human beings to attain *well-being*. A message designed to develop a sense of responsibility has nothing to do with one intended to develop a sense of guilt; it is the exact opposite. It is not a question of invoking a prohibition to remind whoever transgresses it of the nature and reality of their *fault*. Quite the contrary, to develop a sense of responsibility means making a commitment to explain, to educate and to assist in the name of human dignity and of values based on respect. The fundamental message remains that of all religions, of all spiritual beliefs and of all forms of humanism: *you are responsible for your body and for your health*. Your body belongs to you not as a jealously guarded item of private property but as something that allows you to testify, before all, to your human conscience and responsibility. Preserving your physical health is a sign of spiritual elevation.

Lastly, the campaign should emphasize greater *social and human justice*. Combating tobacco consumption also means defending the idea that alternative subsistence crops have to be found in countries that depend on tobacco cultivation. Ultimately, we cannot shirk our responsibility to address the issue globally and in depth, without accepting ad hoc and improvised, - albeit well-intentioned-measures. Efforts to control tobacco consumption require us to tackle the issue from both ends: upstream, with production, and downstream, with consumption. In both respects, religions have a contribution to make.

The issue then today is to make common cause and to explore multiple and complementary strategies. Preserving health is an endeavour that unites all religions and all forms of belief. There is a single principle, but defending it requires us to adapt our messages to the societies and cultures for which they are intended: it is not the same thing to address the tobacco issue in Switzerland, the United States, Asia or Africa, and we need to look carefully at the mechanisms of a campaign which must, in each of these cases, arouse consciences, strengthen the sense of responsibility and advocate justice. It is no easy matter, but it is a matter of urgency.

At this stage we may at least suggest four principles as the potential foundations for a debate between the religions and beliefs. These principles could form the elements or framework of a “philosophy” of commitment to combat tobacco consumption and to promote health and justice:

1. Education and information - free from denigration and guilt - should be the cornerstones of a prevention campaign.
2. Individual commitment by each and every man and woman, based on *responsibility* for their own health and for the health of the community, should direct arguments against tobacco consumption.
3. It is impossible to address part of the issue while neglecting a global approach. The tobacco economy affects whole societies and millions of small farmers whom we must not only convince that we are thinking but on whose behalf we also must act.
4. The consequences for our own societies must be highlighted. Such an approach is ultimately part of the civic education that every society has to provide: health problems (tobacco consumption, drug addiction, ageing) already require the adoption of social policies and have undeniable consequences for citizens’ freedom and for their future.

We must jointly address these different issues and commitments and promote, both globally and selectively, a policy that is both responsible and worthy, that is demanding without being naive.

**Rabbi François Garai**  
**Liberal Jewish Community of Geneva**

First of all, we must remember that Jewish theology asserts that God created the universe and that he *saw all that he had made, and it was very good*.<sup>1</sup> Our approach to nature is thus a positive one, and despite the natural disasters that remind us of our frailty, we consider nature to be a source of blessing.

However, we must not forget that Creation is not complete, and that nothing is entirely good, just as nothing is entirely bad, that anything may be harmful or beneficial, depending on the use we make of it, that some things are necessary for our existence, while others are not.

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<sup>1</sup> Genesis 1:31.

We know that tobacco is a substance that is not necessary and that smokers acquire a dependence on tobacco that undermines their health. Since we, as believers, affirm that God has created us, we are responsible for the body with which we have been endowed and should rejoice each morning that we are able to awaken to life and that our body still functions. Tobacco consumption, which weakens our body, jeopardizes this fragile equilibrium, and it is our responsibility to eschew anything which weakens this carnal envelope that is the dwelling for our spirit and our soul. That is why Maimonides, the greatest Jewish theologian of the Middle Ages, asserts that the preservation of health is an absolute imperative and that it is one way of imitating the paths of God.<sup>2</sup>

What, then, can one say to smokers who force non-smokers to breathe smoke? One may repeat the words of the Pharisees - the rabbis of the beginning of our epoch - who asserted that *to jeopardize the life of another person is to jeopardize a whole universe* and that *each of us must remind ourselves that the world was created for us* because, since God created a single human being, the life of each of us was as precious as the life of Adam himself.<sup>3</sup> It is therefore a matter of protecting the other, but also of protecting the smoker from the risks of tobacco consumption.

Since the greatest principle of the Torah is *love your neighbour as yourself*,<sup>4</sup> according to Rabbi Akiva<sup>5</sup> everything has to be done to preserve the life of others. In a precise example, the Torah urges us to build a parapet around the roof of the house so as not to be responsible for the death of anyone who might fall from the roof.<sup>6</sup> Hillel reminds us that the whole of the Torah is contained in a single precept: *do not unto others as you would not have done to yourself, the rest is mere commentary*.<sup>7</sup> In the light of the Jewish tradition, taking into consideration the existence of others and the harm that our acts might cause them must be imperative. Since it has been shown that passive smokers who breathe in their companion's smoke are at risk, smokers must imperatively take this into consideration.

Should there be a limit to tobacco control if tobacco consumption is a danger to human health? Here again, the Jewish tradition asserts that there should not, because *nothing can restrict the duty to preserve life*.<sup>8</sup>

Although adults are occasionally aware, young people are more vulnerable. This is why, in March 1996, the CCAR, the Central Conference of American Rabbis (the rabbis of the reform community), voted a resolution reasserting that

the Jewish tradition teaches that all human beings are created in God's image, which makes every human life precious. The Torah invites us to choose life, and according to Maimonides, this imperative compels us to choose that which does not endanger health but which, on the contrary, strengthens our capacity to live. Tobacco is clearly one of those things that jeopardize our life.

The CCAR therefore

- calls for everything to be done within our communities, schools and institutions to develop programmes to combat tobacco consumption, especially by young people
- supports the efforts of the Administration to restrict tobacco advertising in the vicinity of schools and places frequented by young people and in any medium intended for them.

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<sup>2</sup>Yad 4.

<sup>3</sup>B. Shabbat 31a.

<sup>4</sup>Leviticus 19:18.

<sup>5</sup>Sifra 19.18.

<sup>6</sup>Deuteronomy 22:8.

<sup>7</sup>B. Chabbat 31a.

<sup>8</sup>B. Yomma 82a.

However, how is it possible to achieve concrete results?

Jewish tradition proposes a form of action which, rather than prohibiting, invites each of us to exercise our free will. Should we say *smoking is prohibited* and confine people within a straightjacket, or should we say *you shall not smoke*, and thus encourage each of us to decide on our own, though pointing the way? Our environment is made up of signs - No Entry, One Way, No Parking - which imperatively oblige us to do something we cannot avoid. Ideally, would it not be preferable, on the contrary, to adopt an educational approach whose results would be slower to achieve but more lasting? Prohibition is reductive while education is constructive and turned to the future. Education must remind us that *humans are not producers of objects and there is more to the world than a vast display from which we merely pick and choose to satisfy our desires*<sup>9</sup>; we are actors in a play that we perform on the vast open-air stage of the world.

In Hebrew, *akher* means *the other*, and the same root gives the term *akhrayout*, meaning responsibility. That is why the presence of the other must arouse our sense of responsibility towards others and towards ourselves. Daily awareness of being alive and of possessing all our physical, intellectual and spiritual faculties should incite us to preserve our body, which we should take as a gift granted to us each day.

**Pastor Jean-Claude Basset**  
**President of the Geneva Inter-religious Platform**

The Geneva Inter-religious Platform (PFIR) is pleased to be associated with the efforts of WHO to control the use - and especially the abuse - of tobacco, whose harmful effects on the health of mankind have been clearly demonstrated by recent well-documented studies. This legitimate concern for the well-being of our contemporaries, together with the deliberately inter-religious orientation of the initiative of the renowned World Health Organization, have persuaded the members of the recently founded and modest Geneva Inter-religious Platform to participate in this exchange of views which is a debut for all of us.

A few words of introduction are necessary to present PFIR, which I have had the honour of presiding since it was formed as an association in October 1998. The initiative dates back to 1991 when, in the name of inter-religious coordination, leaders of different religious communities active in Geneva met regularly in order to get to know one another and to lay the foundations for collaboration based on respect for each other's convictions. The project involves Hindus, Buddhists belonging to different schools, traditional and liberal Jews, Christians (Roman Catholics, Christian Catholics, Protestants and occasionally members of the Orthodox church) together with Muslims of the different sympathies and Bahá'ís.

Since 1992, PFIR has organized annual Inter-religious Days, whose purpose is to draw the attention of believers to the issues involved in living side by side, and which have included exchange visits to our different services. The association puts out leaflets briefly describing our six religious families and since 1996 has published an inter-religious calendar intended for both schoolchildren and adults in our communities. PFIR is also involved in receiving refugees, in school chaplaincy and in organizing inter-religious meetings and prayers such as the commemoration of the crash of Swissair Flight 111 in Cathédrale Saint-Pierre. Lastly, in the spring of 1999 it launched a school of religions in the form of evening classes providing substantive information on mankind's different religious traditions as well as an opportunity for dialogue. PFIR is open to all people of good will who subscribe to the charter defining its spirit and orientation.

After this brief introduction, I would now like to make my own contribution to this consultation. As I wear several hats, as chairman of the Inter-religious Platform, pastor of the

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<sup>9</sup> A. Heschel, *God in search of man*.

Protestant Church and lecturer in religious science, I shall divide my contribution into three separate parts, each of which is a path for discussion.

- First of all, I shall draw attention to the tight link that originally existed between religion and tobacco among the native Americans.
- Secondly, I shall address the issue of tobacco consumption from the angle of the Protestant tradition which, as you are aware, is multifaceted.
- Lastly, I shall offer a few ideas for an ethical approach, referring to the values of freedom and responsibility.

## **1. Tobacco among the native Americans**

Generally speaking, plants whose consumption brings about an abnormal state have always been considered to possess supernatural power. This is particularly true of tobacco, which has apparently been cultivated for over 5000 years by the native Americans, for smoking or chewing, as is testified by archaeological digs in California for example. According to some mythologies, the plant was given to the first humans by the gods, for whom it is a food. The gods need smoke from humans for their own consumption and in return promise to listen to their requests and to protect them from evil. Human nicotine dependence is matched by that of the gods.

Tobacco consumption in the form of smoke, inhalation, chewing or as an infusion, occasionally mixed with other hallucinogenic plants, was widespread throughout the Caribbean, in Mexico and in South America on the arrival of the Europeans in the sixteenth century. While the native Indians in North America preferred the pipe, the word cigar comes from the Maya, who also seem to have invented the cigarette.

What could be more natural than smoke rising to communicate with the spirits? What better proof could there be of the divine origin of tobacco than the slight feeling of euphoria that its consumption induces? Shamans are known to have used tobacco to bring on a trance so as to acquire supernatural powers or knowledge. Aztec priests performing ritual sacrifices carried a gourd containing tobacco or a tobacco pouch. Some gods were even considered to be heavy smokers; among the Maya in Yucatan, this was the case of the gods of the wind and of the four cardinal points: to light their cigars, they rubbed rocks against one another, causing thunder and lightning on earth.

If the ritual use of tobacco seems to have been widespread in North and South America, some practices persist today among the Indians in Chiapas and in South America. This specifically religious function of tobacco, whether for smoking or in infusions, has to be considered alongside the specifically medicinal virtues of tobacco for treating fever and protecting against the evil spirits thought to be responsible for many diseases. In this latter case, the Maya burned tobacco as incense in a healing ritual in which religion and medicine were closely linked. A further example is the well-known peace-pipe ceremony among the native North Americans, which testifies to another dimension that may be described as the socio-religious dimension of tobacco consumption: tobacco unites groups of human beings while simultaneously linking them to the spirits, and thus guarantees the social bond necessary for peaceful coexistence.

This short overview of the history of the religions reminds us of the close link between wreaths of smoke, an altered state of consciousness and religious communication. A rapid review cannot fail to mention, among other manifestations, the emanations that inspired the oracle in Delphi, the holocausts in the Temple at Jerusalem, the censers of the Orthodox and Catholic Christian liturgies, or even the incense sticks of the oriental traditions, which are used to venerate the Hindu divinities and the statue of Buddha, not to forget the Taoist tradition in which they are associated with divination. I am not using these examples to suggest that tobacco consumption nowadays has a religious source and function, but to point out that a tobacco control campaign

cannot totally ignore this dimension of smoke, which is intrinsically linked to mankind's religious history.

## **2. The Protestants, tobacco and health**

From the moment the native Americans introduced the Europeans to tobacco until the beginning of the twentieth century, the problems posed by tobacco consumption, whether through smoking or chewing, were less important than questions of morals and of etiquette. It was not until 1920 that a link was found between tobacco consumption and the health of smokers. Well before scientific proof of the dangers of tobacco, a strong Protestant tradition opposed tobacco consumption, which was associated with other forms of depravity such as alcohol consumption, gambling, frequenting bars or even prostitution. Some churches that developed from the Protestant tradition, such as the Evangelical churches, the Quakers, the Salvation Army, the Mennonites, the Seventh Day Adventists or the Mormons, have always proscribed the use of tobacco, considering it to be a waste of time and money, a distraction from the ideal of a pure and simple way of life and above all a violation of the body, regarded as the temple of the Holy Spirit. Protestantism covers a range of denominations which in one way or another are part of the heritage of the reformer Martin Luther (1483-1546) and, to a lesser extent, of Jean Calvin (1509-1563). Very summarily, it is possible to distinguish the major historical trends represented by the Lutherans, the reformed Presbyterians, the Baptists, the Anglicans or Episcopalians and Methodists from the other groups such as the Adventists, Pentecostals, Christian Science, the Mormons or Jehovah's Witnesses, to cite but those movements which have expressed a specific interest in questions of illness and healing.

From its origins in the sixteenth century until the present, the broad Protestant family has been fundamentally divided over the relationship between science and faith, between the causal chain of events that make up individual and collective history, and God's direct miraculous intervention. Illness has frequently been considered a divine punishment, if not the result of intervention of the devil; this has not prevented the majority of Protestants from resolutely supporting and actively contributing to the progress of modern medicine. One example is John Wesley (1703-1791), the founder of Methodism. His conviction that the cause of disease lies in sin, beginning with the original sin of Adam and Eve, and his faith in healing through prayer and the laying on of hands, are accompanied by a pioneering commitment to better personal hygiene, which includes personal cleanliness and the rejection of dependence on tobacco, tea or alcohol.

Although the majority of Protestant churches merely cautioned against any form of dependence as being contrary to Christian freedom, and against any physical depravity out of respect for the Creator, other currents such as the Adventists vigorously advocated cleanliness and physical purity, and went as far as to proscribe tobacco, meat, spices, dancing and theatre. The health of the body, which was created in God's image, is an essential value for the Latter Day Saints, known as the Mormons. An even more radical stance is that of the Jehovah's Witnesses, who consider that tobacco consumption is a fault, deserving no less than excommunication. Christian Science, which was inspired by Mary Baker Eddy (1821-1910), emphasizes unity and interaction between the body and soul, and consequently refuses both medicaments and Western medicine.

This rapid overview of Protestantism, which comprises almost 300 distinct groups, reveals a broad spectrum of attitudes ranging from complete laxism towards tobacco through more or less stern warnings to outright prohibition.

## **3. Tobacco control, ethics and religions**

The foregoing requires us to examine the question of tobacco use from the ethical and moral angle, which I will simply sketch out. Once it has been clearly established, as is the case today, that

tobacco consumption poses a risk to health and that tobacco consumption is a cause of premature mortality, it is both legitimate and necessary to consider measures to restrict tobacco consumption.

The most radical measure, an outright prohibition, comes up against two major obstacles: in terms of efficacy, it has shown its limits in both the case of alcohol prohibition in the United States and the prohibition of drugs such as heroine or cocaine, which applies in most countries today. In terms of principle, it is an infringement of freedom of choice, which a democratic and pluralistic state must allow its adult citizens. Moreover, such a prohibition may easily be described as arbitrary since there are other forms of dangerous behaviour which are responsible for premature death, such as drinking or driving.

As regards active prevention, to which the religious traditions may make their contribution, we must distinguish the risks run by non-smokers against their will from the risks more or less consciously accepted by smokers themselves.

The first of these is certainly the simplest if we disregard the whole debate on the social cost of tobacco consumption, which is far from having met with a clear answer accepted by all parties. If the issue is the health of non-smokers, then the right not to be subjected to passive smoking clearly prevails over the freedom of smokers. Nothing may authorize a pregnant woman to communicate even the indirect effects of her tobacco consumption to her foetus. More generally, in support of this position most religious traditions can invoke the common exhortation not to do unto others what you would not have them do unto you.

Turning to smokers themselves, thorough preventive measures should be taken to provide adequate information on the risks they run, in order to counter the mendacious images projected by tobacco-industry advertising. This is particularly true in the case of minors or of anyone whose circumstances do not enable them to make a carefully considered choice. Protection of the weak and denunciation of mendacity are underlying values of all religious traditions.

This leaves the case of adult smokers, who are conscious of their choice and who respect the health of others. It is possible to propose to them the ideals of good health but not to impose them, if they prefer other values such as relaxation and the sense of well-being that tobacco induces. However, the religious traditions may well make a contribution, for example by calling for liberation from any form of slavery and physical and mental alienation or for respect for the integrity of life, out of deference to the source of all life which religions call by different names, God or the ultimate reality, and which is the *raison d'être* and supreme value of any religious commitment. In my view, this represents an opportunity for longer-term research and exchange within an inter-religious approach to WHO's initiative.

## **References**

### Dictionary entries

“Tabac”, In *Encyclopaedia Universalis*, Paris 1985,

“Smoking” and “Tobacco”. In: Eliade M, ed. *The encyclopaedia of religion*, New York, NY MacMillan, 1987.

“Drug use”, “Health as an obligation”, “Protestantism: dominant health concern in Protestantism”, and “Smoking”. In: Reich WT., ed. *Encyclopaedia of bioethics*, New York, NY, The Free Press/Macmillan, 1995.

Selected literature

Barton, R.T., *Religious Doctrine and Medical Practice*, Springfield IL., 1958.

Friedman, K.M., *Public Policy and the Smoking-Health Controversy: A Comparative Study*, Lexington MA, 1975.

Furst, P.T. ed. *Flesh of the Gods : The Ritual Use of Hallucinogens*, New York, NY, 1972.

Goodin, R.E., *No Smoking : The Ethical Issues*, Chicago, IL, 1989.

Harner, M.J. ed., *Hallucinogens and Shamanism*, Oxford, 1973.

Sartorius, R.E., ed. *Paternalism*, Minneapolis, MN, 1983.

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