

The Trap of Alcohol and Tobacco

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Introduction to “Gateway Drugs”

The term “gateway drugs” refers to the theory that certain drug use leads to future drug use. Alcohol and Tobacco are often called gateway drugs because of the link between the number of young people who use them and the number that go on to use harder drugs.

Alcohol and Tobacco are usually the first drugs that young people try. High School seniors who smoke everyday are 10 times more likely to use other drugs regularly than are seniors who don’t smoke on a regular basis. Adolescents who drink heavily or who “binge drink” are more likely to use other drugs than non-drinkers or moderate drinkers.

Parents might think that alcohol and tobacco is harmless. But using Alcohol and Tobacco, young people develop behaviours that can also be associated with using drugs. They also learn:

- *How to obtain substances illegally*
- *How much of the substance to use*
- *How to hide what they’ve done and lie about it*
- *How to deal with any guilt and shame over what they’ve done*

There is strong evidence that the use of alcohol and tobacco creates patterns of behaviour that may make it easier to take the next step and use other drugs.

Nicotine is the leading cause of preventable death. Likewise, alcohol is physically addictive while Marijuana is psychologically addictive. These gateway drugs increase the risk of getting sexually-transmitted diseases, including AIDS.

The use of alcohol and tobacco can open the door of curiosity to other drugs like marijuana, crack and inhalants.

Smoking may not be a specific cause of drug and alcohol use but it presents powerful preventable risk factors preceding drug and alcohol use. There are three characteristics present in smoking that can lead to drug abuse. First, the nicotine is a powerful addicting drug. Second, cigarette smoking is a learned behaviour. Third, nicotine regulates mood and behaviour relieving stress and boredom.

Alcohol research suggests that alcohol use tends to increase the chance of using cigarettes and marijuana. Most young alcohol users start drinking in the critical age period between 13 and 16. Alcohol use indicates an increasing pattern of alcohol and other drug use. The alarming trends in the greater use of alcohol and tobacco among youths are due, at least in part to extensive advertising campaigns.

Thus, it is extremely significant for parents to continue the honest discussion of the dangers of these drugs. Encourage youth to share their concerns and questions. Remember to listen as this sends an important message to the youth that you care.

Consumption of Alcohol and Tobacco in Brunei: A Situationer

There are over 40,000 tobacco smokers in Brunei Darussalam. From the 2001 statistics, 50 per cent of the smokers in the country comprise of men while 30 per cent are women between the ages of 20 to 34. In addition, those aged 15 above make up 17.5 per cent of smokers in the country.

For alcohol consumption, it is totally banned among the Muslim community in the country. However, non-Muslims are allowed a limited number of alcohols to bring inside the country for personal consumption.

Health Risks of Alcohol and Tobacco

According to a report of the World Health Organisation around five million people die each year due to tobacco related ailments.

In Brunei Darussalam, it has been noted that the major causes of death is related to high risk factors caused by smoking habits. These include heart problems, cancer, stroke and breathing complications as well as asthma.

Nearly 90% of the cancer cases in Brunei were aged 50 years and over. The male to female ratio is 1.3:1 (89 males to 66 females). Ninety percent of the affected people were smokers or ex-smokers. Brunei Darussalam has a young population where 56.6% of the 300,000 are aged 15 – 49. If the present trend of smoking is not abated, it may result to a number of people who will die from smoking related lung cancers might increase by at least four folds.

The use of tobacco also affects organs while clinical findings have established 90% of cancer cases are related to smoking. These can lead to a number of illnesses such as cervical cancer and kidney cancer. Other risks include cancer in the mouth, throat as well as cardiovascular disease.

It was also found that tobacco can lead to infertility and a number of respiratory ailments such as Emphysema, bronchitis, asthma and others.

Islamic Perspective on Alcohol and Tobacco

Any substance which intoxicates is known in Arabic as “khamr” and is forbidden to Muslims.

“Allah has cursed khamr, those for whom it is produced, those who drink it, those who serve it, those who carry it, those it is carried to, those who sell it and those who buy it” (Tirmidhi)

Muslims cannot enter the state of wudu if they are not in full possession of their senses, or have drug- or alcohol-clouded minds; the word ‘khamara’ means ‘veiled, covered or concealed’.

“ Every intoxicant is khamr, and every intoxicant is forbidden” (Muslim)

Muslims should not be intoxicated when they come to prayer:

“O believers! Do not come to prayer with a befogged mind, but come when you can fully understand all that you are saying” (Surah 4:43)

The Prophet disapproved of the use of alcohol in medicine, even when it formed the base or preservative in the medicine. Muslims should consult the pharmacist before taking medicine and should enquire whether an alternative was available.

Smoking has not been declared haram in Islam, and millions of Muslims smoke. However, it is obvious that if one extends the principles of not doing harm to oneself or others, then smoking can never be an

approved exercise. Non-smokers have the right to breathe clean air, unpolluted by others. Muslims, if they must smoke, should do so with discretion and not damage other people's furnishings, or set a bad example to the young, or encourage those who have given up to start again.

Control Measures to Reduce Demand and Supply of Alcohol

In deference to the Muslim majority, alcohol is not sold in Brunei, but private consumption by non-Muslims is allowed. Non-Muslim tourists enjoy a generous duty-free allowance and are permitted to consume alcohol with sensible discretion in hotel restaurants and lounges.

A non-Muslim over 17-years of age may bring in two bottles of liquor (about 2 litres) and 12 cans of beer for personal consumption, which must be declared to customs upon arrival.

Control Measures to Reduce Demand and Supply of Tobacco

His Majesty the Sultan of Brunei Darussalam has agreed to implement the "Tobacco Control Order 2005. The order aims to protect the population from the adverse effects of tobacco.

Tobacco Control Order 2005

With the enforcement of the Tobacco Control Order 2005, members of the public should be aware that all smoking advertisements are prohibited and that advertising and promoting tobacco products whether directly or indirectly have negative influence on the public at large inducing young boys and girls especially to smoke.

The enforcement of the tobacco order is aimed at controlling and to combat smoking habit among children and teenagers. Under the order, retailers are prohibited from selling all forms of tobacco to children as well as to teenagers below the age of 18. The tobacco order is also aimed to safeguard the health of passive smokers from the ill effects of smoke. It will also ensure clean air of public places with the ban on smoking.

Tobacco products marketed in Brunei require approved licence issued by the Director General of Services and the assurance that all tobacco products carried the health warning risks.

Custom Act, 1991

The Custom Act in 1991 required all cigarettes imported into Brunei Darussalam to carry four rotating Government health warnings which cover 20% of each of the largest surfaces. This was followed by a 200% increase in tobacco taxation in 1 December 1994.

Passengers arriving either by land, sea and air who are over 17 years of age are eligible to bring in the following items for personal consumption/use:

- Cigarettes - 200 sticks
- Tobacco - 60 grams

Health Education and Promotion

National Convention on Health Promotion

Brunei and other 57 countries signed a Global Treaty to dissuade children from smoking and helping adults kick the habit.

His Majesty the Sultan of Brunei Darussalam noted in his “titah” during the National Convention on Health Promotion that smoking should not only mention wastage of money and the effect the habit has on morals, but also realise that smoking is a global disaster threatening the health and lives of people all around the world.

His Royal Highness the Crown Prince Pg Muda Hj Al-Muhtadee Billah had also called the ill effects of cigarettes and smoking habits not just an individual’s problem but a national and state problem and added the issuance of “fatwa” on cigarettes and smoking is a step towards making a clean and healthy nation free from the ill effects of the smoking habit.

The Sultanate’s “Imams” highlighted the dangers of smoking during the Friday sermons. They reminded smokers that smoking not only harms the smokers themselves but others around them too.

International Seminar on Tobacco or Health (ISTob), hosted by Brunei in 2002

The International Seminar on Tobacco or Health (ISTob), hosted by Brunei in 2002 aims to educate and increase awareness on healthcare by focusing on the questions and ill-effects tobacco poses to society and a vision of a new hope for healthier future leaders.

The International Seminar was organised by the State Mufti’s Office, Prime Minister’s Office of Brunei Darussalam, with the collaboration of the Ministry of Education and the Ministry of Health of Brunei Darussalam.

Framework Convention on Tobacco Control (FCTC)

Brunei hosted a 4-day Seminar on Health Promotion last 2004 which welcomed the legislation on tobacco for Brunei and the signing of Framework Convention on Tobacco Control (FCTC).

The FCTC includes a 29-point resolution adopted during the seminar and highlights the implementation of the steps on effective prevention based on evidence as well as good practice and innovation. Likewise, awareness among the public on the danger of tobacco and its consumption should be enhanced through various approaches by the government and non government sectors as well as through regional and international cooperation.

The resolution also includes programmes to socialize the giving up of smoking and should be given priority to motivate, encourage and support smokers by forming the tobacco cessation clinics and support group. At the same time, environment health care should be improved through various methods such as public health, health promotion and enforcement of laws with committed cooperation of government and non government agencies and also the active involvement of the community.

The Government of His Majesty the Sultan dan Yang DiPertuan Negara Brunei Darussalam is committed to tobacco control. Legislation, Administrative Directives and comprehensive health education programmes have been in place as early as 1970s.

Brunei celebrates annually the International Anti-Tobacco Day through various roadshows and public exhibitions.

Conclusions

According to the findings of World Bank (1999), the extreme measure of prohibiting tobacco and alcohol is unwarranted on economic grounds as well as unrealistic and likely to fail. But country and cultural specific prohibition on tobacco and alcohol may be successful in a country like Brunei Darussalam.

Brunei Darussalam neither grows nor manufactures cigarettes and alcohol; hence, economically it does not lose from any prohibition of tobacco initiative. One possible outcome of tobacco and alcohol control is increase in “smuggling”. However, aggressive enforcement and consistent application of tough penalties will deter would-be smugglers.

Comprehensive control on tobacco and alcohol is necessary and should bring enormous benefits in terms of healthy life saved, reduce costs to the government, society, the family and the individuals.

Brunei Darussalam is committed to tobacco and alcohol control and has instituted demand reduction programmes which have a positive impact to public health. However, more comprehensive and strong tobacco and alcohol control measures are necessary for sustainable long-term successes.

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