

Smoking in Saudi Arabia

To the Editor

I read the review article "Smoking in Saudi Arabia" by Medhat M. Bassiony.¹ I appreciate the efforts taken by the author in compiling the articles from various resources, albeit lacking the current statistics. I would like to add a few things pertaining to the impact of smoking in the Kingdom of Saudi Arabia. Tobacco intake in all forms such as cigarettes, shisha, cigar, shag, snuff, betel leaves (mixed with tobacco leaves, lime and other irritants), nicotine chewing gums, nicotine transdermal patches, and so forth is a major cause of morbidity and mortality. Tobacco is neither an essential commodity (nutrient) nor an essential life saving medication. In addition to nicotine (a substance of abuse or addiction) it contains more than 200 potential toxic substances, which have a definite deleterious effects on both the active as well as passive smokers. As regards to the control program, it should be against all forms of tobacco usage not just mere cigarettes only. The limitations and obstacles highlighted by the author are a matter of concern. In an Islamic society like the Kingdom of Saudi Arabia, the other substances of abuse or addiction like alcohol, opioids, and so forth are banned or prohibited by the law but unfortunately cigarettes are easily available even in the remotest areas of the country although it is not grown or cultivated on this land. The concerned authorities should not consider the financial loss or business setback if cigarette import is banned completely. There has to be rational thinking of millions of families affected due to preventable mortalities resulting from cigarette smoking and its complications. The financial loss at the family level and of course on the health care system is a thousand times higher than the annual trade of cigarette import. The author has failed to show the financial loss to the society as a result of cigarette smoking. Just imagine how the dependent family members suffer if the only earning member of the family dies of complications due to cigarette smoking. So, now it is time to think rationally and act accordingly. Instead of wasting funds and time on studies pertaining to cigarette smoking like Global Youth Tobacco Survey and on male and female population of the community, it will be a noble service to the people of this country to completely ban the import of the cigarettes into this holy land, starting from the most sacred places on the earth, Makkah and Madinah, as our Prophet Mohammed (peace be upon him) had prohibited all substances of intoxication more than 1400 years ago.

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Reply from the Author

First of all I would like to thank Dr. Mohamed Taher Ali for his comments on my review article "Smoking in Saudi Arabia." Dr. Ali mentioned that there is lack of current statistics, although this paper was submitted to the journal at the beginning of 2009 and I included all studies, which investigated smoking in Saudi Arabia and published in national or international journals up to 2008. Dr. Ali stated that I failed to show the financial loss due to smoking while I mentioned in the introduction that "The tobacco-related health problems cost the USA \$167 billion per year". I mentioned also that the cost of tobacco purchasing in Saudi Arabia is \$160 million per year but there is no data on the cost of tobacco-related diseases in Saudi Arabia. I disagree with Dr. Ali that epidemiological studies are waste of time and money because without these studies we will not know the size of the problem or people at risk so we can develop prevention and treatment programs. With respect to complete banning or prohibition of tobacco smoking, I do not think it is a practical suggestion for many reasons: first, it will be difficult to establish; second it will open a black market and will increase the prices, which will increase the financial loss; third, prohibition does not mean that the people will not smoke and prohibition of alcohol and drugs in Saudi Arabia does not prevent addiction. In the world health organization survey on substance use in 2008, which included 85000 persons from 17 countries,² it is interesting that the use of cannabis in the Netherlands, where the use of cannabis is legal, was 20% while in USA, where it is illegal, was 42%. Also, the use of cocaine in Columbia, where it is produced, was 4% while in USA was 16%. So prohibition does not prevent use or abuse. To be practical, I suggest to prevent selling tobacco to adolescents less than 18 years of age and prevent smoking in public places like many countries in addition to implementing good prevention programs at all levels (primary, secondary, and tertiary) in schools, work places, mosques and media.

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