

General Information

Don't Go Near The Water-

The Practical Challenges of Drug Testing in Olympic Sports

Jack Swarbrick

Counsel to USA Gymnastics

It was one of those small items buried in the "other news" section of the local sports page. A young 15-year old American athlete had tested positive at a competition for the anabolic steroid mesterolone.

My reaction to reading this news was a mixture of sadness and relief. Sadness that any young athlete (especially an American athlete) would use a banned substance in order to gain a competitive advantage.

My perspective changed markedly, however, when in the months that followed I learned much more about the facts of this story. I was selected to serve as the hearing officer (a position roughly akin to that of a judge in a jury trial) when the Board of Directors of the athlete's national governing body faced the issue of what, if any, sanctions it should impose.

My purpose here is not to review the details of that case—a case in which the NGB conducted a well-run and exhaustive process in the interest of making the right decision. My purpose is instead to focus on a single issue of critical importance in the case.

The athlete presented a significant amount of information designed to show that she did not intend to take the banned substance, had no knowledge of how the drug got into her system and that the drug (given the absence of an evidence of chronic use) could not have enhanced her performance. Those arguing that the athlete should be suspended from competition for two years challenged the quality and persuasiveness of that evidence. More importantly, they argued that the evidence offered by the athlete was irrelevant. Irrelevant, they maintained, because the rules of the international federation required the imposition of a specific sanction anytime there was a positive test for a banned substance. This notion of "strict liability" meant that in instances of an inadvertent consumption of a banned drug, a mistake in administering a drug by a doctor or even in the case of sabotage, the athlete had still violated the anti-doping rules.

The final chapter in this case has yet to be written (the athlete is currently on probation but allowed to compete), but it brought home to me the lack of uniformity that currently exists in Olympic sports when it comes to taking action in response to a positive drug test.

The International Amateur Athletics Federation has clearly drafted its rules to impose strict liability; when a track and field athlete tests positive for a banned substance the Federation imposes a pre-determined sanction without regard to such issues as intent or the athlete's level of culpability. The international swimming federation has argued that its rules are similarly strict (it suspended an athlete for taking a prescription medicine which would have been allowed if declared by the athlete, a known asthmatic, on his drug testing form), but it appears recently to have modified its position in the case of Samantha Riley. Riley, a world champion swimmer from Australia, tested positive for a banned analgesic. When Riley and

her coach both testified that the positive test resulted from an inadvertent error by the coach, Ms. Riley was given only a warning while the coach was suspended for two years.

The majority of international and national federations, like those in gymnastics, have yet to address these thorny issues of guilt and innocence under drug testing programs. In that context, I am struck by how little practical help athletes, parents, and coaches get when it comes to the important topics of banned substances and drug testing. Knowing the list of banned substances is just one piece of information that athletes need, but it is too often the only piece of information they receive.

The United States Olympic Committee is in the process of adopting a comprehensive drug testing program. It will subject all members of USA Gymnastics National Teams to testing both at major competitions and without prior notice at other times. Given the scope and significance of the USOC's program and my recent experience in the administration of drug testing procedures, I thought it appropriate to offer athletes and coaches the following practical suggestions to avoid the potentially catastrophic consequences of an inadvertent or erroneous positive test for a banned substance.

1. Be familiar with the IOC's banned substance list. This means not only knowing what drugs are on the list, but also the types of medications or even foods in which those drugs are often found.
2. Make certain that others who ought to know, like the athlete's parents, physician or school nurse, are also familiar with the banned substance list. This becomes especially important given the decision by the USOC to implement out-of-competition testing.
3. Know what medications you are using. Athletes should consult with the USOC regarding the potential for any medications to contain elements of banned substances and should be careful to list all medications when completing the screening form as part of the USOC's drug testing program.
4. At competitions drink only out of containers which were sealed when you got them, and once you have begun drinking out of a container do not leave it unattended. Although arguably a regrettable commentary on this state of affairs, several sports have implemented fairly rigorous security measures for the handling of Gatorade coolers and water bottles.
5. When you are required to produce a urine sample as part of the drug testing procedures, never surrender possession of or leave the sample unattended until after you have sealed it inside the shipping canister provided by the USOC.
6. If there are any irregularities in the process by which you give a urine sample and place that sample in the sealed container (e.g., a cracked beaker, a spilled sample, unauthorized individuals on-site), immediately bring those irregularities to the attention of the USOC drug control administrator on-site.
7. If you are informed that you have tested positive for a banned substance (and you dispute that result) you will be invited to witness the testing of the second half (i.e., the "B sample") of your urine sample. Attend the test of the B sample, take with you an individual qualified to evaluate the process, and consider video taping the test.

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