

DEADLY GAME

Health and sports groups say use of smokeless tobacco is on the rise among young hockey players

BY SHARON CHISVIN

Taylor Young remembers the first time it happened.

It was about seven years ago, and the now 20-year-old winger with the Selkirk Steelers had just made his Midget league team back in British Columbia.

Naturally, Young was excited about the prospect of joining his new team and moving up the ladder of minor hockey competition. But, as a 13-year-old, he was also anxious to fit in with his new teammates. So when one of the older players invited him to partake of some smokeless tobacco, also known as “chew,” Young decided to give it a go.

“I guess playing with guys three years older, there was peer pressure to fit in,” says Young. “I didn’t like chew at first, but after the first few times I began to enjoy it and I became addicted.”

Now, as an older and wiser Manitoba Junior Hockey League (MJHL) player, Taylor no longer chews.

“My dad passed away from cancer two years ago and seeing the devastating





**USE OF THIS PRODUCT
CAN CAUSE CANCER**
Health Canada

**L'USAGE DE CE PRODUIT
PEUT CAUSER LE CANCER**
Santé Canada

24 PORTIONS

TOBACCO
Chew
TITANISE

Nitrosamines 0.007 mg per portion
Carcinogens 0.003 mg per portion
Nitrosamines 0.007 mg per portion

BY THE NUMBERS

2,000

Number of young athletes surveyed by the Sport Medicine and Science Council of Manitoba. The survey examines substance use patterns categorized by sport and athlete gender.

54

Percentage of Manitoba junior hockey players surveyed by the council who say they use smokeless tobacco.

15 to 22

Age group of young athletes who report high usage of smokeless tobacco, according to the council survey.

8

Percentage of young males who used smokeless tobacco within a month of answering a Canadian Tobacco Use Monitoring Survey (CTUMS).

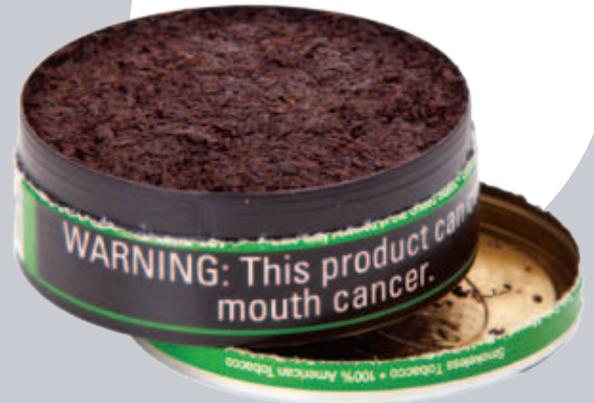
2.5

Percentage of young females who used smokeless tobacco within a month of answering a Canadian Tobacco Surveillance survey.

75

Percentage of Manitoba hockey players surveyed who had tried "chew" by the age of 20.

Smokeless tobacco actually delivers more nicotine than a cigarette.



effects of the disease was enough to make me stay away from tobacco," he says. "Although," he admits, "after I quit I did have many urges if I was offered it or I saw someone chewing. It's very easy to say yes and start the habit again."

A couple of Young's close hockey-playing friends back home in British Columbia have followed his lead and given up their chew habit, but none of his Selkirk teammates have done so yet. He says many of his teammates

continue to chew tobacco on a regular basis. And they are not alone.

Studies suggest that smokeless tobacco use is on the rise among young Canadians in general, and among elite athletes in particular, says Dean Kriellaars, a professor in the School of Medical Rehabilitation at the University of Manitoba.

He says the Canadian Tobacco Use Monitoring Survey (CTUMS) suggests that as many as eight per cent of young males and 2.5 per cent of young females use smokeless tobacco. Moreover, he says recent reductions in the smoking of cigarettes may be offset by increases in cigar, smokeless tobacco and water pipe (hookah) tobacco use.

But it is among young athletes that smokeless tobacco appears to be emerging as a serious issue, says Kriellaars, who conducts annual surveys of substance use by amateur athletes.

"Smokeless tobacco is endemic in certain male team sports," he says. A survey done by Kriellaars through the Sport Medicine and Science Council of Manitoba outlines the problem. "Our data shows stable chew use at 50 per

cent for hockey over five years in 16 to 21-year-old higher performance players."

Most of these hockey players report that they began to chew at about age 15. Some, however, like Young, are lured into the habit at an even younger age.

The rise of chew has prompted Kriellaars to join forces with Sport Manitoba, the Winnipeg Health Region, the Manitoba Tobacco Reduction Alliance (MANTRA), and the Sport Medicine and Science Council of Manitoba's Anti-Doping Education Program and Performance Enhancement Workshops to raise awareness about the common practice and its ill effects.

Chew is the most widely used type of smokeless tobacco. It is often flavoured and sweetened, purchased as leaves or plugs, and is placed in the mouth between the cheek and upper lip. As its name implies, it is chewed, sometimes for hours at a time, but never swallowed. The residue juices and spittle are periodically spat out and the nicotine in the chew, which is addictive, is absorbed through the mouth.

The chew habit has long been associated with professional and amateur baseball players, but has become increasingly rampant among higher level baseball, rugby and hockey players, says Kriellaars.

In all sports, it is an almost exclusively male pursuit. Amateur hockey players across the province report chewing an average of one and a half tins of tobacco a week. That is the nicotine equivalent of smoking one and a half packs of cigarettes a day.

"Smokeless tobacco actually delivers more nicotine than cigarettes, so physical

Dean Kriellaars says the use of smokeless tobacco among junior hockey players is a serious problem.

PARENTS NEED TO KNOW THAT WHEN THEY PUT THEIR KIDS INTO CERTAIN TEAM SPORTS THERE'S THE RISK THAT THEY WILL ADOPT THIS DANGEROUS AND EXPENSIVE HABIT.



dependency is created," explains Murray Gibson, Executive Director of MANTRA. "We know that adolescents who use smokeless (tobacco) are very likely to start smoking later in life."

Additionally, chew is associated with major health risks, including oral hygiene and dental problems, gum disease and mouth cancer. Studies indicate that up to 78 per cent of spit tobacco users develop oral lesions after just three years of use, and these lesions are often precursors to cancer.

"The players don't think about the harm at all," Kriellaars says, "(but) once addicted to chew it is very difficult not to want the nicotine buzz."

Additionally, chew is expensive. A tin of chew costs as much as \$21 in Canada.

"Parents need to know that when they put their kids into certain team sports there's the risk that they will adopt this dangerous and expensive habit," Kriellaars says. "Parents are generally unaware that their children are involved in this until about two years after they start, often leading to a confrontational interaction at about 16 to 18."

Whereas many parents might be ignorant of the fact that their children are indulging in this precarious habit, MJHL commissioner Kim Davis is well aware of the smokeless tobacco culture that pervades his league. Most of the league's players are between 18 and 20 years of age, Davis says, so when they get to the MJHL they are already using chew.

Davis recognizes, however, that the league still has a significant role to play in educating players about the risks involved in chewing and, ideally, in influencing them to relinquish the habit.

"The MJHL is the only Junior A league in Canada with a Safety and Performance Policy," Davis says. "We meet with each team, players and coaches once a year and make presentations to them about harmful substances. Chew use makes up a portion of this presentation."

"We believe repetition is important," Davis adds, "and we think we are making a difference. The players know full well that the league does not like the fact that they use chew."

Both Davis and Kriellaars acknowledge that many amateur players may be influenced by the widespread use of chew among professional players, and its unchallenged acceptance as part of the sport culture. When younger players witness their heroes chewing, they consider it to be implicit approval to use.

"In some cases, pro players blatantly go on camera with a big plug of chew in their mouth for everyone to see," says Davis. "That does not help."

Nor does the fact that chew has become more popular and more accepted in the general population.

The rise in cigar, hookah and chewing tobacco use has provoked an ongoing debate about whether or not smokeless tobacco should be tolerated as a safer alternative to cigarette smoking and as an acceptable harm reduction approach.

"Studies clearly show that smoking tobacco is far more harmful than smokeless tobacco," Kriellaars admits, "but smokeless tobacco has major risks, too."

The allure of chew is also partly a result of the fact that there are no laws or prohibitions governing when and where it can be consumed. Chew is inconspicuous

CHEW ON THIS

Are there harmful chemicals in smokeless tobacco?

Yes. There is no safe form of tobacco. At least 28 chemicals in smokeless tobacco have been found to cause cancer.

Does smokeless tobacco cause cancer?

Yes. Smokeless tobacco causes oral cancer, esophageal cancer, and pancreatic cancer.

Does smokeless tobacco cause other diseases?

Yes. Using smokeless tobacco may also cause heart disease, gum disease, and oral lesions other than cancer, such as leukoplakia (pre-cancerous white patches in the mouth)

Can a user get addicted to smokeless tobacco?

Yes. All tobacco products, including smokeless tobacco, contain nicotine, which is addictive. Users of smokeless tobacco and users of cigarettes have comparable levels of nicotine in the blood. In users of smokeless tobacco, nicotine is absorbed through the mouth tissues directly into the blood, where it goes to the brain.

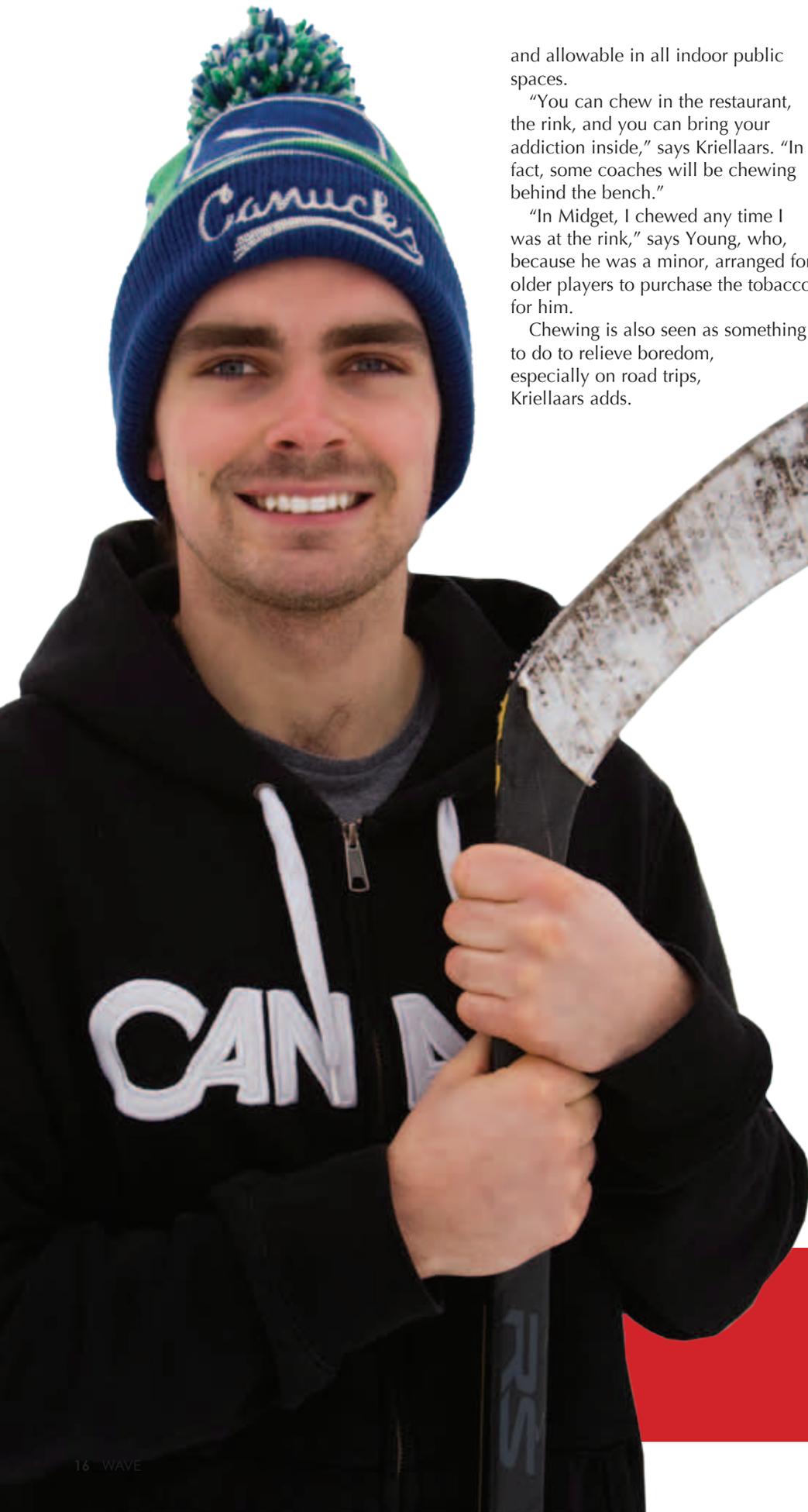
Is using smokeless tobacco less hazardous than smoking cigarettes?

Because all tobacco products are harmful and cause cancer, the use of all of these products should be strongly discouraged. There is no safe level of tobacco use.

Should smokeless tobacco be used to help a person quit smoking?

No. There is no scientific evidence that using smokeless tobacco can help a person quit smoking.

Source: National Cancer Institute



and allowable in all indoor public spaces.

"You can chew in the restaurant, the rink, and you can bring your addiction inside," says Kriellaars. "In fact, some coaches will be chewing behind the bench."

"In Midget, I chewed any time I was at the rink," says Young, who, because he was a minor, arranged for older players to purchase the tobacco for him.

Chewing is also seen as something to do to relieve boredom, especially on road trips, Kriellaars adds.

Justin McDonald, 20, a goalie with the MJHL's OCN Blizzard, is also a former user of chew. "I started chewing back in high school when I was Grade 10, pretty much out of peer pressure and as something to do," he says. "The majority of my friends chewed. I'd say that a good amount of players on any team I've ever known or been on, chew, especially in junior hockey."

McDonald quit chewing about a year and a half ago while still playing with the Battlefords Barrons in a Midget AA league in Saskatchewan.

"I quit because of an awareness of how bad it was for you," he says. "I just did it."

Like Young, McDonald was fortunate that once he made his decision to give up chewing tobacco, he was able to stick to it out of his own resolve. Other athletes, especially those who have been chewing for a long time, are likely to find that quitting is easier said than done. Fortunately, they will soon be able to find the support they need to kick their habit from smokeless tobacco cessation programs being developed across the province.

The creation of these supportive programs is one of several strategies cited in Kriellaars' 2011 Substance Use Survey Executive Report. Other ideas call for the creation of a sport-specific smokeless tobacco policy to guide teams and educate athletes, coaches, and parents, as well as the development of a general public awareness campaign about the risks inherent in chew tobacco.

"We are in the process of implementing many of the strategies," Kriellaars reports. "We have created a smokeless tobacco

Taylor Young quit using "chew" after his father died from lung cancer.

Look into Nursing

steering committee (and) we have made good strides in parental awareness.”

Public service radio campaigns, information pamphlets and community presentations are in the works, and the dental profession has been brought into the discussion. As well, Kriellaars has shared his survey data with the Canadian Centre for Ethics in Sports (CCES), the RCMP and the World Anti-Doping Agency (WADA).

The WADA’s recent decision to add tobacco to its list of substances to be monitored means that the presence of nicotine and its metabolites will now be examined in routine anti-doping tests on all athletes. The results of this testing will eventually determine if nicotine should be added to the agency’s prohibited list.

Additionally, some health and sports personnel concerned about the widespread use of smokeless tobacco among amateur athletes have suggested that coaches who chew should be banned from doing so in proximity to their players.

As these various initiatives take shape, Kriellaars continues to do his part by collecting and perusing his substance use survey data, looking for recurring trends and new concerns. He also regularly criss-crosses the province to speak with coaches, athletes and the parents of athletes as young as 12 about the risks inherent in smokeless tobacco use. “I interact with hundreds of athletes per year, and this habit is rampant in higher level players,” Kriellaars says. “Prevention is key.”

Sharon Chisvin is a Winnipeg writer.



FYI

Here is a list of agencies that offer help in quitting tobacco.

Break It Off

www.breakitoff.ca/

Manitoba Smokers' Helpline

1-877-513-5333

www.smokershelpline.ca/

Manitoba Tobacco Reduction Alliance

www.mantrainc.ca

Information for parents of teens who smoke:

www.gov.mb.ca/healthyliving/cuttingthrough.html

For more information on the dangers of smokeless tobacco, please visit:

Oral Cancer Detection

www.oralcancerfoundation.org/dental/pdf/history_taking.pdf

National Cancer Institute USA

www.nidcr.nih.gov (Search: oral cancer)

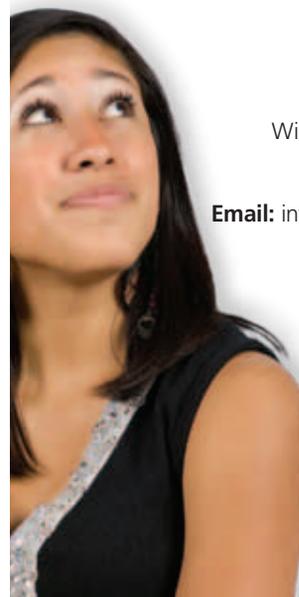
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