



Performance Enhancing Drugs Pose a Significant Health Risk for Athletes, Children and Youth

Final Report
of the Task Force on the Use of Performance Enhancing Drugs in Football



FOREWORD

Twenty years after The Honourable Charles L. Dubin published the findings of his *Commission of Inquiry into the use of Drugs and Banned Practices Intended to Increase Athletic Performance*, the country was concerned by the news that multiple Canadian university football players were found to be using performance enhancing drugs.

It only seems appropriate to use The Honourable Charles Dubin's own words to remind us where the fight against doping in sport became part of the national discourse.

"We look to sport to build character, to teach the virtues of dedication, perseverance, endurance, and self-discipline. Sport helps us learn from defeat as much as from victory, and team sports foster a spirit of cooperation and interdependence. We look to sport to impart something moral and social values and, in integrating us as individuals, to bring about a healthy, integrated society...There is no doubt that sport has a meaning, purpose, and value that transcends the merely physical and that it is an important part of the culture of our society. It contributes so very much to the health and character of those who participate, arming them with essential tools that will help them meet the challenges that life inevitably presents.

...It is said that athletes cheat for many reasons: media pressure to win; the prevalent attitude that doping is necessary to be competitive; community expectations; the financial rewards of winning; coaching that emphasizes winning as the only goal; the character of the athletes themselves; the development of spectator sport.

While acknowledging the existence of all of those factors and their undoubted effect on Canadian athletes, there can be no justification for athletes to cheat in order to win.

The pressures and temptations are the same for all athletes, yet most do not succumb. Those who do, show a lack of character. Sport is intended to build character; cheating destroys it.

...The use of drugs in sport is not only an ethical issue. Of equal concern is the health of the athletes. Anabolic steroids in particular and the manner in which they are used pose serious risks to the health of all who use them, especially the young.

The use of anabolic steroids is not confined to those who participate in Olympic sports. They are used by athletes who compete in other sports, including football, powerlifting, and bodybuilding...Equally alarming is the evidence of the extent of the use of anabolic steroids by teenagers, particularly males. Drugs are being used by our young people not only as a way of gaining an edge in athletic competition but also as a means of improving their physique and image.”ⁱ

How far have we come? Or were the words of the Honourable Charles L. Dubin prophetic?

“The resolution of this problem cannot simply be left to those who govern sport nationally and internationally. The events of the last year illustrate that. It will require a joint commitment by others, and particularly by the parents and educators of our children whose physical and moral health is at risk.”ⁱⁱ

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LETTER FROM THE CHAIR – Dr. Jack Taunton

I was immensely honoured to be asked to Chair the Task Force on the Use of Performance Enhancing Drugs in Tackle Football. Doping has no place in sport. It threatens all that is good about sport; stripping it of its great social value and positive impact within our communities and for our citizens.

I have spent a good part of my professional career advocating for drug-free sport as a sport medicine doctor, president of the Sport Medicine Council, member of the IOC Medical Commission and most recently Chief Medical Officer for the 2010 Vancouver Olympic and Paralympic Winter Games. I am most concerned about the significant health issue that doping presents. It is threatening the lives of our athletes, our children and our youth. It is vitally important that the health sectors and governments of our country recognize the seriousness of this issue and come together to find ways of eradicating it from our society.

In February and March of 2010 Canada celebrated a tremendously successful Olympic and Paralympic Games hosted at home. Canada won the most gold medals in its history. The country rallied around our athletes and the spirit of our nation was truly elevated. Media called the Games the “cleanest Games ever.”

Sadly, it was only mere weeks following the conclusion of the Games that we uncovered the significant doping scandal that occurred within the University of Waterloo football program. Eight players were found to have committed anti-doping rule violations – one of the players tested positive for human Growth Hormone (hGH), only the second case in the world for the presence of hGH. Two other players have been charged with possession with the intent to traffic; their cases are still pending before the criminal courts. Never in Canada have so many athletes from one team been found to have been doping. The Canadian Centre for Ethics in Sport and the CIS immediately put in place surprise out-of season testing. Sadly, subsequently, three more players from different institutions were found to have used performance enhancing drugs –one of the outcomes was the creation of this Task Force. Since the creation of the Task Force, two more players from the same institution have been sanctioned for the use of steroids.

Over the past few months this Task Force has seriously and critically examined current doping control efforts within tackle football in Canada. A variety of experts, individual athletes, coaches and trainers were engaged to provide their insights and perspectives. Through this work, a series of recommendations have been identified in an effort to rid tackle football of doping. The work, however, cannot stop here. This is only the beginning. Sport organizations, the Government of Canada, the Canadian Centre for Ethics in Sport, parents and educators, must find ways to implement these recommendations to ensure the health and safety of football players in Canada – and the health and safety of our children and youth.

In conclusion, I would like to thank my Task Force colleagues who volunteered their time. I thank them for their passion, dedication and the tremendous effort made throughout this process. They brought different perspectives, challenged the norms, identified new and engaging strategies, but most importantly, they brought their passion for the sport of football and a desire to solve this significant issue.

In particular, I would like to recognize Bob Copeland, University of Waterloo Athletic Director, and his colleagues at Waterloo for their ongoing leadership in addressing this issue. Their decision to test the entire team and suspend competition for the season was extremely difficult, courageous, and a lightning rod for change. In the fight against doping in football, I hope others follow this example in support of transparency, integrity, and ultimately, concern for the health of young impressionable athletes.



THE REPORT



EXECUTIVE SUMMARY

Doping poses a threat to sport worldwide, including Canadian sport. It undermines the principles of open, fair and safe competition. It devalues these principles of sport in general and puts the athlete under unreasonable pressure. It seriously affects the image of sport and poses a serious threat to individual health. Young athletes participating in amateur sport are no exception. At the international, national, and university sport level, the fight against doping must take into account detection and deterrence, prevention, and health and education dimensions.

To that end, and in response to the unprecedented positive results of urine and blood doping control out-of-season testing conducted on CIS football players in the spring and early summer of 2010, the Canadian Centre for Ethics in Sport convened a Task Force of experts to examine the issue of performance-enhancing drug use in football. The Task Force was motivated by a unanimous concern regarding the use of performance enhancing drugs in the sport of tackle football.

The Task Force membership would like to recognize the University of Waterloo and its Athletic Director, Mr. Bob Copeland, for the leadership they have demonstrated in their efforts to better understand how this situation occurred and to develop an action plan to deter the use of performance enhancing substances by future football players and the student-athlete population at large.

The University of Waterloo immediately commissioned a review of their football program in relation to the use of banned substances, led by retired Waterloo Regional Police Service Chief Larry Gravill and University of Waterloo Professor Emerita, Dr. Mary Thompson. Their final report was considered during this Task Force's deliberations and is referenced in this document. Mr. Copeland also chaired the Ontario University Athletic (OUA) Performance Enhancing Drugs Education Task Force.

To develop an action plan to rid competitive tackle football of the use of performance enhancing drugs (commonly called "doping" in sport)

The Task Force on the Use of Performance Enhancing Drugs in Tackle Football worked collaboratively with the OUA Task Force and strongly supports their recommendations. Their work has informed and complements the work contained within this report.

The Task Force on the Use of Performance Enhancing Drugs in Tackle Football is optimistic that the recommendations contained within this report will influence the development and implementation of innovative doping prevention programs which transcend the student-athlete population from high school through college and university football.

Further recommendations as they relate to intelligence and investigations work will enhance doping control sample collection procedures to target athletes and increase the effectiveness of testing programs. And finally, the Task Force is hopeful that this document will generate positive discussion and dialogue across government departments, including Health Canada and Sport Canada, with all orders of government including provincial and territorial education ministries, with sport authorities, and corporate Canada, in an effort to discover new ways of educating athletes about the serious health consequences of using performance enhancing substances and to deter and prevent doping.

“The resolution of this problem cannot simply be left to those who govern sport nationally and internationally. The events of the last year illustrate that. It will require a joint commitment by others, particularly by the parents and educators of our children, whose physical and moral health is at risk.

The Honourable Charles L. Dubin

The Task Force undertook a comprehensive examination and reached consensus on issues in six main areas: Testing and Analysis, Education, Intelligence, Policy/Sanctions, Partner Engagement and Costs/Funding. Recommendations for action are presented in each section of this report.

Some key recommendations include:

- Anti-doping and ethical decision making education should be incorporated in the provincial and territorial curriculum to target young athletes in and out of the sport of football. And, health education that focuses on body image and performance enhancing drug use should be included for all students;
- Performance enhancing drug education should be mandatory for coaches, strength and conditioning personnel, and other administrators;
- Significantly increase testing from the current level of 2-3% to 30% of the total number of football players;
- Establish a ‘report doping in sport’ hotline and associated web-based reporting tool supported by an effective communications plan to promote the resource;
- Further consequences, beyond player ineligibility (CADP Sanctions) should be applied to teams and institutions; and
- Development of transparent cost sharing agreements between anti-doping organizations, government, corporate sponsors, institutions, sport organizations and professional football should be considered.



INTRODUCTION

Doping poses a threat to the integrity of sport worldwide, including Canadian sport. It undermines the principles of open, fair and safe competition. It devalues these principles of sport in general and puts the athlete under unreasonable pressure. It poses a serious threat to the health of athletes and seriously affects the image of sport. Young athletes participating in amateur sport are no exception. At the international, national, and university sport level, the fight against doping must take into account detection and deterrence, prevention, and health and education dimensions.

The Canadian Centre for Ethics in Sport convened a Task Force to examine the issue of the use of performance enhancing drugs in football in response to the unprecedented number of anti-doping rule violations by CIS football players in the spring and early summer of 2010.

On March 31, 2010, the Canadian Centre for Ethics in Sport tested or attempted to test 62 University of Waterloo football players at the request of the University. Eight of the University's players received sanctions for anti-doping rule violations: one refusal; 4 admissions to the use of a prohibited substance and three for presence in a sample.

The University requested testing of the entire roster when it learned that the Waterloo Regional Police Services had taken a team member into custody on suspicion of trafficking in banned substances. The team member and another team member were subsequently charged.

The Canadian Centre for Ethics in Sport, with the assistance of the CIS, responded to the unprecedented number of positive findings by testing a significant number of players from across the country during the off-season. In total, since March 31, 2010, the Centre for Ethics in Sport has issued anti-doping rule violations against 13 CIS football players from various institutions: four for admitting to the use of a prohibited substance; one for refusing sample collection; and, eight for use of a prohibited substance including the world's second human Growth Hormone positive finding. Further substances included: Tamoxifen, testosterone, stanazolol (Winstrol), methyl-1-testosterone, clomiphene.

In 2009, more than 277,000 tests were conducted around the world under World Anti-Doping Code compliant programs. Approximately one percent of those tests returned a positive finding. It should be noted that not all of those findings ultimately result in anti-doping rule violations for various reasons, including athletes who may be in possession of a Therapeutic Use Exemption which permits the use of a banned substance for medically justified reasons.

DUBIN INQUIRY:

“Several Ontario intercollegiate football players testified at this Inquiry. Their evidence suggested that in the mid- to late 1980s, 25 to 35 percent of the members of intercollegiate football teams used anabolic steroids. Estimates among linemen and linebackers reached 70 to 90 percent. These estimates were supported by athletes from other universities in Canada and the United States. Part of the motivation for college football players to take drugs such as anabolic steroids is their desire to be drafted by a professional football team. The evidence before me suggested that some of these players had no hesitation in putting their health at risk by taking large doses of anabolic steroids in order to gain a chance at a professional football career...

One would hope that with the implementation of its doping control policy in 1990 in football, the CIAU will be able to eradicate drug use from this sport, which is such an important part of university life in Canada.”

The Honourable Charles L. Dubin
*Commission of Inquiry into the Use of
Drugs and Banned Practices Intended to
Increase Athletic Performance*

The percentage of positive test result findings in football ranged from 14 percent with the initial testing in March 2010 to 3 percent at the time of the writing of this report. While this final number may appear to be low, it is almost three times the number of positive findings worldwide and is believed to be only the “tip of the iceberg” based on anecdotal reports and the low number of tests available for the large football population that exists.

This is not the first time that football has been identified as a sport having an issue with the use of performance enhancing drugs. During the Dubin Inquiry, evidence was brought forward to suggest that intercollegiate football players were using anabolic steroids.

The Task Force on the Use of Performance Enhancing Substances in Tackle Football convened its first meeting on December 3, 2010 and its final meeting on June 3, 2011. The following is the final report and recommendations of the Task Force.

TASK FORCE MEMBERS

Task Force Membership:

Task Force members were volunteers and did not receive payment for assisting with the work of the Task Force.

Chair: Dr. Jack Taunton, Chief Medical Officer, VANOC

Administration Vice-Chair: Paul Melia, President and CEO, Canadian Centre for Ethics in Sport

Task Force members were recommended by key stakeholder organizations: CIS, CCAA, Football Canada (Junior Football) and the CFL. Task Force members were invited to participate by the Chair and the Vice-Chair. Athlete and coach representation was either current or former league participants. Medical and legal experts in anti-doping and/or the sport of tackle football were invited to participate.

Members:

- Vince Amato Director of Athletics and Recreation, Champlain College Saint-Lambert; Canadian Colleges Athletic Association (CCAA) Board member
- Tom Beynon Technology and Business Lawyer, McCarter Grespan Beynon Weir Business Lawyers (Kitchener); former CIS/CFL football player
- André Buist Conseiller, Direction de la promotion de la sécurité, Ministère de l'Éducation, du Loisir et du Sport (Quebec)
- Bob Copeland Director, Athletics & Recreational Services, University of Waterloo; Chair, OUA Performance Enhancing Drugs Education Task Force, former CIS football player
- Jock Climie Labour & Employment Lawyer, Emond Harnden (Ottawa); Former CIS/CFL football player
- Jean Phillipe Darche Medicine, Kansas University; Former CEGEP, CIS, CFL and NFL player for 9 years
- Shannon Donovan Competition and Operations Manager, Football Canada
- Gord Grace University of Windsor Athletic Director; member of CIS Board; OUA President; Former CIS football player and coach
- Julian Hanlon Director of Education for the Ottawa Catholic School Board; High School Athletics Representative; Former CIS player

- Trevor Hardy Director, Finance & Business Operations, Canadian Football League (CFL)
- Tom Huisman Director of Operations, Canadian Interuniversity Sport (CIS)
- Dr. Bob McCormack Head Physician, BC Lions; Orthopedic Surgeon, Department of Orthopedic Surgery, University of British Columbia
- Dan Rambo Retired CFL, NFL, & WLAF Executive & Scout for 25 years, NAIA Player in Montana, and currently develops Player Personnel and Scouting software for pro and amateur football teams alike.
- Ole Sorensen Senior Policy Officer, Sport Canada, Government of Canada
- Sébastien Tétreault Selection Outaouais Chair, True Sport Champion and 2010 CIS First Team All-Canadian with the Ottawa University Gee-Gees Football Team
- Chief Matthew Torigian Chief of Police, Waterloo Regional Police Services
- Ron White CJFL: Drug Education Coordinator / Liaison to the Canadian Centre for Ethics in Sport

Canadian Centre for Ethics in Sport staff members: Dr. Matthew Fedoruk, Manager Anti-Doping Operations; Erik Galas, Intelligence Coordinator; Jeremy Luke, Director CADP and Business Development; Rosemary Pitfield, Director Executive Operations and Public Affairs; Dan-Thanh Tran, Manager Testing.

OPERATING PRINCIPLES and MANDATE

Mission:

The Task Force members identified the following mission for the work that they had agreed to undertake:

To develop an action plan to rid competitive tackle football of the use of performance enhancing drugs (commonly called “doping” in sport.)

Main Objective:

The objective of the Task Force is to develop a comprehensive plan including, but not limited to, policy, education, testing and investigation approaches necessary to effectively prevent, detect and deter doping in the sport of tackle football.



Specific short and long-term strategic goals:

1. Review existing research and data on the use of performance enhancing substances by tackle football players. Review existing international research related to tackle football players and the sport of football.
2. Review and assess the adequacy of existing education materials designed to prevent and deter doping in the sport of tackle football. Identify how the existing education materials may be improved.
3. Review the CIS, CCAA (CEGEP), Football Canada (Junior Football) and CFL anti-doping policies and procedures.
4. Review and assess the past and current testing conducted in the sport of tackle football based on leagues, numbers of tests per season, type of tests, type of substances, quality of tests, and testing periods.
5. Review and assess all available information related to the recent doping situation at the University of Waterloo, including, but not limited to: University of Waterloo final report on the *Review of the University of Waterloo Football Program in Relation to the Use of Banned Substances*; testing conducted and their results; and, testing conducted following March 31, 2010 during the off-season and their results
6. Review and assess the role of the coaching staff, including the head coach, strength and conditioning coaches, athletic therapists and medical staff in actively preventing, deterring and/or detecting doping within the sport of tackle football.
7. Review the current “strict liability” policy regarding supplements and research other possible approaches to nutrition and supplement use.
8. Consider the role investigations or other strategies might play in a comprehensive plan to prevent, deter and detect doping in the sport of tackle football.
9. Identify and assess other available information that the Task Force deems appropriate and necessary to develop a comprehensive plan to prevent, deter and detect doping in the sport of tackle football.
10. Conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the existing anti-doping policies in the sport of tackle football, and the current testing and education programs.
11. Review the WADA Prohibited List and explore new strategies for focusing on specific performance-enhancing substances in football which may help limit analysis cost.
12. Identify the necessary resources (including human and financial) to carry out a new action plan over a three to five year period. Identify potential funding sources and/or funding models.
13. Collaborate with the OUA Performance Enhancing Drugs Education Task Force and utilize its findings to strengthen our respective Task Force outcomes and recommendations.

The Task Force mandate is to:

The function of the Task Force is advisory only and included, but was not be limited to, making recommendations to meet the identified objectives of the Task Force.

1. Seek to determine the extent to which performance enhancing substances may be used in the sport of tackle football;
2. Work across sectors to identify and develop recommendations on federal, provincial and municipal actions that may be taken to stop the use of performance enhancing drugs in the sport of tackle football; and,
3. Provide recommendations for non-government actions including, but not limited to, the private sector, and universities and colleges that may be taken to stop the use of performance enhancing drugs in the sport of tackle football.

Task Force Members and Administration:

Task Force membership criteria and other particulars such as administration are set forth in Schedule “B” at the conclusion of this report.

BACKGROUND:

Football is a very intense and physical team sport focusing on strategy, speed, tactics, strength, and technical skill. Football is among the highest risk sports for doping. This is based on a wide range of scientific, cultural, historical, and anecdotal evidence.

Based on information received from athletes either directly or indirectly as reported on blogs, social networks and through the media, it would appear that there may, once again, be an issue of performance enhancing drug use in the sport of tackle football. Within team sports, there can be a code of silence which prevents open communication about how to deal with the issue of doping. The reasons for this code of silence typically extend beyond fear of repercussions to a deeply engrained culture within team sport which often includes issues of team solidarity and individual player self-esteem. Jeopardizing the trust of the team or a teammate may be seen as far more harmful than an anti-doping sanction.

While football players may be at higher risk of doping, athletes in all sports are at risk of doping. Anti-doping rules are put in place to protect the athlete's right to safe and fair competition. In Canada, the Canadian Centre for Ethics in Sport is responsible for the administration of the Canadian Anti-Doping Program (CADP). The CADP is compliant with the World Anti-Doping Code and its mandatory standards. Sport organizations in Canada, as a requirement of receiving federal funding, adopt the CADP into their own rules and apply it to their athletes. CIS, CCAA (CEGEP) and Football Canada (Junior Football) have all adopted the CADP and work with the Canadian Centre for Ethics in Sport to implement it within their sports (including tackle football).

The Canadian Policy Against Doping in Sport (CPADS) is a government policy which is grounded with the fundamental commitment to safeguard the integrity and values of sport and to protect the health of individuals from the unethical practice of doping. Provincial and territorial governments commit to participating with the federal government in the further development of national anti-doping policies, strategies and programs involving both orders of government. The CPADS provides the basis for the CADP, which is administered by the Canadian Centre for Ethics in Sport.

“Anecdotes were related that indicate conversations do occur among players about the use of banned substances, for example when a player demonstrates exercise activities that seem beyond what he would normally be capable of. Some comments even from players not using performance enhancing substances reported the notion that the culture anticipates the use of banned substances as a personal choice.”

Review of the University of Waterloo Football
Program in Relation to the Use of Banned
Substances
FINAL REPORT
August 18, 2010

Upon review of the *University of Waterloo Football Program in Relation to the Use of Banned Substances Final Report (August 18, 2010)*, the following summary points were extracted for inclusion in the Task Force Report. They describe the climate and culture within football teams:

Assess how the climate, culture and leadership of the team and of interuniversity sport on campus may have contributed to this situation.

SUMMARY POINTS:

1. *Some players have the perception that to be successful at the professional level it will be necessary to use banned substances.*
 2. *Some players may be tempted to use banned substances in order to be able to play.*
 3. *Rumour and speculation are a part of the football culture.*
 4. *There is a widespread assumption that players on other teams are using banned substances.*
 5. *Speculative conversations between players do occur about use of banned substances.*
 6. *Some comments even from players not using PEDs support the notion that the culture anticipates the use of banned substances to be a matter of personal choice.*
 7. *The discipline process for dealing with player behaviour issues, while clear to most, has had no formal prescription for dealing with some issues with serious ramifications.*
-

Historical Anti-Doping Rule Violations in the sport of Football (1991-2011)

Anti-Doping Rule Violations	Total number
Refusals	25
Cannabis (Marijuana)	54
Anabolic steroids or other substances	61
TOTAL number	140

ABOUT STEROIDS

STEROID USE

Today, steroids are readily available over the Internet, at health food stores, in gymnasiums and by mail order. Use of steroids is not only limited to athletes, as more and more of the population are using steroids and other performance enhancing substances, in an effort to enhance their body image.

Unfortunately we do not have more recent data or Canadian data. However, American research has revealed that there is a significant rise in the number school age children from 1991-2002 using steroids. The 2002 “Monitoring the Future” study revealed that 22 percent of 8th graders, 33.2 percent of 10th graders, and 46.1 percent of 12th graders said that it is “fairly easy” for them to obtain steroids.

“Senator Joseph R. Biden chaired a United States Senate Committee which studied the extent of the use of anabolic steroids in that country (estimated that about 500,000 teenagers in the United States were using anabolic steroids). In Senator Biden’s language, “their lives were threatened by the many dangers imposed by steroid use...steroid abuse threatens the mental and physical welfare of thousands of our fittest, healthiest, brightest young people.

The situation is comparable in Canada.”

The Honourable Charles L. Dubin
*Commission of Inquiry into the Use of Drugs
and Banned Practices Intended to Increase Athletic Performance, 1990*

The “Monitoring the Future” study revealed that the abuse of steroids is considered to be one of the greatest concerns confronting school aged children. In a survey in 1999, it was revealed that as many as 479,000 students worldwide or 2.9 percent of total student population had used one or other steroid by the last year of high school. Likewise, the percentage of 12th graders who are of the view that steroids are harmful to health saw a decline of 6 percent and went down from 68 to 62 percent.

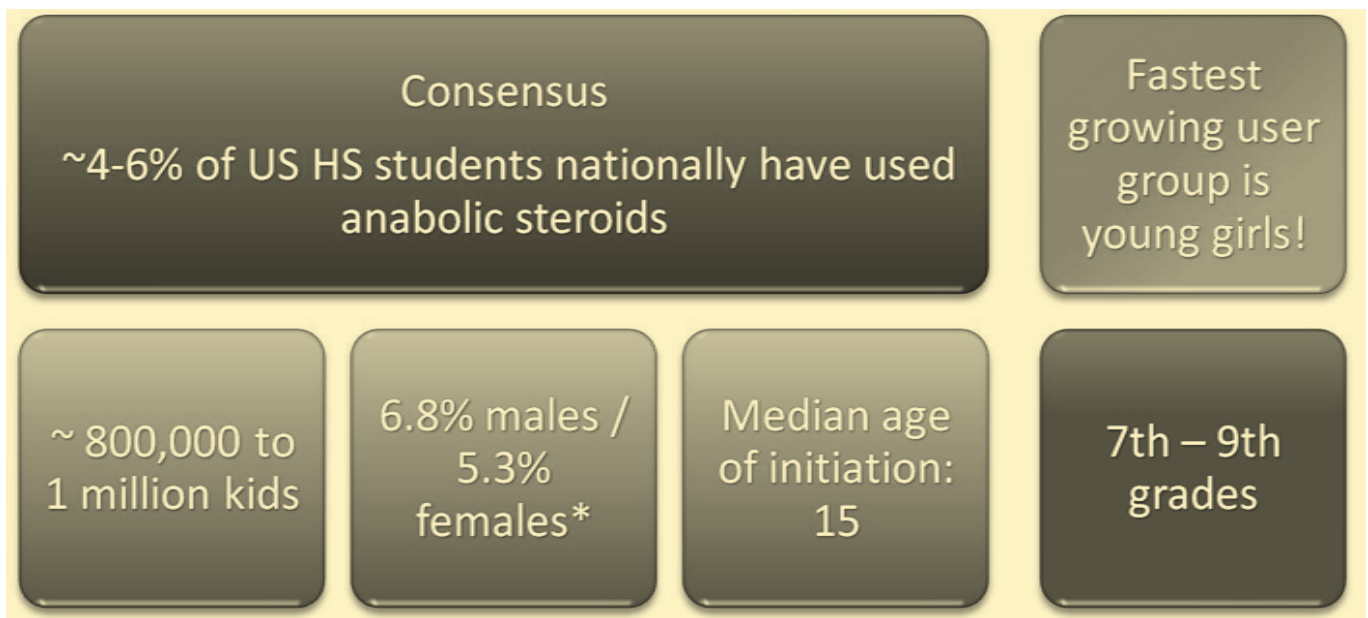
The Substance Abuse and Mental Health Services Administration’s National Household Survey on Drug Abuse, indicated that almost 1,084,000 adult Americans admitted using steroids at one point or another. It was also revealed that males use steroids more than their female counterparts but this too may be changing as more women and young girls are turning to steroids to reduce body fat. In the year 1997, as many as 175,000 teenage girls admitted using anabolic steroids at least once in the past year, which showed an increase of 100 percent since 1991. There is anecdotal support that more young girls are using anabolic steroids today than ever before.



STERIOD FACTS:

The following information was provided by the Taylor Hooton Foundation. Mr. Donald Hooton, President of the Taylor Hooton Foundation presented to the Task Force and described the current situation in the United States. Mr. Hooton has also assisted the University of Waterloo with their education program and has attended a number of CIS institutions to present on the growing issue of the use of appearance and performance enhancing drugs by youth.

Today, the use of anabolic steroids and other appearance and performance enhancing drugs (APEDs) by our nation's youth has reached near epidemic proportions, driven by young people's belief that these drugs will help them perform better on the athletic field and will make them look better. Many experts agree that about one million U.S. high school students - as many as 6% - have knowingly used anabolic steroids. (These numbers do NOT include the number of kids that are unknowingly ingesting anabolic steroids via the spiked supplements that they are purchasing over the counter at their local health food stores.)



APEDs have been around sports for decades, but they became a major problem in the 1990's when highly visible players in American and Canadian professional sports began to flaunt their use of these drugs as a component of their super success stories. The general public soon became accustomed to equating superior performance on the field with the use of APEDs. But adults were not the only audience to learn of this information, and children and youth noticed, too. And like their favorite athlete idols, they also began using anabolic steroids and other appearance and performance enhancing drugs.



DANGERS OF STEROID USE

(a) Physical Effects

- Musculoskeletal System
 - Bones stop growing
- Cardiovascular system
 - Water and salt retention = high blood pressure
 - Elevated cholesterol and triglycerides
 - Blood clotting disorders
- Skin
 - Balding
 - Acne (really bad acne!) on the back, shoulders and chest
 - Oily skin
 - Puffy cheeks
- Gastrointestinal system
 - Liver cysts / liver cancer
- Hypertension
- Increased chance of injury to tendons, ligaments, and muscles
- Jaundice, trembling, aching joints
- Bad Breath

- Users can become addicted

Boys

- Gynecomastia (Grow breasts)
- Testicular atrophy
- Low sperm count
- Impotence / Sterility
- Prostate growth
- Cancer
- Premature balding

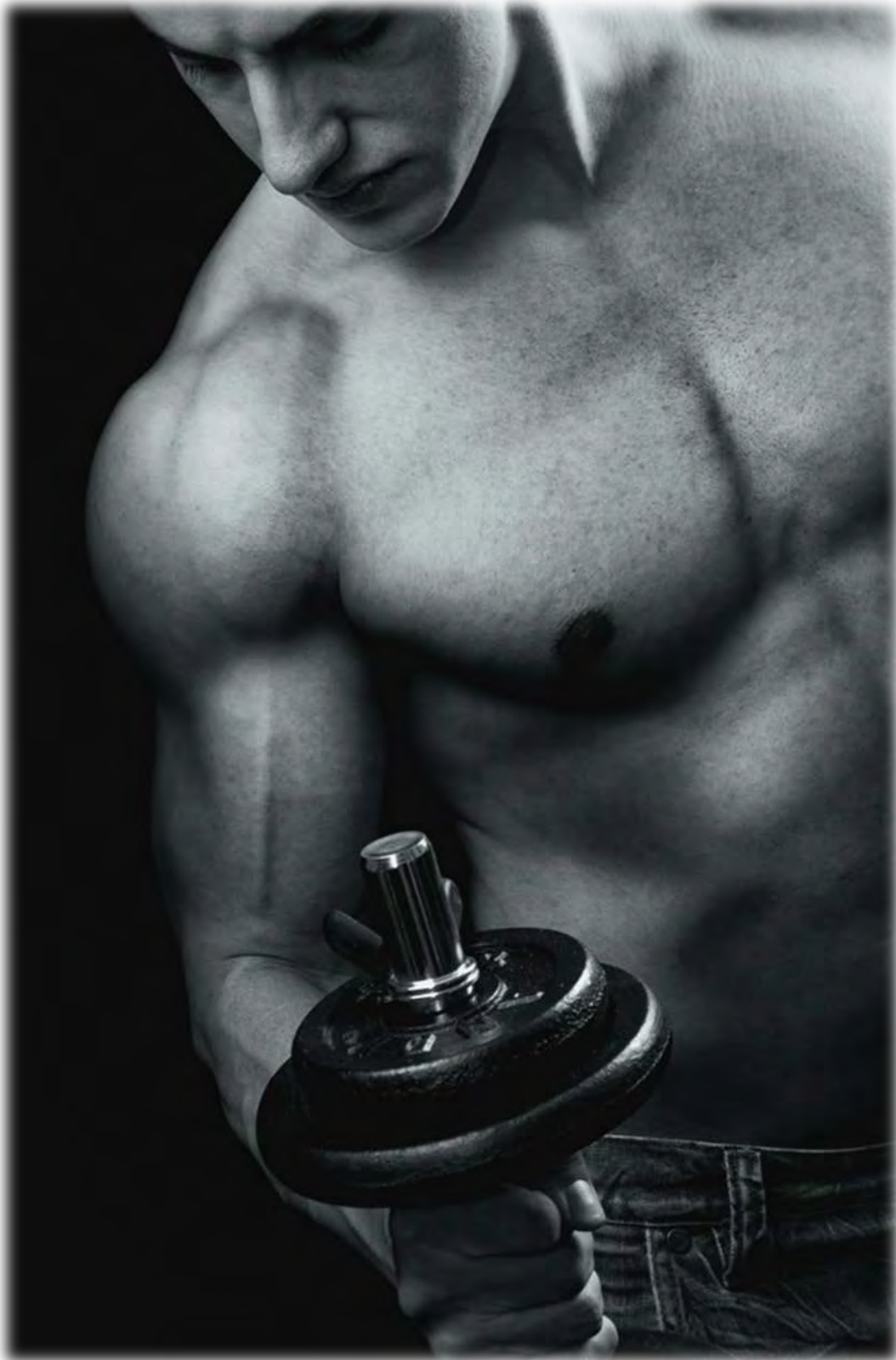
Girls

- Male body hair (e.g., beard)
- Male pattern baldness
- Deepened voice
- Irregular periods
- Breast shrinkage
- Potential birth defects
- Enlarged clitoris

(b) Psychological Effects

- “Roid Rage”-increased aggressiveness, anger and hostility, which may progress to violence
 - Reckless behavior
 - Feelings of inadequacy
 - Restlessness
 - Psychosis
 - Decrease libido
 - Depression (serious enough to cause suicidal thoughts)
 - Mood Swings
 - Psychological addiction





SIGNS OF STEROID ABUSE

The negative effects anabolic steroids can have on the human body can be devastating. They range from a minor case of oily skin, to major long-term health complications, and potentially death. Steroids have a variety of side effects, or changes experienced by the mind and body of a user. These changes basically fit into three categories:

1. Internal changes such as high blood pressure or out of range liver values;
2. More private or personal changes like testicular atrophy (significant shrinking of the testicles); and
3. Noticeably external changes like severe acne or increased aggression.

Should you suspect your child, students, or friends of using anabolic steroids, you can look for a variety of short-term side effects that appear as symptoms. These include visible changes in appearance, mood and behavior.

Physical changes are typically the most pronounced short-term symptoms as they are not easily concealed by the novice user and include:

- Unusually fast muscle growth
- Unusually greasy hair or oily skin (often with stretch marks on the inner joints)
- Small red or purplish acne, including breakouts on the shoulders and back
- Gynocomastia, the abnormally excessive development of the breast tissue in males
- Bad breath
- Thinning hair throughout the head or receding hairline (male pattern baldness)
- Increased length and thickness in hair (on body parts other than the head)
- Hair loss in bed, shower, comb or brush
- Jaundice or yellowing of the skin
- Skin eruptions and infections, such as abscesses and cysts
- Drastic appetite shifts (extreme hunger or lessened/loss of appetite)
- Joint pain; greater chance of injuring muscles and tendons
- Disrupted sleep patterns (not sleeping well or sleeping too much)
- Fluid level changes, bloating (face & body), and night sweating
- Dizziness, trembling, nausea or vomiting
- Rapid or progressive weight gain
- Increased muscle size (sudden or progressive)
- Hyperactivity or lethargy (too little energy)
- Trouble urinating; discoloration or blood in urine

Personality and psychiatric changes often happen suddenly and without visible triggers or reasons.

- Extreme mood swings
- Increased aggression or irritability

- Becomes disrespectful or abusive (verbally and/or physically)
- Poor decision making stemming from feelings of invincibility
- Becomes secretive and/or starts lying
- Withdraws from family members
- Depression (usually when steroids are discontinued)
- Hallucinations - seeing or hearing things that aren't there
- Paranoia - extreme feelings of mistrust or fear

Social changes may be mistaken for natural teenage distancing or independence. These are:

- Sudden urge to work out at the gym
- Always has a towel covering the back when leaving the shower (to hide acne)
- Closes and/or locks bedroom door more often
- Changes in family, friends and personal relationships
- Very irritable
- Takes longer showers or baths (this time is often used for injecting)
- Phone conversations become more private
- Begins receiving more packages in the mail
- Asks for money more often, or has more money than usual
- Is stealing or losing belongings
- Begins taking naps and/or falls asleep in class
- Loss of focus or concentration (at work, school or home)
- Decline in grades
- Forgets plans, dates and activities
- Sneaking around on the Internet wanting no one to see them

CURRENT PROGRAM OVERVIEW

Target Athlete Population – Football Players (Tackle)

Football in Canada is played at the Community Club-Football level from 8 to 19 years of age, high school, CEGEP, Junior Football (under 22), Senior Club Football (over 22 – unlimited), CIS (University football), and the CFL (Professional football). The estimated total number of players is over 100,000.

Football programs or leagues who have adopted the Canadian Anti-Doping Program:

Governing Body	Number of Teams	Number of Players
CIS Football	27 Varsity Teams	1620 players
CCAA (CEGEP)	28 Varsity Teams	1680 players
Football Canada	CJFL - 20 Junior Football Teams	1300 players
	QJFL -9 Junior Football Teams	585 players
Total number of Football players subject to the CADP Actual team sizes may range from 70 to upwards of 100		5185

CURRENT TESTING NUMBERS and FUNDING:

Two percent (2%) of all CIS athletes (approximately 12,500), that is 250 CIS athletes, are tested annually by the Canadian Centre for Ethics in Sport with the largest portion of those tests allocated to football and hockey respectively.

In response to the recent increase of anti-doping rule violations in CIS football, the Canadian Centre for Ethics in Sport increased testing from approximately 150 tests in football to over 500 players from March 31, 2010 to June 1, 2011. Sport Canada provided one-time supplementary funding for the fiscal year 2010-2011 to assist with the increased testing. The Canadian Football League also provided funding for additional testing of 80 players identified as potential draft-eligible players. The Canadian Centre for Ethics in Sport does not have the funds available in future years to sustain testing at this level.

Current funding from the federal government provides for a total of 2,878 tests within Canada's Anti-Doping Program. These tests are spread out over Canadian Olympic and Paralympic athletes and among athletes participating in sport programs such as those conducted by CIS, Canadian Colleges, Football Canada (Junior Football), Canada Games, Commonwealth Games Team Canada, Pan Am Games Team Canada, and National Championships in various sports. The Canadian Centre for Ethics in Sport also apportions a certain number of tests for developmental athletes.

During the period from April 1st, 2009 up to and including the 30th day of March, 2010, 109 doping control tests were allocated to CIS football. This figure does not include the additional 62 tests conducted at the University of Waterloo on March 31st and subsequent tests in 2010.



ASSUMPTIONS AND PRINCIPLES

The Task Force members agreed to the following assumptions and principles to guide the development of recommendations and shape the development of a long-term plan to eradicate doping in the sport of football.

1. Doping is a problematic issue in the sport of tackle football that threatens to undermine the fundamental values of the sport and the ethical and physical well being of the players.
2. In order for an anti-doping program to be effective and to protect the rights of athletes, all relevant standards and procedures must be uniform and managed by an independent authority.
3. Urine and blood samples should be analyzed in accordance with the WADA International Standard for Laboratories and the WADA Prohibited List should apply across all levels of football to ensure rigorous scientific standards and the detection of the widest range of performance enhancing substances.
4. Current testing numbers in football represent a minimal deterrent effect. Funding must be put in place to increase the level of testing in order to be effective.
5. Increased funding from multiple sources (government and sport organizations/institutions) is required in order to implement a comprehensive and effective anti-doping program in football across Canada that will satisfactorily address the threat of doping and the use of performance-enhancing drugs.
6. Performance enhancing drug use in tackle football is a significant public health issue that will continue to harm young athletes and erode values-based sport. The economic and societal value of clean sport in Canada should be viewed

"I have emphasized the importance of educating our young people and have suggested a number of areas, including moral and ethical values, that should be emphasized.

*Recommendations:
That the Government of Canada, the Sport Medicine Council of Canada, and the various sport organizations apply a full range of public health education techniques to the problem of doping in sport, including education of the general public as well as athletes, coaches officials and other members of the sport community."*

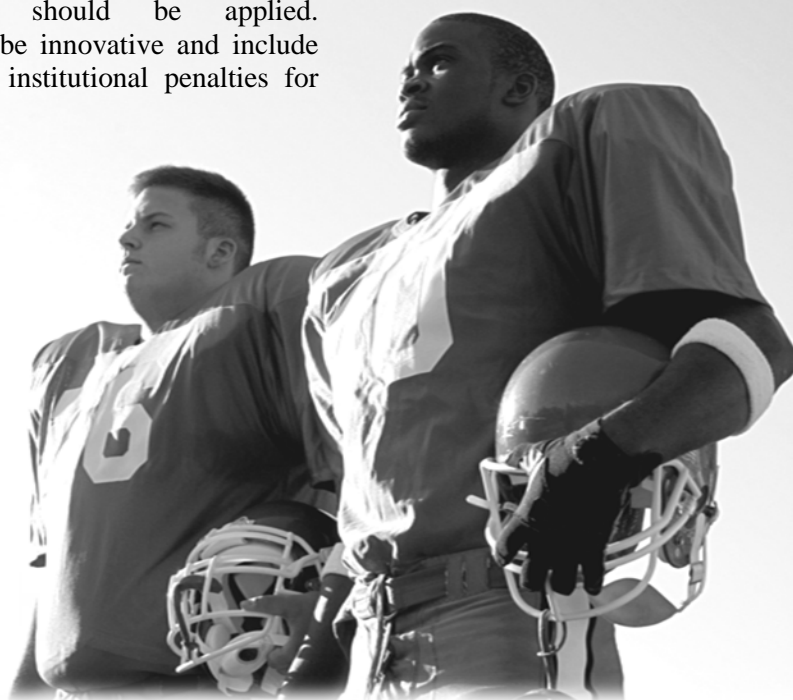
The Honourable
Charles L. Dubin
*Commission of inquiry into the Use of
drugs and Banned Practices Intended to
Increase Athletic Performance.*

on the same level as health care and education and assigned a similar level of priority.

7. Deterrence through testing must be balanced with a broader, more comprehensive education program that focuses on the prevention of doping through the promotion of ethical conduct in sport from the grassroots and youth level through to elite-level football. Additional focus should be given to the physical and psychological harm of doping on athletes, and the potential long-term implications of a doping offense on an athlete's personal life and career aspirations.
8. Strategies need to be developed to identify players and teams that are at high risk for doping.
9. Protocols and resources should be developed to encourage individuals to report doping in order to drive intelligent and targeted testing programs.
10. Work with the football community, team personnel, and athletes of interest to provide anti-doping authorities with relevant information including performance data which will allow a more focused and cost-effective athlete-selection and testing program.
11. Further consequences and penalties beyond player ineligibility, should be applied. Consequences should be innovative and include individual, team, and institutional penalties for

doping. Financial penalties should be considered in addition to player or team ineligibility.

12. New measures of success and key performance indicators to allow the Canadian Centre for Ethics in Sport to adequately and comprehensively evaluate the effectiveness of anti-doping programs in all areas are urgently required. Reporting statistics of tackle football athletes tested together with positive and negative results is one-dimensional and undermines the success of anti-doping education programs which encourage athletes to make the ethical choice to compete without using performance-enhancing drugs.
13. Education programs need to be expanded, in terms of content, delivery, and audiences. Integrated educational programs need to be developed from the grass-roots to professional levels, and learning outcomes should be identified and systematically evaluated. The Canadian Centre for Ethics in Sport should lead this effort, but leverage the significant outside expertise and resources that exist.
14. Consideration must be given to the care of athletes who test positive with consideration given to the development of an athlete rehabilitation program.



EDUCATION

In the area of education, the Task Force examined the current education programs being offered by the Canadian Centre for Ethics in Sport to CIS, CCAA athletes and Junior Football players. The current education programs offered by the Canadian Centre for Ethics in Sport are primarily e-learning based with no systematic evaluation procedures in place to measure learning outcomes. The programs targeted to football players are based on ensuring that athletes are aware of the anti-doping rules and procedures. As such, these programs are mainly information based. While there is a mandatory requirement for athletes to go through these e-learning modules in order to be eligible to participate within football, this eligibility requirement was not adhered to by all organizations and teams in all leagues.

The work of this Task Force was informed by the work of the University of Waterloo's internal review team and the OUA Performance Enhancing Drugs Education Task Force.

Review UW's Athletics procedures, practices and policies as they relate to banned substances and assess their suitability.

SUMMARY POINTS:

- 1. Information about prohibition and consequences of the use of banned substances is abundant.*
- 2. The CCES online course is viewed by the players as ineffective as an educational tool.*
- 3. There is a need for more effective education of players, particularly on the adverse health effects.*
- 4. There is a need for further education and training of coaches, trainers, and health care professionals.*

Extracted from the University of Waterloo Football Program in Relation to the Use of Banned Substances Final Report (August 18, 2010)



EDUCATION RECOMMENDATIONS:

SIGNIFICANT RECOMMENDATIONS:

Anti-doping and ethical decision making education should be incorporated in the provincial and territorial curriculum to target young athletes in and out of the sport of football.

Key influencers in football players lives, their parents, the coaches, team doctors, team trainers, strength and conditioning coaches, their captains and former teammates need to be more involved in the education process.

1. The findings of the OUA Performance Enhancing Drugs Education Task Force with respect to anti-doping education should be reviewed and adopted where appropriate.
2. The primary goal of anti-doping education programs should be prevention. It should encourage ethical and positive decision-making. The current education programs by the Canadian Centre for Ethics in Sport targeted to football athletes are information based with a focus on providing the players with the rules and procedures. They lack effectiveness in changing attitudes and behaviours towards doping and cheating.
3. Education programs need to be specific to each age group and the level of the player. They should emphasize the positive aspects of drug-free competition. Education needs to include discussion of the values and principles of sport, the dangers and health consequences of performance and body-image enhancing substances, and proper nutrition and strength and conditioning practices above and beyond information on anti-doping rules and procedures.
4. Parents should be encouraged to take the education.

Assumptions and Principles

This is a significant public health issue that will continue to harm young athletes and erode values-based sport.

Educational programs need to be expanded in terms of content, delivery and audiences. Integrated education programs need to be developed from the grass-roots to the professional levels.

Learning outcomes should be identified and systematically evaluated.

The Canadian Centre for Ethics in Sport should lead this effort, but leverage the significant expertise and resources that exist.

5. The goal of education should be to ensure that when an athlete enters CIS, CCAA (CEGEP) or Junior Football they have some knowledge of the Canadian Anti-Doping Program and drug-free sport, as well as the dangers associated with the use of performance enhancing drugs and the appropriate nutrition and strength and conditioning practices required to meet the rigors of competition.

“Drugs are being used by our young people not only as a way of gaining an edge in athletic competition but also as a means of improving their physique and image.”

The Honourable Charles L. Dubin
Commission of Inquiry on the Use of Drugs and
Banned Practices Intended to Increase Athletic
Performance

6. Performance enhancing drug education should be mandatory for coaches, strength and conditioning personnel, and other administrators. This education should also include information on administrative procedures and protocols for target testing and identifying players who may be at risk.
7. Education specific to football, which deals with appropriate, science-based nutrition and strength and conditioning practices should be developed and tailored to the needs of the athletes, their coaches, and parents.
8. All supplement education provided should include information on the nutrition-based need for supplements, offer up-to-date and relevant information on the risks of ingestion of supplements in terms of personal health and anti-doping consequences. Information about third-party certification options should be provided in order to reduce the risk of inadvertent positive tests.
9. Education materials should be created in collaboration with the target audience in order to be effective. The current education programs, such as those created by WADA, the Canadian Centre for Ethics in Sport and the Taylor Hooton Foundation should be considered in redesigning an effective framework for a comprehensive education program.
10. Where multiple education sessions are required for a single player during their playing career, a system should be put in place to evaluate their anti-doping knowledge and ethical decision-making skills in an effort to avoid repetition of information and ensure education programs are focused in the appropriate areas.
11. A specialized football anti-doping education committee should be established to work with the Canadian Centre for Ethics in Sport and assist with the development of appropriate and effective education programs tailored and specific to the sport of football. The delivery of this program needs to be consistent across the country. Changes to any education program must be communicated to sport administrators, coaches and athlete personnel by the Canadian Centre for Ethics in Sport and the sport governing body.

12. Key influencers in player's lives, their parents, the coaches, team doctors, team trainers, team captains, and former players should be engaged in the education process.
13. Anti-doping and ethics education should be incorporated into the provincial and territorial education curriculums to target children both inside and outside of the sport of tackle football. Health education that focuses on body image and performance enhancing drug use should be included for all students.
14. Role models from professional football and peer-to-peer education initiatives should be developed in order to have the greatest impact and deliver education messages effectively.
15. At the college and university level a potential Taylor Hooton Foundation / Canadian Centre for Ethics in Sport collaborative education program plus mandatory re-designed e-learning modules should be developed which includes an on-site seminar for all players in each league. Medical facilitators, team staff, and athletic directors should be required to take part in the seminar. The focus of the presentation should deal with the football culture and attitudes toward performance enhancing drugs, the health consequences and dangers of doping.
16. Recommendation of a three-step approach: partnering/information gathering/ and creation of programs; launching the program in schools, with teams and leagues including coaches and parent modules; and, then using the older athletes to give back by repeating programs to younger athletes in future years.
17. Develop an athlete counseling support program to assist in the rehabilitation and counseling of athletes who are caught doping. Review the current CFL counseling program and determine the feasibility of providing a similar program in football and all of sport in Canada.
18. Encourage athletes who have tested positive and received an anti-doping rule violation to "give back" to their sport by providing peer-to-peer messages for education programs and/or presentations.
19. Anti-doping education should remain a mandatory component of eligibility. Compliance should be monitored by the sport governing body to ensure compliance and player eligibility.
20. The Canadian Centre for Ethics in Sport should take the lead in lobbying the Government of Canada to review and revise the current Canadian regulations around the safety, production and sale of supplements in Canada. Tougher laws and regulations on the manufacturing, packaging and labeling, and claims on the benefits of these products, need to be implemented for the health and safety of Canadian athletes and the population at large.
21. Develop an effective engagement strategy of institutional boards and senior administrators in order to promote the importance of fair-play, integrity and upholding the values of drug-free sport. Key messaging should focus on the parallels that exist between academic integrity and integrity on the field of play. Highlight the consequences to the reputation of the player, the institution, sport organization, potential sponsors and player's future career prospects.



TESTING AND ANALYSIS

The Task Force emphatically underlined the importance of intelligence-based testing in carrying out an effective anti-doping program in football.

Below are the four key structural areas which comprise a basic testing program along with their corresponding cost centres:

Test Planning:	Test distribution planning Mission planning (planning and coordinating the sample collection mission) Overhead costs which include insurance, benefits, administration, staff
Sample Collection:	Doping control officer (fee and travel expenses) Blood collection officer (fee and travel expenses) Chaperone (honorarium) Equipment and sample transportation costs
Sample Analysis:	Laboratory analysis fees (in-competition and out-of competition) Additional fees for screening for EPO, Exogenous Testosterone, hGH and B-sample analysis
Results Management:	Post analysis administration B-sample analysis Legal costs for an athlete's right to a hearing Additional legal costs

The Task Force reviewed the current testing program implemented by the Canadian Centre for Ethics in Sport within CIS, CCAA and Junior Football. The Task Force, received presentations by experts, including Dr. Christiane Ayotte, Director of the INRS-Institut Armand-Frappier (WADA accredited Laboratory), looked at annual statistics and examined the current state of testing within these leagues and other testing programs in the United States. The analysis conducted by the Task Force resulted in the following recommendations:



TESTING AND ANALYSIS RECOMMENDATIONS:

SIGNIFICANT RECOMMENDATION:

That the total number of tests conducted in the sport of football be significantly increased from the current 2-3% to 30% of the total number of players

1. Current testing levels, 2-3% of the total number of players within the leagues, by the Canadian Centre for Ethics in Sport for CIS, CCAA and Junior Football are inadequate. A greater number of tests is required in order to create a significant deterrence effect on players. Increase testing significantly – up to 30% of the total number of all participating players per year using an intelligence-based testing model. For example, a player may be tested once per year, or multiple times during a year, however the total number of tests would represent 30% of the total player population.
2. Test distribution should include urine and blood testing with the following in and out-of competition formula: 30% in-competition/70% out-of-competition. Selection of individuals and team testing should target the highest risk athletes for both urine and blood testing. Using intelligence and performance data, multiple tests and follow-up testing should occur on the highest risk players, player positions and teams. Performance data should be provided to the Canadian Centre for Ethics in Sport in a harmonized fashion by the relevant authorities identifying high risk athletes at least twice per year.
3. For the purposes of identification and targeting athletes for testing, performance data from player evaluations throughout the season and from year-to-year provides important anti-doping information. Teams should provide

Assumptions and Principles

The current level of testing (2-3%) is inadequate.

An effective anti-doping program must adhere to all relevant standards and procedures and be managed by an independent authority in order to protect the rights of all athletes.

Urine and blood samples should be analyzed in accordance with WADA International Standard for Laboratories and the WADA Prohibited List shall apply across all levels of football.

Funding must be put in place to increase the current, inadequate testing levels in order to be effective.

player performance data on a mandatory basis to the Canadian Centre for Ethics in Sport. Well known databases within the football community currently exist and are in use, for example, fbXchange. Physical measurements regarding speed, height, weight, and a battery of other well documented tests, with benchmarks, would be advantageous in targeting specific athletes and teams, as well as allowing season over season comparisons.

4. There should be a significant focus on the quality, and not only quantity, of tests. Out-of-competition testing strategies should include both individual and team testing to remain as unpredictable as possible. Team testing may include a portion of, or entire teams, during training and competition season. Players may be tested multiple times per season, including off-season periods. In order for testing to have a deterrent effect, athletes must perceive that there is a likely and completely random chance of being tested, anytime and anywhere.
5. The application of further scientific analysis and longitudinal tracking of physiological parameters measured in athlete urine and blood samples using the guidelines set out in the WADA Athlete Biological Passport Program, should be applied to tackle football players. Through this method, further identification and targeting of athletes based on abnormal physiology which may be indicative of doping could be achieved. This program would enable more focused and cost-effective testing efforts.
6. In order to ensure consistency, the Canadian Centre for Ethics in Sport should remain the sole manager of doping control test results. The results management process remains well-defined and ensures that athlete's rights are protected in the case of adverse analytical findings and other possible anti-doping rule violations.
7. A consultation process should be developed in order to provide the tackle football community with the opportunity to review and provide comment on the WADA Prohibited List during the annual consultation period. The Canadian Centre for Ethics in Sport should create an engagement strategy to acquire input from the football community during this process.
8. Development of transparent cost sharing agreements between anti-doping organizations, government, corporate sponsors, sport organizations, institutions and professional football should be considered.

Assumptions and Principles

Strategies need to be put in place to identify high risk athletes and teams.

Develop protocols and resources to encourage individuals to report doping in order to drive intelligent targeted testing programs.

Further consequences, beyond player ineligibility should be applied.

INTELLIGENCE

Enhanced use of intelligence and strategic testing by anti-doping organizations is necessary to tackle the supply, trafficking and use of performance-enhancing substances and the associated culture of silence within the football community. The objective of using intelligence provided by stakeholders including athletes, sport personnel, and public agencies is to educate, deter, detect and where appropriate prosecute athletes and athlete support personnel. In order to have an effective intelligence-led anti-doping program, the Canadian Centre for Ethics in Sport needs to build relationships and work closely with the football community, general public, law enforcement partners and other National Anti-Doping Organizations (NADOs).

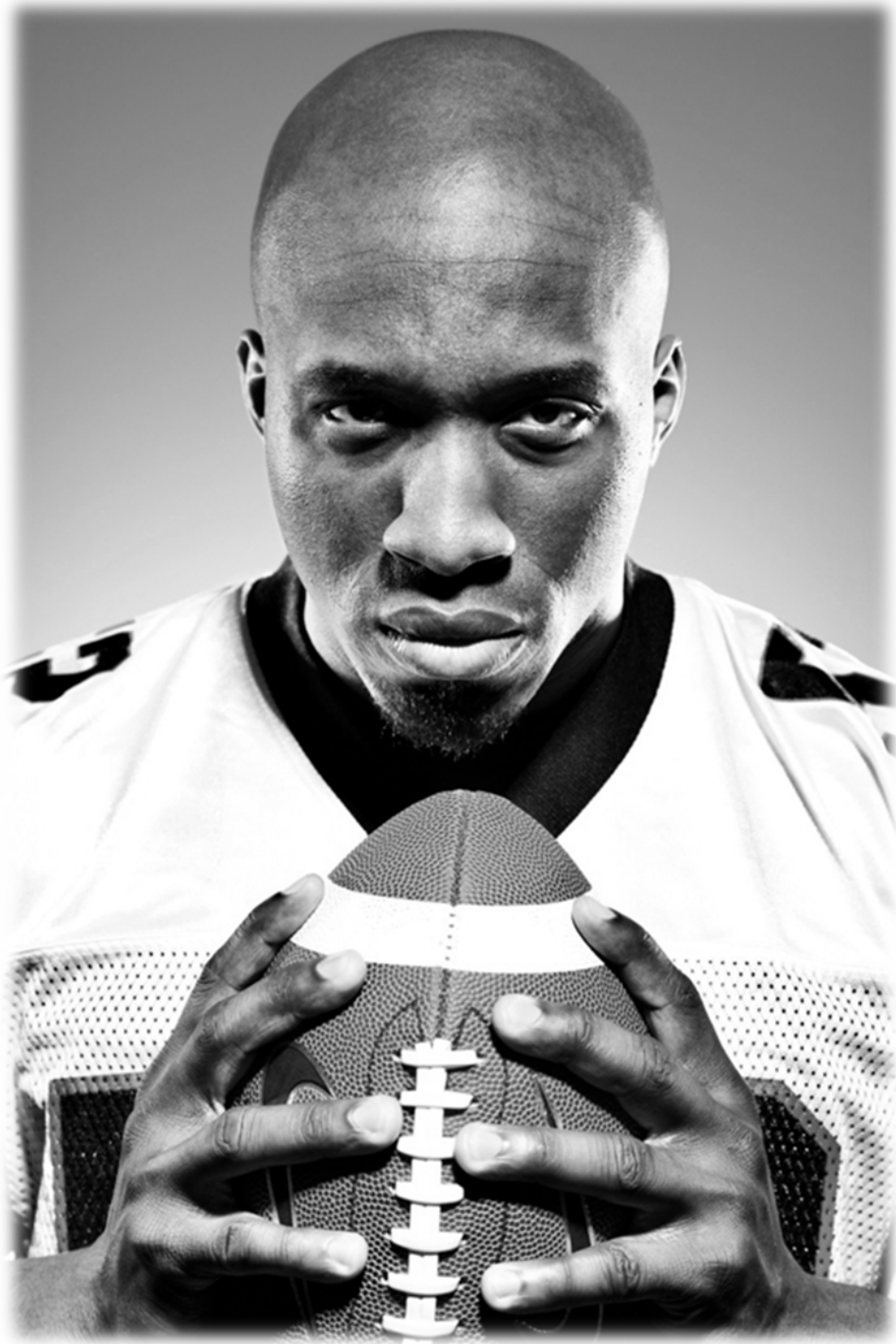
Intelligence may be generated from a variety of sources including but not limited to players, player performances, “tips”, whereabouts information, analytical results, doping control staff observations and law enforcement agencies.

Messages promoting intelligence gathering must be incorporated in awareness and information programs that target athletes and athlete support personnel in order to increase the deterrent effect on those who may have been contemplating or are contemplating the trafficking or use of doping-related substances.

INTELLIGENCE RECOMMENDATIONS

***Significant Recommendations:
A ‘report doping in sport’ hotline and web-based tool should be established.***

1. Provision of team whereabouts information during the competition and off-season training periods should be made mandatory through the use of WADA’s ADAMS reporting system. Failure to provide accurate training, travel and competition locations and keep this information up-to-date, should result in team sanctions in the form of financial penalties. This should dramatically decrease sample collection and administration costs associated with unavailable athlete reports and failed testing missions.
2. Specific football players, those players who have unavailable athlete reports or have their samples return suspicious analytical results, should be added to the Canadian Centre for Ethics in Sport Registered Testing Pool (RTP) program. The players who are added to the Canadian Centre for Ethics in Sport RTP would be closely monitored and required to submit mandatory personal whereabouts information.
3. An investigations program in football should focus specifically on non-analytical anti-doping rule violations which may include use or attempted use, tampering, possession, trafficking, and administration of a prohibited substance and method.



4. Establish a ‘report doping in sport’ hotline and associated web-based reporting tool with an effective communications plan to promote the resource.
5. Develop tools and resources of information that clearly outline the signs and symptoms of the use of performance enhancing drugs for coaches and administrative staff.
6. Develop specific policies and protocols for coaches and other football staff to report suspected doping behavior directly to the Canadian Centre for Ethics in Sport. Follow-up target-testing should be applied when appropriate and credible intelligence is received.
7. A Canadian Centre for Ethics in Sport supported anti-doping information and awareness campaign should be created and made available to all football team staff and others in an effort to raise the level of awareness of the issues of performance enhancing substances in the community and on Canadian campuses. With regard to CIS and CCAA (CEGEP), information dissemination could include the following; campus security, campus health services, counseling services, and residence leaders.
8. “Team substantial assistance” should be considered to assist with intelligence gathering. Coaches should be provided with an incentive that might include the reduction of a team sanction in an effort to encourage the coach to compel players who may have information to cooperate in investigations into doping behavior.

Assumption and Principles

Strategies need to be developed to identify high risk players and teams.

Protocols and resources need to be developed to encourage individuals to report doping, in order to drive intelligent and targeted testing programs. Work with the football community, team personnel and athletes of interest to provide information including performance data which will allow more focused and cost-effective athlete selection and testing program.



POLICY AND SANCTIONS

Canadians want sport to be ethical and fair for all athletes. The Canadian Centre for Ethics in Sport is the custodian of Canada's anti-doping initiative – working to create an environment that matches the expectations of Canadians.

To contribute to values-based sport for Canadians, and to help level the global playing field, the Centre for Ethics in Sport manages the CADP, which is the set of rules that govern doping control in Canada.

Compliant with the World Anti-Doping Code and all international standards, the CADP describes how the program is carried out and details the process of results management. It also sets the education standard for values-based sport in Canada.



Our domestic doping control program encompasses all aspects of a comprehensive anti-doping strategy.

- **Education** is one of the most effective preventative tools in the fight against doping in sport. It ensures that athletes understand their responsibilities and don't inadvertently break the anti-doping rules or take unnecessary risks. Starting early with an emphasis on values, the True Sport message has proven effective with younger athletes.
- **Athlete Services** provides athletes with the medical support and information they need to comply with the rules. This includes administering the therapeutic use exemption process and answering substance inquiries.
- **Test distribution planning** ensures the maximum deterrence by determining the most effective number of tests, both in-competition and out-of-competition, across the highest-risk sports. This includes administering the athlete whereabouts program.
- **Sample collection** is carried out by CCES doping control officers across the country, who follow the stringent doping control procedures outlined in the CADP, adhering to the CCES quality system and health and safety requirements.
- **Results management** includes anti-doping rule violations, consequences and the appeal systems that are in place to protect athletes' rights and provide due process.

CIS, CCAA (CEGEP) and Junior Football (Football Canada) have all adopted the Canadian Anti-Doping Program (CADP) and work with the Canadian Centre for Ethics in Sport to ensure the CADP is implemented within their football programs. As a result of their adoption of the CADP, the CIS, CCAA and Football Canada are eligible for funding by Sport Canada. Sport organizations have the right to include additional anti-doping policies, including additional sanctions, which complement the CADP. However, sport organizations are not permitted to dilute the CADP by removing or changing elements which effect the harmonization of the CADP with the World Anti-Doping Code.



POLICY AND SANCTIONS RECOMMENDATIONS:

SIGNIFICANT RECOMMENDATIONS:

Institutions should lose a scholarship for a period of two (2) years for every player who tests positive and receives an Anti-Doping Rule Violation.

Financial Penalties should be applied to institutions and teams within leagues.

1. CIS, CCAA (CEGEP), and the CJFL league through Football Canada, should continue to adopt the CADP to ensure credibility, consistency, and the highest degree of trust within the sport community and public.
2. CIS, CCAA (CEGEP), and CJFL league and institutional Anti-Doping Policies need improvement and harmonization.
3. The NCAA, NFL and CFL should strengthen their current policies to recognize player sanctions from other leagues in order to prevent players from participation until their period of ineligibility is complete.
4. Recommended consequences and/or penalties in addition to CADP sanctions:
 - 4I. Team Consequences:
The following additional team penalties should be applied for anti-doping rule violations in all leagues:
 - Not being able to host a major Championship for two (2) years for each player who receives an Anti-Doping Rule Violation in a season.
 - Team receives a loss on record for each player who receives an Anti-Doping Rule Violation.

Assumptions and Principles

Further consequences and/or penalties, beyond player ineligibility (CADP Sanctions) should be applied. Consequences should be innovative and include individual, team, institutional and league penalties for doping. Financial penalties should be considered in addition to player and team ineligibility.

- 4II. Financial penalties should be applied to institutions and teams within leagues. Financial penalties should be paid (for example, \$5000 per Anti-Doping Rule Violation) to their sport governing body to assist with anti-doping education, testing costs and results management costs. It is recommended that some of the financial penalty be considered for re-investment in further targeted testing.
 - 4III. Any CIS and CCAA (CEGEP - if applicable) institution should lose a scholarship for a period of two (2) years for every player who tests positive and receives an Anti-Doping Rule Violation.
 - 4IV. If more than 3 players on a team receive an Anti-Doping Rule Violation in a season, the team should lose its status as team in good standing for a specified period of time (e.g. one (1) season).
5. The CIS, CCAA, CJFL and their member institutions and clubs should develop specific strategies and tactics to encourage players to provide substantial assistance in exchange for reduction of team consequence and/or penalties. These strategies need to be reflected in their organization's anti-doping policy. The following should be considered for inclusion:
- 5I. Information on who provided the substance;
 - 5II. Other individuals who may have been involved; and,
 - 5III. Any information which leads to a further Anti-Doping Rule Violation(s) and targeted tests.

PARTNER ENGAGEMENT

“The resolution of this problem cannot simply be left to those who govern sport nationally and internationally. The events of the last year illustrate that. It will require a joint commitment by others, particularly by the parents and educators of our children, whose physical and moral health is at risk.”

The Honourable Charles L. Dubin

In order to effectively combat the issue of doping within tackle football, effective partnerships must be developed with other organizations. The Task Force examined the current partners of the Canadian Centre for Ethics in Sport, CIS, CCAA (CEGEP), and Football Canada (Junior Football). While there are a limited number of current partners it was recognized that those current partners are important and should be engaged in anti-doping initiatives and efforts. The Task Force has a series of recommendations in this area.

PARTNER ENGAGEMENT RECOMMENDATIONS:

1. Focus on development of partnerships and relationship building to directly benefit football recognizing that many football players excel academically and athletically.
2. Focus on strategic target groups and identify how each group can assist in combating the issue of doping in football:
 - a. CIS member institutions
 - b. Canadian Football League
 - c. RCMP Drug Awareness Program
 - d. Canadian Border Services Agency
Border Services Officers
 - e. Health Canada
 - f. Provincial/Territorial Ministries of
Education
 - g. National Defence
 - h. Corrections Canada
 - i. Sport Canada
 - j. Canadian Academy of Sport and
Exercise Medicine
 - k. Counseling and Rehabilitation
Services
 - l. Corporate Partners



COSTS/FUNDING

One of the main arguments often cited for not implementing effective anti-doping programs is cost. Reality is that effective anti-doping programs are expensive. There are several key components of an effective anti-doping program which contribute to the costs.

Managing an effective anti-doping program includes the following costs: administration costs of managing the program, sample collection, analysis and results management. When considering the complexity of administration of an effective anti-doping program, one must take into consideration the challenge of testing a large number of athletes in a variety of sports; the detection of hundreds of performance-enhancing substances which require scientifically validated analysis procedures; the challenge of “no advance notice” testing and the difficulty in trying to locate athletes with constantly evolving schedules; and the coordination of sample collection personnel and equipment . These are only some of the aspects to consider when examining the cost of anti-doping programs. Within the sport community the cost implications of anti-doping programs often create debate about how to “reduce” the costs. This Task Force did ask the question whether costs could be reduced. It became apparent however, when applying our assumptions and principles that cost reduction was not an option.

The Task Force considered strategies related to cost and resource options.

Assumptions and Principles

In order for any anti-doping program to be effective, all relevant standards and procedures must be uniform and be managed by an independent authority to protect the athletes' rights and govern the arbitration of doping disputes.

Urine and blood samples should be analyzed in accordance with WADA International Standards for Laboratories and the WADA Prohibited List should apply across all levels of football to ensure rigorous scientific standards and the detection of the widest range of performance enhancing substances.



COST/FUNDING RECOMMENDATIONS:

1. In order to provide an incentive to provide accurate and up-to-date whereabouts, a system should be created and enforced to charge teams the sample collection costs and mission planning costs when athletes are unavailable for testing or unable to be located.
2. A plan for cost-sharing between schools, teams and the Canadian Centre for Ethics in Sport should be carefully constructed and presented for consideration.
3. Any Team whose athletes commit an anti-doping rule violation should be required to pay for subsequent testing of their entire team and any associated results management costs, (depending on the Anti-Doping Rule Violation.)
4. Consideration should be given to the development of a partner shared national football recruiting registry for players across the country. The registry would allow players to become members, upload performance data and video, bios, pictures and scholastic achievements. Membership would include mandatory education for entrance into the various leagues/levels. Part of the fee associated with membership would be pooled and applied to testing and education costs associated with the anti doping programs of the various organizations within the partnership. Develop alumni strategy to attract funds.
5. Identify and attract corporate sponsors to support and invest in education initiatives.
6. Provide educational credits to medical professionals in exchange for anti-doping education seminars.

Recognizing that the sooner the drug problem is solved, the sooner will drug testing resources be freed to help pay for training and competition, I believe that the sport organizations must commit a portion of their budgets to doping control and not merely request new money ...

*The Honourable Charles L. Dubin
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7. A national education campaign should be developed to target youth. Partnerships with corporate Canada, the CFL, and the Government of Canada should be explored.
8. Partner with CFL to create a fund raising initiative and use players as mentors and speakers for education program.
9. Examine the opportunity to host an annual fundraising lunch or breakfast with a focus on ethics in sport and the support of anti-doping programs nationally. Create a committee to develop a sustainable fundraising strategy.



CONCLUSION

The members of the Task Force on the use of Performance Enhancing Drugs in Football came to the conclusion that doping poses a serious threat to the health of athletes, children and youth and to the general well-being of sport worldwide, including Canadian sport. It undermines the principles of open, fair and safe competition. It devalues these principles of sport in general and puts the athlete under unreasonable pressure. It seriously affects the image of sport and poses a serious threat to individual health. Young athletes participating in amateur sport are no exception. At the international, national, and university sport level, the fight against doping must take into account detection and deterrence, prevention, and health and education dimensions.

Following a comprehensive examination of the issues and background, the Task Force members reached consensus on a series of assumptions and principles that guided the development of recommendations and helped shape the development of a long-term plan to eradicate doping in the sport of football.

The Task Force is optimistic that the implementation of the recommendations contained within this report will influence the development and implementation of innovative doping prevention programs which transcend the student-athlete population from high school through college and university football.

In conclusion, the Task Force is hopeful that this document will generate positive discussion and dialogue across government departments, including Health Canada and Sport Canada, with all orders of government including provincial and territorial education ministries, with sport authorities, and corporate Canada, in an effort to discover new ways of educating athletes about the serious health consequences of using performance enhancing drugs and to deter and eradicate doping.

SCHEDULE “A”

COMPILATION OF RECOMMENDATIONS

EDUCATION RECOMMENDATIONS:

1. The findings of the OUA Performance Enhancing Drugs Education Task Force with respect to anti-doping education should be reviewed and adopted where appropriate.
2. The primary goal of anti-doping education programs should be prevention. It should encourage ethical and positive decision-making. The current education programs by the Canadian Centre for Ethics in Sport targeted to football athletes are information based with a focus on providing the players with the rules and procedures. They lack effectiveness in changing attitudes and behaviours towards doping and cheating.
3. Education programs need to be specific to each age group and the level of the player. They should emphasize the positive aspects of drug-free competition. Education needs to include discussion of the values and principles of sport, the dangers and health consequences of performance and body-image enhancing substances, and proper nutrition and strength and conditioning practices above and beyond information on anti-doping rules and procedures.
4. Parents should be encouraged to take the education.
5. The goal of education should be to ensure that when an athlete enters CIS, CCAA (CEGEP) or Junior Football they have some knowledge of the Canadian Anti-Doping Program and drug-free sport, as well as the dangers associated with the use of performance enhancing drugs and the appropriate nutrition and strength and conditioning practices required to meet the rigors of competition. Performance enhancing drug education should be mandatory for coaches, strength and conditioning personnel, and other administrators. This education should also include information on administrative procedures and protocols for target testing and identifying players who may be at risk.
6. Education specific to football, which deals with appropriate, science-based nutrition and strength and conditioning practices should be developed and tailored to the needs of the athletes, their coaches, and parents.
7. All supplement education provided should include information on the nutrition-based need for supplements, offer up-to-date and relevant information on the risks of ingestion of supplements in terms of personal health and anti-doping consequences. Information about third-party certification options should be provided in order to reduce the risk of inadvertent positive tests.
8. Education materials should be created in collaboration with the target audience in order to be effective. The current education programs, such as those created by WADA, the Canadian Centre for Ethics in Sport and the Taylor Hooton Foundation should be considered in redesigning an effective framework for a comprehensive education program.
9. Where multiple education sessions are required for a single player during their playing career, a system should be put in place to evaluate their anti-doping knowledge and ethical decision-making skills in an effort to avoid repetition of information and ensure education programs are focused in the appropriate areas.

10. A specialized football anti-doping education committee should be established to work with the Canadian Centre for Ethics in Sport and assist with the development of appropriate and effective education programs tailored and specific to the sport of football. The delivery of this program needs to be consistent across the country. Changes to any education program must be communicated to sport administrators, coaches and athlete personnel by the Canadian Centre for Ethics in Sport and the sport governing body.
11. Key influencers in player's lives, their parents, the coaches, team doctors, team trainers, team captains, and former players should be engaged in the education process.
12. Anti-doping and ethics education should be incorporated into the provincial and territorial education curriculums to target children both inside and outside of the sport of tackle football. Health education that focuses on body image and performance enhancing drug use should be included for all students.
13. Role models from professional football and peer-to-peer education initiatives should be developed in order to have the greatest impact and deliver education messages effectively.
14. At the college and university level a potential Taylor Hooton Foundation / Canadian Centre for Ethics in Sport collaborative education program plus mandatory re-designed e-learning modules should be developed which includes an on-site seminar for all players in each league. Medical facilitators, team staff, and athletic directors should be required to take part in the seminar. The focus of the presentation should deal with the football culture and attitudes toward performance enhancing drugs, the health consequences and dangers of doping.
15. Recommendation of a three-step approach: partnering/information gathering/ and creation of programs; launching the program in schools, with teams and leagues including coaches and parent modules; and, then using the older athletes to give back by repeating programs to younger athletes in future years.
16. Develop an athlete counseling support program to assist in the rehabilitation and counseling of athletes who are caught doping. Review the current CFL counseling program and determine the feasibility of providing a similar program in football and all of sport in Canada.
17. Encourage athletes who have tested positive and received an anti-doping rule violation to "give back" to their sport by providing peer-to-peer messages for education programs and/or presentations.
18. Anti-doping education should remain a mandatory component of eligibility. Compliance should be monitored by the sport governing body to ensure compliance and player eligibility.
19. The Canadian Centre for Ethics in Sport should take the lead in lobbying the Government of Canada to review and revise the current Canadian regulations around the safety, production and sale of supplements in Canada. Tougher laws and regulations on the manufacturing, packaging and labeling, and claims on the benefits of these products, need to be implemented for the health and safety of Canadian athletes and the population at large.
20. Develop an effective engagement strategy of institutional boards and senior administrators in order to promote the importance of fair-play, integrity and upholding the values of drug-free sport. Key messaging should focus on the parallels that exist between academic integrity and integrity on the field of play. Highlight the consequences to the reputation of the player, the institution, sport organization, potential sponsors and player's future career prospects.

TESTING AND ANALYSIS RECOMMENDATION:

1. Current testing levels, 2-3% of the total number of players within the leagues, by the Canadian Centre for Ethics in Sport for CIS, CCAA and Junior Football are inadequate. A greater number of tests is required in order to create a significant deterrence effect on players. Increase testing significantly – up to 30% of the total number of all participating players per year using an intelligence-based testing model. For example, a player may be tested once per year, or multiple times during a year, however the total number of tests would represent 30% of the total player population.
2. Test distribution should include urine and blood testing with the following in and out-of-competition formula: 30% in-competition/70% out-of-competition. Selection of individuals and team testing should target the highest risk athletes for both urine and blood testing. Using intelligence and performance data, multiple tests and follow-up testing should occur on the highest risk players, player positions and teams. Performance data should be provided to the Canadian Centre for Ethics in Sport in a harmonized fashion by the relevant authorities identifying high risk athletes at least twice per year.
3. For the purposes of identification and targeting athletes for testing, performance data from player evaluations throughout the season and from year-to-year provides important anti-doping information. Teams should provide player performance data on a mandatory basis to the Canadian Centre for Ethics in Sport. Well known databases within the football community currently exist and are in use, for example, fbXchange. Physical measurements regarding speed, height, weight, and a battery of other well documented tests, with benchmarks, would be advantageous in targeting specific athletes and teams, as well as allowing season over season comparisons.
4. There should be a significant focus on the quality, and not only quantity, of tests. Out-of-competition testing strategies should include both individual and team testing to remain as unpredictable as possible. Team testing may include a portion of, or entire teams, during training and competition season. Players may be tested multiple times per season, including off-season periods. In order for testing to have a deterrent effect, athletes must perceive that there is a likely and completely random chance of being tested, anytime and anywhere.
5. The application of further scientific analysis and longitudinal tracking of physiological parameters measured in athlete urine and blood samples using the guidelines set out in the WADA Athlete Biological Passport Program, should be applied to tackle football players. Through this method, further identification and targeting of athletes based on abnormal physiology which may be indicative of doping could be achieved. This program would enable more focused and cost-effective testing efforts.
6. In order to ensure consistency, the Canadian Centre for Ethics in Sport should remain the sole manager of doping control test results. The results management process remains well-defined and ensures that athlete's rights are protected in the case of adverse analytical findings and other possible anti-doping rule violations.
7. A consultation process should be developed in order to provide the tackle football community with the opportunity to review and provide comment on the WADA Prohibited List during the annual consultation period. The Canadian Centre for Ethics in Sport should create an engagement strategy to acquire input from the football community during this process.
8. Development of transparent cost sharing agreements between anti-doping organizations, government, corporate sponsors, sport organizations, institutions and professional football should be considered.

INTELLIGENCE RECOMMENDATION:

1. Provision of team whereabouts information during the competition and off-season training periods should be made mandatory through the use of WADA's ADAMS reporting system. Failure to provide accurate training, travel and competition locations and keep this information up-to-date, should result in team sanctions in the form of financial penalties. This should dramatically decrease sample collection and administration costs associated with unavailable athlete reports and failed testing missions.
2. Specific football players, those players who have unavailable athlete reports or have their samples return suspicious analytical results, should be added to the Canadian Centre for Ethics in Sport Registered Testing Pool (RTP) program. The players who are added to the Canadian Centre for Ethics in Sport RTP would be closely monitored and required to submit mandatory personal whereabouts information.
3. An investigations program in football should focus specifically on non-analytical anti-doping rule violations which may include use or attempted use, tampering, possession, trafficking, and administration of a prohibited substance and method.
4. Establish a 'report doping in sport' hotline and associated web-based reporting tool with an effective communications plan to promote the resource.
5. Develop tools and resources of information that clearly outline the signs and symptoms of the use of performance enhancing drugs for coaches and administrative staff.
6. Develop specific policies and protocols for coaches and other football staff to report suspected doping behavior directly to the Canadian Centre for Ethics in Sport. Follow-up target-testing should be applied when appropriate and credible intelligence is received.
7. A Canadian Centre for Ethics in Sport supported anti-doping information and awareness campaign should be created and made available to all football team staff and others in an effort to raise the level of awareness of the issues of performance enhancing substances in the community and on Canadian campuses. With regard to CIS and CCAA (CEGEP), information dissemination could include the following; campus security, campus health services, counseling services, and residence leaders.
8. "Team substantial assistance" should be considered to assist with intelligence gathering. Coaches should be provided with an incentive that might include the reduction of a team sanction in an effort to encourage the coach to compel players who may have information to cooperate in investigations into doping behavior.

POLICY AND SANCTIONS RECOMMENDATIONS:

1. CIS, CCAA (CEGEP), and the CJFL league through Football Canada, should continue to adopt the CADP to ensure credibility, consistency, and the highest degree of trust within the sport community and public.
2. CIS, CCAA (CEGEP), and CJFL league and institutional Anti-Doping Policies need improvement and harmonization.
3. The NCAA, NFL and CFL should strengthen their current policies to recognize player sanctions from other leagues in order to prevent players from participation until their period of ineligibility is complete.
4. Recommended consequences and/or penalties in addition to CADP sanctions:
 - 4I. Team Consequences:

The following additional team penalties should be applied for anti-doping rule violations in all leagues:

 - Not being able to host a major Championship for two (2) years for each player who receives an Anti-Doping Rule Violation in a season.
 - Team receives a loss on record for each player who receives an Anti-Doping Rule Violation.
 - 4II. Financial penalties should be applied to institutions and teams within leagues. Financial penalties should be paid (for example, \$5000 per Anti-Doping Rule Violation) to their sport governing body to assist with anti-doping education, testing costs and results management costs. It is recommended that some of the financial penalty be considered for re-investment in further targeted testing.
 - 4III. Any CIS and CCAA (CEGEP - if applicable) institution should lose a scholarship for a period of two (2) years for every player who tests positive and receives an Anti-Doping Rule Violation.
 - 4IV. If more than 3 players on a team receive an Anti-Doping Rule Violation in a season, the team should lose its status as team in good standing for a specified period of time (e.g. one (1) season).
5. The CIS, CCAA, CJFL and their member institutions and clubs should develop specific strategies and tactics to encourage players to provide substantial assistance in exchange for reduction of team consequence and/or penalties. These strategies need to be reflected in their organization's anti-doping policy. The following should be considered for inclusion:
 - 5I. Information on who provided the substance;
 - 5II. Other individuals who may have been involved; and,
 - 5III. Any information which leads to a further Anti-Doping Rule Violation(s) and targeted tests.

PARTNERSHIP ENGAGEMENT RECOMMENDATIONS:

1. Focus on development of partnerships and relationship building to directly benefit football recognizing that many football players excel academically and athletically.
2. Focus on strategic target groups and identify how each group can assist in combating the issue of doping in football:
 - a. CIS member institutions
 - b. Canadian Football League
 - c. RCMP Drug Awareness Program
 - d. Canadian Border Services Agency Border Services Officers
 - e. Health Canada
 - f. Provincial/Territorial Ministries of Education
 - g. National Defence
 - h. Corrections Canada
 - i. Sport Canada
 - j. Canadian Academy of Sport and Exercise Medicine
 - k. Counseling and Rehabilitation Services
 - l. Corporate Partners

COSTS/FUNDING RECOMMENDATIONS:

1. In order to provide an incentive to provide accurate and up-to-date whereabouts, a system should be created and enforced to charge teams the sample collection costs and mission planning costs when athletes are unavailable for testing or unable to be located.
2. A plan for cost-sharing between schools, teams and the Canadian Centre for Ethics in Sport should be carefully constructed and presented for consideration.
3. Any Team whose athletes commit an anti-doping rule violation should be required to pay for subsequent testing of their entire team and any associated results management costs, (depending on the Anti-Doping Rule Violation.)
4. Consideration should be given to the development of a partner shared national football recruiting registry for players across the country. The registry would allow players to become members, upload performance data and video, bios, pictures and scholastic achievements. Membership would include mandatory education for entrance into the various leagues/levels. Part of the fee associated with membership would be pooled and applied to testing and education costs associated with the anti doping programs of the various organizations within the partnership. Develop alumni strategy to attract funds.
5. Identify and attract corporate sponsors to support and invest in education initiatives.
6. Provide educational credits to medical professionals in exchange for anti-doping education seminars.
7. A national education campaign should be developed to target youth. Partnerships with corporate Canada, the CFL, and the Government of Canada should be explored.
8. Partner with CFL to create a fund raising initiative and use players as mentors and speakers for education program.
9. Examine the opportunity to host an annual fundraising lunch or breakfast with a focus on ethics in sport and the support of anti-doping programs nationally. Create a committee to develop a sustainable fundraising strategy.

SCHEDULE “B”

Task Force Administration:

The Canadian Centre for Ethics in Sport has provided the Chair and members of the Task Force with administrative support within its capacity to do so.

Summary of Task Force Deliberations:

In-person Meeting dates: December 3rd, 2010; April 1st, 2011; June 3rd, 2011

Conference call Meeting dates: March 10, 2011

Membership Criteria:

The following criteria were used to assist in determining the best candidates to sit on the Task Force:

- Mandate and responsibility for the sport (CIS, CCAA, Football Canada and the CFL)
- Knowledge of the sport of tackle football – particularly the Canadian amateur system
- Corporate community standing – funding partnerships
- Political standing (Federal and Provincial) – funding partnerships and policy/legislation
- Understanding of the potential harms/effects of steroid and other prohibited substances use by youth
- Understanding of the psychology behind the use of PEDs (Performance Enhancing Drugs)
- Ability to create networks and open doors
- Prevention, education, enforcement and investigations knowledge
- Profile

GLOSSARY

Canadian Anti-Doping Program (CADP): The set of rules that govern doping control in Canada. Compliant with the World Anti-Doping Code and all international standards, the CADP describes how the program is carried out and details the process of results management. It also sets the education standard for values-based sport in Canada.

Doping: The occurrence of one or more of the anti-doping rule violations set forth in Article 2.1 through Article 2.8 of the World Anti-Doping Code. This includes the following:

- Presence of a prohibited substance or its metabolites or markers in an athlete's sample
- Use or attempted use by an athlete of a prohibited substance or a prohibited method
- Refusing or failing without compelling justification to submit to sample collection
- Violation of applicable requirements regarding athlete availability for out-of-competition testing
- Tampering or attempted tampering with any part of doping control
- Possession of prohibited substances and prohibited methods
- Trafficking or attempted trafficking in any prohibited substance or prohibited method
- Administration or attempted administration to any athlete in-competition of any prohibited method or prohibited substance

High-risk athlete: a term which classifies an specific athlete who may be targeted for doping control testing based on evaluation of numerous risk factors including, but not limited to, sport, physiology, sample analysis history, intelligence, and past performance.

Intelligence: In an anti-doping context, intelligence is the product of logical and systematic evaluation of information gathered by an anti-doping organization. Intelligence assists in planning and operational decision-making for effective doping control testing.

Performance Enhancing Drugs (PEDs): A general term which refers to substances used by individuals to improve their performance, commonly applied to a sports context, in which they engage.

Performance Data: Data obtained from physical tests used to evaluate sports-specific performance. Examples may include weight, speed, competition results and injury data.

Prohibited List: The List identifying the Prohibited Substances and Prohibited Methods published by WADA and updated annually. The use of the Prohibited list is mandatory for all WADA-compliant anti-doping programs.

Targeted Testing: Doping control tests conducted based on analytical or non-analytical evidence which assist in focusing doping control testing on specific sports and/or athletes.

Testing: The parts of the Doping Control process involving test distribution planning, Sample collection, Sample handling, and Sample transport to the laboratory.

World Anti-Doping Agency (WADA): The independent foundation created through a collective initiative led by the International Olympic Committee (IOC) to promote, coordinate and monitor the fight against drugs in sport.

ⁱ *Commission of Inquiry into the Use of Drugs and Banned Practices Intended to Increase Athletic Performance* – The Honourable Charles L. Dubin Commissioner; Chapter 25 pgs 499-500. 1990

ⁱⁱ *Commission of Inquiry into the Use of Drugs and Banned Practices Intended to Increase Athletic Performance* – The Honourable Charles L. Dubin Commissioner; Chapter 26 pgs 521-523. 1990