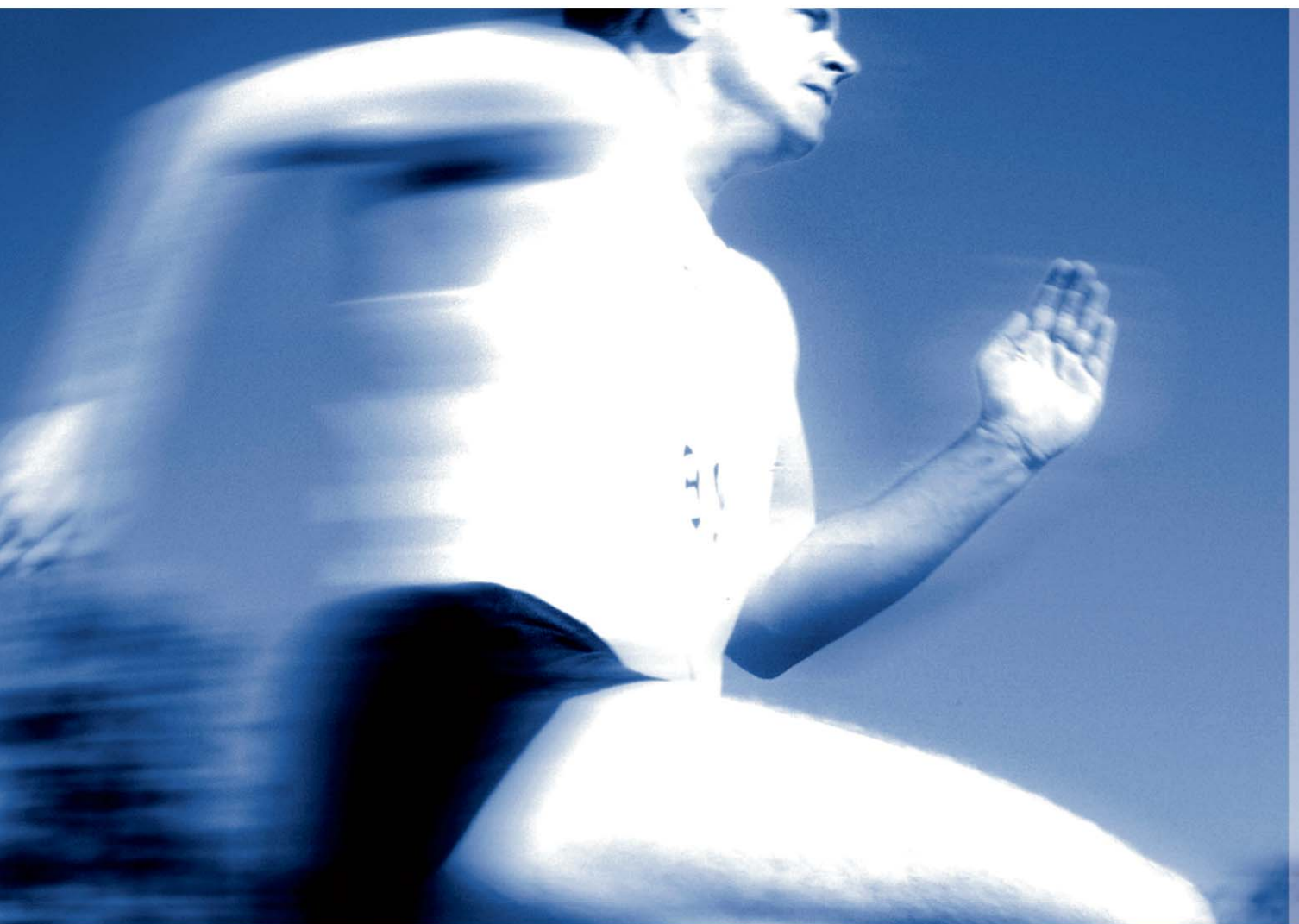


Report of the Working Party examining
Illicit Drugs
and the Western Australian Sporting Community



November 2007

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1. EXECUTIVE SUMMARY

1.1 Summary

Illicit (illegal) drug use and related problems impact on the community as a whole, including sporting bodies. Illicit drug use is a major problem in Western society.

Although the vast majority of people in the Western Australian community do not use illicit drugs, the problems associated with use can be significant. Use is more commonly reported by people in their later teens and 20s. National surveys report use occurring across gender, age, occupational and cultural groups.

Illicit drugs fall into three main categories: stimulants (amphetamines, cocaine, etc), depressants (opiates including heroin) and hallucinogens (LSD, Magic Mushroom, etc). Some illicit drugs fall into more than one category, such as ecstasy (stimulant and hallucinogenic properties) and cannabis (depressant and hallucinogenic properties).

Sporting bodies are in a key position to provide community leadership in establishing positive cultural models in our community that will assist in preventing and / or delaying illicit drug use among young West Australians.

Sport by its nature exposes participants to a range of key protective factors that have been found to reduce the likelihood of an individual experiencing significant short-term and / or longer-term problems associated with substance misuse. Sport achieves this by creating a sense of belonging, inclusiveness and connectedness to a community. It can encourage positive values that discourage a drug using culture. Sport also has the means to create safer settings in a community that support healthy behaviours through the use of effective policies and codes of conduct.

These factors are all important in preventing a range of social, health and legal problems not only among those individuals participating in a sport but also by establishing cultural norms that are reflected in the broader community.

The 2004 *National Drug Strategy Household Survey* results for Western Australia reported that 17.3% of persons aged 14 years and older had used an illicit drug at least once in the previous 12 months. At the high performance end of the Australian sporting spectrum, in the three-year period between 2003 / 2004 and 2005 / 2006, the Australian Sports Anti-Doping Authority (ASADA) found that of 20,334 doping control tests, only 67 (0.3%) violated anti-doping rules. Of these, 31 (46%) of all Anti-Doping Rule Violations were for cannabinoids and amphetamines / methamphetamines, or scheduled illicit (illegal) drugs. No studies have been found reporting drug use at other levels of Australian sport.

At the national level, only a consistency of key principles which guide the policies and actions of national sporting organisations in addressing illicit drug issues will enable national, state and local approaches to be positively aligned. A partnership between the sport industry and government is required maximising the capacity and flexibility available to achieve the best community outcomes. Sport has varying structural capacity within its different levels and across sporting codes, and

limited resources to implement comprehensive programs without government assistance.

Hence, the development of an evidence-based three-year project is recommended to assist sporting bodies in effectively addressing illicit drug use in the sporting environment in Western Australia.

1.2 Key guiding principles

- Illicit drug use in sport involves broader community-based issues than the ‘deterrence and detection of doping practices’ role of ASADA.
- It is illegal to use, possess, sell, supply or produce illicit drugs. There is no legal obligation to report a person’s use of illegal drugs to the police. However, there may be a duty of care to assist an individual regarding their own well-being or potential impact on others.
- Sporting organisations should actively discourage the use of illicit drugs.
- Sport can provide a ‘protective environment’ which creates a sense of belonging and connectedness to the community.
- Sport has a capacity to influence community values. It is difficult to influence and control all the conditions and messages that young people encounter through the media and in the community but it is possible to influence the conditions under which sport is played and the messages received at the club.
- Decreasing drug use is a complex problem that relies upon a comprehensive range of strategies that is implemented by government, non-government, industry and community groups, families and individuals. The *National Drug Strategy 2004-09* and the *WA Drug and Alcohol Strategy 2005-09* support the principles of supply reduction, demand reduction and harm reduction. It is important that all initiatives being implemented are consistent in approach on a national, state and local level.
- Only active engagement with the issue, through increased awareness and establishment of policies, environments and behaviours that support a culture of discouraging drug use, can make a difference.
- The sport industry requires additional financial and other resources to effectively undertake appropriate measures at all levels.
- Policies and codes of conduct provide rules and procedures that govern or guide behaviour and support the desired drug-free culture. Where and whether to utilise a policy and / or codes of conduct will be best determined by the sport.
- Policies and codes of conduct should be developed, promoted and regularly reviewed with the full understanding, engagement and cooperation of those who will be affected by them.
- If a policy is draconian in its sanctions, it is highly likely that people will seek to avoid detection. Likewise, it is unlikely that others will raise concerns about another person’s use if expulsion is the only outcome.
- Targeted education and training initiatives are required for specific groups. The primary target groups are boards, management / administrators, coaching

and support staff including medical practitioners, physiotherapists and sports conditioning staff, officials, players and parents / families (not in any order of priority).

- Counselling and referral centres are readily available but awareness of their services needs to be more broadly advertised to the sporting community in WA.
- An enhanced regime of drug testing in Western Australia is required especially targeted at the 'State League' level of competition. Drug testing at lower levels of competition is not recommended unless under exceptional circumstances.
- It is acknowledged the mis-use of alcohol in the sport setting is a major issue that needs to be addressed but alcohol-use is outside the scope of this investigation.

1.3 Proposed Illicit Drugs in Sport Project

Aim

The proposed *Illicit Drugs in Sport Project* aims to provide an informed, educated drug-free culture and a supportive environment that deters illegal drug use.

Objectives

The Project aims to achieve this by:

- Decreasing acceptance for illegal drug use associated in the sporting club environment;
- Developing environments that deter illegal drug use;
- Establishing sustainable cultures which embrace fair, ethical and legal practices in sport;
- Developing and implementing effective illegal drug policies and codes of conduct for sporting codes and clubs; and
- Encouraging and increasing access to treatment and support services when required.

Strategies

The strategies proposed include:

- Organisation / agency collaboration;
- Development and implementation of supportive policies and codes of conduct;
- Development and provision of education and training to support adoption of policies and codes of conduct;
- Development of support information and educational resources to assist organisations / agencies;
- Promotion of education, training, counselling and support services available;
- Appointment of a Project Manager over a three-year period to assist in the development, implementation and evaluation of the project;
- Monitoring and evaluation of the project to determine effectiveness; and
- Provision of sufficient resources in order for proposed strategies to be achieved;
- Increased drug testing of State level athletes.

2. RECOMMENDATIONS

Organisations / Agencies

1. The State Government increases resources to appropriate agencies and funding bodies to enable the sporting community to undertake strategies aimed at discouraging the use of illicit drugs.
2. Funding bodies and facility providers (e.g. Healthway, local government, Lotterywest) support the adoption of illicit drug policies and player codes of conduct through accessibility to funding and facilities.
3. Cross-agency interaction is employed to develop integrated and cost effective strategies through a project management group to oversee the implementation of the recommendations of this report.
4. The Federal Government is approached to coordinate / facilitate consistent illicit drugs policy development by National Sporting Organisations.

Policy

5. All sports should establish 'illicit drugs in sport' policies and codes of conduct which are aligned and consistent at the national, state and local levels.
6. All policies should reflect the context of national and state level whole-of-government drug strategies.
7. Each sport is responsible for developing and implementing its own policy / code supported by:
 - a. State government resources;
 - b. NSOs
 - c. ASADA resources on line

Education and Training

8. Continuing education and training to be provided to the various levels of the Western Australian sporting industry including boards, senior management, coaches and support staff, officials and players.
9. Strategies are developed to assist sport organisations to implement cultural changes through programs that are developed from within rather than externally imposed.
10. Strategies are developed to assist sport organisations in dealing with drug use incidents through guidance and counselling services for drug users (and their families where appropriate).

Resources

11. A project manager and project officer are engaged for a period of three years to progress the recommendations of this report.

12. Resources are developed to provide assistance to sporting associations and clubs in formulating appropriate illicit drugs policies and codes of conduct. These may include on-line resources, codes of conduct templates and policy frameworks.
13. Appropriate financial resources are provided to implement strategies on a statewide basis with a specific requirement to meet the needs of regional / remote sporting communities.
14. Counselling and referral centres are readily available but awareness of their services needs to be more broadly advertised to the sporting community in WA.
15. WA State Government drug testing regimes are maintained and funding level is increased from \$20k to \$100k per year to allow for further testing of state athletes. 'State athletes' are defined as athletes who compete in competitions where players are selected for open state representation. Drug testing at lower levels of competition is not recommended unless under exceptional circumstances.

Monitoring / Evaluation

16. A monitoring and evaluation plan will be implemented.
17. The project role to be reviewed annually by a representative group from Western Australian sporting bodies, DSR and the WA Drug and Alcohol Office (DAO).
18. The project to be reviewed at the conclusion of three years.

3. BACKGROUND

'Drugs in sport' regularly receive attention in the media and sporting organisations have a duty to ensure they are fully aware of their obligations and responsibilities.

In April 2007 the Western Australian Football Commission (WAFC) convened a meeting of major state sporting associations to consider ways to address the issue of illicit drug use amongst sports people following a recent high profile case.

That meeting identified a lack of knowledge in the area by sports administrators and their respective boards.

The Department of Sport and Recreation (DSR) was requested to facilitate an education forum for major sport organisations and their boards in May 2007. Information was presented by the WA Drug and Alcohol Office, (DAO), the Australian Sports Anti-Doping Authority (ASADA), Sports Medicine Australia WA (SMA WA) and DSR.

A workshop immediately followed the education forum. The outcome of the workshop was that a working party be formed to report back to the sport industry and government by 30 September 2007 with its recommendations.

4. WORKING PARTY

The working party was formed from nominations received at the education forum / workshop held on 15 May 2007.

4.1 Members

Members of the working party are:

Rob Thompson (Chair), CEO, WA Sports Federation

Andy Bennett, CEO, Basketball WA

Lisa Bradock, CEO, Netball WA

Wayne Bradshaw, CEO, WA Football Commission

Eleanor Costello, Manager, WA Drug and Alcohol Office

Wayne Goldsmith, High Performance Manager, Rugby WA

Doug Harris, High Performance Manager, WA Cricket Association

Nadine Hendry, Project Manager, Sports Medicine Australia WA Branch

Gary Kirby, Director, WA Drug and Alcohol Office

Karen Jones, A / Executive Officer, Sports Medicine Australia WA Branch

Rick Smith, A / Senior Policy Officer, DSR

Phil Badock, (Executive Officer) Senior Consultant, DSR

4.2 Assumptions

Assumptions under which the working party would operate were agreed at its first meeting. These were:

1. The working party would focus on issues of illicit drugs in sport only, recognising but not including ASADA's role of deterrence and detection of doping practices.
2. The working party recognises the misuse of alcohol as a major issue for sport but it is outside the scope of this study.
3. The working party would be led and driven by the sport industry.
4. Expenses for the working party would be provided by DSR.
5. DSR would provide executive support to the working party.

4.3 Terms of Reference

The following terms of reference were also determined and agreed at the first meeting. These were:

1. To report the working party's recommendations to the sport industry and government by 30 September 2007.
2. To undertake an information scan on the prevalence of illicit drug taking in Western Australian sport.
3. To ascertain the scope of current policies and procedures relating to illicit drug use in sport.
4. To develop recommendations on consistency of policies and strategies which sporting organisations and government should address regarding illicit drugs in sport in WA.
5. To recommend draft policies and suggested strategies for adoption by the sport industry and government in WA.
6. Any other deliberations the working party sees fit to address regarding illicit drugs in sport in WA.

5. PREAMBLE

The National Drug Strategy states as its aim, *‘to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society.’* There are many groups playing their part in working together to achieve this aim. Through this initiative, the sporting codes in Western Australia aim to play their part in reducing drug-related problems in our communities.

Western Australian sporting bodies have collectively chosen to take a leading role regarding illicit drug use. This position is taken out of the recognition that sport is part of the community and drug use occurs in the community. Sport has a part to play.

Only active engagement with the issue, through increased awareness and establishing environments and policies that support a culture of discouraging drug use, can make a difference.

For the purposes of this document, an illicit drug is defined as a drug whose production, sale or possession is prohibited. ‘Illegal drug’ is an alternative term. Performance and image enhancing drugs are the subject of an existing position and associated policy and are dealt with under ASADA legislation. For ease of management, the sporting community recognises that alcohol misuse also causes problems and will be the subject of a separate focus.

The vast majority of people in the Western Australian community do not use illicit drugs. While use is not confined to any particular group in the community, recent use is more commonly reported by people in their later teens and 20s. National surveys report use occurring across gender, age, occupational and cultural groups.

Therefore, it is a realistic expectation that people who have or are currently using drugs will be present in many community sub-groups. Likewise, in those segments of the population where use rates are higher, there is a greater likelihood of finding people who use drugs.

Sporting groups are part of the community and involve people from that community. It is difficult to influence and control all the conditions and messages that young people encounter through the media and in the community. However it is possible to influence the conditions under which sport is played and the messages received at the club and in the team.

The reasons people use illicit drugs are varied and complex. Not surprisingly, reducing illicit drug use is a complex problem that relies upon a comprehensive range of strategies that are implemented by government, non-government, industry and community groups, families and individuals.

Sports can have a positive effect on individuals and societies in many different ways. It is known that sport for young people can develop protective factors that can prevent a range of problems, including substance abuse.

These protective factors, being characteristics of an involvement in sport may include:

- Being part of a community group;
- Being connected to a club and having a sense of belonging;
- Being supported by a club; and
- Being a contributor to the well-being and performance of a club.

There is a reciprocal arrangement between sporting clubs and their members that may not be put in writing. This involves the rights and obligations that come with membership and relate not only to club policies and expectations but reflect the values of the club.

Any policy or code of conduct must be consistent with these values and the unwritten contract that exists between the club and the individual. Therefore a code or club's response to illegal drug issues must be considered in light of this relationship. For example, ejecting or suspending an individual from a club due to a drug problem they are experiencing may be less consistent with such a policy than encouraging the club member into treatment.

The prevailing culture in a community group can support or discourage drug use. This may be evident in different ways such as if friends, family and other key influencers in the community communicate how they feel about drug use. Sport is influenced by the values and culture context. Regardless of whether or not sport acts as a protective factor or encourages substance use, depends on the nature of the values that surround and influence the players.

Involvement with a sporting club can be a powerful motivator for many young people in the community. Consideration needs to be given to a balance being struck between engagement with a person using drugs and the application of a sanction. The automatic ejection of a person from a club for first-time use may be counter-productive to the club and the individual. Whereas requiring engagement with a drug treatment service may be both a strong motivation for the individual to seek assistance for a drug use problem and maintain connection with positive influence in their life. However, just like a club treats violent behaviour on the field (or in the club) a player may undergo suspension for a determined period of time as part of the club's sanction.

DISCUSSION

6.1 Prevalence of Illicit Drug Taking in WA

The most recent definitive data reports that in 2004 in Western Australia it was estimated there was a total of 273,000 persons aged 14 years and older who had used any illicit drug. A total of 220,200 (80.7%) had used cannabis and 103,231 (37.8%) had used any illicit drug excluding cannabis.

The 2004 *National Drug Strategy Household Survey* (NDSHS) found four groups of illicit drugs were most widely used in Western Australia showing:

- cannabis (the most widely used illicit drug) had been used by nearly one in eight (13.7%) and nearly four out of 10 (39.6%) persons in the past year and their lifetime respectively;
- methylamphetamine / amphetamine had been used by one in 20 (4.5%) and one in eight (12.2%) persons in the past year and their lifetime respectively;
- ecstasy had been used by nearly one in 20 (4.1%) and one in 10 (10.1%) persons in the past year and their lifetime respectively; and
- hallucinogens had been used by 0.6% and one in 10 (9.5%) persons in the past year and their lifetime respectively.

Illicit annual drug prevalence (%) of persons aged 14 years and older in WA, 1995-2004

	1995	1998	2001	2004
Cannabis	16.7	22.3	17.5	13.7#
Meth / amphetamine	2.9	6.0	5.8	4.5
Hallucinogens	2.6	3.9	2.0	0.6#
Ecstasy	2.7	5.1	4.0	4.1
Cocaine	0.6	1.3	1.5	1.2
Heroin	0.4	1.5	0.3	0.2
Inhalants	0.2	1.3	0.6	0.5
Analgesics	6.0	4.4	3.9	2.7#
Tranquillisers	0.6	3.1	1.7	1.3
Barbiturates		0.3	0.2	0.3
Methadone		0.2	0.1	0.1
Steroids			0.1	0.1
Any illicit drug	22.0	25.4	22.1	17.3#
Any illicit drug excluding cannabis	na	13.0	7.5	6.4
Injecting drug use	0.4	1.8	1.3	0.9

Source: Australian Bureau of Statistics *1998 National Drug Strategy Household Survey. Western Australian results.* Canberra, ACT

Institute of Health and Welfare, 2000; *2001 National Drug Strategy Household Survey. First results for Western Australia.* Perth, Drug and Alcohol Office, 2003; *2004 National Drug Strategy Household Survey. Western Australian results.* Perth, Drug and Alcohol Office, 2006.

Note: Data cannot be aggregated as each row is based on separate estimates of each drug. # 2004 result significantly different from 2001 result.

Further drug usage data by substance and age can be found at Appendix 8.1.

6.2 Prevalence of Illicit Drug Taking in Australian Sport

There is limited information about the prevalence of alcohol and other drug use by people who play sport. There is some international evidence for the existence of a u-curve relationship between the level of sporting intensity and the levels of substance use.

This research suggests that low intensity sport leads to a high risk of substance use. Middle intensity sport participation results in low substance use. High levels of sport participation are associated with high levels of substance use. Use varies with the type of substance, gender and type of sport.

Much of this research comes from surveys of large high school in other countries and some surveys of alcohol consumption among elite amateur rugby players in New Zealand.

The problem with Australian sport and alcohol and other drug use surveys is that they do not contain gradations of sporting participation. Therefore it is difficult to detect the u-curve in Australian data.

The Australian Sports Anti-Doping Authority (ASADA) is the recognised body responsible for conducting doping control tests in Australian sport. ASADA and its predecessor until March 2006 the Australian Sports Drug Agency (ASDA) conducted 20,334 doping control tests in the three year period from 2003 / 04 to 2005 / 06.

A total of 67 (0.3% of all tests) anti-doping rule violations (ADRV) were added to ASDA's *Register of Notifiable Events* and ASADA's *Register of Findings*, with 31 (46% of all ADRVs or 0.15% of all tests) being for the illicit substances of cannabinoids or amphetamine / methamphetamine.

6.3 Sport Settings in WA

The working group has focussed on the delivery of sport in WA organised by state sporting associations, community clubs and associations recognising the differing environments of metropolitan, regional and remote areas.

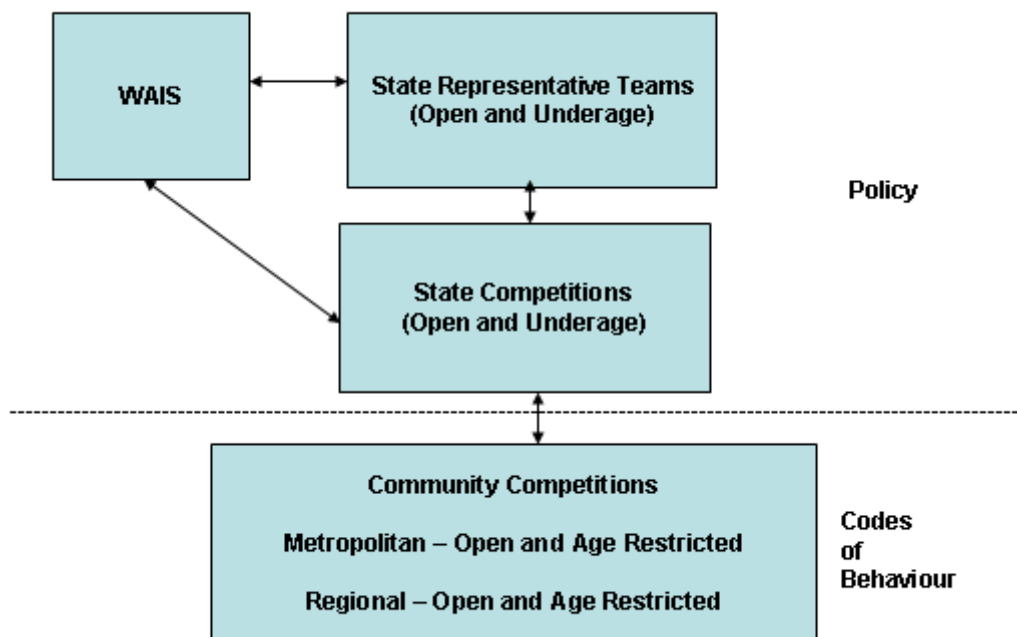
At the community level of sport, the governance and management of a sport is the responsibility of volunteer local associations and clubs in the main. In most community sport, people involved agree to observe the codes of behaviour for administrators, competitors, coaches and officials as articulated by the sport.

State competitions are mostly administered by state sporting associations utilising a combination of employed staff and volunteers, as determined by the capacity of the sport. In most sports, the competitors, officials, coaches and administrators are required to comply with the competition guidelines / regulations of that sport. In some sports formal agreements / contracts exist and are agreed before competitors can participate.

State representative teams competing in national competitions are frequently regulated by national sports organisations (influenced by international sporting bodies) utilising competition policies and conditions to which competitors formally agree to comply. Written agreements / contracts are common.

In summary, sport utilises a combination of written agreements / contracts at the higher competitive levels and codes of behaviour at a community environment to regulate and guide behaviour. The use will vary with each sport, as will the manner in which the sport manages people who chose to operate outside the agreements, codes, laws, rules or regulations of the sport.

In contemplating a drugs in sport strategy, the working party agreed that each sport will need to determine its own appropriate actions considering the existing administration of the sport and the varying context. Where and whether to utilise a policy or codes of behaviour will be best determined by the sport. This may be illustrated below.



Sports will need to consider the use of policy, codes of behaviour or a combination of each, relevant to specific settings in the sport.

6.4 Policies

6.4.1 National Drug Strategy 2004-09

The fundamental aim of the *National Drug Strategy 2004-09* is to reduce drug use and the harm caused by drugs in our community. The principle of harm minimisation has formed the basis of successive phases of Australia's *National Drug Strategy* since its inception in 1985. Harm minimisation does not condone drug use; rather it refers to policies and programs aimed at reducing drug related harm. It aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches, including abstinence oriented strategies.

Australia's harm minimisation strategy focuses on both licit and illicit drugs and includes preventing anticipated harm and reducing actual harm. Harm minimisation is consistent with a comprehensive approach to drug related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies. It encompasses:

- **Supply reduction** strategies to disrupt the production and supply of illicit drugs, and the control and regulation of licit substances;
- **Demand reduction** strategies to prevent the uptake of harmful drug use, including abstinence-oriented strategies and treatment to reduce drug use; and
- **Harm reduction** strategies to reduce drug related harm to individuals and communities.

Sport can play a key role in the *National Drug Strategy* through:

- **Supply reduction**
 - ASADA / Customs / Police cooperation
 - Anti-Doping testing
 - Illicit drug testing
- **Demand reduction**
 - Education,
 - Anti-Doping policies
 - Codes of Conduct
 - Counselling / fines / sanctions / penalties
 - Team consultation and group stance
- **Harm reduction**
 - Referral options for treatment
 - Increase awareness and access to information and support services
 - Increase capacity of club and medical personnel.

6.4.2 Western Australian Drug and Alcohol Strategy 2005 - 2009

Since 2002 the State government has been committed to 'Putting People First'. This commitment ensures that alcohol and other drug-related problems are treated primarily as social and health issues rather than just from a law enforcement approach. The *WA Drug and Alcohol Strategy 2005-09* provides direction for the combined efforts of the community, government and non-government organisations under the key strategy areas of:

- Prevention and early intervention;
- Treatment and support; and
- Law, justice and enforcement.

The Western Australian sporting community can play its part in the Western Australian Strategy through:

- Promoting healthy lifestyles and communities
- Providing a range of programs to assist all Western Australians to fully participate in the community;
- Ensuring that sporting environments prevent alcohol and other drug related harm;
- Increasing targeted alcohol and other drug education awareness programs; and
- Other measures in line with the *National Drug Strategy 2004-09* described above in 6.4.1.

6.4.3 Current 'Drug Related' Policies in Sport

As a condition of federal funding, all National Sporting Organisations (NSO) have *World Anti-Doping Code* compliant anti-doping policies. State sporting associations are obliged through their affiliation to the NSO to abide by these policies. These policies specifically address the issue of performance enhancing drugs and methods.

A scan of other 'drugs in sport' policies has found that currently only the AFL and NRL at the national level have specific illicit drugs policies and they have different approaches to the issue. Other sporting bodies have indicated they may also develop policies.

The AFL policy developed in consultation and endorsed by the AFL Players' Association includes a 'three strikes' regime of education, rehabilitation and sanction. A criticism of this policy is that a club cannot be informed of a player's drug use until he has returned a third positive test and is then sanctioned. It is expected this system will be reviewed at the end of the 2007 season. The NRL has a 'two strikes' policy whereby the club is advised of the player's first positive test result. The player is sanctioned following a second positive test.

Some sports have an 'Alcohol and Other Drugs' or broad 'Health' policy which reflects the impact that tobacco, alcohol and non-prescription drugs have in sporting environments. The Western Australian Health Promotion Foundation (Healthway) sponsors over 400 clubs annually through its Healthy Clubs Program and requires those funded clubs to develop a Healthy Club Policy which includes alcohol and other drugs.

6.4.4 Policy Development

Policies and codes of conduct that discourage use provide rules and procedures that govern or guide behaviour and support the desired drug-free culture.

Drug policies should:

- involve consultation with all stakeholders during the developmental stages;
- apply universally to all those involved with the club;
- be organisation-specific;
- be comprehensive;
- include instructions and procedures for responding to drug related incidents;
- consider drug testing as a potential and complex option that can be applied only to limited domains;
- apply change gradually and in an informed manner;
- be publicised in an appropriate and equitable way;
- engender employee compliance through the definition of roles and responsibilities as well as education and training; and
- be evaluated / reviewed annually.

An effective process ensures the consistent application of a good alcohol and other drug policy which has been developed with the full understanding and cooperation of those who will be affected by it.

However, if a policy is draconian in its punishment regime, it is possible that people will seek to avoid detection. Likewise, it is unlikely that others will raise concerns about another person's use if dismissal is the only possible consequence.

6.4.5 Suggested Illicit Drugs Policy Content

A suggested Illicit Drugs Policy for use by sporting organisations should include the following:

1. Statement of Principles and Objectives
e.g. statement of intent, purpose of the policy, relationship to other relevant policies etc
2. Interpretation
e.g. definition of terms and procedures
3. Application of the Policy
e.g. who the policy applies to, approvals to test when and where
4. Preventative Education
e.g. measures adopted to educate players

5. Appointment of Drug Testing Agent
e.g. the appointment of an authorised testing agency
6. Obligations and Testing
e.g. obligations of clubs, persons under the policy
7. Reference to Program
e.g. referring powers of delegated officers and clubs
8. The Medical Officer
e.g. the responsibilities and powers of the appointed medical officer
9. Breaches of the Policy
e.g. consequences of returning a positive test result
10. Tribunal and Sanctions
e.g. the process of hearing breaches of the policy and determining sanctions.
11. Appeal
e.g. details the rights and circumstances of appeal against the tribunal decision
12. Rehabilitation
e.g. education and monitoring programs
13. Term of Policy
e.g. period of time the policy is valid and a process for annual review
14. Schedule of Substances
e.g. the list of substances eligible for testing under the policy
15. Testing Procedures
e.g. the protocols for undertaking testing, the collection of samples and their transfer to the authorised agent.

6.4.6 Codes of Behaviour / Conduct

Most sporting bodies have developed or adopted generic codes of behaviour / conduct for players, coaches, officials, spectators, etc. These are principally statements which convey generally accepted expectations on personal behaviour in a sporting environment.

Few have developed any policies on duty to comply or procedures for monitoring and disciplining breaches of codes.

When developing codes of behaviour, organisations should gain input and approval from those impacted upon as this will assist in gaining greater awareness and ownership of the code.

In the professional and semi-professional sporting team environment players and management have often developed players' behaviour guidelines for the season as a signal that they are prepared to sacrifice certain aspects of their personal life for the

good of the team and its success, e.g. night time curfews, limited intake or banning of alcohol on particular nights.

More recently governing bodies have developed comprehensive codes as part of players' contracts. A 'Player Welfare Committee', often involving senior players, may adjudicate on breaches of the code and impose penalties for those who transgress. Serious breaches of the code should be sent to formal tribunal hearings.

A typical approach to developing appropriate codes is that players and coaches together define who they are, what the team stands for, what values they believe in and what standards they wish to live by. They then support these values and behaviours with a set of rules, guidelines, protocols and consequences to provide consistency for the team. Critical issues are that the players feel they own the rules having being engaged in the process. These cultures must grow from within the team and not be enforced by team management, executive or the board. It is vital the team feels empowered to make decisions and that discipline and behaviour codes grow from within the team.

6.4.7 Developing a Sample Players' Code of Behaviour / Conduct

In developing a standard template for a code of behaviour / conduct, specifically in relation to illicit drugs in sport, it is important to consider the following:

- Does the code truly represent the values, attitudes and beliefs of the current stakeholder group?
- Has the code been imposed– or has it been developed by empowering and engaging stakeholders to develop something which is relevant to them as individuals and as a group now?
- Is the code consistent with international, national, NSO codes, rules and regulations?
- Is the code consistent with international, national and state laws?
- Is the code consistent with the mission statement, values and business model of the organisation?
- Does the code apply equally to all stakeholder groups, i.e. to players as well as coaches, staff, management, board?
- Are the consequences for not complying with the codes clear, widely known and accepted and have they been signed off by all stakeholders?
- Are the consequences fair and reasonable and consistent with those of the wider society, state and national legal systems?
- Is there a formal, written and widely understood process for administering the consequences including a grievance process / appeals process?
- Is there an efficient administration / records management system in place to ensure all processes are administered and managed correctly?
- Is there a counselling, educational or training structure in place to provide appropriate support for individuals who have breached the code?

Establishing an effective code is not a simple, one step process. The value of any code is in the commitment and engagement of stakeholders. Compliance comes from ownership – not from imposition.

Any code needs to be regularly updated, reviewed and most importantly have the ownership of the people currently involved in the organisation. The code needs to be seen as a dynamic, evolving set of standards which are responsive to changing times, values, beliefs, laws and principles.

6.4.8 Other ‘Drug Related’ Policies in the Community

In the broader community the WA Chamber of Commerce and Industry (CCI) has published a *Guidance Note on Alcohol and other Drugs in the Workplace*. The use of alcohol and other drugs becomes an occupational safety and health issue if a person’s ability to exercise judgement, coordination, motor control, concentration and alertness is affected at the workplace, leading to an increased risk of injury or illness. The CCI also recognises that alcohol and drug testing is a controversial issue.

It acknowledges that drug testing problems such as high costs, confidentiality, interpretation of results, privacy concerns and non-work related use may arise. Results of testing may also cause problems, as the results do not demonstrate the quantity used or when the drug was last consumed or the level of impairment that has resulted from the drug consumption.

However the CCI does advise that education and training is an essential element of developing a safe and healthy workplace culture to ensure that everyone at the workplace recognises the risks and responsibilities associated with alcohol and drug use at work.

6.4.9 Policy Implementation: Clarification of In-Competition Testing and Out-of-Competition Testing and Results Implications

For the purposes of anti-doping, there is a difference between in-competition and out of competition testing. In-competition is defined sport by sport but essentially refers to a test where an athlete is selected for testing in connection with a specific competition (for example where and the test is conducted on the day of competition). An out-of-competition test is any doping control that is not in-competition.

Many illicit drugs are also on the World Anti-Doping Authority (WADA) *List of Prohibited Substances* including the classes of stimulants, narcotics and cannabinoids. These three classes of substance, in particular, are prohibited in-competition only. All Australian NSOs and hence SSAs are compliant with this list and are bound by the standard sanctions if an Anti-Doping Rule Violation (ADRV) has been found. That is, if an illicit substance such as stimulant, narcotic or cannabinoid is detected in-competition an ADRV has occurred and the athlete is sanctioned under that process. Sanction periods are determined by the responsible anti-doping organisation in accordance with the *World Anti-Doping Code* (the Code) and, for a first offence, range from a minimum warning and a reprimand for some specified substances (such as cannabinoids) to a mandatory two years for most stimulants.

However, if an illicit substance is detected out-of-competition it is not classified as an ADRV and is not subject to the Code or other anti-doping rules. The penalty for use of illicit substances such as stimulants, narcotics or cannabinoids out-of competition is

determined by the NSO in accordance with any applicable illicit drugs policy (but not the Anti-Doping Policy).

6.5 Implementation

6.5.1 Education and Training

The purpose of education and training is for people associated with sport to gain an understanding of the impact of illegal drug use on sport and engage in actions to deter use. Different education and training initiatives are required for specific target groups. The primary target groups are players, boards, management, coaching staff and parents / families.

Effective education and training initiatives will ensure engagement with the intent of the sporting codes or club's policies and codes of conduct. It will provide information for participants to make informed decisions and influence the values supporting the desired code or club culture.

The importance of everyone understanding, agreeing with and supporting an illegal drug policy or code of conduct cannot be underestimated. The success or failure of these initiatives relies upon everyone subscribing to the agreed approach and understanding its impact.

It follows that education and training require an ongoing commitment. As new people come to a code or club, there must be processes in place that introduce and inculcate the club culture and supporting environmental initiatives that address illegal drug use.

The primary objectives of education and training are to:

Increase awareness of the issue of illegal drug use in sport;

Increase support for a culture that deters illegal drug use by the people and in particular role models associated with the sport;

Increase support for an environment that deters illegal drug use through policies and codes of conduct; and

Increase understanding for and personal the relevance of these policies and codes.

The strategies will be heavily influenced by the resources and commitment of the code or club management. Resources expended on ineffective strategies are a waste of valuable time and money, particularly for entities run by volunteers. Careful strategy selection is critical and tokenism must be avoided.

6.5.2 Referrals and Counselling

Telephone and Online Information Services

1. The Alcohol and Drug Information Service (ADIS)

ADIS is part of the national system of information and counselling services that operates by telephone 24- hours a day, seven days a week. It is a high volume service, receiving over 80,000 calls a year. ADIS incorporates the Parent Drug Information service (PDIS), Quitline, Tobacco Hotline, Clean Needle Helpline and

the Health and Community Services Information Line. ADIS is staffed by professional drug and alcohol counsellors.

Phone: (08) 9442 5000

Country Toll-free: 1800 198 024

2. The Parent Drug Information Service (PDIS)

PDIS is a 24-hour, confidential telephone service for parents and families in Western Australia. Located in ADIS, professional counsellors and trained parent volunteers offer support, information and referral to parents and families across Western Australia.

PDIS is the first place for parents and families to call.

Phone: (08) 9442 5050

Country Toll-free: 1800 653 203

3. Online Counselling and Information Service

Counselling Online is a service where you can communicate with a professional counsellor about an alcohol or drug related concern, using text-interaction.

This service is free for anyone seeking help with their own drug use or the drug use of a family member, relative or friend. Counselling Online is available 24 hours a day, seven days a week, across Australia.

Website: <http://www.counsellingonline.org.au/en/>

6.6 Monitoring, Evaluation and Review

Progress towards an intended outcome requires monitoring and is communicated through an agreed reporting format. Whether a set of initiatives or strategies actually achieve their intended purpose and effect are usually the intent of evaluation.

A monitoring and evaluation plan will seek to measure progress against:

- the program outcome;
- the program objectives; and
- whether the program initiatives are being implemented.

Monitoring and evaluation are also important for accountability purposes. They provide important information to stakeholders about progress and often confirm that their efforts and commitment of resources is worthwhile.

The diagnostic purpose of monitoring and evaluation is important. It should be a critical part of a program that enables the sporting code or club to adjust its approach based on findings. Therefore, the quality of monitoring and evaluation is important and needs to be clear about what is being monitored or evaluated and what the data actually means.

In order for policies and practices to remain current, a regular review process should be undertaken. In this area particularly, improvements in medical technologies and community expectations should require a review every two years.

An evaluation plan for this Illicit Drugs in Sport initiative is provided at Appendix (9).

APPENDICES

7. LITERATURE REVIEW

7.1 Summary

Overall, there is little research available relating to illicit drug use in the context of sport and elite athletes. The majority of research into drugs in sport is confined to performance enhancing drugs including steroids, erythropoietin (EPO) and other hormones, to which some stimulants (like amphetamines) may be incorporated.

In light of the limited information available, inference has been drawn from programs in related fields such as the use of performance enhancing substances, community and school-based drug prevention programs, and initiatives related to ethics in sport. Of the literature found, most of these programs can be seen to fall into slightly different areas, all of which aim to address specific predictors or risk factors associated with drug use.

It is interesting to note that these programs could be seen to fall under different heading that have been presented in a model that was developed by Donovan, Egger, Kapernick and Mendoza (2002). Therefore, this literature review will begin by outlining this model, before looking at some of the national and international initiatives and how they can be seen to complement Donovan et al's ideology. Finally, other community-based projects will be outlined in order to examine any differing strategies which have been deemed useful.

7.2 A Model For Drugs In Sport

Through the research conducted, one of the more comprehensive models relating to drugs in sport was one developed by Donovan and his associates (2002). Whilst the research conducted was directly related to the use of performance enhancing drugs, the model can very easily be interchanged with illicit drug use and other risky behaviours. Donovan et al (2002) suggest the following areas are predictors for whether or not a person may contemplate or act on the use of drugs; threat appraisal, benefit appraisal, personal morality, perceived legitimacy of the system, reference group and personality factors. Each of the predictors are explained in summary below comparing factors indicative of a high likelihood of drug use, in comparison with low likelihood of use.

Likelihood of drug use will be highest when

- Threat appraisal is low (i.e. low risk of being detected, legal / social penalties not deemed as severe)
- Benefit appraisal is high (i.e. foresee a greater benefit or reward from drug taking)
- Personal morality is neutral – (i.e. 'drug use is a personal decision – there are no victims')
- Perceived legitimacy of the laws and enforcement agency is low (i.e. no respect for the system, or they do not feel the system is fair and just)
- Reference group are supportive of drug taking (i.e. friends, family and associates)
- Personality factors (i.e. low self esteem, risk taker).

Likelihood of drug use is low when

- Threat appraisal is high (i.e. high risk of detected, legal / social penalties are severe)
- Benefit appraisal is low (i.e. foresee no real benefit or reward from drug taking and possible adverse health)
- Personal morality is opposed to drug use
- Perceived legitimacy of the laws and enforcement agency is high (i.e. respect for the system, feel the system is fair and just)
- Reference group are not supportive of drug taking (i.e. friends, family and associates)
- Personality factors are resilient (i.e. high self esteem, not a risk taker).

It must be noted that Donovan et al strongly insist that in order for the model to be successful, each of these aspects must be addressed or considered when developing a program (2002). The other key element to consider is that whilst all the factors summarised above influence attitudes and intentions regarding drug use, it is the affordability and accessibility of the drugs that results in the actual behaviour occurring (Donovan et al, 2002).

7.2.1. Threat Appraisal

The threat of detection and the associated penalties is a primary means of deterrence in many behavioural concepts. In regard to elite athletes, these detection variables include the following principles (Donovan et al 2002):

- Perceived likelihood of being tested;
- Predictability of the test occurring and when;
- Likelihood of the drug being detected in the test;
- Likelihood of appealing a positive test; and
- Perceived severity of the sanctions and social consequences (i.e. shame of being caught is sometimes worse than sanction itself).

To summarise these detection variables: if a person feels that the chance of being detected is low, and perceives that the penalties will not be severe, they are more likely to use drugs. Threat appraisal with an emphasis of strict liability is the one means of deterrence used by the Australian Sports Anti-Doping Authority (ASADA) and other international anti-doping organisations.

Another aspect to threat appraisal is the risk of ill-health. Donovan (et al, 2002) outlines these factors as:

- Perceived likelihood of ill-health;
- Perceived imminence of ill-health;
- Reversibility of ill-health; and
- Severity of ill-health.

7.2.2. Benefit Appraisal

The benefit of using performance enhancing drugs can be seen to provide clear motive for some people, be it motivated by appearance, sporting glory or financial reward. However, it may be argued that the reasons for using illicit drugs can sometimes be other than just recreational, other motives may include things like peer pressure, or to seek escapism from other personal pressures. This being said, whilst using fear-based deterrence may be effective for some, if a person is using drugs as an avenue of escapism for example, the threat of detection and sanctions may not be as effective on someone with low self esteem (Donovan et al. 2002).

7.2.3. Personal Morality

It is interesting to note that in many community programs related to illicit drug use, strategies involving sport and recreation are frequently used to prevent, delay or reduce drug use with 'at risk' youth. Sport has long been considered an ideal medium to teach social and moral values such as cooperation, respect for others, respect for rules, compassion and honesty (Donovan et al. 2002; Dynamic Opportunities for Youth, 2007 and Kugluktuk Grizzlies, 2007). However, whilst there have been numerous sport-based programs developed on this basis, there is also contrary evidence to suggest that sport may in fact sometimes be related to less value and moral reasoning, higher aggression and general deviant behaviour (Donovan et al. 2002; Lenard, 1998).

This concept of morals and ethics has lead to some countries, such as Canada, to develop programs aimed at promoting appropriate moral reasoning in sport. The Canadian Centre for Ethics in Sport (the Canadian equivalent of ASADA) has assisted in the development of independent organisations such as 'True Sport', which promotes fair play programs at all levels of sport, especially junior competition. True Sport's vision is;

A Canadian society that celebrates the core positive values of sport such as respect, honesty, fair play, discipline, commitment, and effort.

These values are present on all levels of the playing field and are not lost in the pressure to win at all costs (True Sport, 2007).

Whilst many of the programs have been based on aggression and the addressing the 'win at all costs' philosophy, the Canadian Centre for Ethics in Sport foresees that the programs will provide a promising basis for future values-based anti-doping interventions (Donovan et al. 2002). This hypothesis is supported by Donovan et al (2002) who feel that 'a firm anti-doping values base would be one of the most effective protective factors inhibiting drug usage'.

For illicit drug orientated initiatives that incorporate a morality component, it may be beneficial to gain more insight into community-based illicit drug programs that embrace this ideology.

7.2.4. Perceived Legitimacy

Donovan et al. state 'with respect to legal frameworks, if people perceive outcomes of a system to be fair and just, and the processes also to be fair and just, then the

authority's legitimacy is likely to be enhanced and compliance with that authority's laws more likely' (2002). In a sporting context, these frameworks include;

- Anti-Doping laws and regulations;
- Appropriate agency for enforcement and accurate testing processors;
- Testing that acknowledges athletes rights and applied equitably across athletes; and
- Fair and just sanctions for breaches of policy

In the United States, the National Collegiate Athletic Association (NCAA) has been testing student athletes for performance enhancing and illicit drugs since 1986 (Diacin et al., 2003). Although the athletes agree that testing should take place, the drug testing program has been fraught with controversy on a number of levels and has even been challenged on numerous occasions in the Supreme Court (Diacin et al, 2003). There has been a number of complaints that the out-of-competition tests violate people's rights, as well as conflict regarding what substances should be on the banned lists (Diacin et al., 2003). The primary concern, however, is over the reliability of the test results after a number of laboratory mishaps and false positives which have lead to damaged reputations and careers (Diacin et al, 2003).

7.2.5. Reference Group

As previously mentioned, there has been some evidence to suggest that sport may in fact sometimes be related to less value and moral reasoning and general deviant behaviour (Donovan et al. 2002; Lenard, 1998). What may be a strong argument to account for this theory is the argument that an individual's associates are one of the primary variables in explaining drug use (Lenard, 1998; Donovan et al., 2002; Diacin et al., 2003).

The influence of relevant people in an individual's life can be seen to directly relate to a person's behaviour. Therefore, the most beneficial reference group would be those who have a moral and ethical standard that oppose the use of drugs (Donovan et al, 2002).

In the sporting world, these relevant people may not only be confined to family and friends but also include team-mates, coaches, trainers and medical staff. With this in mind, Donovan et al. (2002) argue that there is a clear need for widespread targeting of various reference groups when seeking to deter the use of performance enhancing and illicit drugs.

7.2.6. Personality Factors

A common component of school-based drug education is strategies that aim to develop self-esteem, self-efficacy and resiliency as a means of reducing the likelihood of drug use (Granger, 2006; SDERA 2007). The reasoning behind this is stated by Granger (2006):

Adolescents with poorer self-images are more likely to use illicit substances. This may be because their negative self-esteem causes them to minimise the adverse health consequences of drug use. They may also feel drug use has positive consequences for them as the drug's effects temporarily increase their sense of well-being.

In Western Australia, notions of self-esteem, self-efficacy and resiliency are addressed in school-based programs promoted by School Drug Education and Road

Aware (SDERA). As a cross-sectoral organisation SDERA has a broad reach, involving all three education systems and sectors in Western Australia and several community agencies.

However, McBride (2003) questions the effectiveness of resistance skills training. McBride states, 'although regularly reported as finding positive effects ... part of the failure of any resistance skills training component is that it generally targets only two of the many risk factors for young people's drug use, i.e. peer pressure and media influences...' This concern is also held by Gillham et al (2002) where it is suggested that the current field of positive youth development is limited in that it focuses primarily on building strengths to reduce negative outcomes. McBride suggests that a better option may be providing skills training related to the standard goal of harm minimisation which allows youth to practice scenarios which they can then take on to real life (2003).

This approach had an effective result in the Western Australian-based School Health and Alcohol Harm Reduction Project (SHAHRP) program that focused on alcohol education (McBride, 2003).

7.3 Other Community-Based Drugs in Sport Initiatives

Throughout the world most anti-doping agencies provide an education component for their athletes that include content on banned substances; health consequences of doping; sample collection procedures; as well as the rights and responsibilities of the athlete and support personnel. In these education programs there is usually a small component that identifies stimulant and cannabinoid substances which are on the prohibited list. However, it should be noted that in Australia, ASADA now has the power to drug test any person deemed an athlete (under Federal anti-doping legislation) who may be competing in a recognised sporting competition (ASADA, 2007). Whilst anti-doping information is readily available, in many instances athletes do not seek the necessary information, and it then falls on the associated sporting bodies to inform them of anti-doping regulations.

On similar lines to the anti-doping education sessions that are given to athletes, some organisations run school- and community-based education programs which strive to instil a moral and ethical background in relation to drugs in sport, whilst also warning of possible adverse health consequences of the use of drugs. Programs like these include the Drugs in Sport Program run by Sports Medicine Australia (WA Branch), as well as the TAKING IT program developed by the Drugs and Sports Steering Committee of Sport Manitoba (Canada).

A community-based illicit drug initiative to note is that of the Cambridgeshire Community Drug Project in the United Kingdom. A number of stakeholders collaborated on the project to produce a manual for sporting clubs called *Young People, Drugs and Drug-related Behaviour in the Sporting Environment: A guide for the sporting workforce* (Cambridgeshire County Council, 2005). The manual includes practical advice, scenarios and ideas in regard to drug use in a sporting setting including medications, legal and illicit drug use, and drug use paraphernalia. It must be noted that the manual does not aim to deter or minimise drug use by individuals, rather it provides practical advice for sporting clubs when drug-related situations arise.

7.4 Discussion

It is important to note that when researching this topic, the journal databases used were restricted in their content to mostly sports related topics. Therefore, it is strongly recommended that more research be conducted in journals with themes on drug use and drug addiction. Another key point to raise is the limited amount of information on evaluated programs that are specifically related to illicit drug use in sport.

Whilst research into the attitudes of athletes in regard to drug use are quite common, there is little information available on initiatives and their success.

In light of the literature reviewed from this investigation, the following key points emerge:

- A multi-faceted approach that considers each of the different determining factors of drug use should be used in program development
- Where applicable, availability and affordability of drugs should be reduced (includes prescription and other medications that could be misused);
- A level of testing should be sustained that maintains a measure of deterrence for athletes;
- Sanctions and penalties imposed for positive tests should be sufficient to act as a deterrent;
- Awareness should be raised that for some individuals, social consequences and shame may outweigh other forms of penalty;
- Athlete awareness should be raised in regard to possible adverse health consequences;
- Motivations for possible drug use should be recognised where possible, especially if a positive test is returned;
- Programs should enhance athletes' moral and ethical reasoning;
- An understanding is required of athletes' perception of a fair and just system, aided by athlete feedback on the system and support for its integration;
- There needs to be recognition of strategies that incorporate the athletes' relevant groups (i.e. an individual's networks including friends, family, team-members, support staff);
- Strategies that aid self-efficacy, self esteem and resilience should be incorporated in programs; and
- Community-based initiatives that aid in reducing likelihood of illicit drug uptake need to be implemented.

8. QUANTITATIVE DATA

8.1 Prevalence of Illicit Drug Use in Western Australia in 2004

Cannabis Use

	14-19	20-29	30-39	40-49	50-59	60+	Total
Ever used*	30.9	63.8	63.4	48.9	21.2	6.3	39.6
Recent use^	21.1	31.7	19.3	10.2	2.4	0.5	13.7
Used in past month#	12.2	17.5	11.9	6.3	0.8	0.5	7.9

*Used at least once in lifetime

^Used at least once in the past year

Used at least once in the past month

Amphetamine Use

	14-19	20-29	30-39	40+	18-34	20-39	Ages 14+
Ever used*	10.5	29.9	20.5	4.0	28.1	25.1	12.2
Recent use^	5.7	15.4	5.4	0.4	13.3	10.3	4.5
Used in past month#	2.7	7.2	1.7	0.2	5.6	4.4	1.9

*Used at least once in lifetime

^Used at least once in the past year

Used at least once in the past month

Ecstasy Use

	14-19	20-29	30-39	40+	Ages 14+
Ever used*	10.0	29.8	15.6	1.8	10.1
Recent use^	6.7	14.3	4.2	0.3	4.1
Used in past month#	2.3	6.9	1.4	0.1	1.7

*Used at least once in lifetime

^Used at least once in the past year

#Used at least once in the past month

Cocaine Use

	14-19	20-29	30-39	40+	Ages 14+
Ever used*	2.6	10.2	9.3	1.5	4.6
Recent use^	1.1	4.4	1.5	0.1	1.2

*Used at least once in lifetime

^Used at least once in the past year

Heroin Use

	14-19	20-29	30-39	40+	Ages 14+
Ever used*	0.6	3.3	2.2	1.2	1.7

Recent use^	0.2	0.7	-	-	0.2
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*Used at least once in lifetime

^Used at least once in the past year

8.2. ASDA / ASADA Doping Control Statistics 2003/04 – 2005/06

Year	In comp (IC)	% IC	Out of Comp (OOC)	%OOC	Total	User Pay (UP)	%UP	Govt Funded (GF)	% GF
2003 / 04	2,443	37%	4,172	63%	6,615	2,819	43%	3,796	57%
2004 / 05	1,741	28%	4,393	72%	6,134	2,285	37%	3,849	63%
2005 / 06	2,814	37%	4,771	63%	7,585	3,038	40%	4,547	60%
Total	6,998	34%	13,336	66%	20,334	8,142	40%	12,192	60%

8.3 Western Australia Government Drugs in Sport Testing Program 2003-2006

Year	In comp (IC)	% IC	Out of Comp (OOC)	%OOC	Total	User Pay (UP)	%UP	Govt Funded (GF)	% GF
2003	11	31%	25	69%	36	5	14%	31	86%
2004	16	39%	25	61%	41	6	15%	35	85%
2005	8	9%	24	91%	32	4	12%	28	88%
2006	10	29%	25	71%	35	7	20%	28	80%
Total	45	31%	99	69%	144	22	15%	122	85%

N.B.: The pool of athletes tested under this program is limited to those athletes defined as 'state' athletes and not including athletes tested under ASADA national programs.

8.4 Summary of Anti-Doping Rule Violations (ADRV) to ASDA Register Of Notifiable Events (RNE) and ASADA Register of Findings (RoF) and the Prevalence of Illicit Drugs

Year	Total of RNE	(Cannabinoids)	Stimulant (Amphetamine, Methamphetamine, Benzoyllecognine)	Combined % of Illicit Drugs Entries to Total RNE
2003 / 04	23	4	6	43%
2004 / 05	16	3	3	38%
2005 / 06	27	11	4	56%

8.5 Sports Represented on ASDA Register of Notifiable Events / ASADA Register of Findings 2003-06 to Illicit Stimulant Class

8.5.1 Cannabinoids

Baseball x 3
Basketball x 3
Body Building
Boxing
Judo (disabled)
Motorcycling x 2
Motorsport x 2
Paralympic
Polocrosse
Rugby League
Surf Life Saving
Weightlifting

Total = 18 entries

8.5.2 Amphetamine / Methamphetamine

Australian Football
Cricket
Motorcycling x 4
Rugby League x 4
Rugby Union
Swimming x 2

Total = 13 entries

(Source: ASADA Annual Reports 2003 / 04, 2004 / 05, 2005 / 06)

9. ILLEGAL DRUGS IN SPORT MONITORING / EVALUATION PLAN

	Measure	Frequency	Responsible authority	Resourcing
Program Outcome: Provide a culture and supportive environment that deters illegal drug use.	Proportion of target group reporting a culture and supporting environment that deters illegal drug use.	Annually	DSR / WASF / DAO with assistance of codes	??
Program Objectives: Decrease acceptance of illegal drug use associated with sporting clubs Develop environments that deter illegal drug use Develop illegal drug policies and codes of conduct for sporting codes and clubs	Proportion of target group reporting acceptance of illegal drug use associated with sporting clubs Proportion of codes and league clubs with written policies Proportion of clubs with written Code of Conduct		DSR / WASF / DAO with assistance of codes	??
Implementation: Policies developed by sporting codes and leagues, where appropriate Codes of Conduct developed by leagues, where appropriate, and clubs Education sessions about policies and codes provided	Proportion of codes and league clubs with written policies Proportion of clubs with written Code of Conduct Proportion of membership receiving an education session	Annually Annually Annually	DSR / WASF / DAO with assistance of codes	??

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