

INVITED REVIEW

# Tobacco Use: Approaching Dependence from an Ethics Perspective

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## Main Points

- Failure to thoroughly examine the philosophical premises underlying public health policies has ethical implications for communities that draw from ancient civilizations and world religions; tobacco control in Muslim communities is an applied example.
- There is some discord between the public health discourse and the Islamic discourse on normativity: the first is naturalist while the second derives from Divine revelation. This discord is reflected in the two views on health and disease and accordingly on individual obligations which undergird public policies.
- There is a need for the rigorous exercise of examining the value of physical health to the holistic Islamic model of health and for the rigorous incorporation of the scientific evidence on the health effects and addiction of tobacco into the Islamic model of normativity to develop a well-informed opinion.

## Abstract

Behaviors today, such as tobacco use, are considered risk factors for health. This presumed natural progression allows public health to establish obligations. In practice, practitioners do not necessarily examine the philosophical premises underlying policies, which raises ethical implications for cultural customization. Through tobacco as an applied example, the paper highlights such implications for Muslim communities and the necessary undertakings. In the public health discourse, normativity is shaped by naturalism. Disease is no longer strictly a function of body operations but also of behaviors, bringing the latter into the realm of naturalist scientific investigation. Tobacco control is an applied case in point. As for the Islamic discourse, while allowing for some naturalist knowledge, normativity derives from the guidance of Divine revelation for a good life. It is impairment, whether at the physical or the character level, that results in the inability to live the good life that is considered unhealthy and dysfunctional. With respect to tobacco, while the early works demonstrate this conception, contemporary works mostly “Islamize” arguments put forward in the public health discourse. Several undertakings are recommended to address this discord, both to better align tobacco control with the Islamic worldview as well as enrich global tobacco control efforts.

**Keywords:** Culture, ethics, policy, public health, tobacco

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## Introduction

Once a concern of sociology (Larsen, 2010), lifestyle, today, is subsumed under the scope of public health as a “set of habits and substance consumption that are associated with health status” (Mayes, 2016, 2–3). What was once perceived as a behavior, such as tobacco use, is now considered a risk factor and a determinant of health to be managed as part of the treatment of certain diseases and as

a population-level preventive measure. This development is viewed as the natural progression for public health governance. It thus allows the State—through the public health institution—to establish the obligation of protecting and promoting one’s health (Berridge, 2016, 47–72; Hallaq, 2012, 98–138; Mayes, 2016, 1–9) and to put in place various persuasive and coercive means to prompt compliance (Blumenthal-Barby, 2012).

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Historically, smoking and tobacco control were the forerunners for this natural progression (Berridge, 2016, 47 – 90). For most of its history since its introduction into Europe in the late 15th century, smoking was viewed as a moral concern: a habit, a private vice, a pursuit of pleasure, and the choice of the weak-willed, albeit with suspected harm to the smoker's physical health (Berridge, 2007, 1 – 22; Boyle et al., 2005, 3 – 36; Goodin, 1989). Becoming a smoker was perceived as a matter of habituation, and was attributed to personality traits that pursue gratification. States and the Church discouraged smoking but no sanctions were imposed. Instead, reforming this moral failure was left to the individual's moderation, potentially open to social pressure. With better characterization of the harm of cigarettes, smoking continued to be perceived as a moral failure and a habit, but one that comes with proven harms to the health of its users (Berridge, 2007, 1 – 22; Surgeon General, 1964). By the 1960s, seminal works such as the Surgeon General's report on *Smoking and health* causally linked cigarette smoking to lung cancer and other diseases through clinical research and epidemiological data. This prompted the engagement of public health with smoking to control the morbidity and mortality associated with it, which was translated into controlling prevalence (Berridge, 2007, 1 – 22; Boyle et al., 2005, 3 – 36; Goodin, 1989). While it started with informational non-persuasive small-text health warning labels (Surgeon General, 2000, 176), tobacco control today employs myriad strategies and interventions (WHO, 2003).

This natural progression narrative is rarely questioned by public health practitioners who adopt and adapt “proven interventions” but do not necessarily examine the philosophical premises and presumptions of public health. For example, the Framework Convention on Tobacco Control (FCTC) prioritizes health as a value and is premised on the “unequivocal evidence” of tobacco dependence being a disease and a disorder (WHO, 2003). As it lays out the broad blueprint for tobacco control, the FCTC underscores the importance of cultural sensitivity when designing and implementing programs (WHO, 2003). Yet, without an examination of the philosophy and epistemology that underlie tobacco control, cultural adaptation can be a mere cosmetic endeavor and may have serious ethical implications for policy making. Against this backdrop, and through tobacco as an applied example, this paper seeks to highlight certain ethical implications for Muslim communities of cultural adaptation in the absence of a rigorous examination of the philosophy and epistemology of public health.<sup>1</sup>

## Methods

Taking tobacco control as an applied example, this paper explores the mainstream normative position on health and disease from within the public health discourse, and juxtaposes that with the discourse in the Islamic tradition. Through examining the concordance—or the lack thereof—between the two worldviews, it underscores the philosophical groundwork necessary for genuine customization of tobacco control policy in Muslim communities. The paper employs content analysis from several disciplines and

fields of practice, including sociology, public health, tobacco control, and Islamic studies.

## Results

This section offers a bird's eye view of the sources of normativity as relevant to disease and health and accordingly to tobacco use, both in the public health discourse and in the Islamic discourse.

### The Public Health Discourse and Naturalism

The public health discourse on disease and health is shaped by naturalism and materialism. Throughout history, several conceptualizations of disease and illness have existed, but in the modern context of public health two models are specifically of interest. The first is the biomedical model of disease, which directs clinical practice and research (Engel, 1977; Wade and Halligan, 2017). In principle, the biomedical model is naturalistic and descriptive: it views disease as an objective reality, a biological dysfunction that deviates from what is empirically and statistically determined as the objective norm of species functioning, this norm being health (Coggon, 2012, 11 – 23). In that sense, it defines health as the absence of physical disease. While this model is not deemed a good fit for formulating policy on chronic diseases, it is through clinical research governed by this model that knowledge is created to serve as the base for policy formulation under the holistic biopsychosocial model of illness (Engel, 1977; Farre and Rapley, 2017; Wade and Halligan, 2017).

Through conceptualizing health as the absence of disease, behavior came to be subject to naturalist scientific investigation and under the dominion of State influence. The public health enterprise, along with other systems such as schools and policing, emerged as part of the armory to form subjects of the State (Berridge, 2016, 47 – 72; Hallaq, 2012, 98 – 138; Mayes, 2015, 1 – 9). With the rise of industrialization, public health was concerned with the productivity of individuals: that is, securing their physical health as human capital or as units of labor (Berridge, 2016, 73 – 90; Giroux, 2015; Rothstein, 2003, 1 – 5). Building on the theory of environmental causation, public health first engaged with sanitation. However, with the advent of germ theory in the 1860s, it was the individual—rather than the environment—that was the locus of examination and control. Preventive efforts through personal hygiene practices were key to controlling infectious disease and prolonging life. But with the rise of chronic degenerative diseases, germ theory could not lend itself to understanding and controlling disease. The alternative was found with the life insurance industry. Employing probability theory and inferential statistics, life insurance companies developed the risk factor theory: predictive models premised on the correlation between mortality and behavior (Giroux, 2015; Rothstein, 2003, 1 – 5, 359 – 367). These predictive models were adopted into public health and translated into preventive models to control risk through the modification of lifestyle (Mayes, 2015, 1 – 74). Thus, no longer was disease strictly a function of body operations; it was now a function of behaviors and lifestyle as well, bringing behavior into the realm of naturalist scientific investigation.

In effect, under a naturalist worldview where health is believed to carry intrinsic value, naturalism extends to normativity (Hallaq, 2012, 98 – 138; Larsen, 2010). While the biomedical model employed in research is descriptive, the knowledge derived

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1 This paper builds on the more expansive MA thesis by the author.

through this model is no longer value-free. Instead, it comes to hold normative significance where all that deviates from normal functioning—or health—is considered a deviation from what is good, and consequently establishes the obligation to avert behaviors which negatively affect health. This awards clinical research and the epidemiological sciences as a source of knowledge exclusivity over normativity, and thus over the scope and goals of public health policy.

It is worthwhile noting that while the natural progression argument for subsuming behaviors under public health is the most common, and is historically how behavior came under the dominion of public health, other political justifications are put forward. These mainly focus on the pursuit of public good and the State's stewardship of public interest (Breton and Sherlaw, 2011; Coggon, 2012: 1 – 44, 99 – 148; Illingworth, 2009; Jennings, 2007; King, 2009; Voigt, 2010). These rationales take humans to be free moral agents, social beings who are members of a public with both obligations and rights, and whose physical health is instrumental to the wellbeing of the collective. In that sense, normativity is political, for which empirical evidence and epidemiological data serve only as sources of knowledge.

Tobacco control is an applied case in point for how naturalism drives normativity. Tobacco as a substance is problematized as pure harm to health, the preeminent value, and thus as a concern to the health of individuals and, by aggregation to public health (Boyle et al., 2005, 129 – 80; Surgeon General, 1988). Not only is it considered a cause of disease, but tobacco use itself is viewed as a disease and disorder: an addiction and a physiological compulsion that impairs rationality (Morphett et al., 2017). Accordingly, it is naturalist medical normativity that establishes the individual's obligation to abstain from smoking, which translates as public policy into controlling prevalence through discouraging initiation and encouraging quitting (WHO, 2003). It is worthwhile highlighting here some objections to this mainstream position on grounds of moralism and paternalism, where health is forced as a preeminent value which disregards individual liberties and moral plurality (Coggon, 2012, 49; Crawford, 2006).

In addition to the mainstream approach of controlling prevalence, two other approaches are discussed within the tobacco control community. The first is the endgame, proposed as the natural progression for the tobacco control enterprise once prevalence of tobacco is low enough to pave the way for a tobacco-free future (McDaniel et al., 2016). The second is that of harm reduction, instead of—or in addition to—prevalence reduction, which seeks to control morbidity and mortality directly, not necessarily through prevalence, while continuing to allow the individual to make personal choices regarding whether to use tobacco. Yet, reduced harm products, a key contributor to such a strategy, have not been warmly received by the WHO insisting that “*tobacco control efforts must remain focused on reducing tobacco use and avoid distractions created by tobacco and related industries*” on grounds that these products are “*addictive and not without harm*” (WHO, 2021, 2, 9).

### The Islamic Discourse and Divine Revelation (The Metaphysics)

Health and disease have also been of interest to Muslim scholars. Their holistic conceptualization, while allowing for empirical evidence, is premised on Divine revelation as a source of

normativity. Key to this conceptualization is their conception of humans (Al-Balkhi, 2005, 328; Keshavarzi and Ali, 2019). The human is viewed as the integral existence of the interdependent physical body and the metaphysical essence,<sup>2</sup> where the physical needs the metaphysical for guidance and serves as its vehicle of expression. Normativity derives from the guidance of Divine revelation on what constitutes a good life: a life lived for the ultimate purpose of attaining God's pleasure, where true happiness lies (Keshavarzi and Ali, 2020). Both the physical and the metaphysical constituents of the human have a role in realizing this good life, and rather than the absolute absence of biological dysfunction, health is a state of balance conducive to the good life. This is not to say that there is no worldly physical component to health, but in that sense, it carries instrumental rather than intrinsic value: it is a means, not an end in itself (Keshavarzi and Ali, 2019).<sup>3</sup> It is the inability to live such a life that is considered unhealthy and dysfunctional, calling for preventive and corrective action to address whatever compromises health, be it physical impairment or divergence in conduct and character. Interventions can involve lifestyle changes, moral refinement, or attending to physical or psychological ailments (Adamson, 2016; Al-Balkhi, 2005).

In the contemporary times, the engagement of the Islamic disciplines with the public health discourse lacks depth: neither does it confirm concordance at the philosophical and epistemological levels nor does it offer an alternative. Generally, this engagement takes one of two forms. The first accepts health as the preeminent value, and scientific evidence as the source of knowledge to establish normativity. These works are usually prompted by health institutions such as the World Health Organization (WHO) and the Islamic Organization of Medical Sciences (Jundi, 1997; WHO, 1995, 1999, 2001). Short of theorization, they accept physical health as an end of intrinsic value, and proceed to present the Islamic way of life as capable of advancing this end. Thus, they cite Divine revelation, such as the exhortation toward balance in food consumption, to demonstrate the Islamic way of life as conducive to maintaining a healthy body (Jundi, 1997, 611 – 35). Some of these works extrapolate obligations established by Divine revelation, such as protecting life, into the obligation of preserving physical health in general, but—again—short of laying out a complete theory for this extrapolation (Jundi, 1997, 605 – 10).

2 An in-depth discussion of the nature of the metaphysical is beyond the scope of this paper. Several terms used in the Islamic sciences are of relevance here, including: *rūh* (soul), *nafs* (self or ego), and *qalb* (spiritual heart). What is of concern to this paper is the role of the metaphysical and of Divine revelation in establishing normativity.

3 It is worth noting here that the Islamic discipline of *fiqh* (Islamic jurisprudence), which is mostly concerned with the validity of acts emanating outwardly, pays special attention to the physical component of health. Thus, it conceptualizes disease as that which disturbs the normal state of equilibrium in the body and renders an act illegitimate. However, this is only one dimension of understanding disease; other disciplines expand the conception to include the physical and the metaphysical.

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The second form of arguments, mostly put forward by scholars of Islamic studies, is well premised in Islamic normativity but fails to critically engage with the philosophy and epistemology of public health (Jundī, 1997, 115 – 34). In their conceptualization of health, these works object to focusing on physical functioning but rather focus on the metaphysical constituent of the human as the locus of life. They also argue against naturalist evidence establishing obligations, but allow for a role to be played by evidence as one—but not the exclusive—source of knowledge. In addressing normativity, these accounts focus on individual morality guided by Divine revelation given the individual’s accountability in the hereafter. Unfortunately, they fail to directly engage with the modern discourse on health and public health, and thus fail to offer a theory on the role that political normativity and naturalist evidence may play in guiding individual morality and behavior (Jundī, 1997, 115 – 34, 529 – 54, 565 – 74).

With respect to normativity regarding tobacco in specific, a discrepancy exists between the early works—written in premodern times—and contemporary treatment. Researchers report close to 90 premodern treatises on tobacco and smoking, which demonstrates interest, but many are still in manuscript format (Al-Karmī, 2000, 7). By selecting a few, this section will demonstrate the variability in opinions and the underlying logic which developed free from the influence of the public health enterprise.

In the early works, three opinions demonstrate how normativity with respect to tobacco and smoking derives from Divine revelation by employing logical tools and building on empirical evidence where available. These are eloquently and extensively argued but are only summarized here since most readers do not come from an Islamic studies background. The first opinion argues for the original permissibility of substances when there is no proof of impermissibility (Al-Karmī, 2000). Accordingly, a categorical prohibition of smoking is not justified, but a moral exhortation toward self-restraint is put forward, lest smoking turns into a vice. The moral hazards of smoking include indulgence, associating with questionable social settings, and most importantly derailing from pursuing the good life. Thus, it is up to one’s resolve to control their smoking behavior. The second opinion also argues for permissibility (Salmān, 2018). It is interference with cognition that is of concern, and since tobacco is not intoxicating, it cannot be categorically ruled as impermissible. However, as with the first opinion, it exhorts self-restraint and consuming responsibly. The third opinion takes note of the benefits that smokers seek from smoking (Al-Nābulṣī n.d.). In addition to the two premises offered in the first two opinions, this opinion acknowledges purposes such as stimulation and recreation. Building on that recognition, it underscores that the disregard for user purposes puts normativity on the slippery slope of moralism and denouncing any form of pleasure. Such an approach undermines the individual’s moral agency to responsibly engage in consumption with moderation and self-restraint.

The contemporary works that address tobacco are characterized by a lack of depth in examining the underlying philosophical and epistemological premises of public health and the failure to offer alternatives rooted in the Islamic worldview. Instead, the emphasis is on depicting tobacco use as being at odds with health as an Islamic value and thus being impermissible (WHO, 2001).

These works lag in robustness behind the Islamic discourse of the earlier centuries. Despite the rich scientific evidence on health effects and the etiology of disease, and on the psychological and social factors that contribute to initiation and addiction, no serious attempts have been made to employ that knowledge to establish normativity that is premised on Divine revelation while still conducive to realizing the political good (MoAIA, 10:101 – 13; WHO, 2001). Instead, they tend to simply “Islamize” arguments put forward in the public health discourse, and thus continue to depict moralism and paternalism.

## Discussion

This review underscores the discord between the public health discourse and the Islamic discourse on normativity. While it is mostly naturalist for the first, under the Islamic worldview empirical evidence is only one source of knowledge for normativity that is driven by Divine revelation. The ramifications for public health, and specifically for tobacco control policy and practice, are significant for Muslim communities.

The key concern is that of moralism in lieu of moral agency. Under naturalist normativity, tobacco is deemed a pure harm given the primacy of physical health and the evidence on the negative effects of tobacco to health. Thus, public health is concerned with prevalence as the key means of controlling morbidity and mortality, and is often accused of moralism. On the other hand, under the Islamic worldview, a categorical opinion on impermissibility was hard to arrive at, especially considering the recognition of the individual’s right to pursue some pleasures. Thus, exhortation to control and limit consumption is more in line with those views. These opinions had no access to the modern evidence on health effects, but contemporary works fall short on incorporating that rigorously while maintaining Islamic normativity. Until that exercise is done, it would be hard to form an opinion on whether Islamic normativity justifies a categorical verdict on individual choices. What is clear so far is that moralism and paternalism are often-cited consequences of the public health approach, and by extension filter into the contemporary Islamic discourse that takes that of public health as its starting point. This undermines the Islamic concern for nurturing moral agency: allowing the individual to independently determine limits for behavior for which one is responsible and accountable. Accordingly, simple customization at the level of implementation of tobacco control interventions may not align with the worldview governing Muslim communities, and may undermine this pivotal pursuit of advancing moral agency as an individual and communal goal.

A related implication is that of the credibility of the discourse to individuals. For Muslims who are well-versed in the Islamic sciences—and those can be lay people, not necessarily scholars—the discord is evident. While they may accept—from a political perspective—a secular public health discourse that does not necessarily align with their values, they may find Islamizing that discourse quite problematic. As on-the-ground tobacco control practitioners, we are often challenged to justify the position that holds tobacco to be impermissible on the basis of health effects. Muslims often request a detailed rationale that aligns with their views on the good life, moral agency, and individual responsibility

and accountability. Short of presenting that argument, tobacco control interventions may not reap value in these communities.

In conclusion, it is evident that public health and tobacco control developed under a naturalist worldview and under the modern nation state as a political structure. These conditions are foreign to world civilizations and religions, potentially making customization at the level of policy formulation or interventions problematic, especially in communities that continue to be true to their ancient civilizations and their religions. While prioritizing physical health as a value may be reasonable from a political standpoint, awarding it primacy at the individual level and accordingly taking over individual volition in determining right from wrong may infringe on nurturing moral agency. Accordingly, in pursuit of faithfulness to their cultures and traditions, it is necessary that tobacco control practitioners revisit the philosophy and epistemology of public health before attempting to adapt policies and interventions.

### Limitations and Directions for Future Research

This work has some limitations. Given space restrictions, the paper mainly sheds light and starts the conversation. In addition, the paper leans toward simplifying concepts, given the complexity of the ethical discussions, and taking into consideration the target audience who are not necessarily well-versed in the Islamic sciences. Finally, this paper solely focuses on the Islamic tradition and examining the public health and tobacco control discourse from within that tradition. To address the key concern of cultural adaptability of tobacco control, other cultures and worldviews should be examined.

As a conversation starter, each of the concepts and propositions in this paper requires in-depth deliberation. For tobacco control policy to concord with the Islamic discourse and allow it to enrich the enterprise, certain undertakings are necessary. First, there is a true need for the rigorous exercise of examining the value of physical health, considering modern medicine and the modern nation State, in the holistic Islamic model of health. Such an exercise, in addition to public health expertise, requires both political and Islamic studies expertise.

Second, there is a need for the rigorous incorporation of the scientific evidence on the health effects and dependence of tobacco into the Islamic model of normativity to develop a well-informed opinion. This endeavor will require close coordination and collaboration between scientists and Islamic scholars as neither party is equipped to perform this exercise independently. In conducting this exercise, it is important to keep in mind that while epidemiological risk data may establish causation at the population level, that is not readily translatable at the individual level to establish normativity and individual obligations. Adopting risk theory into the practice of public health was a shift “from a paradigm of monocausal determinism toward a paradigm of multiple causes and effects accepting uncertainty as a vital factor” (Rothstein, 2003, 359). This introduced some distortion: overlooking the asymmetry between the predictive value of a risk factor and its etiological role. Epidemiologists—who thus far had studied causation—accepted correlation as an alternative upon which to build predictive models and preventive policies (Mayes, 2015, 1 – 9).

Finally, any work undertaken from an Islamic viewpoint should take into consideration the potential benefit to global tobacco control efforts. While the two discourses diverge on their approach to individual tobacco use, they can meet and reinforce each other on the political level: that of realizing collective interest. After all, apart from the natural-progression-of-public-health justification, tobacco control is justified as a political enterprise, a justification that can be enriched by tapping into the Islamic political theory on public good and public interest to determine normativity. In that conversation, harm reduction strategies may emerge as a possible avenue for addressing public interest while preserving individual volition and moral agency.

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## Geniřletilmiř Özet

### Giriř

Bir zamanlar sosyolojinin konusu olan tütün kullanımı gibi davranıřlar artık saęlık için risk faktörleri olarak kabul edilmektedir. Bu, halk saęlığı yönetiminin doęal bir geliřimi olarak görölmekte ve kurumun bireyin saęlığını koruma yükümlölüğünü oluřturmasına olanak tanımaktadır. Geçmiř incelendięinde, sigara kullanımı ve tütün kontrolü, bu doęal geliřimin öncüleri olmuřtur. Bařlangıçta, sigara içme ahlaki bir sorun ve bireysel bir zaaf olarak görölmüřtür. Herhangi bir yaptırım uygulanmamıř ve bu yanlıřı düzeltmek sigara tüketen bireye kalmıřtır. Klinik arařtırma ve epidemiyolojik veriler aracılıęıyla zararın daha iyi karakterize edilmesi, halk saęlığının sigara ile mücadelede morbidite ve mortaliteyi kontrol etme çabalarına yönlendirmiřtir, bu da yaygınlığı kontrol etmeye çevrilen bir durumu ifade etmektedir. Halk saęlığı uygulayıcıları genellikle politikaların altında yatan felsefi prensipleri incelemeyizler. Bu durum, dięer dünya görüşleri altında politika yapmanın etik endiřelerini gündeme tařır. Bu makale, uygulamalı bir örnek olarak tütün üzerinden Müslüman toplumlar için bu tür sonuçları vurgulamaktadır.

### Yöntemler

Bu makale, halk saęlığı bağlamında saęlık ve hastalıęa iliřkin ana akım normatif görüşünü inceleyerek bunu İslam geleneęiyle karřılařtırmaktadır. Makale, çeřitli disiplin ve uygulama alanından içerik analizi yapmaktadır.

### Sonuçlar

Halk saęlığı söylemi natüralizm tarafından řekillendirilmektedir. Hastalıęın natüralist (doęalıcı) ve betimleyici olan biyomedikal modeli, hastalıęı nesnel bir gerçeklik olarak görür: Bu, türlerin iřleyiřinin nesnel normu olarak ampirik ve istatistiksel olarak belirlenen sapan biyolojik bir iřlev bozukluęudur. Bu nedenle saęlığı fiziksel hastalıęın yokluęu olarak tanımlar ve buna göre bilgi toplar. Hayat sigortası endüstrisi tarafından geliřtirilen risk faktörü teorisi, olasılık teorisi ve çıkarımsal istatistiklere dayanır ve saęlığa iliřkin bu görüşe uyar. Hastalık artık sadece vücut iřlemlerinin bir fonksiyonu deęildir, aynı zamanda davranıřın da bir fonksiyonudur, bu da onu natüralist bilimsel arařtırmanın alanına tařır. Gerçekte natüralizm etik normatiflięe kadar uzanır. Biyomedikal model aracılıęıyla elde edilen bilgi artık deęerden baęımsız deęildir, ancak saęlığı olumsuz yönde etkileyen davranıřlardan kaçınma zorunluluęunu ortaya koyan normatif bir öneme sahiptir.

Tütün kontrolü, natüralist normatif yaklařımın uygulamalı bir örneęidir. Bir madde olarak tütün, salt zarar olarak görölmekte, bu nedenle birey saęlığı ve halk saęlığı için bir endiře kaynaęı olarak kabul edilir. Bazen bir hastalık nedeni, bazen de bařlı bařına bir hastalık ve bozukluk olarak kabul edilir. Dolayısıyla, bireyin sigara içmekten kaçınma gereklilięini belirleyen natüralist tıbbi normatiflik, kamu politikası olarak yaygınlığı kontrol etmeye dönüřmekte, böylece ahlakçılık ve paternalizme kapı açmaktadır.

İslami söylem açısından ise, bir miktar natüralist bilgiyi kabul etmekle birlikte, normatiflik, Allah'ın rızasını kazanmak amacıyla yařanan iyi bir yařamı belirleyen kılavuzluktan gelir. Buradaki temel anlayıř, insanı birbirine baęlı fiziksel beden ve metafiziksel özün bütünsel varlıęı olarak görmektir. Her iki bileřen de bu iyi yařamın gerçekteřtirilmesinde bir rolü vardır ve saęlık, iyi yařama katkıda bulunan bir denge durumudur. Fiziksel saęlık içsel deęil, daha çok araçsal bir deęer tařır. İyi yařamı yařayamamak saęlıksız ve iřlevsiz olarak kabul edilir, bu da fiziksel bozukluk veya karakterde farklılařmayı ele almayı gerektirir. Müdahaleler, yařam tarzı deęiřikliklerini, manevi iyileřmeyi ya da fiziksel veya psikolojik rahatsızlıklara yönelik müdahaleleri içerebilir. Günümüzde, İslami disiplinlerin katılımı eksiktir. Bazen saęlığı öncelikli deęer ve bilimsel kanıt normatiflięi oluřturacak bilgi kaynaęı olarak kabul etmekte ve İslami yařam biçiminin bu deęere uygun olduęunu göstermek için İlahi vahiylerine atıfta bulunmaktadır. Kimi zaman ise, natüralist kanıtların yükümlölükleri belirlemesine karřı çıkar ve İlahi vahiy tarafından yönlendirilen bireysel ahlaka odaklanır.

Tütünle ilgili olarak, ilk çalıřmalar, tütün ve sigara içmeye iliřkin normatiflięin mevcut bilgi ve mantıksal araçları kullanarak İlahi vahiyden nasıl türedięini gösterir. Kanıt eksiklięi nedeniyle tütünün kesin yasaklanmasını kabul etmezler ve haz unsurunu kabul ederken özdenetim konusunda manevi öğütlere odaklanırlar. Günümüz çalıřmaları, alta yatan felsefi ve epistemolojik prensipleri derinlemesine incelemede yetersiz, dolayısıyla halk saęlığı bağlamında öne sürülen argümanları basitçe 'İslamlařtırma' eğilimindedir, bu da ahlakçılık ve paternalizmi tasvir ettikleri anlamına gelir.

### Tartıřma

Bu makale, normatiflik konusundaki halk saęlığı söylemi ile İslami söylem arasındaki uyumsuzluğu vurgular. Bunun halk saęlığı, özellikle de tütün kontrolü politikası ve uygulaması açısından sonuçları Müslüman toplumlar için önemlidir. Bunun en önemli sonucu, ahlaki eylemlilik anlayıřının yerini ahlakçılıęın almasıdır. Natüralist normatiflik anlayıřına göre tütün, salt bir zarar olarak nitelendirilir, bu da genellikle ahlakçılık olarak kabul edilen yaygınlık kontrolünü gerektirir. İslami bakıř açısına göre, tüketimi denetlemek ve sınırlandırmak daha doęru bir yaklařımdır, ancak çağdař çabalar halk saęlığı söylemini incelemek yerine onun izinden gitmekte, ahlakçılıęın ve paternalizmin çağdař İslami söylemin içine sızmasına izin vermektedir. Bununla ilgili bir çıkarsama da

Müslümanların kendi değerleriyle örtüşmeyen halk sağlığı söylemini kabul edebilirken, bu söylemi İslamlaştırmayı oldukça sorunlu bulabilecekleri güvenilirlik konusudur.

Halk sağlığı ve tütün kontrolünün geliştiği koşulların dünya medeniyetlerine ve dinlerine yabancı olduğu aşıkardır. Bu nedenle, kültürlerine ve geleneklerine bağlılık konusunda sadakatlerini sürdürmek için tütün kontrolü uygulayıcılarının politika ve müdahaleleri benimsemeye çalışmadan önce halk sağlığı felsefesini ve epistemolojisini yeniden gözden geçirmeleri gerekmektedir. Müslüman toplumlar için, modern tıbbi ve modern ulus devleti göz önünde bulundurarak fiziksel sağlığın değerini bütüncül İslami sağlık modeline göre titizlikle incelemeye gerçekten ihtiyaç vardır. Ayrıca, sağlıklı bir görüş geliştirmek için tütünün sağlık üzerindeki etkileri ve bağımlılık hakkındaki bilimsel kanıtların İslami normatiflik modeline titizlikle entegre edilmesine ihtiyaç vardır. Kuşkusuz, İslami bir bakış açısıyla yürütülen herhangi bir çalışma, küresel tütün kontrolü çabalarına çoğunlukla siyasi düzeyde muhtemel faydayı dikkate almalıdır.