

4-24-1984

Drugs in Professional Sports, Volume II

Senate Select Committee on Licensed and Designated Sports

Follow this and additional works at: http://digitalcommons.law.ggu.edu/caldocs_senate



Part of the [Legislation Commons](#)

Recommended Citation

Senate Select Committee on Licensed and Designated Sports, "Drugs in Professional Sports, Volume II" (1984). *California Senate*. Paper 144.

http://digitalcommons.law.ggu.edu/caldocs_senate/144

This Hearing is brought to you for free and open access by the California Documents at GGU Law Digital Commons. It has been accepted for inclusion in California Senate by an authorized administrator of GGU Law Digital Commons. For more information, please contact jfischer@ggu.edu.

DRUGS IN PROFESSIONAL SPORTS

Interim Hearing
April 24, 1984



Senate Select Committee on
Licensed and Designated Sports

JOINT

SACRAMENTO ADDRESS
1100 J STREET, ROOM 334
SACRAMENTO, CALIFORNIA 95814
(916) 322-9657

KATHLEEN M. SOMERTON
COMMITTEE CONSULTANT
KAREN L. YOWELL
COMMITTEE SECRETARY

KFC
22
1500
L52
1984
NO. 1
V. 2

MEMBERS:
JOSEPH B. MONTOYA
CHAIRMAN
WILLIAM A. CRAVEN
ED DAVIS
HENRY MELLO
DAVID ROBERTI

Senate

California Legislature

SELECT COMMITTEE ON LICENSED AND DESIGNATED SPORTS

INTERIM HEARING
Tuesday, April 24, 1984
San Francisco, California

DRUGS IN PROFESSIONAL SPORTS

The persistent problem of drugs affecting the athletes' abilities to perform with their team, their families, and in society was the underlying reason that the Senate Select Committee on Licensed and Designated Sports held this interim hearing.

As stated by Roy Eisenhardt, President of the "Oakland A's", the problem is complex and the solutions to the problems are just as complex. The goal of this hearing was to learn more about which teams had implemented programs, how they were applying their policies and whether or not there was any uniformity in the policies being developed.

We contacted over 80 team organizations, owners, physicians, and former players. As a result, we received a substantial amount of input which has placed us in a better position to ascertain the concerns and needs relative to athletes and their drug use and or abuse.

Ultimately, we of the Senate Select Committee on Licensed and Designated Sports want to see the unions and management of all leagues and the owners of all teams work together in the development of a uniform drug policy that will provide for education, training and prevention.

The committee members also want to express their sincere thanks to each of the individuals who took the time to compile and send in the enclosed written information.

Sincerely,



Kathleen Somerton
Committee Consultant

LAW LIBRARY
GOLDEN GATE UNIVERSITY

84-1-075

TESTIMONY RECEIVED FOR HEARING ON DRUGS IN PROFESSIONAL SPORTS
Senate Select Committee on Licensed & Designated Sports
April 24, 1984 -- SAN FRANCISCO, CALIFORNIA --
(Listed in order of receipt)

<u>ORGANIZATION</u>	<u>CONTACT PERSON</u>
Consultant Toxicologist Pharm Chem Laboratories, Inc.	Dr. Brian Sedgwick
Orthopedic & Surgical Associates Medical Group	Dr. Robert T. Rosenfeld
Golden State Warriors	P.K. Macker Executive Vice President
The Phil Esposito Foundation	Mitchell Roman Phil Esposito
NCAA	Drug Education Committee
Foundation for Advancement in Science and Education	Research Committee Jack Dirmann
Doctors Lerner, Burns, & Assoc.	Dr. Burns
Orange County Care Unit	Dr. Joseph A. Pursch
Former Player	Robert Adams
CSU - Hayward	Fred Leavitt
Former Player	Bruce L. Bosely
California Narcotic Officers Association	Stan Furce
People Reaching Out	Paul Hoffer
The Achilles Project	Dr. Paul Good
National Basketball Association	Gary B. Bettman Assistant General Counsel
California Angels	E. J. Bavasi
University of CA, Berkeley	Dr. Harry Edwards Department of Sociology
Oakland Invaders	John Ralston

Testimony
April 24, 1984
Page Two

National Basketball Assoc.

Jerry Fine
Legal Counsel

L. A. Lazers
Major Indoor Soccer League

Jodi Graffio
Assistant to the President

National Football League

Charles R. Jackson
Assistant Director of Security

Project Sports
National Sports Career Mgmt.

Byron N. Kunisawa
Director

San Diego Sockers

Dr. Edward H. Kreusser
Team Physician

Chicago Cubs

Dr. Jacob R. Saker
Team Physician

The National Collegiate
Athletic Association

Eric D. Zemper
Research Coordinator

L. A. Lakers and
L. A. Kings

Jerry Buss
Owner

San Francisco Giants

Robert A. Lurie
President

San Francisco Giants

Corey Busch
Executive Vice President

San Francisco Police Dept.

James Datzman
Chief of Police

Attachment

PHARMCHEM LABORATORIES

DRUG LIST

The following drugs can be included in the basic screen:

Alcohol
Amphetamine
Amobarbital
Butabarbital
Benzoylecgonine(for cocaine)
Cocaine
Codeine
Darvon
Demerol
Dilantin
Doriden
Methamphetamine
Methadone
Morphine(for heroin)
Nicotine
Pentobarbital
Phencyclidine (PCP)
Phenobarbital
Phenothiazines
Phenylpropanolamine
Placidyl
Quaalude
Secobarbital
Talwin
Tetrahydrocannabinoids(marijuana)
Tricyclic Antidepressants
Valium and other benzodiazepines

Table 1. International Olympic Committee List of Doping Substances (1980)

Psychomotor Stimulant Drugs	Sympathomimetic Amines	Miscellaneous Central Nervous System Stimulants	Narcotic Analgesics	Anabolic Steroids
Amphetamine	Chlorprenaline	Amiphenazole	Anileridine	Methandienone
Benzphetamine	Ephedrine	Bemigrade	Codeine	Stanozolol
Chlorphentermine	Etafedrine	Doxapram	Dextromoramide	Oxymetholone
Cocaine	Isoetharine	Ethamivan	Dihydrocodeine	Nandrolone decanoate
Diethylpropion	Isoprenaline	Leptazol	Dipipanone	Nandrolone phenylpropionate
Dimethylamphetamine	Methoxyphenamine	Nikethamide	Ethylmorphine	Related compounds
Ethylamphetamine	Methylephedrine	Picrotoxine	Heroin	
Fencamfamine	Related compounds	Strychnine	Hydrocodone	
Meclofenoxate		Related compounds	Hydromorphone	
Methylamphetamine			Levorphanol	
Methylphenidate			Methadone	
Norpseudoephedrine			Morphine	
Pemoline			Oxocodone	
Phendimetrazine			Oxomorphone	
Phentermine			Pentazocine	
Pipradol			Pethidine	
Prolintane			Phenazocine	
Related compounds			Piminodine	
			Thebacon	
			Trimeperidine	
			Related compounds	

Controlled Substances: Uses and Effects

	Drugs	Trade or Other Names	Medical Uses	Physical Dependence
Narcotics	Opium	Dover's Powder, Paregoric Parepectolin	Analgesic, antidiarrheal	High
	Morphine	Morphine, Pectoral Syrup	Analgesic, antitussive	Moderate
	Codeine	Codeine, Empirin Compound with Codeine, Robitussin A-C	Analgesic, antitussive	
	Heroin	Diacetylmorphine, Horse, Smack	Under investigation	High
	Hydromorphone	Dilaudid	Analgesic	
	Meperidine (Pethidine)	Demerol, Pethadol	Analgesic	
	Methadone	Dolophine, Methadone, Methadose	Analgesic, heroin substitute	
Other Narcotics	LAAM, Leritine, Devo-Dromoran, Percodan, Tussionex, Fentanyl, Darvon, Talwin, Lomotil	Analgesic, anti- diarrheal, antitussive	High-Low	
Depressants	Chloral Hydrate	Noctec, Somnos	Hypnotic	Moderate
	Barbiturates	Amobarbital, Phenobarbital, Butisol, Phenoxbarbital, Secobarbital, Tuinal	Anesthetic, anticonvulsant, sedative, hypnotic	High-Moderate
	Glutethimide	Doriden	Sedative, hypnotic	High
	Methaqualone	Optimil, Parest, Quaalude, Somnafac, Sopor		
	Benzodiazepines	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Vertran	Anti-anxiety, anti- convulsant, sedative, hypnotic	Low
	Other Depressants	Equanil, Miltown, Noludar Placidyl, Valmid	Anti-anxiety, sedative, hypnotic	Moderate
Stimulants	Cocaine†	Coke, Flake, Snow	Local anesthetic	Possible
	Amphetamines	Biphetamine, Delcobese, Desoxyn, Dexedrine, Mediatic	Hyperkinesis, narcolepsy, weight control	
	Phenmetrazine	Preludin		
	Methylphenidate	Ritalin		
	Other Stimulants	Adipex, Bacarate, Cylert, Didrex, Ionamin, Plegine, Pre-Sate, San- orex, Tenuate, Tepanil, Voranil		
Hallucinogens	LSD	Acid, Microdot	None	None
	Mescaline and Peyote	Mesc, Buttons, Cactus		
	Amphetamine Variants	2,5-DMA, PMA, STP, MDA, MMDA, TMA, DOM, DOB		Unknown
	Phencyclidine	PCP, Angel Dust, Hog	Veterinary anesthetic	Degree unknown
	Phencyclidine Analogs	PCE, PCPy, TCP	None	
	Other Hallucinogens	Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn		None
Cannabis	Marijuana	Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks	Under investigation	Degree unknown
	Tetrahydrocannabinol	THC		
	Hashish	Hash	None	
	Hashish Oil	Hash Oil		

Reprinted by permission of the U.S. Department of Justice Drug Enforcement Administration.

Psychological Dependence	Tolerance	Duration of Effects (in hours)	Usual Methods of Administration	Possible Effects	Effects of Overdose	Withdrawal Syndrome
High	Yes	3-6	Oral, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow & shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, chills & sweating, cramps, nausea
Moderate			Oral, injected, smoked			
High			Oral, injected			
			Injected, sniffed, smoked			
High-Low		12-24	Oral, injected			
	Variable					
Moderate	Possible	5-8	Oral	Slurred speech, disorientation, drunken behavior without odor of alcohol	Shallow respiration, cold & clammy skin, dilated pupils, weak & rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
High-Moderate	Yes	1-16	Oral, injected			
High		4-8				
Low						
Moderate						
High	Possible	1-2	Sniffed, injected	Increased alertness, excitation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increase in body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
	Yes	2-4	Oral, injected			
			Oral			
Degree unknown	Yes	8-12	Oral	Illusions and hallucinations, poor perception of time and distance	Longer, more intense "trip" episodes, psychosis, possible death	Withdrawal syndrome not reported
		Up to days	Oral, injected			
High		Variable	Smoked, oral, injected			
Degree unknown	Possible		Oral, injected, smoked, sniffed			
Moderate		Yes	2-4			

*Not designated a narcotic under the CSA
†Designated a narcotic under the CSA



The PharmChem Newsletter

VOLUME 7, NO. 8

SEPTEMBER/OCTOBER 1978

The Sunday Syndrome

A Unique Pattern of Amphetamine Abuse Indigenous to Professional Football

It is generally known that amphetamine abuse entered, became prominent, and remains in professional football since the Second World War, soldiers having discovered the drug in their survival kits and used it to competitive advantage playing armed-service football^{4/16/17/9/12/13/14/19}. Initially regarded as a sports practice consistent with amphetamine use in other sports—promoting speed, quickness, or endurance^{4/16/17/20/8/5}—the incidence of its use and characteristic dosages in football were unknown, although it appeared in informal reports that as many as five or more capsules were ingested before games and seldom at other times^{4/16/17/9/12/13/14/19/1}. In light of the ataxia and incoordination associated with consumption of high doses of amphetamine² it was not surprising that in the first systematic study of the practice by Johnson (1972) (who received a 72% return of questionnaires from 135 professional players on 13 teams) reasons given for the use of the drug included analgesia and getting “psyched up” and “excited”^{7/15}, performance parameters not considered in previous studies of the effects of stimulants on general athletic performance. These reasons for use are consistent with research demonstrating the analgesic effect of amphetamine³, the dose-related induction of paranoid prepsychotic states, and the paranoid schizophrenic syndrome and attendant violence associated with high doses of amphetamines^{2/6/21}.

Among Johnson's respondents (1972), this once-a-week induction with amphetamines of an altered state of consciousness characterized by analgesia, anger, and violent inclinations manifested a systematic pattern varying with position and age. The incidence and doses were highest among the defensive linemen (18 of 20), but were significant in players at other positions as well: linebackers (15 of 16); defensive backs (11 of 14); offensive linemen (13 of 17); ends and flankers (9 of 14); offensive backs (8 of 12). More established and experienced men (in terms of years in the league and minutes of playing time) showed higher incidence of use and higher doses^{7/15}.

In two and a half years as an unpaid psychiatric consultant with a professional football team (1972-1974), I had the

opportunity to gather data on 86 additional professional football players on or from 15 NFL teams by means of personal interviews. Although some of this material has been published previously^{10/11}, it is my purpose here to confirm the seminal findings of Johnson and to add some clinical detail about this unique once-a-week pattern of amphetamine abuse. Table I summarizes the incidence of amphetamine use by the professional football players interviewed.

TABLE I
Incidence of Amphetamine Use
by Professional Football Players Interviewed

Position	Yes	No	Occasionally	Dose Range (mg/Sunday)
Quarterback	1	8	0	10-15
Wide Receiver	6	5	2	5-15
Offensive Line	10	4	0	15-105
Running Back	8	3	2	5-25
Tight End	2	2	1	10-30
Defensive Line	9	0	1	30-150
Line Backer	5	4	1	10-60
Defensive Back	7	4	2	5-20
Totals	48	30	9	5-150

Although much of the information in Table I was obtained in the context of frequent personal contact; observations of the sudden onset of behavioral changes on game days (repetitious stereotyped pacing, uncharacteristically obscene swearing, episodes of violent vomiting and diarrhea, white-lipped staring, and rageful demeanors); and collateral interviews with players' friends, it is unlikely to have the reliability of surveys that make use of urine tests, which have never been possible in American football^{7/15/10/11}. The same question of reliability can be raised about Johnson's data from questionnaires. It is equally unlikely, however, that our data overestimate the abuse of amphetamine in professional football, for many football players are guilty and ashamed of their amphetamine use and in initial contacts either deny or underestimate their use of the drugs. With continuing clinical contact a “non-user” might admit to intermittent use, or a “user” might increase the estimates of his

dose. For example, it was ascertained from another doctor's records that two players listed in Table 1 as non-users did receive amphetamine prescriptions, although they had denied using the drugs even when questioned about their abrupt personality changes on game days.

It was recently possible to obtain the records of the bulk purchases of central nervous system drugs for the team primarily represented in Table 1 between 1966 and 1969 from records that were obtained in discovery in the case of Ridge vs. Woodward, et al. (1973). The practice was to replace annually the drugs that had been used. Records for 1968-1969 were analyzed for the major categories of drugs, and on the basis of a 40-man squad playing six preseason and fourteen season games, their use was calculated in terms of average consumption per man per game. Table 2 is a summary of these calculations. Given the common practice of distributing sleeping pills for use the night before and after games and the frequency of injuries²² requiring pain medication, only the amphetamine purchases seem unexpectedly large, particularly since football players, with very few exceptions, do not take amphetamines during the week, having learned that the tolerance that develops makes the drug less effective on game days. The average dose per player is consonant with both Johnson's original report and the dose ranges reported in Table 1, and the data bolster the questionnaire findings and interview material.

TABLE 2
Pattern of Bulk Drug Purchases
of an NFL Football Team, 1968 & 1969*
 (40-Man Squad/20 Game Model)

	Tablets/Man/Game
1) Pain Medication Darvon; Phenaphen w/Codeine; Fiorinal; Empirin w/Codeine; Daprisal	1968 ~ 12
	1969 ~ 14
2) Sleeping Medication Noludar; Seconal; Butisol	1968 ~ 6
	1969 ~ 9
3) For Muscle Pain & Spasm Robaxin; Robaxisol; Tandearil	1968 ~ 2
	1969 ~ 3
4) For Gastrointestinal Disturbance Combid; Donnatal; Pro-Banthine	1968 ~ 5
	1969 ~ 2
	Mg/Man/Game
5) Amphetamines Desbutal; Ambar	1968 ~ 60
	1969 ~ 70

*Does not include individual prescriptions to players from team physicians or other doctors or prescriptions for narcotic drugs that must be executed in triplicate.

In general, amphetamine preparations appear to be used in three ways by professional football players. The first, unique to the sport, is the ingestion of high doses (30 to 150 mg or more) only on game days for the induction of analgesia (without sedation) and rage. This use is modal for defensive linemen, some offensive linemen, and an occasional linebacker. The second type of use involves taking lower doses (5 to 30 mg) on game days and is more characteristic of most linebackers, defensive backs, wide receivers, and running backs; the use is rationalized as aiding speed and combatting pain. The third type of use is for weight control (\approx 15 mg/day) and is usually confined to the first several weeks of summer camp and the preseason, to facilitate the crash diets required of some players who report to camp over their ideal playing weight.

The second and third uses of amphetamine are amply documented in the literature, and I will present here two cases that exemplify the first type. It is my experience (as well as Johnson's personal communication) that amphetamine use for games occurs among players who abuse other drugs and among those who do not, and that the latter group classify amphetamine use not as abuse but as part of their work²³. Case I is that of a heavy polydrug abuser; Case II is that of a game-day amphetamine user who did not abuse other drugs significantly.

CASE I: From a family that had a history of alcoholism and depression, this player displayed willingness to cooperate alternating with periods of rebellion, lying, and limit-testing in our relationship. Although we had spoken before, I became increasingly aware of aspects of the player's personal life during a road trip. His life was chaotic, with episodes of pathological jealousy, wife abuse, drunken sprees, nights of fighting, and turbulent relationships with groupies who robbed him of money and drugs. The man had suffered weight loss, orthopaedic problems, and fever; was spitting up blood; and was very depressed. When I asked him how he could play the following day, the player showed me various kinds of amphetamines he had been taking for pain and depression before games. He told me he had not been without them for a game since his college playing days in the early 1960s and that his doses were rising with age. The sudden loss of a consistent supply because of a change in NFL policy (following a successful suit of the team by another player for use of amphetamines) made regulation of his own amphetamine use difficult. He took the drug only for "work" and, unlike his impulsive ingestion of other drugs, his use of them was stable and ordered to the point of ritual. Before 1972 when it was possible to get "whatever I wanted", he took by mouth methamphetamine or dextro-amphetamine preparations supplied under blanket prescriptions for bulk purchases written by the team physicians for general team use. His "program" was three administrations of spansules containing 30 mg of amphetamine about an hour apart on game day—a total of 90 mg before each game. He frequently took more at half-time or with injury. Occasionally he used one or two 5 mg tablets before a practice involving contact during the week, but in general he took them only on game days. He said of his amphetamine use that it "stops all the pain and being down. . . I can't play without it. . . even in important practices. . . I'd lose my job and not be able to support my family." In 1972, with no amphetamines available in the locker room, he began to obtain drugs from other players, players' wives, several doctors, and illicit secondary sources such as Mexico and the streets, acquiring amphetamines and amphetamine mixes, many of which could not be identified ("black beauties", "purple turn-arounds"). On game days he became arrogant, obscene, biting, suspicious, and easily angered—a dramatic reversal of his chronically depressed and obsequiously apologetic state. His most heavy alcohol, sedative, and tranquilizer use occurred on Sunday nights in attempts to "come down" from the amphetamine effects; usually sleep was impossible.

CASE II: This veteran defensive lineman had been using high doses of amphetamine on game days for over ten years. His accounts suggested doses in the 45 to 60 mg range. They replaced more sedative pain medication and reversed his chronically depressed state. He saw amphetamine as part of his job as a football lineman and gave accounts about its heavy use on the team from which he came and among most of the players, "especially defensive players", throughout the

league. He occasionally used additional stimulants when injured and at half-time. His alcohol consumption was moderate; he used sleeping pills only on game nights and the night after. There was no other history of drug abuse. Intelligent, sensitive, thoughtful, committed to wife and family, he prepared himself well for a professional career during the off season. He was well integrated but chronically depressed; incidents of impaired sexual performance in his marriage had become so frequent during the season that they created fears that he was damaging his relationship with his wife, who suspected him of infidelity. A detailed history revealed that the impaired performance occurred only on Sunday and Monday nights or occasionally after he had taken stimulants during the last two months of the season. He seldom smiled spontaneously except on game days when his chronically depressed state turned into a gregarious, grinning, cynically humorous, outgoing manner. He became much more dominant in interpersonal relationships. When his

impotence was pointed out to be related to the amphetamine use he became interested in a dose-reduction program which he completed successfully. This affected his playing and led to his being benched.

During the 1973 season I conducted drug workshops and individual and group psychotherapy, and tried to control supply and negotiate doses downward with individual veteran players who agreed to cooperate. Without urine screens the success rate is difficult to assess; it seemed to be less than one in five. It appears that this unique syndrome in intermittent amphetamine abuse, with its feature of total situational dependency, can be dealt with only on a system-side basis as previously suggested^{7/15/10/11}. Many players give the impression that they might appreciate controls that would absolutely remove amphetamine use as a potential competitive advantage. Tom Bass, a retired professional football player, has expressed such sentiments eloquently in his recently published book of verse¹:

THE MAN... HIS FRIENDS NOT TO BE NAMED

My first four seasons
I didn't need the man
never really understood
or could condone
my fellow teammates
who before
each and every game
slipped silently
into the head
one fist tightly clenched
a cup of water
in the other hand
religiously
depending on the man
to help them play the game.

Then came year number five
it was an exhibition game
now I rationalize
the reasons why
older by five years
a soft off season job
not really feeling up
I used them all
to justify
my leaning on the man.

But lean I did
and for five long years
I've come to use him
as a crutch
depending more on the man
than on my playbook
coaches
fellow players
or worst of all
upon myself.

Who is the man you ask
he's known by different names
speed—diet pills—or benny
he answers
to all these
initially
he's used for "PEP"
soon
the man
assumes bigger roles
endurance, courage and performance
all seem to come from him
and there
before your eyes
you find
that you now need
to swallow
those tiny little pills
to just go out and play the game.

It appears that before anything constructive can be done the circumstances must be assessed and the problems acknowledged by the governing institutions of the sport itself.

Arnold J. Mandell, M.D.
Department of Psychiatry
University of California at San Diego
La Jolla, California 92093
© PharmChem Research Foundation

REFERENCES

1. Bass, T. 1974. *Pro Football from the Inside*. In Pro (publisher), pg. 19.
2. Connell, P. H. 1958. Amphetamine Psychosis. Maudsley Monograph No. 5, London: Oxford University Press.
3. Forrest, W. H., Jr., Brown, B. W., Jr., Brown, C. R., et al. 1977. Dextroamphetamine with morphine for the treatment of postoperative pain. *New Eng. J. Med.* 296:712-715.
4. Gilbert, B. 1969. Problems in a turned-on world. *Sports Illustrated*, 30 (25): 64-72; Something extra on the ball, *ibid.* 30 (26): 30-42; High time to make some rules, *ibid.* 31 (1): 30-35.
5. Golding, L. A. and Barnard, J. R. 1963. The effects of d-amphetamine sulfate on physical performance. *J. Sports Med.* 3:221-224.
6. Griffith, J. D., Canaugh, J., Held, J., et al. 1972. Dextroamphetamine: evaluation of psychomimetic properties in man. *Arch. Gen. Psychiat.* 26: 97-100.
7. Johnson, L. A. 1972. Amphetamine use in professional football, doctoral dissertation, United States International Univ.
8. Karpovich, P. V. 1959. Effect of amphetamine sulfate on athletic performance. *J. Am. Med. Assoc.* 170:558-561.
9. Kramer, J. 1968. *Instant Replay*. New York: World Publishing.
10. Mandell, A. J. 1976a. Pro football fumbles the drug scandal. In: Skolnick, J. H. and Currie, E. [eds.], *Crisis in American Institutions*. Boston: Little, Brown and Co.
11. Mandell, A. J. 1976b. *The Nightmare Season*. New York: Random House.
12. Meggysey, D. 1970. *Out of Their League*. Berkeley: Ramparts.
13. O'Leary, C. 1971. *High for the Game*. New York: Morrow.
14. Parrish, B. 1971. *They Call It a Game*. New York: The Dial Press.
15. *The Physician and Sportsmedicine*. Sept. 1973. Special Report: Drug Abuse in Sports.
16. Proceedings: Hearings before the Subcommittee to Investigate Juvenile Delinquency of the Committee on the Judiciary, United States Senate: July 15-16, 1971 and, subsequently, June 18 and July 12-13, 1970 on proper and improper use of drugs by athletes. U. S. Govt. Printing Office, 1973.
17. Proceedings: State of California Assembly Interim Subcommittee on Drug Abuse and Alcoholism: October 20, 1970, on drug abuse in athletics, reprinted in above referenced Proceedings: Hearings before Subcommittee to Investigate Juvenile Delinquency. U. S. Govt. Printing Office, 1973.
18. Ridge vs. Woodward, et al. San Diego Superior Court Action No. 317816, 1973.
19. Sample, J. 1971. *Confessions of a Dirty Ballplayer*. New York: The Dial Press.
20. Smith, G. M. and Beecher, H. 1959. Amphetamine sulfate and athletic performance. *J. Am. Med. Assoc.* 170: 542-557.
21. Snyder, S. H. 1974. *Madness and the Brain*. New York: McGraw Hill.
22. Stanford Research Institute, National Football League 1973 Injury Study.
23. Tarkenton, F. 1971. *Broken Patterns*. New York: Simon and Schuster.

Well Researched,
Factual
Information
About Drugs

The



PharmChem Newsletter

VOLUME 9, NO. 5

JUNE 1980

Detecting Drug Use By Athletes

In the highly competitive world of athletics, the use of performance-enhancing drugs has been—and continues to be—commonplace. The two articles in this month's *PharmChem Newsletter* address that issue, describing both the methods developed for detection, and the complex procedures for screening employed at the Lake Placid Winter Olympics.

Screening: The Scientific Deterrent to Athletic Drug Abuse

by Robert Dugal, Ph.D.,
© 1980 by United Business Publications.

Dr. Dugal is Professor of Clinical Pharmacokinetics and Drug Metabolism, and Director of the Health Sciences Research Center of the National Institute for Scientific Research in Montreal. He has since 1977 been a member of the International Olympic Committee's Medical Commission Scientific Group, and was director of the doping control program for the Lake Placid Olympic Winter Games. This article first appeared in the April, 1980 Laboratory Management. It is reprinted here, in its entirety, by permission of the publisher.

We live in a pharmacologically sophisticated civilization, in which the availability and reputed potency of drugs for dealing with practically any problem have often made drug use the means for meeting physical and emotional challenge. In athletics, the phenomenon known as doping may be considered a special case of the apparently now common nonmedical use of drugs in modern society.

Drug use, misuse, and abuse by athletes is far from new: the ancient Greeks and Romans used preparations thought to increase performance in competition. But the expression "doping" first appeared in an English dictionary in 1899, and it was only in 1910 that scientific proof of doping was first obtained.

The discovery of amphetamine, and the later description of its pharmacologic properties, triggered widespread abuse.

The availability of other drugs soon increased the gravity of this problem because the general population—and the athletic world in particular—became overconfident of the efficacy, specificity, and harmlessness of the available drugs. It is safe to assume that by the 1950s doping had reached epidemic proportions. But denunciations of doping became so frequent that some governments and sports federations laid down regulations against it.

By the early 1960s the International Olympic Committee and various sports federations had banned the use of certain drugs, and France, Austria, and several other countries instituted anti-doping laws.

From the beginning, the International Olympic Committee defined its policy as attempting to prevent the use in sport of those drugs that posed dangers to health, but to do so with minimal interference in correct and necessary therapeutic drug use. Nevertheless, it was recognized that a firm, clear line had to be drawn, and that even the therapeutic use of certain classes of drugs in athletic events could not be accepted without destroying the entire doping control system. The Committee decided to ban only those drugs for which suitable analytical methods could be devised for their unequivocal detection in the blood or urine.

The efficacy of a ban is, however, directly proportional to its enforcement by methods ensuring suitable penalties as the consequence of abuse. So, in 1967, the International Olympic Committee took the highly significant step of founding a medical commission, and the first routine urine controls were performed at the Grenoble Olympic Winter Games in 1968. Since then, refinements in analytical methodology have allowed an increasing number of athletes to be routinely tested for doping at major sporting events.

Doping: Its definition

Exactly what constitutes doping is a matter of considerable debate; various definitions have been proposed. At its 1963 meeting in Strasbourg, the Council of Europe defined doping as: "(T)he administration of or . . . use by a competing athlete of any substance foreign to the body or of any physiological substance taken in abnormal quantity or . . . by an abnormal route of entry into the body, with the sole intention of increasing in an artificial and unfair manner . . . performance in competition. When necessity demands medical treatment with any substance which because of its nature, dosage, or application . . . (can) boost . . . performance in competition in an artificial and unfair manner, this is to be regarded as doping."

The list of forbidden substances issued by most international sports federations and by the International Olympic Committee includes amphetamines and related compounds, some miscellaneous central stimulants, sympathomimetic amines such as ephedrine, the narcotic analgesics, and anabolic steroids.

The Council of Europe definition of doping has given rise to much controversy, as has the inclusion of such substances as ephedrine. The difficulty in devising a satisfactory definition stems from several considerations. Most drugs used in athletics are considered as either restorative or additive; restorative drugs are those that restore use of a part of the body that would otherwise be incapacitated, whereas additive drugs are those that potentially add an extra dimension of performance to the individual's natural ability. Local anesthetics and antiinflammatory drugs fall into the first category; amphetamines and anabolic steroids fall into the second.

Yet both amphetamines and anabolic steroids raise ethical issues, and the fine line of demarcation between doping and legitimate drug use is often defined by a particular situation; if, for example, a local anesthetic is given to an athlete after a severe injury in order to enable his or her return to the field, this—according to many authors—would constitute a clear-cut case of doping. However, administration of the same drug after the game, to make the athlete more comfortable, would be considered normal therapeutic use.

Some drugs usually considered additive may even be prescribed for valid therapeutic reasons in a particular clinical situation. But if, like ephedrine, they have the side effect of mildly stimulating the central nervous system, and thus of potentially improving performance, they are considered as dope. An oft-cited example of this concerns a gold-medalist at the 1972 Olympic games who was disqualified because traces of ephedrine were found in his urine: apparently, he had been prescribed a medicine containing this drug for relief of an asthmatic condition.

Muscle physiology in athletics

Physical performance relates to the function of muscle, a tissue that by nature converts chemical into mechanical energy. The chemical energy is supplied, in particular, by combustion of glucose, while breakdown of ATP to ADP releases the energy needed for muscular contraction and

other cellular functions. ATP is resynthesized through breakdown of phosphocreatine and energy supplied from the anaerobic breakdown of glycogen, with 90% or more of muscle ATP being resynthesized through the oxidation of pyruvic, acetic, and deaminated amino acids and a few other substances such as alcohol, glycerol, and lactic acid. When the oxygen supply is adequate, pyruvic acid enters the Krebs cycle and is ultimately metabolized to CO_2 and H_2O . The circulatory system supplies the muscle and glucose and oxygen, and carries away metabolic products.

With heavy exertion, muscle is driven beyond its oxidative capacity; the aerobic resynthesis of energy stores cannot keep pace with their consumption even if vessels dilate and blood flow increases to augment the supply of muscle oxygen. Under such circumstances of inadequate oxygen supply, glucose is broken down anaerobically to lactic acid. But the use of the anaerobic pathway to provide the necessary energy for resynthesis of ATP eventually leads to an accumulation of lactic acid in muscle that exceeds the capacity of tissue buffers and produces an enzyme-inhibiting decline in pH. A state of metabolic acidosis is induced. Simultaneously, the exhaustion of muscle carbohydrate stores leads to depletion of carbohydrate stores in the entire body, causing hypoglycemia. Last, but not least, is that muscle, like any other machine, converts only part of its chemical energy into mechanical work, dissipating the rest as heat (mostly by evaporation of water secreted through the sweat glands): this excessive heat production affects the nervous system.

The foregoing physiologic disturbances constitute the major symptoms of fatigue—which is the alarm system that doping usually seeks to abolish. The purpose of pharmacologic ergogenic agents is therefore to improve the performance level, hasten recovery from physical exertion, or both, by: (1) direct action on the muscle fibers to increase their mechanical efficiency; (2) increasing muscle mass; (3) increasing the efficiency of the heart and circulatory system in adapting to sudden demands, thus facilitating transport of oxygen, carbohydrates, and metabolic products; (4) conditioning the central nervous system to avoid the early development of psychological signs of fatigue; (5) counteracting some metabolic products associated with the appearance of fatigue; (6) stimulating the respiratory system; and (7) supplying various metabolic intermediates needed for muscular contraction; or a combination of the above.

Amphetamines and performance

The amphetamines are apparently still widely used in sports. Although, despite numerous studies, the basic question of their effectiveness in improving athletic performance seems to remain unanswered, they and their related compounds produce alertness, a decreased sense of fatigue, an elevated mood with increased initiative, confidence (and risk-taking) and ability to concentrate, and increased speech and motor activity. Since it is a sympathomimetic drug, amphetamine is also a vasoconstrictor and increases blood pressure and heart rate, respiratory stimulation, smooth muscle relaxation in the bronchi, blood sugar levels, and muscle tension.

Table 1. International Olympic Committee List of Doping Substances

Psychomotor Stimulant Drugs	Sympathomimetic Amines	Miscellaneous Central Nervous System Stimulants	Narcotic Analgesics	Anabolic Steroids
Amphetamine	Chlorprenaline	Amiphenazole	Anileridine	Methandienone
Benzphetamine	Ephedrine	Bemigrade	Codeine	Stanozolol
Chlorphentermine	Etafedrine	Doxapram	Dextromoramide	Oxymetholone
Cocaine	Isoetharine	Ethamivan	Dihydrocodeine	Nandrolone decanoate
Diethylpropion	Isoprenaline	Leptazol	Dipipanone	Nandrolone phenylpropionate
Dimethylamphetamine	Methoxyphenamine	Nikethamide	Ethylmorphine	Related compounds
Ethylamphetamine	Methylephedrine	Picrotoxine	Heroin	
Fencamfamine	Related compounds	Strychnine	Hydrocodone	
Meclofenoxate		Related compounds	Hydromorphone	
Methylamphetamine			Levorphanol	
Methylphenidate			Methadone	
Norpseudoephedrine			Morphine	
Pemoline			Oxocodone	
Phendimetrazine			Oxomorphone	
Phentermine			Pentazocine	
Pipradol			Pethidine	
Prolintane			Phenazocine	
Related compounds			Piminodine	
			Thebacon	
			Trimeperidine	
			Related compounds	

Combination of other ergogenic agents with amphetamine may lead to potentially harmful drug interactions. Thus, if an athlete takes an alkalosis-inducing substance to reduce lactic acidosis, amphetamine excretion becomes greatly reduced, and administration of sequential doses of amphetamine, even at normal intervals, may produce a severe intoxication. Under conditions of acid urine, the plasma half-life of amphetamine is reported to range from 7 to 14 hours, and the drug is eliminated unchanged in proportions of 67 to 73%. But with an alkaline urine, metabolism becomes the dominant route of amphetamine elimination, and the half-life increases to 18 to 34 hours. It is noteworthy that amphetamine psychosis has been positively correlated with the amount of the basic polar metabolites of amphetamine in the urine, suggesting that the latter may be responsible for the psychosis. Other potentially harmful interactions of amphetamines and other drugs have been reported.

Anabolic steroids and athletic performance

The anabolic steroids are chemical and functional relatives of the male sex—or androgenic—hormones. The primary androgen responsible for male sex characteristics is testosterone, whose normal functions are seen at puberty.

The anabolic effect of the androgenic hormones is brought about by their nitrogen-retaining properties, associated with the synthesis of muscle protein. The effect is marked by promotion of a rapid increase in height and a development of the skeletal musculature which, with skeletal thickening, contributes to a rapid increase in body weight. Associated with the weight-gain is a retention of potassium, sodium, phosphorus, sulfur, and chloride, along with water held with the retained salts and proteins.

In attempts to obtain compounds which might promote body growth without having masculinizing effects, several steroids related to testosterone have been synthesized. However, a complete dissociation of the two effects has yet to be achieved.

The use of anabolic androgens always includes a high risk of serious side effects. Among the dangers to be feared in attempting to maximize muscular volume and efficiency with anabolic steroids are that muscle tendons remain unaffected by androgens, and thus do not follow the muscular mass increase they promote. Therefore, when certain muscle groups—particularly the biceps and quadriceps—are subjected to constantly increasing effort, the tendons may become inflamed and rupture. Beyond this, subjection of the skeleton to increasing stress can produce such permanent

lesions as degenerative joint disease of the hip and knee. These and other factors have made athletic governing bodies take a stringent position on the use of anabolic steroids. At a 1975 London symposium, representatives of the International Federation of Sports Medicine unanimously condemned the medical prescription of anabolic steroids to healthy athletes.

Detection of doping

Doping control is not simply an analytical problem; it is a pharmacologic problem as well, and careful appraisal of analytical results must therefore be done in conjunction with pharmacologists. An ingested drug undergoes a series of consecutive and simultaneous processes, or both. The first two of these systemic processes are dissolution in the gastrointestinal tract and absorption into the bloodstream. Systemic distribution is followed by diffusion into a variety of extravascular spaces. Simultaneously, enterohepatic cycling metabolism, excretion, and tubular resorption are the factors of particular importance for the drugs used as doping agents.

As an example of the foregoing, methamphetamine may be demethylated to form amphetamine, with both compounds being consecutively or simultaneously ring-hydroxylated and excreted as their glucuronides. Under certain conditions, and particularly in the case of a basic urine pH maintained by ingestion of alkaline substances, metabolism becomes the rate-limiting step in excretion, and very little of the intact parent compound is excreted. Therefore, when very little drug is detected in an alkaline urine, it may not necessarily mean that the drug is present at low levels in the body. Conversely, under conditions of acid urinary pH, the elimination of amphetamine is quite rapid.

Factors such as the above require a laboratory to have procedures for detecting and identifying both metabolites and their parent compounds. Identification of metabolites is also highly useful because it prevents athletes with positive screening results from arguing that a drug was artificially added to the urine specimen.

Analytical methods

Basically, the analytical detection of doping comprises three stages: (1) extraction of a urine sample; (2) screening for the presence of doping agents; and (3) identifying the drug, metabolite, or both that are detected in the screening process. In general, urine is the most convenient biological sample for analysis. Higher drug concentrations are found in urine than in blood, and there is less interference, in analysis, from urinary constituents than from those in blood. Second, urine sampling is much less traumatic than is blood withdrawal to an athlete just finishing competition.

Since doping agents belong to several chemical classes, extractions at differing pH are usually necessary. Some doping agents may be screened directly by gas chromatography, while others require chemical manipulation (derivatization) before screening. For the past 4 years, the Institut National de la Recherche Scientifique in Montreal, which

monitored drug use at the 1976 Summer Olympics, has been working on improved methods and the use of more advanced analytical instruments in preparation for its similar role at the 1980 Winter Olympics in Lake Placid, New York.

Sample analysis (screening) relies essentially on gas chromatography, as it has since analytical doping control was first established in 1968. The main changes in methodology for the Lake Placid games came from the use of: (1) capillary columns to ensure better peak resolution in a chromatographic run; (2) a detector developed to detect only nitrogen-containing compounds, and that will show no peak with the elution from the column of a substance containing no nitrogen atom (which simplifies the task of identifying nitrogen-containing drugs in complex urine extracts); (3) microprocessor-based technology allowing reduction of chromatographic signals and production of printed analytical reports on automatic data-handling systems; and (4) sample introduction automation through microprocessor-controlled liquid samplers.

A fully automated system, comprising 12 gas chromatographs (Sigma 2, Perkin-Elmer, Inc., Norwalk, CT) equipped with automatic liquid samplers (ALS 100, Perkin-Elmer, Inc.) and interfaced by pairs with 6 automatic data-handling systems (Sigma 10B, Perkin-Elmer, Inc.), is used for screening. The combination of all of the technological advances mentioned make it possible to determine within 2½ hours whether a sample contains any of the 250 potential doping agents screened by the system.

The routine chromatographic screening of anabolic steroids has not yet reached the desired stage of reliability or reproducibility. Accordingly, these substances are screened by computerized liquid scintillation counting and radioimmunochemistry. In principle, a reading by these two methods will indicate, as in chromatography, the presence of a drug, and will determine further analytical strategies.

Once a drug has been detected, it is necessary to identify it through more definitive methods. At the Lake Placid Winter Olympics, four mass spectrometers (two magnetic sector and two quadrupole instruments) were used to identify potential positive results. The mass spectrometer, producing ions through electron impact or chemical ionization and separating them according to mass/charge ratio, records the intensity of each ion. The plot of relative intensity versus mass/charge ratio constitutes the mass spectrum. An unknown substance can be identified through careful analysis of its fragmentation pattern or by comparison with a computerized spectral library.

Conclusion

The introduction of doping control at major international athletic events held under the auspices of the International Sports Federation and the International Olympic Committee has led to substantial reduction in the misuse of those drugs included in the forbidden classes. It is generally believed that before controls were implemented, as many as 35% of the athletes competing in major international events used performance-enhancing drugs. This was reduced to about 0.7% at the 1972 Munich and 1976 Montreal Olympic games. Thus,

where screening has been done, the small percentage of positive results has indicated its effective deterrent aspect.

On the North American athletics scene, however, there seems to be evidence of an increase in drug use, particularly in highly specialized professional competitive sports, in which athletes are insulated from close interaction with management structures. Management often seems to treat athletes as performing machines, giving apparently little consideration to the individual. The athletes themselves, in an environment that emphasizes winning at all costs, are often reluctant to introduce control procedures; and for their part, financial interests may be deeply involved in the performance of a team or an individual, making action unlikely unless the image of a sport becomes so tarnished through public awareness of widespread doping that its control comes into demand. Exact statistics on the extent of drug use are thus often difficult to obtain, and guidelines

from medical organizations may be moralistic in their approach to the doping problem.

A properly instituted system of drug monitoring in amateur and professional sports can, however, apparently furnish a realistic description of the extent of drug use, and can act as a deterrent to drug misuse if appropriate penalties are defined by the responsible athletic governing bodies. At the same time, there is the need for educational programs aimed at convincing athletes that there are better ways to meet both the physical and psychological challenges of sport than by taking drugs.

Acknowledgments

The assistance of Drs. Michel Bertrand, Robert Masse, Sam F. Cooper, and Claire Dupuis in the development of the methods summarily described in this paper is gratefully acknowledged.

Special Olympic Report: Behind the Scene With the Front Runners,

by A.E. Woolley, Ph.D., Manley Witten,
and Michael Sweeny,

© 1980 by North American Publishing Co.

Dr. Woolley, Mr. Witten, and Mr. Sweeny are, respectively, Editorial Director, Editor, and Assistant Editor of Lab World. This article first appeared in the March, 1980 Lab World. It is reprinted here, in its entirety, by permission of the Editor.

Munich will not happen again. Neither will Montreal. The Olympics committee for security has seen to that. Getting into any of the Games' restricted areas required detailed clearances. And the clinical laboratory drug abuse control center to test athletes for use of banned drugs was part of that tight security.

Will Rogers would approve of the special duties performed in his old hospital for aged entertainers. Located about 10 miles west of the village of Lake Placid, New York, the Hillside Hotel contained two floors of rooms brimming with laboratory-testing hardware. Perkin-Elmer alone contributed over \$500,000 worth of gas chromatography equipment. Additionally, there were instruments from Beckman and Data General/Nova. Rooms once used to maintain the health of fading theatrical performers housed this equipment.

Lake Placid served as a stage of over 700 square miles on which the players of the world competed for gold. And every winner had to pass the exacting inspection of the clinical laboratory. The editors of Lab World went behind the scene to investigate the unheralded support performers who had the responsibility for qualifying every Olympic champion as a star.

Technological advances in pharmacology during World War II gave the 1950s generation new "miracle drugs" for treatment of disease. But the post-war sciences also produced an array of synthetic and derived stimulants.

Psychomotor stimulants (amphetamine), sympathomimetic amines (ephedrine) and miscellaneous central nervous system stimulants (leptazol) were developed, along with narcotic analgesics (morphine) and anabolic steroids like methandienone (Danabol®) and 19-nortestosterone.

Some athletes began using these five classes of drugs non-medically to improve their mental and physical conditioning under competitive stress.

At the 1952 Winter Olympics, Oslo, Norway, ampules and syringes were found in some dressing rooms. At the 1960 Rome Olympics, a Danish cyclist died on the track from an overdose of amphetamines. British cyclist Tommy Simpson died in 1967 of amphetamine overdose while competing in the Tour de France. That same year, the International Olympic Committee (IOC) established a medical commission to oversee doping control in Olympic competition. The first routine urine sample testing occurred during the 1968 Olympic Games in Grenoble, due largely to work described by Professor Arnold Beckett of the University of London.

The IOC Medical Commission then confronted the difficult problems of enforcement. What drugs would be banned without interfering with the proper administration of therapeutic drugs? How could the athlete be sampled effectively, without trauma? What method for analysis could possibly screen and identify 300 or more banned substances in a body

fluid that contains hundreds of natural and artificial chemicals, with high reproducibility, precision and accuracy? How could all this be done *routinely* with short turnaround time?

Gas chromatography (GC) seemed an obvious choice to detect drugs. Martin and James first described GC in 1952, the same year ampules were found at the Oslo Olympics. Perkin-Elmer Corporation and Waters Associates were among the first to provide GC instruments on a wide scale. GC is now a common method in research and industrial laboratories with increasing applications in clinical laboratories for toxicology (anti-epileptic drugs and antiasthmatics) and microbiology. The limiting factor in the development of GC has been the recalcitrance in making the procedure and data management routine for a large number of samples. There was additional difficulty in providing suitable all-purpose columns and totally reproducible, volatile derivatives suitable for injection into the columns.

Directors of the IOC Medical Commission's Doping Control Committee, along with the Perkin-Elmer, have overcome this. They tested over 450 samples in 13 days at Lake Placid, and were geared to do 175 samples per day if needed.

Many of the doping control lab personnel are chemists or graduate chemistry students at the National Institute for Scientific Research (INRS) in Montreal. Many hold academic concentrations in electrical engineering or computer science.

They focused on urine samples. "Strange as it may seem, urine is a cleaner medium for analysis than blood or other body fluids," said Robert Dugal, PhD, director of the Doping Control Committee. "It has more metabolites at higher levels, and can be obtained without traumatizing the athlete." (See Box, "Transporting Specimens".)

Once the urine sample reached the Hillside Hotel lab, the testing involved three steps: preparing the sample, screening in the gas chromatograph, and, if necessary, confirming a positive result using gas chromatography and mass spectrometry. First run results took about 30 minutes.

"We ask for 75 mls from each athlete," said Michel Bertrand PhD, associate director of the lab. "Once we get the urine sample, we divide it and take 5mls for each class. A pH test is run on the sample both at the collection site and in the lab and matched to be sure there have been no trades enroute, and to check that the athlete is not purposely altering his pH in order to hide drug use from us. For example, we know that urine pH is normally 4.5 to 5.5 after a strenuous event. Stimulants like amphetamines, under alkaline conditions brought about by athletes, who drink a lot of Vichy water or eat baking soda, will be reabsorbed into their system and won't come out in the urine."

"Station personnel will take note of an unusual (above 6.8) pH and send it with their report," said Dugal. "We then treat these samples somewhat differently—we concentrate the extract more and we extract larger volumes so that the stimulants in lower concentration will not be missed."

"Our instrumentation and extraction procedures are geared to handle three major pharmacological types," said Dugal. "We group the psychomotor stimulants, sympathomimetic amines and miscellaneous central nervous system stimulants together since these are naturally volatile and stable enough for GC analysis. Narcotics and some metabolites of the stimulants must be derivatized before injection into the GC. The anabolic steroids are extracted and processed for an

initial RIA/scintillation counter screening. In the case of anabolic steroids, we extract for two basic types of anabolic steroids—those administered orally (containing a 17-alpha-alkyl group), and those administered intramuscularly (19-nortestosterone esters) for long-acting effect."

Once the specimens had been divided and appropriately extracted or derivatized as needed, they were sent downstairs where more than a half-million dollar collection of gas chromatographs, chart recorders, automatic sample injectors, microprocessor interfaces, data management systems, mass spectrometers, gamma counters and back-up generators was interconnected in sophisticated linkages never before used at an Olympic competition.

"The capillary column used in this routine application is an innovation compared with the traditional packed columns because it is so fragile and can handle a greater number of metabolites with higher resolution," observed Gabriel Sanchez, technical research agent and for 14 years an assistant to Bertrand.

"For example, power of resolution can be indicated by determining the number of theoretical plates in the column," he said. "The capillary column has nearly 100 times the theoretical plates of the packed column."

"We have assigned several machines to one class of compounds and use the packed column as we did in Montreal as backups," explained Bertrand. "All instruments are fed by the same gas line for consistency in the flow rates, but the temperatures in the individual systems must be different, in many cases, depending on the class we are testing for. For example, amphetamine-like compounds are run at a lower temperature than morphine-like compounds."

Two machines were controlled by each system with one data station, and the number crunching carried out by five microprocessors at each station. Each system had a Perkin-Elmer AS-100 Automatic Liquid Sampler which precisely loaded and injected samples and standards into the column. Generators providing 500 amps and 50,000 watts assured that variations from one machine to another due to power drains would be reduced. The helium gas mobile phase that carried the volatile components through all the columns was released from one central tank.

"We expect that less than 0.1 percent of the samples will test positive," Bertrand observed. "We view our function here as a technological deterrent, so that if we get few positive results our mission is fulfilled."

"All categories of drugs we seek, with the exception of the anabolic steroids, contain nitrogen," said Dugal. "This enables us to determine whether a drug is present in a urine sample by use of the Perkin-Elmer Sigma B Series chromatographs equipped with nitrogen selective detectors. What we are looking at, in addition to the drugs themselves, are metabolic products of any drugs that have been taken. These determinations are made with the nitrogen detector, which precludes interferences from other compounds," he said. "Some drugs, for example pemoline," continued Bertrand, "are totally chemically changed from an ester to an acid in the liver before excretion. Therefore, we test for some acidics, in addition to the stimulants, the narcotics and the steroids," he said. "We keep a compendium of all drugs and their metabolites, but we can tell from the chromatogram whether or not we might be getting an exotic potion from plants with natural alkaloids. We'd see it as part of a class of banned

compounds, then research it to see if it is active."

In fact, all drugs must be tested with metabolites of the drugs in mind—a pharmacological problem. "We have to treat metabolites, as well as parent compounds, like a drug," said Bertrand. "One active metabolite of methamphetamine is actually on the market in Europe." A parent drug is first digested in the gastrointestinal tract and absorbed into the bloodstream, and then it diffuses into the extravascular spaces. At the same time, metabolism and tubular reabsorption are taking place—these have a marked effect on doping agents. For example, an athlete taking amphetamine can maintain an alkaline urine pH by consuming alkaline substances, thus making metabolism the rate-limiting step of excretion with little excretion of the parent amphetamine compound. But in this lab the metabolites—ring-hydroxylated amphetamines excreted as glucuronides—will be detected.

"Other drugs besides amphetamines behave differently, depending on the acidity or alkalinity of the system," said Dugal. "An athlete can make the system acidic simply by taking Vitamin C. It's difficult to keep up with new doping strategies because trainers and athletes simply aren't talking. We are constantly looking at new things, like the corticosteroid (prednisone) used as an analgesic for bicyclists in training." "At a high level," added Bertrand, "these will act like the banned anabolic steroids, so we are trying to discover whether it is being done." Bertrand also stated that data generated at the Olympics will be taken back to Montreal and analyzed for new trends and for the scientific information that can be useful in other medical areas. "We know that drug metabolism will change with diet, environment, mental attitude, and even race," Bertrand remarked.

The Japanese metabolize one non-banned drug entirely differently from the Americans. Researchers have found new metabolic steps not found before in humans. They have developed new dual derivatization procedures of value to the scientific community. These researchers are using statistics to find that a currently IOC-accepted drug, nicotine (which can serve as a stimulant) is being found in non-smoking athletes. "We're examining this right now," said Bertrand. "We know that 2-ppm of nicotine is found in one-pack-a-day smokers, but we are seeing up to 14-ppm in some samples. Now, either these athletes are smoking seven packs a day—unlikely—or they are chewing tobacco or taking pills. This illustrates the growing problem of abuse of accepted drugs which must be monitored. That's why the IOC list is an *open* list, including 'related compounds'."

Surprisingly, barbiturates and diazepam are permitted by the IOC, but the record of their use is included on the chromatogram readout contained in the athlete's personal file. The IOC has determined that these drugs do not significantly enhance athletic performance.

If a positive result for any of the banned drugs was received, the sample was rerun and separated by GC. Mass spectroscopy was then used in addition to GC to identify positively the drug by the unmistakable chemical print (as individual as a fingerprint) produced when the molecule is bombarded with electrons, split into ions, separated according to mass/charge ratios and plotted as relative intensity versus the mass/charge ratio.

GC and GC/MS are very reliable for the first four classes

of drugs. Problems arise in detecting the fifth set of drugs, the anabolic steroids. Steroids are naturally produced compounds in the body and they can be divided into three broad categories—estrogens, androgens and corticosteroids.

Anabolic steroids are chemical and functional relatives of the androgens, male sex hormones such as testosterone that build skeletal musculature (the anabolic effect). Chemically modified anabolic derivatives of the androgens, however, decrease the androgenic effect that testosterone exerts in regulating sex characteristics and increase the anabolic effect.

Steroids are widely abused in all sports. Bertrand and Dugal claim that although no definite statistics are available, between 50 and 80 percent of the champion weight lifters, shot-putters and discus-throwers take these compounds. "Anabolic steroids also act on the central nervous system and make the athlete more aggressive," said Bertrand. "And this may be more important than the physical changes."

"Alpine skiing events and figure skating events do not require testing for steroids," said Dugal. "All other events are tested for steroids."

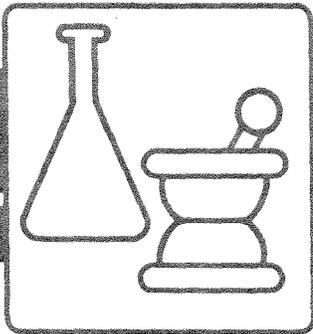
Screening methods for anabolic steroids are still somewhat imperfect. These drugs were banned only recently, before the 1976 Montreal games, and several problems still exist in the detection procedure, although eight athletes at the Montreal Games tested positive for anabolic steroids.

The steroid testing that Dugal and Bertrand did at the 1980 Winter Olympics involved radioimmunoassay (RIA) screening and the latest method for detecting steroids—GC/MS. "Basically, we do two different extractions for the RIA," said Dugal. "We need about one-half ml for each of the two procedures."

"To avoid confusion of anabolic steroid metabolites with natural hormones, we rely on gas chromatographic separation and then do positive identification, again, by mass spectrometry," commented Bertrand. The method depends on new derivatizing agents containing nitrogen. The derivatized anabolic steroid samples can then be screened for the presence of anabolic steroids using the GC with the sensitive nitrogen detector. The other screening method available, RIA, is a 7 to 8-hour procedure that yields many false positives with men and women because cross-reaction is high with natural hormones and artificial steroids such as the oral contraceptive. In fact, oral contraceptives are not banned, and many women athletes are claiming that a carefully selected pill and regimen will lead to better performances, maximized muscle mass and no threat of penalties.

Knowing that all data collected achieved not only the immediate objective of Olympics doping control but the dissemination of drug information for later day-to-day clinical lab application gave each technologist/technician a reward well beyond the money received for doing an essential professional performance.

The members of this team that began in Montreal and expanded to Lake Placid are anticipating Los Angeles in 1984. The scientific endeavors of this group are imbued with a moralism rarely found in technological settings, with obvious social activism as a foundation. Bertrand and Dugal have written that "without doping control, the Olympics could become a competition between pharmacologists and trainers with the athletes as guinea pigs."



PHARMCHEM

NEWSLETTER

VOLUME 12 NO. 5 SEPTEMBER-OCTOBER, 1983

A Chemist's Review

Drug Screening Methodologies

By Hugh W. Allen

The body of literature dealing with the identification of drugs in biological fluids is enormous. In part, this reflects the diversity of the methodologies and instrumentation available to perform a given analysis.

There are numerous variations of gas chromatography, thin layer chromatography, high pressure liquid chromatography, mass spectrometry, spectrophotometric assays and immunoassays which can be used by the chemist. Each method has evolved out of a desire for a specific type of analysis with a characteristic level of sensitivity and specificity. Some take hours to perform and are very sensitive and specific, whereas others take seconds but may only indicate the use of a certain class of drugs, members of which may be purchased over-the-counter in pharmacies.

Testing for drugs in biological fluids is done in a variety of situations. Hospitals need rapid and accurate results when measuring the level of a therapeutic drug in a patient, or when a comatose patient suspected of drug overdose is encountered. Methadone maintenance clinics, drug detoxification clinics, and parole and probation agencies all utilize urinalysis for drugs of abuse as an integral part of their programs. Drug testing has been performed on racehorses for years and, more recently, testing of professional athletes, military personnel, and even company employees has become common.

The optimum method of analysis (or combination of methods) will differ in each of these cases and may be characterized by criteria of cost, analysis time, specificity, accuracy and sensitivity. This paper outlines the common methodologies used to perform urinalysis for drugs of abuse, and assesses those methods with respect to the above criteria.

Thin Layer Chromatography

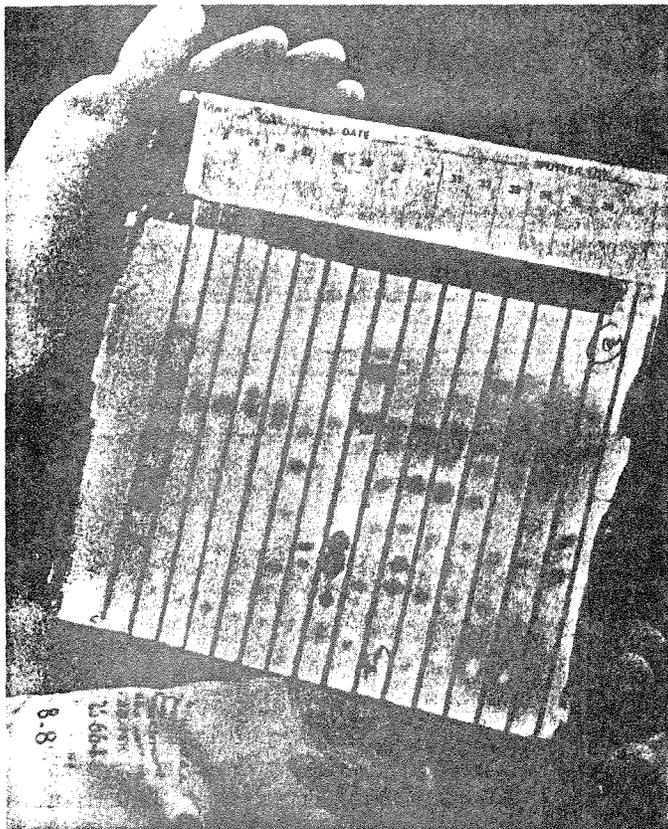
Thin Layer Chromatography (TLC) is frequently used as the main analytical tool for low cost, high volume drug screening programs. It has been used

for many years by chemists requiring a simple and inexpensive method for isolating and identifying the components of a mixture, and it is the primary technique used at PharmChem Laboratories. The principle of TLC is quite simple, yet in actuality the behavior of different drugs can be complex and difficult to predict accurately.

Separation and identification of drugs usually takes place on a glass plate which is coated with a very thin layer of silica gel or alumina. This layer is commonly called the stationary phase. Before 1961, when the first commercial TLC plates became available, the chemist prepared his own by dipping microscope slides in a suspension of silica gel in chloroform or water.

The urine sample to be analyzed is purified and concentrated so that it can be applied in a small spot near the bottom of the TLC plate. The plate is then "developed" by placing it in a tank containing a suitable solvent which is called the mobile phase. The plate is positioned such that only the lower edge is covered with solvent. This mobile phase then moves up the plate, past the position with the sample concentrate, propelled by forces of capillary action. An analogy can be made to the action of water moving up your sleeping bag if the end is left outside the tent on a rainy night.

As the mobile phase moves past the position with the sample concentrate, it begins to interact with the sample and it will move drugs and other compounds along with it at different, characteristic rates. The drugs in the sample will separate according to their different physical properties and distinctive interaction with the mobile and stationary phases. Gas and Liquid Chromatography are merely variations on this theme with the mobile and stationary phases being different. Identification of the drugs, which are still not visible at this point, is achieved by treating the plate with reagents which form reproducible color complexes with the drugs. Reference standards of the



TLC PLATE—A basic tool in thin layer chromatography, the plate reveals which drugs and metabolites exist in urine samples. For instance, the band of spots running just above the halfway point of this plate indicate that methadone is being used. These samples obviously come from one of the many methadone clinics served by PharmChem Laboratories.

The PharmChem Newsletter (ISSN 0146-3128) is published bimonthly by PharmChem Laboratories, Inc., 3925 Bohannon Drive, Menlo Park, CA 94025. (415) 328-6200. Views and opinions expressed in newsletter articles and editorials do not necessarily represent those of PharmChem Laboratories, its board of directors, management, or staff.

A public service of PharmChem Laboratories, Inc., the PharmChem Newsletter presents well-researched, factual information on drugs and related subjects. Each issue contains an itemized street drug assay report of samples tested by PharmChem's Drug Assay Laboratory. For comments or inquiries about editorial content, please write Editor, PharmChem Newsletter, 3925 Bohannon Drive, Menlo Park, CA 94025.

Incorporated in 1970 by people concerned about the increasing non-medical use of drugs, PharmChem is a licensed laboratory that specializes in the analysis of drugs and urine screening for drug rehabilitation and enforcement programs. For more information on these and other services, including individual consultation, contact Sandi Hamel, client representative.

Subscription rates: \$25 per year in the United States, Mexico, and Canada. All other countries add \$4.00 for extra postage. Subscription inquiries and payments should be directed to:

PharmChem Newsletter
3925 Bohannon Drive
Menlo Park, CA 94025

Charles L. Renfro, Editor
Jill Ehrhorn, Assistant Editor
James A. Ostranga, Founder and Chairman of the Board

drugs being screened are spotted next to the sample so that the analyst can match migration distances and color reactions.

No single mobile phase and detection reagent can positively identify use of all drugs; however, the coordinated application of two or more solvent systems can cover most drugs commonly screened. For instance, PharmChem's urinalysis lab screens for opiates, amphetamines, barbiturates, methadone and its metabolite, propoxyphene, cocaine and its metabolite and other less commonly abused drugs with a comprehensive TLC screening system. Additional TLC screens can also add to the accuracy of the analysis since two different drugs which give the same migration distance and color reaction in one solvent system may separate for positive identification in another. Each drug screening laboratory will have a special array of TLC systems with which to screen for and confirm a wide range of drugs.

An element important in determining the analysis time, sensitivity, and cost of TLC analysis is the purification and concentration step which must be performed on the sample prior to chromatography. Liquid-liquid extraction is the most popular, and probably the most practical method for large scale operations. This type of extraction involves adjusting the pH of the sample to a specific range, depending upon the type of drugs being analyzed, and then mixing it with an immiscible organic solvent like chloroform. The separate chloroform layer is concentrated and applied to a TLC plate. This type of extraction is inexpensive and can give excellent sensitivity with the correct choice of sample pH and extraction solvent.

Thin layer chromatography is not the technique of choice for all analysis programs, but it does provide a powerful tool for sensitive detection of a wide range of drugs at relatively low cost. Since many samples can be analyzed simultaneously, a laboratory processing several thousand samples per day can offer a complete TLC test (including confirmation of positives, postage, and container and reporting costs) for four to ten dollars per sample, depending on the extent of service required. This type of low cost analysis is normally used for methadone maintenance programs, drug detoxification clinics, and some correctional agencies.

One promising development in the field of thin layer chromatography is a technique called High Performance Thin Layer Chromatography (HPTLC). HPTLC works on the same basic principle as conventional TLC, but it utilizes ultrafine silica particles, two to five micrometers in diameter, to coat the plate. Conventional TLC plates have traditionally had a very wide range of particle diameters, making results less predictable. With the smaller particles used in HPTLC, greater interaction between the drug and the solid phase takes place and separations are achieved in much less time and with shorter mobile phase migration distances. The end result is increased sen-

sitivity and accuracy, and decreased time for chromatography. HPTLC can also be used with special scanning densitometers which will give accurate quantitative results impossible with conventional TLC.

Currently, the instrumentation for HPTLC (plates and spotting machines) is expensive and makes the analysis of a very large number of samples time-consuming and costly. The technique is used mainly in specialized situations of industry and research. In the near future, though, we are likely to see an increase in the use of this powerful technique for drug analyses.

Gas-Liquid Chromatography

Gas-Liquid Chromatography (GLC or GC) is an excellent method for detecting a wide range of drugs in biological fluids. The instrument used for this type of analysis, the gas chromatograph (GC), can have a number of modifications which are each suited for certain types of analyses. A GC equipped for confirming results initially obtained by TLC will probably be much different from one which is used to screen professional athletes for drugs of abuse.

Gas chromatography works on much the same principle as thin layer chromatography. After the sample is purified and concentrated it is injected into the GC. The GC contains a special column which separates the sample and allows it to flow through a detector at a specific time called the retention time. Each drug has a characteristic retention time.

This methodology is more expensive than TLC, but it is also more sensitive and more specific in most cases. Problems with screening for drugs by GC arise when working with a large sample load. Extractions to prepare samples for GC are often lengthy and, moreover, most gas chromatographs can only pro-



GAS-LIQUID CHROMATOGRAPHY—PharmChem Lab Analyst Barbara Lloyd injects a drug solution into the gas chromatograph, used to confirm positives obtained by thin layer chromatography.

cess one sample at a time. For a large operation to be set up with a short analysis time, many machines would be needed and expenses would soar. In most laboratories, GC is used to confirm positives obtained by TLC. This is a much more efficient situation since only a small proportion of the samples will need to run on the GC.

Mass Spectrometry

One of the most sophisticated tests for drugs is Gas Chromatography/Mass Spectrometry (GC/MS). This method utilizes a special gas chromatograph which has a mass spectrometer as its detector. The mass spectrometer allows the analyst to determine the molecular weight of the unknown compound as well as to confirm the identity of the compound by comparing its unique fragmentation spectra to that of an analytical standard. This data, along with the retention time provided by the GC, gives excellent accuracy, reliability, and sensitivity.

GC/MS systems have traditionally had the disadvantage of requiring highly trained operators, being very expensive, and being rather tedious and time consuming to operate. The level of technical expertise required to maintain these machines is still very high; however, recent innovations in computerization have made operation of the machines much easier. With the correct computer library of drug spectra and retention times, a well designed system can enable the operator to inject a sample and obtain the confirmed identity of the drug in a few minutes.

The GC/MS has been used mainly for research and situations where accurate trace analyses are required, such as forensic toxicology. More recently, however, it has become the method of choice to screen athletes for drugs of abuse. Since very small amounts of the drugs and their metabolic end-products can be detected, an athlete who has taken a drug well before testing may show positive. The consequences of this type of testing have become evident with the large number of athletes being disqualified from the 1983 Pan American games in Caracas.

One important application for the GC/MS is testing for marijuana use. THC and its many metabolites are present in urine and blood at very low concentrations after marijuana use. The GC/MS is so sensitive that it can detect passive smoking of marijuana (being in the same room with people smoking marijuana); however, since this method can also determine exactly how much of the drug is present, false positives from passive smoking can be avoided. Unfortunately, confirmation of THC positives by GC/MS is not regularly performed because the procedure will normally cost a minimum of \$50 per sample.

Immunoassays

The use of immunoassays for detecting drugs and their metabolites has become commonplace, especially with the advent of systems such as Syva Company's Enzyme Multiplied Immunoassay Technique (EMIT). In fact, the major method used to screen



MASS SPECTROMETRY—One of the most sophisticated instruments for drug screening, gas chromatography/mass spectrometry (GC/MS) systems like this one are used to screen Olympic athletes. The GC/MS is so sensitive that it can detect passive marijuana smoking. Photo courtesy of Finnigan MAT, an international manufacturer of GC/MS systems.

for marijuana use has been immunoassay. Immunoassays use drug-specific antibodies to discriminate between positive and negative samples. The antibody is prepared by injecting laboratory animals, often sheep, with a specially modified form of the drug which the antibody will be directed against. The animal's immune system will then respond to this drug by making drug-specific antibodies in the same way that it would make specific antibodies to a foreign bacteria or virus. The antibodies are purified from the animal blood for use in immunoassay kits. A lengthy explanation of the theory of immunoassays will not be included here. Rather, their practical applications and performance characteristics will be emphasized.

In general, immunoassays are much more sensitive than TLC and GC. Even so, their sensitivity can vary widely depending upon the type of immunoassay and design of the analytical procedure. Some immunoassay procedures are sensitive enough to detect cocaine or heroin addiction in an individual by analyzing a small sample of hair. In chronic drug users, small amounts of the drug being used (and/or metabolites of this drug) are absorbed by the hair as it grows. The presence of these drugs is not affected, as one might expect, by shampooing. Simple extraction procedures and a technique called radioimmunoassay can make this type of detection routine. One must note, however, that no information on recent drug use is gained by analyzing hair samples.

A very sensitive immunoassay technique is not an advantage in every situation. For instance, in the case of marijuana use, testing with a very sensitive immunoassay (more sensitive than EMIT) may lead to

positive results from someone passively exposed to marijuana smoke. Even if the positive did not result from passive exposure, a legal defense based upon this possibility is certainly credible. Assaying with very sensitive methods can also lead to difficulty in interpreting urinalysis results. The detection of trace levels of methadone in a methadone maintenance patient may or may not indicate that he has been taking the medication recently. Individuals who have recently entered a drug counseling program may test positive for drugs which they had taken before entering the program. Screening with an assay of very high sensitivity can also lead to weak positives which cannot be confirmed by other available methods. In this case, screening with the less sensitive method is advantageous.

One problem with immunoassays is their lack of specificity. This commonly cited complaint has to do with the tendency of the antibodies used in these tests to cross-react with drugs or drug metabolites that are structurally similar to the target drug. The best response to this is that some immunoassays are definitely better than others and that each individual lot of antibodies used in an immunoassay kit must be investigated for cross-reactivity with other drugs. Normally, this is done by the manufacturer, but any responsible analyst will know the limitations of the particular assay being used.

A good example of this type of specificity problem is afforded by immunoassays for amphetamine. These tests are especially prone to false positives since there are some very close structural analogs to amphetamine and methamphetamine present in cold remedies which can cause false positives. Because of this potential cross reactivity, most laboratories use immunoassays as a small part of a more comprehensive testing procedure. The tendency of immunoassays to cross react with structurally related compounds can actually be of advantage when this test is used for initial screening of drugs which will be confirmed by more specific methods. In this case, any structural analogs (which likely have abuse potential themselves) or drug metabolites which are detected will add to the effectiveness of the overall analysis.

Immunoassays can be very fast. The EMIT technology allows analysis of one sample in less than a minute once the equipment is set up and calibrated. Other more sensitive methods require a few hours to perform, but they can do many samples at a time. The cost of immunoassays can also cover a wide range though the price of most testing is only a few dollars per sample. It is important to realize that a number of immunoassays, each for different drugs or drug categories, must be performed in order to screen for a wide range of drugs. This raises the price of screening by immunoassays considerably. The limitations of this test with regards to its specificity also indicate that additional methods like TLC or GC will have to be performed in order to determine the drug present.

(continued on back page)

Liquid Chromatography

One of the more recent advances in the field of chromatography has come with the introduction of High Pressure Liquid Chromatography (HPLC). HPLC is performed with a machine which is similar in design to the gas chromatograph. The main difference is that liquid, not gas, is used to carry the sample through the separation column to the detector. This means that there is no requirement for high temperatures to vaporize the sample, allowing many thermally unstable drugs and biological macromolecules to be analyzed directly. HPLC has started a revolution in biological research, and its use in hospitals to monitor blood levels of therapeutic drugs has become widespread. A large number of drugs are easily analyzed by HPLC and use of this method will continue to increase in drug screening laboratories.

Spectrophotometry

Ultraviolet and Visible Spectrophotometry are being used less often in modern drug screening laboratories. In part, this is because they are not applicable to all types of drug analyses and they cannot give specific results such as those obtainable by GC or TLC. In addition, interferences present in the sample will often confuse the analysis results. Though they are good methods for backing up information obtained by other types of analyses, they have been replaced by immunoassays which are more sensitive and easier to perform.

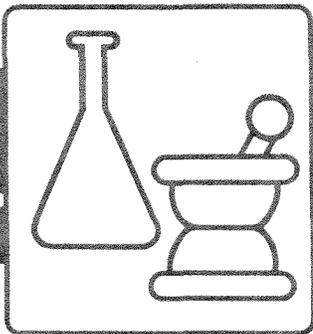
The most commonly used assays of this type fall into one of two categories: Ultraviolet (UV) Spectrophotometry, or Visible Spectrophotometry (colorimetry). Colorimetry takes advantage of colors given off directly by drugs, or by colors produced in the reaction of drugs with special reagents. These colors can be measured and compared to standards giving information on what type of drug is present (qualitative), and on how much of it is present (quantitative). With UV spectrophotometry, the absorption of ultraviolet light by the drug is detected. Many drugs absorb ultraviolet light at different wavelengths and this method can also give both qualitative and quantitative results.

Presently, methods available for drug analysis are as diverse as the programs which use them. This trend will undoubtedly continue in the future. Financial resources and requirements for test sensitivity and accuracy will dictate which analysis procedures are developed and used. Powerful cost-effective methods like TLC will always be appropriate for mass screening at low expense, but we may see vast increases in testing of athletes and workers bring about the proliferation of more expensive and sensitive testing by GC/MS or similar systems. Whatever the future holds for drug analysis, one can be sure that the methods outlined above will be used extensively.

(Hugh Allen is research chemist at PharmChem Laboratories.)

The PharmChem Newsletter

**PharmChem Laboratories
3925 Bohannon Drive
Menlo Park, California 94025
(415) 328-6200**



PHARMCHEM

NEWSLETTER

VOLUME 12 NO. 6 NOVEMBER-DECEMBER, 1983

Drugs in Sport

By Arnold H. Beckett

Doping in sport is not just a recent phenomenon. It is reported that even in the third century BC athletes in the Olympic Games tried to improve their performance by eating mushrooms (Hanley, 1979). In the 19th century swimmers, cyclists, football players, and boxers were using such drugs as cocaine, strychnine, caffeine, and heroin. The American College of Sports Medicine reported in 1958 that out of 441 trainers, coaches, and assistants, 35 percent had personal experience with amphetamines or at least knew how to use them while only 7 percent knew nothing about their use. A survey by the Italian Association of Football in 1961 showed that 17 percent of all players took psychotonics and 94 percent of the A-league clubs used some sort of drug (Beckett, 1976).

The dramatic increase in drug misuse in sport started in about 1960 as society as a whole came to believe increasingly that there were drugs available to deal with most ills, diseases, and problems. Inevitably, sport (as part of society) was caught up with this drug culture.

It seemed necessary to have deaths in sport before the leaders and legislators were shaken out of their complacency and prepared to consider mobilizing in order to deal with the cancer that now was established and beginning to invade many sporting bodies and activities. The death of Knud Enemark Jensen, the Danish cyclist, in the Olympic Games in Rome in 1960 caused by the use of stimulants, and that of the British cyclist Tommy Simpson in the 1967 Tour de France caused by the use of amphetamines, as well as the deaths of some lesser-known sportsmen, sounded the alarm. In 1965, an antidoping law in sport became effective in France and in the same year an antidoping Act was introduced in Belgium (Beckett, 1976). In 1967 the present International Olympic Committee (IOC) Medical Commission was established and one of its terms of reference was to put forward plans to combat drug misuse in sport. Even earlier, the International Cycling Federation had introduced a list of banned drugs and carried out dope control tests at many cycling competitions.

The first task of the IOC Medical Commission was to consider the philosophy of control and the types of drug to be classed as doping agents, and then to establish suitable methods for testing. It took a pragmatic approach, namely to protect the competitor but to allow medication so long as a clear line could be drawn between acceptable and nonacceptable drugs in sport. It was fully recognized that not all doctors and coaches considered the welfare of competitors under their care to be the first priority. Pressures to succeed at all costs were in evidence in top-class sport. If competitions in sport were to become competitions between pharmacologists and physicians, with competitors being used as guinea pigs and receiving potent drugs, then inevitably there would be more deaths in sport; the basis of fair play in sport would be destroyed, while countries with sophisticated and ruthless physicians would have an unfair advantage in seeking success at international competitions (Beckett, 1976). Of course, inherent in this philosophy is the idea that drugs can be used to improve performance.

Banned Compounds

It was decided to ban classes of compounds and to give sufficient examples to demonstrate the purpose and control envisaged, but not to attempt to produce a list of banned drugs. The IOC Medical Commission's list of banned classes is as follows and it should be noted that the phrase "and related compounds" is included at the end of each class.

Psychomotor stimulant drugs: Amphetamine, benzphetamine, chlorphentermine, cocaine, diethylpropion, dimethylamphetamine, ethylamphetamine, fencafamin, meclofenoxate, methylamphetamine, methylphenidate, norpseudoephedrine, pemoline, phendimetrazine, phenmetrazine, phentermine, pipradrol, prolinatane, and related compounds.

Sympathomimetic amines: Clorprenaline, ephedrine, etafedrine, isoetharine, isoprenaline, methox-

(continued on next page)

had never been marketed as drugs, for example methoxymethylamphetamines. The IOC Medical Commission also decided to include classes only if suitable analytical methods were available to determine the compounds in the class and their metabolites in urine. Thus, although anabolic steroids were increasingly misused from 1960 onwards, the class was not banned until 1974.

Drugs Misused and Problems of Misuse

Stimulant drugs: It was during the escalation of drug misuse in the last three decades that the use of stimulant drugs including amphetamines and sympathomimetic amines first became prominent. Although the capacity of these drugs to influence performance had been questioned, the evidence of published work demonstrates that their use gives a competitive advantage in sport: they enhance acute bursts of strength and improve the ability in endurance events (Laties and Weiss, 1981). The difficulty in the assessment of the advantages conferred by their misuse is the problem of demonstrating scientifically a 0.5 percent improvement; yet this may make all the difference between getting a medal and not getting one. For instance, from 1954 when Roger Bannister broke the 4-minute barrier for the mile with a time of 3 minutes 59.4 seconds until 1975 when John Walker took the record with a time of 3 minutes 49.4 seconds, 10 new records were successively set up and six of these depended on a difference of less than one second, that is to say a 0.25 percent improvement. Yet in swimming the use of amphetamines gave

Drug in Sport (continued from front page)

yphenamine, methylephedrine, and related compounds.

Miscellaneous CNS stimulants: Ampiphenazole, bemegrade, doxapram, ethamivan, leptazol, nikethamide, picrotoxin, strychnine, and related compounds.

Narcotic analgesics: Anileridine, codeine, dextromoramide, dihydrocodeine, dipipanone, ethylmorphine, heroin, hydrocodone, hydromorphone, levorphanol, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine, phenazocine, piminodine, thebacon, and related compounds.

Anabolic steroids: Clostebol, dehydrochlormethyltestosterone, fluoxymesterone, mesterolone, methenolone, methandienone, methyltestosterone, nandrolone, nandrolone decanoate, nandrolone phenylpropionate, norethandrolone, oxymesterone, oxymetholone, stanozolol, and related compounds.

Any attempt to produce a definite list of banned compounds would have led to the use of compounds not on the list but possessing the desired properties; already in society, compounds were being used that

The PharmChem Newsletter (ISSN 0146-3128) is published bimonthly by PharmChem Laboratories, Inc., 3925 Bohannon Drive, Menlo Park, CA 94025. (415) 328-6200. Views and opinions expressed in newsletter articles and editorials do not necessarily represent those of PharmChem Laboratories, its board of directors, management, or staff.

A public service of PharmChem Laboratories, Inc., the PharmChem Newsletter presents well-researched, factual information on drugs and related subjects. Each issue contains an itemized street drug assay report of samples tested by PharmChem's Drug Assay Laboratory. For comments or inquiries about editorial content, please write Editor, PharmChem Newsletter, 3925 Bohannon Drive, Menlo Park, CA 94025.

Incorporated in 1970 by people concerned about the increasing non-medical use of drugs, PharmChem is a licensed laboratory that specializes in the analysis of drugs and urine screening for drug rehabilitation and enforcement programs. For more information on these and other services, including individual consultation, contact Sandi Hamel, client representative.

Subscription rates: \$25 per year in the United States, Mexico, and Canada. All other countries add \$4.00 for extra postage. Subscription inquiries and payments should be directed to:

PharmChem Newsletter
3925 Bohannon Drive
Menlo Park, CA 94025

Charles L. Renfroe, Editor
Jill Ehrhorn, Assistant Editor
James A. Ostrenga, Founder and Chairman of the Board

at least one percent improvement in performance (Smith and Beecher, 1959; Cochran et al, 1961). The scientific information from tests under controlled conditions probably underestimated the influence of drugs in competition when the individual is stretched to the limit of his capacity. Amphetamines have been demonstrated to improve endurance, for example in running to exhaustion on a treadmill (Mandell, 1976), in cycle ergometric tests (Cuthbertson and Knox, 1947), in exercise and marching in soldiers (Heyrodt and Weissenstein, 1940; Cuthbertson and Knox, 1947; Tyler, 1947; Ryan, 1981), and in football (Mandell, 1976).

The introduction of doping control led to a dramatic reduction in drug abuse in those sports and competitions in which testing was carried out. However, drug misuse of the stimulant class of drugs including amphetamine, methylamphetamine, and cocaine is still rife in sports not carrying out testing, for example American football (Mandell, 1976).

Anabolic steroids: As the misuse of stimulants was brought under control there was a dramatic increase in the use of anabolic steroids, so that they are now the most notorious of the drugs being abused. It was a report in a magazine for weightlifters and body builders by an American physician who was also a weightlifter, claiming he had obtained gains in muscle size and strength using anabolic steroids, that triggered off the use of anabolic steroids in sport (Ryan, 1981). Many studies have since been carried out to evaluate changes in strength using these drugs; results showing improvement and those showing no improvement are about equally divided (Ryan, 1981).

Although increase in total body weight using these drugs plus a high protein diet is due substantially to retention of salts and fluid, there is no doubt that those directly involved in sport are confident that the use of these drugs improves performance and this factor contributes to their widespread abuse. Because these compounds are synthetic analogues of the male hormone testosterone and retain some of its masculinizing activity it is probable that the induction of greater aggression, which leads to more vigorous and sustained approach to training and greater competitiveness, plays a substantial role in their effects (Brooks, et al, 1975). Certainly they are being used increasingly to put on weight not just in weightlifters, body builders, wrestlers, shot-putters, hammer-throwers, and so on, but also in runners, cyclists, footballers, and the like, in whom extra weight is not the purpose of the misuse. Athletes, coaches, and physicians in sport are convinced of their effectiveness and thus those deprived of anabolic steroids are convinced that the "drug gap" places them at a competitive disadvantage, so adding fuel to the fire of an escalating misuse (Burks, 1981).

Testing for anabolic steroids in situations where positive results would lead to action first occurred at the Olympic Games in Montreal in 1976. There were eight positive results which led to two gold

medals and one silver medal being withdrawn. Other world champions have been disqualified since that date. Initially the "heavy" events were involved, but lately disqualifications have occurred in track events such as middle-distance running.

Testosterone: As the anabolic steroid problem was apparently coming under control, the new problem of the use of testosterone itself developed as a means of circumventing anabolic steroid control on the grounds that action could not be taken against an endogenous material. However, in February 1982 tests for the use of exogenous testosterone had progressed to the point where the IOC Medical Commission included this material as one of the banned classes and the definition of a positive result involved a testosterone: epitestosterone ratio; the ratio of testosterone: LH is being considered as an additional test in which a defined value must not be exceeded. If the gap had not been closed in the anabolic steroid field, it would have been pointless to continue testing for the synthetic anabolic steroids because testosterone misuse has become so widespread.

Caffeine: In recent years, as the amphetamines were brought under control, caffeine had increasingly been used as a stimulant, especially in cycling. Obviously, the use of some caffeine must be allowed because of its presence in soft drinks, coffee, tea, and so on. Thus a limit to the amount present has had to be set in the recent control introduced.

Other drugs: There is some misuse for which action has not yet been decided for a number of reasons: beta blockers especially in pistol shooting, ski jumping, and archery; diuretics to reduce weight quickly before the weigh-in and then infusion of dextrose and salts immediately afterwards in certain events; corticosteroids especially in cycling; and benzodiazepines in shooting, archery, and golf.

Policy: The policy of the IOC Medical Commission has been to protect competitors rather than punish them, to maintain a control with the minimum interference with the correct therapeutic use of drugs, and to allow even guilty people to escape rather than have one innocent person judged guilty incorrectly (Beckett, 1976). In furtherance of the policy it has acted to ensure that those classes of drugs that cause major problems are controlled, that suitable analytical methods are available and laboratories with demonstrated experience are accredited, and that the collection and security of the urine samples are very tight. Also, when medical problems have led to the incorrect use of drugs of the banned classes, for example ephedrine in asthma, it has designated drugs that can be used, for example salbutamol and terbutaline, as long as their use is declared.

Side effects: The side effects of the misuse of stimulant drugs have resulted in deaths and personality problems, as well as dangers to other competitors because of impaired judgement. The side effects of the misuse of anabolic steroids have more

long-term implications (Ryan, 1981). Their use in healthy adult males reduces the output of testosterone and gonadotrophins and lowers spermatogenesis. Alterations in normal liver function occur in as many as 80 percent of people receiving C₁₇ derivatives of testosterone (Sherlock, 1968). There are reports when anabolic steroids were used of peliosis hepatitis in 42 people with no evidence of previous liver disease; in four of these cases liver failure was a direct cause of death and it was present at death in seven others (Sherlock, 1968). From 1965-80, 14 people taking the 17-alkyl steroids, that is to say the orally active ones, have developed hepatocellular carcinoma (Sherlock, 1968). Personality changes have been reported from this type of drug misuse as well as cardiovascular changes. In females, male-pattern hirsutism occurs.

Samples and Analysis

Urine is the most convenient biological fluid for use in analysis because higher concentrations of drugs are found in it than in blood, there is less invasion of the rights of the individual in taking urine as opposed to blood, and urine constituents cause less interference than blood constituents in the tests. The sample is subdivided, one for the laboratory and the other for any recheck.

The collection, security, transport, and receipt by the laboratory itself are under very strict discipline (Beckett, 1976; Beckett and Cowan, 1979). The sample is coded so that the laboratory does not know the identity of the individual who has provided it for analysis. The Chairman of the IOC Medical Commission is the only person who is able to decode in order to identify the individual. The analysis of the duplicate sample is carried out in front of the representative of the country whose athlete's urine showed a positive result in the first analysis.

The introduction of gas chromatography in dope control in sport opened the way to suitable methods of analysis (Beckett et al, 1967). My laboratory first became involved in the Tour of Britain Cycle Race in 1965 and then took responsibility for drug control in the World Cup (soccer) in 1966 (Beckett et al, 1966). A positive result is now not declared until it has been confirmed by gas-liquid chromatographic mass spectrometry; this technique is like taking a fingerprint of a compound and establishes its presence in the urine unequivocally. Sometimes use is made of determining the presence of metabolites of the drug as well as of the drug itself.

In the case of anabolic steroids, radioimmunoassay has been used as the screening method (Brooks et al, 1975; Dugal et al, 1977), but false-positive results are obtained so this procedure is really used to reduce the number of samples that have to be analysed by gas-liquid chromatographic mass spectrometry (Ward et al, 1975; Donike and Zimmerman, 1980). Some laboratories now analyze all their samples directly by gas-liquid chromatographic mass spectrometry.

The Future

The introduction of dope control in sport has led to a reduction of drug misuse when testing is being carried out. However, some countries and some sports do not make any attempt to control drug misuse. Some countries, for example Norway and Denmark, have introduced testing during training as well as at competitions especially to deal with the anabolic steroid menace. Many of the competitors are clamouring for action, for example Sebastian Coe, who spoke on the subject on behalf of athletes at the meeting of the Xth Olympic Congress in Baden Baden in 1981. Some competitors are stressing that countries with strict doping controls should not be expected to compete with those countries without dope control.

Some federations oppose testing or are lukewarm in their response to the problem; for example American football has claimed that its sport is clean despite the known widespread use of drugs, frequently administered by doctors in that sport. At the 1982 World Cup (soccer) in Spain, there was testing for stimulants and narcotics which are now little used in that sport and yet there was no testing for anabolic steroids which are known to be misused. International tennis claims it is clean and so has not introduced any controls, while rugby adopts the same position. Sometimes, administrators in federations are more interested in protecting themselves than in protecting the sport and its competitors. Unfortunately, it may need a death in their sport through drug misuse to galvanize them into action or, alternatively, claims for damages after drug administration, as in American football by competitors, to produce some changes in attitude.

Although dope control has halted the escalation of drug misuse in sport, the problem is still great. Because pressures to succeed are enormous and because such success in some sports leads to glittering financial prizes or important careers, the drug misuse problem will continue although the types of drug misused will change. Undoubtedly, there will be application of hormones and short-acting drugs to attempt to avoid detection in the analytical tests available. The campaign against drug misuse in sport will continue but at any period in time some battles will be won and some lost. If failure is accepted, then drug misuse in sport will destroy sport much more effectively than the political interferences and the amateur/professional problems with which it is currently afflicted.

(Dr. Arnold H. Beckett is on the faculty of Chelsea College, University of London and is one of the world's leading authorities on drugs in sport. This article first appeared in the March 1983 issue of the British Journal of Hospital Medicine and appears here with permission of the publisher and Professor Beckett.)

Anabolic Steroids

By Duncan MacDougall

The androgenic functions of the hormone testosterone are well known. It is necessary for spermatogenesis, for growth and development of the male sex-specific tissue, and for development of male secondary sex characteristics. In animals, testosterone is known to have a marked effect on libido and behavior. In classic studies, capons injected with testosterone showed dramatic increases in comb size and aggressive behavior. In humans, libido and aggression are much more complex than in the rooster, so the direct effects of testosterone are not as apparent.

In the 1930's the anabolic effects of testosterone on muscle and bone were demonstrated on castrated animals treated with hormone supplements. Recently it has been shown that testosterone affects DNA replication and protein synthesis and that it acts through specific testosterone receptors on muscle¹.

Testosterone is secreted by the Leydig cells of the testes, and in the male it reaches a peak at about age 20 and declines rapidly after age 40. It is also secreted by the ovaries and the adrenals in females, although in much lower concentrations.

In the early 1950's scientists found that by slightly changing the basic steroidal configuration of C₁₉ testosterone by the addition of a methyl group on the 17th alpha and a slight change in the A-ring, they were able to produce a compound that when taken orally had a tremendously increased half-life, which enhanced the anabolic effect. By the mid-50's variations under the trade names Dianabol, Durabolin, Deca-Durabolin, and Winstrol were being commonly used to treat various forms of muscle-wasting diseases and certain types of anemia.² They were even given to healthy individuals, and often to athletes, to reduce muscle atrophy through disuse after surgery.

In spite of the enhanced anabolic characteristics, the androgenic characteristics, although diminished, were still present, so effects such as increased aggression could result from the use of these synthetic steroids. Indeed, this may be why many athletes actually take steroids. In any event, by 1960 a number of reports were beginning to surface of athletes using steroids in order to enhance their performances. There were claims that steroids would increase VO₂ max and red cell counts, and there are even recent claims that they are an effective glycogen-sparing agent. But by and large the athletes who take steroids do so to increase their strength and the size of their muscles, and this is the area on which I will concentrate.

Three questions that I'm going to try to answer are (1) What is the incidence of steroid use among athletes? (2) Do anabolic steroids increase muscle

size and strength? (3) What are the hazards associated with steroid use?

Incidence of Steroid Use

First, it is difficult to determine the incidence of steroid use among athletes. Since steroids are banned for most international competitions, athletes and physicians are understandably reluctant to admit publicly that they are being used. Other than word of mouth and stories in the lay press, I was able to come up with three recent sources. The Ontario Medical Association position paper in 1982³ stated that 75 percent of Swedish throwers and 31 percent of all international athletes in 1975 were using or had used anabolic steroids. The report by the Alcoholism and Drug Addiction Research Foundation of Ontario⁴ in 1981 claimed that 99 percent of male professional body builders and 10 percent of female body builders use steroids. The Sports Medicine Council of Canada survey that Dr. Clement just reviewed indicated that approximately 5 percent of national-caliber Canadian athletes use steroids. Because the response rate to this survey was less than one third, we can be sure that actual steroid use is much higher.

Where do athletes get steroids? A very brief survey that was published in 1981⁵ stated that approximately 36 percent of US athletes using steroids got them from their physicians (with regular monitoring), 10 percent from athletic trainers, 9 percent from pharmacists, and 45 percent from an illegal drug source. I would suggest that you can go into almost any major body-building club in any city in Canada and within two hours have a month's or six months' supply of steroids at prices that are actually lower than a pharmacist's.

Effects on Muscle Size and Strength

Do anabolic steroids increase muscle size and/or strength? When normal healthy men take steroids without training, there is no effect on muscle size or strength. It is well established that anabolic steroids result in an increased protein synthesis and an increase in both total and lean body mass in animals⁶⁻⁹, but some studies of steroid augmentation on exercising human subjects show strength gains while others do not. A single-blind study by Ward¹⁰ indicated that steroids enhanced strength gains, but double-blind studies by Stromme et al,¹¹ Fahey and Brown,¹² and Casner et al¹³ failed to show significant increases in voluntary strength over controls.

In one study¹⁴ strength gains were found with large doses of steroids (100 mg of methandienone daily), even though a previous study by the same author¹⁵ showed no significant gains with the same dosage, and Stromme et al¹¹ failed to find significant increases in strength over controls with doses of 150 mg of mesterolone daily. These studies failed to show con-

clusively that large increases in the dose produce greater positive effects, confirming the lack of a dose-response relationship found in rats by Ianuzzo and Chen.¹⁶ A final possibility is that, even if extra testosterone cannot improve upon the rate of protein synthesis set by normal endogenous testosterone, it still may be effective by exerting an anticatabolic effect as has been demonstrated in animal studies.¹⁷

Athletes who use steroids combine high doses with very heavy resistance training. Men take up to 150 mg per day; women 50 to 75 mg per day. A normal therapeutic dose of these steroids is approximately 0.5 to 1 mg per kg of body weight, or 30 to 60 mg per day. Body builders with whom I am in contact take up to 200 mg of Dianabol per day when preparing for competition and are firmly convinced that it makes them bigger and allows them to train harder and more frequently by stimulating more rapid, protein synthesis during the recovery days, although there are no published controlled studies on this group to demonstrate whether this is so.

It would certainly simplify things if we could tell athletes that there is no benefit to be gained from steroid use, but I don't think we can do this. In fact, I think sports scientists have lost credibility in the past by making these sweeping statements to the athletic community. Based on literature and on personal observation, I think we have to conclude that anabolic steroids in high doses combined with heavy resistance training will result in an increase in body weight and muscle size¹⁴. This increase in body weight is the result of both an increase in body water and lean body mass. In most subjects, high doses of steroids combined with training will result in increases in maximal voluntary, or static, strength compared to placebo controls.

Whether this increase in static strength results in improved athletic performance is not known. Digby Sale and I¹⁸ have some results that show little relationship between maximal voluntary isometric strength and such things as rate of force development or the ability to perform a more coordinated strength task, such as throwing for distance or the clean and jerk in weight lifting. It may be that athletes cannot effectively harness the increase in static strength that seems to result from steroids. If they cannot do this, one might even argue that in certain sports such as running and jumping anabolic steroids may even lead to a decrease in performance because of the increase in irrelevant body mass.

The androgenic effects of steroid use, such as aggression, may encourage athletes to train harder. There certainly is a behavioral effect associated with steroids. When athletes come off them, they feel depressed. When they're on them they think they think they can train harder and in effect, many do. And finally, we have to accept the fact that individual responses to different steroids vary widely. Athletes shop around and try different brands to see which are the most effective.

Hazards of Steroid Use

What, then, are the hazards associated with steroid use? The most commonly cited study is the paper by Johnson,¹⁹ who studied patients who received steroids for therapeutic purposes for between two to five years. He reported cases of liver damage and cancer of the liver. Whether or not we can compare chronic therapeutic steroid use to intermittent steroid use by healthy athletes is, of course, open to debate. And although intake of anabolic steroids exerts some effect on normal liver function, we know that alcohol does so as well, yet most drinkers accept this as a calculated risk. Our athletes are asking us for some form of yardstick so that they can calculate the degree of risk against the possible benefits. This information is not available. Endocrine abnormalities associated with steroid use in male athletes include decreased plasma testosterone, decreased luteinizing hormone, and atrophy of the testes.^{7, 11, 20, 21} Subjective assessments of the effects of steroids on libido vary, but in a recent study of 20 athletes using steroids the majority felt an increase in libido as well as in aggressive behavior.²¹ There are few follow-up studies of athletes using steroids, but it appears that normal endocrine function is regained one to two months after cessation of steroid use.²²⁰

Depressed alkaline phosphatase and HDL-cholesterol also appear to be directly associated with use of anabolic steroids.²¹ This latter effect could, I suppose, predispose long-term steroid users to coronary heart disease. The extremely high intake of meat, eggs, and dairy products that characterize the diet of many strength athletes and body builders could complicate this risk.

I am not aware of any controlled studies of the effect of steroids on female athletes, but it is quite possible that they might show the greatest gains in size and strength because of their normally low endogenous testosterone level. Female athletes who may use steroids are body builders, throwers, rowers, and sprinters. The American College of Sports Medicine position paper²² suggests that such abnormalities as menstrual irregularities, masculinization, acne, and possible clitoral enlargements might be expected in female athletes using steroids.

Another possible side effect associated with steroid use is premature closing of the epiphyseal plates.²³ This means that if steroids were administered to individuals who had not completed their growth, you could expect stunted or retarded growth. We recently looked at muscle ultrastructure in elite body builders.²⁴ We took biopsies from the triceps of the body builders (six of the seven were chronic steroid users), and we compared them with a group of weight-trained controls. In the tissue we noted a high number of abnormal muscle fibers. Centrally located nuclei and enlarged cytoplasm spaces were common in the elite group and rare in the controls. In the elite group was a high incidence of extremely atrophied fibers and angulated fibers similar to those seen in

denervation atrophy, and large amounts of fatty and connective tissue in the muscle. Whether these abnormalities are the result of steroid use or the intensive training common in body builders is not known.

Finally, body builders who take high doses of steroids often develop enlarged nipples and surrounding tissue. This condition, known pejoratively as "bitch tits", often requires cosmetic surgery. Perhaps of all the potential hazards this will prove to be the greatest deterrent against steroid use.

In summarizing the potential risks associated with anabolic steroids we have to concede that little is really known. They may indeed have possible life-threatening consequences associated with them, or as Dr. Clement has suggested, may be as benign as birth control pills. I think we simply have to admit this to our athletes instead of risking our credibility by overstating the risks in an effort to deter athletes from taking steroids.

(Dr. Duncan MacDougall is a professor in the departments of physical education and medicine at McMaster University in Hamilton, Ontario. This article is reprinted with permission of THE PHYSICIAN AND SPORTS MEDICINE, a McGraw Hill publication.)

References

1. Powers ML, Florini JR: A direct effect of testosterone on muscle cells in tissue culture. *Endocrinology* 97(October), 1043-1047, 1975
2. Shahidi NT: Androgens and erythropoiesis. *N. Engl J. Med* 289 (Jul 12):72-80, 1973
3. Pipe A, Horne J: Anabolic Steroids: A Statement of Position by the Sports Medicine Section of the Ontario Medical Association. Toronto, Ontario Medical Association, 1982
4. Information Review on Drugs and Sports. Toronto. Alcoholism and Drug Addiction Research Foundation of Ontario, 1981
5. Moore M: Use of anabolic steroids by elite athletes studied. *Phys Sportsmed* 9(July):22, 1981
6. Wydra C: Der Einfluss eines Anabolicums (Dianabol) und eines Muskeltrainings auf Skelettmuskeln der Maus. *Z Anat Entwicklungsgesch* 136:73-86, 1972
7. Rogozkin V: Metabolic effects of anabolic steroid on skeletal muscle. *Med Sci Sports II(Summer)*: 160-163, 1979
8. Rogozkin V, Feldkoren B: The effect of retabolil and training on activity of RNA polymerase in skeletal muscles. *Med Sci Sports II(Winter)*:345-347, 1979
9. Heitzman RJ, Chan KH, Hairt IC: Liveweight gains, blood levels of metabolites, proteins and hormones following implantation of anabolic agents in steers. *British Veterinary Journal* 133:62-70, 1977
10. Ward P: The effect of an anabolic steroid on strength and lean body mass. *Med Sci Sports 5(Winter)*:277-282, 1973
11. Stromme SB, Meen HD, Aakvagg A: Effects of an androgenic-anabolic steroid on strength development and plasma testosterone levels in normal males. *Med Sci Sports 6(Fall)*:203-208, 1974
12. Fahey TD, Brown CH: The effects of an anabolic steroid on the strength, body composition, and endurance of college males when accompanied by a weight training program. *Med Sci Sports 5(Winter)*:272-276, 1973
13. Casner SW Jr, Early RG, Carlson BR: Anabolic steroid effects on body composition in normal young men. *J. Sports Med Phys Fitness* 11(June):98-103, 1971
14. Hervey GR, Knibbs AV, Burkinshaw L, et al: Effects of methandienone on the performance and body composition of men undergoing athletic training. *Clin Sci* 60(April): 457-461, 1981
15. Hervey GR, Hutchinson I, Knibbs AV, et al: Anabolic effects of methandienone in men undergoing athletic training. *Lancet* 2(Oct 2):699-702, 1976
16. Ianzuzo CD, Chen V: Effects of methandrostenedione on the acute compensatory growth of rat skeletal muscle, in Landry F, Orban WAR (eds): *Third International Symposium on Biochemistry of Exercise*, Miami, Symposia Specialists, 1978, pp 373-380.
17. Evans WJ, Ivy JL: The effects of testosterone propionate on hindlimb immobilized rats abstracted. *Med Sci Sports Exerc* 14(Spring):11, 1982
18. Sale D, MacDougall JD: Specificity in strength training: a review for the athlete and coach. *Can J Appl Sports Sci* 6(June): 87-92, 1981
19. Johnson FL: The association of oral androgenic-anabolic steroids and life-threatening disease. *Med Sci Sports 7(Winter)*: 284-286, 1975
20. Shephard RJ, Killinger D, Fried T: Responses to sustained use of anabolic steroid. *Br J Sports Med* 11(December): 170-173, 1977
21. Strauss RH, Wright JE, Finerman GA: Anabolic steroid use and health status among forty-two weight-trained male athletes, abstracted. *Med Sci Sports Exerc* 14(2):119, 1982
22. American College of Sports Medicine: Position statement on the use and abuse of anabolic-androgenic steroids in sports. *Med Sci Sports 9(Winter)*:xi-xii, 1977
23. Lamb DR: Androgens and exercise. *Med Sci Sports 7(Spring)*: 1-5, 1977
24. MacDougall JD, Sale DG, Elder CG, et al: Muscle ultrastructural characteristics of elite powerlifters and bodybuilders. *Eur J Appl Physiol* 48(1):117-126, 1982



INTERVIEW

Dr. Kenneth Clarke is director of the United States Olympic Committee (USOC) Sports Medicine Division in Colorado Springs. At the time of this interview he was in final negotiations with two drug testing laboratories, one of which will be contracted to perform urinalysis on the 1984 Olympic hopefuls.

For the first time U.S. athletes will be subject to doping control before and during Olympic trials. Although the pre-trial tests will be considered "informal" and "educational", any athlete who tests positive during formal U.S. trials will be disqualified and not allowed to represent the United States.

Dr. Clarke talked about drugs in sport and the aftermath of August's Pan American Games in Caracas, Venezuela where two U.S. competitors were disqualified and a dozen others refused to submit urine samples and came home.

What is the status of the athletes who were dismissed from the Pan American Games?

There were two U.S. athletes found to have banned substances (in their urine). One was a weight lifter and one was a Sombo wrestler. The weight lifter was disqualified and his federation made him ineligible for competition for a period of two years which extends past the 1984 Olympics. The wrestler is a female Sombo wrestler who wouldn't go to the Olympics anyway. This is not an Olympic sport yet.

What kind of wrestling is it?

Sombo is a Pan American sport, a combination of Judo and wrestling but it falls under the wrestling federation. So this wrestler was not eligible for the Olympic Games but her appeal is in limbo right now. Next week I will receive the GC/MS (gas chromatography/mass spectrometry) information from the laboratory that did the urine tests. Whenever there's a positive result, the laboratory redoes the same urine to double-check itself before calling in the athlete. Specimen B, which is from the same urine but a different bottle, is analyzed independently and the results are final.

Who did those tests?

Dr. Manfred Donike, who is on the IOC Medical Commission.

From West Germany?

Yes. He brought his entire lab crew into Caracas.

There have been some questions about his methodologies.

There have been a number of attempts to discredit but I don't think they got very far.

Who will perform testing at next summer's Olympics?

UCLA'S drug toxicology lab is under contract with the IOC. The lab was accredited last week (by Dr. Arnold Beckett from the University of London).

How has the Caracas controversy affected preparations for Los Angeles? Are there plans to begin screening athletes on the U.S. team before the Games?

Yes, but the word "screening" is inaccurate. There will be "formal testing" and "informal testing" done by the USOC in a manner that is equivalent to IOC standards. Informal testing means that the physician who is in charge of the drug testing crew is the only one who can break the code. There's no punitive action; it's an educational experience.

And you would be in charge of that?

I am responsible for the coordination of it. It's the same procedure (used in formal testing) except for who keeps the master code. There are three reasons for (informal testing). The basic reason, if you can assume that most athletes in the Olympic movement are drug free, is to find out what the (drug testing) experience is like, so they can put that anxiety behind them. Secondly, there are some athletes who inadvertently take a substance with a banned drug in it. Informal testing will pick up stimulants, for instance, that may be in a general medication that they take for a cough.

In Caracas, there was something like 91 drugs on the banned list. Do you think that the list of doping substances as defined by the IOC is sufficient, too stringent...?

You're putting me in a spot on that one. But you can't really count them because there are in generic names and at the end of each category of drugs it says "and related substances." There are just five major categories.

I believe caffeine is on the list.

Yes. But there's a threshold and any athlete who reaches that threshold is not going to perform too well that day anyway. The IOC Medical Commission attempts to list any substance that can be taken for advantage in performance. The difficulty arises when you must consider those substances that are commonly in the culture. The only void is the new hormonal drugs that are not on the list because there's no way to test for them.

What about testosterone? Do you test for concentrations of naturally occurring substances?

Testosterone is on the list. They have a protocol for that, but until testosterone and caffeine were added to the list, all tests were qualitative. (No quantitative analyses were done.) Now some labs are working on

the growth hormone which is another type of drug that some athletes are using. But until there's a protocol it won't be on the banned list because you can't test for it. We will be testing clusters of athletes for only those drugs on the IOC list.

Getting back to the reasons for informal testing...

The third educational basis for informal testing is for those who have been on drugs and want to find out if they are now clean. Only the physician who collects the urine and is accredited by us as a crew chief can provide that service. He consults and offers help in case an athlete is dependent on a drug or something of that nature.

What about formal testing?

Formal testing at the Olympic trials will follow the same procedure except the master code is given to the executive director of the United States Olympic Committee. We don't do the testing at the Olympic Games. The International Olympic Committee does it through contracting. But every sport that yields athletes for the Olympics will have drug tests at the trials. Some sports, like ice hockey, for example, don't have formal trials. They have a nucleus and then keep cutting. The first formal testing will be this Friday (December 9) at Lake Placid. All our final candidates for ice hockey will be tested and anyone found with a positive urine will be disqualified from representing the United States.

This is the first time you've done this at formal trials. Is it because of what happened at Caracas or is it a growing awareness of drug use in sport?

It's a combination of both. Caracas demonstrated that with a proficient staff, as well as with the technology and the commitment, drug testing becomes more than a sincere effort.

How will the introduction of doping control programs in amateur athletics affect the game?

Had we not moved in (at Caracas), cynicism would have become rampant. There was a growing cynicism about drug testing because a number of athletes were not getting caught. We had been trying to educate them that they would be caught because of modern technology, which has been around for two or three years, and because the labs know how to use that technology better than before. That was the stunning aspect of Caracas, a realization that the drug testing program is not easy to beat.

Some athletes believed they needed the drugs to be internationally competitive. Many athletes using drugs assumed that the powers were tacitly approving it so we would get medals. Caracas was a very uniform, positive stance to show that the USOC was not condoning win-at-any-cost and that it would provide a combination of educational and punitive experiences at the right time.

APRIL 30, 1984

CHEMICAL & ENGINEERING

NEWS

Major elastomers recover steadily,
Page 35

**Athletes
and
Drugs**
Page 69

A strange exodus took place last summer at the Pan American Games in Caracas, Venezuela. A dozen U.S. track-and-field athletes packed up and went home before competing. Although few would admit it openly, the athletes fled in fear of the stringent drug testing that disqualified 19 competitors—including one gold medalist in weight lifting from the U.S.—before the games were over.

The athletes disqualified in Caracas showed traces either of stimulants or of body-building drugs in their urine. Those drugs were banned years ago by sports-governing organizations because they are alleged to be dangerous and to confer an unfair advantage on users.

Some of the U.S. competitors that left Caracas, however, said they were afraid of losing the chance to compete in the coming summer Olympics, even though they had taken only innocuous drugs. Painkillers and over-the-counter cold remedies, for example, have components that are on the banned list. Yet other substances athletes use to enhance performance, such as human growth hormone and certain tranquilizers, are not explicitly forbidden.

The U.S. athletes' fright and confusion reflect the uncertainty of the sports world as a whole on the use of drugs in sports. The coaches, trainers, physicians, and exercise physiologists who advise athletes can't agree among themselves whether drugs actually can improve performance, whether they can be reliably detected in drug screens, or whether they should be banned at all.

One problem is that there are few well-designed studies on how drugs affect human athletic performance. Because of a prevailing belief among physicians and other researchers in the U.S. and Western Europe that it is wrong to use drugs in sports, the prospects for such research are not good. So athletes are open to influence by their peers and to rumors that athletes from communist countries have succeeded by using drugs.

Drug bans

Very few sports organizations routinely carry out the complex and expensive analyses necessary to enforce drug bans. The techniques that tripped up the competitors in the Pan American games aren't new to chemists—mainly gas chromatography/mass spectrometry—but Caracas was the first time many athletes encountered the state of the art in drug testing.

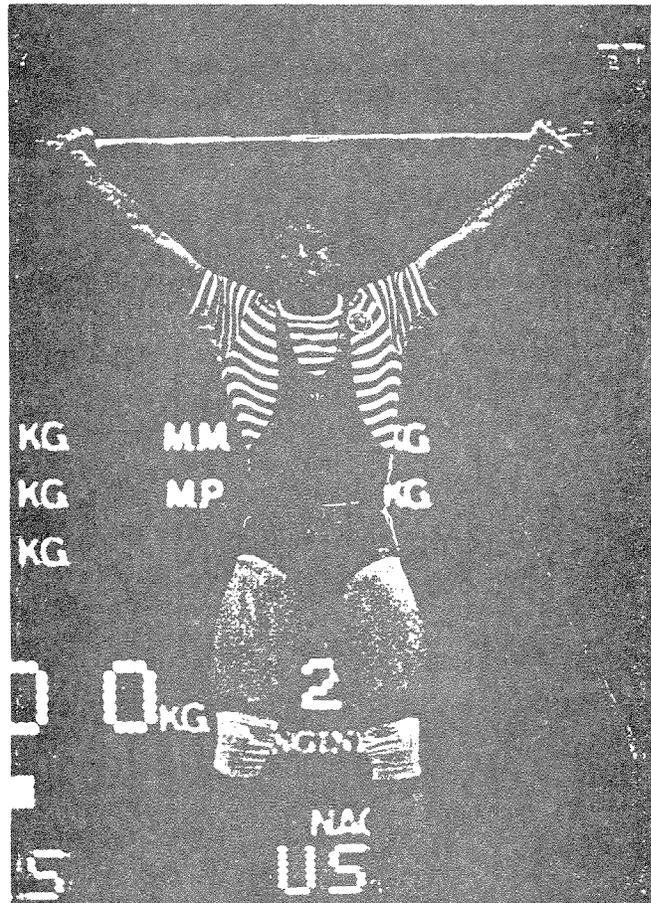
"We were very relieved that things came out in the open at the Caracas games," says Kenneth S. Clarke, director of the sports medicine division of the U.S. Olympic Committee (USOC). Clarke, who has a doctorate in health education, is coordinating USOC's task force on drug control set up shortly after the Pan American Games in response to the controversy there.

The task force is running a program of both formal and informal drug screening of athletes who are prospects for this summer's Olympic teams. Before the program was started last November, there was no regular

Drugs in Sports

Athletes rely as much on rumor as on conflicting scientific reports about the effectiveness and danger of drugs purported to improve performance

Pamela S. Zurer, C&EN Washington



Chicago's Jeff Michels was stripped of the gold medals he won at last summer's Pan American Games

Sports regulators find control of blood doping elusive

Although only one competitor—a Mongolian cross-country skier—was caught using banned drugs at the winter Olympics earlier this year, there were rumors that other athletes were cheating nonetheless. The president of the International Olympic Committee (IOC) medical commission, Prince Alexandre de Merode of Belgium, said at the time that the authorities knew the practice of blood doping was going on but couldn't prove it.

Blood doping doesn't use chemical substances to boost performance, but rather the athlete's own blood. Several weeks before competition, blood is removed from an athlete and stored. Then just before a meet, when the competitor's hemoglobin level is back to normal, the stored blood is reinfused, increasing the concentration of hemoglobin in the athlete's system—and consequently improving oxygen capacity and endurance.

Although Merode stated that blood doping doesn't have a very large effect on performance, the runners, cross-country skiers, and swimmers who have tried it would disagree. "The effects are

said by athletes to last up to six weeks," says exercise physiologist James E. Wright of the U.S. Army. However, as is the case with anabolic steroids, the research literature on the practice shows mixed results.

One researcher, though, finds definite increases in endurance through blood doping if certain key conditions are met. Most crucial, says Norman Giedhill of the department of physical education and athletics at York University in Downsview, Ont., is that the blood be frozen at -80°C rather than merely refrigerated.

Most blood banks refrigerate blood at 4°C , where it keeps for about three weeks. About a third of the red blood cells are destroyed during the process. Frozen blood, in contrast, can be stored for years and only 10 to 15% of the red blood cells are lost.

It takes about six weeks for blood donors' hemoglobin levels to return to normal after giving 900 mL of blood. Thus, reinfusing refrigerated blood after only three weeks barely increases hemoglobin levels above normal. But reinfusing frozen blood after the donor's

body has had time to readjust increases hemoglobin levels about 10%, Giedhill and his coworkers find.

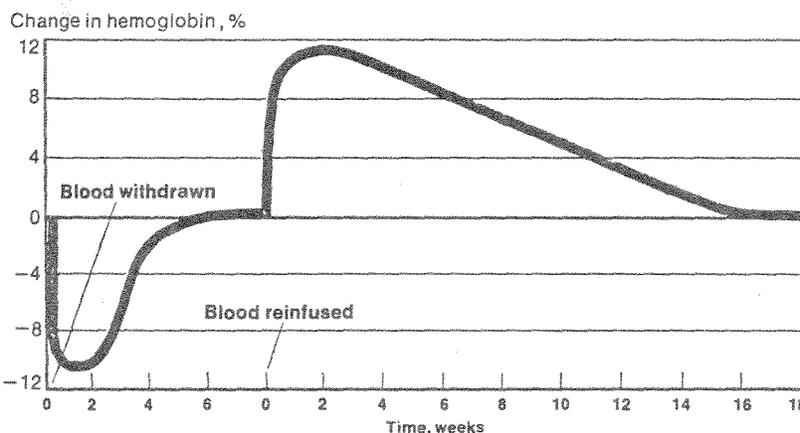
Just as athletes believe, the increased hemoglobin concentration translates into better performance, Giedhill says. He and his coworkers find both the aerobic power and endurance of highly trained runners increase after blood doping. A separate study by researchers at Old Dominion University found runners have significantly faster times in a 5-mile treadmill run after blood doping using the frozen blood technique.

Although Giedhill is convinced blood doping works when done properly, like IOC he believes it is unethical. The practice is forbidden under IOC regulations that prohibit the use of physiological substances in abnormal ways to increase performance. Yet sports regulators have no way to crack down on blood doping.

The problem is that hemoglobin levels vary over a wide range in the general population. So if an athlete has a high hemoglobin level, there's no way to prove that it's not simply due to heredity or perhaps from training at high altitude.

Blood doping using frozen blood requires sophisticated equipment and storage facilities, which aren't readily available in most places. In Canada, Giedhill says, only government-run blood banks have the necessary technology, although there are private facilities in the U.S.

"If a country decided to help its athletes, it could make the facilities available," Giedhill points out. If the rumors from the winter Olympics are true, some countries are doing just that to give their competitors the edge that comes with blood doping. And with no effective way to detect the practice, the unfair advantage will continue.



Source: Norman Giedhill. *Medicine and Science in Sports and Exercise*, 14, 183 (1982)

testing of U.S. athletes for drug abuse outside of high-level international competition.

Groups like USOC, IOC, the National Collegiate Athletic Association (NCAA), and professional sports leagues ban drug use by their athletes on both medical and ethical grounds. Medically, the premise is that any substance powerful enough to alter the body's systems can have harmful effects.

"Any drug has potential risks," says John A. Lom-

bardo, director of the sports medicine department at the Cleveland Clinic Foundation. "Drugs are not intended to be used to increase athletic performance."

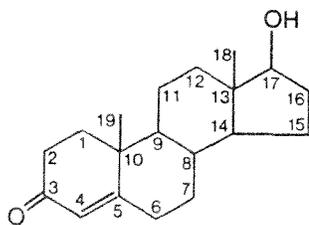
Ethically, the premise behind banning drugs (often called doping agents) is that artificial aids interfere with the basic nature of sports contests, where competitors are meant to test their natural abilities against one another. Athletes who avoid drugs, it's thought, are at a disadvantage competing against those who use them.

Yet those arguments for banning doping in sports are not universally accepted. The risks to an athlete's health may not be so great as participating in such sports as boxing or football, which athletes undertake willingly. Norman Fost, director of the program in medical ethics at the University of Wisconsin, has pointed out in an editorial in the *New York Times*.

Certainly the diet and training regimens athletes put themselves through could be called unnatural. Any advantage gained by taking drugs may be no more unfair than the advantage of having the luck to be born to athletic parents or to have eaten well in childhood. Perhaps an athlete's decision to take performance-enhancing drugs should be his or hers alone, Fost has argued—just as some people opt to take the risk of plastic surgery in hopes of a better appearance.

Anabolic steroids

Probably the banned drugs now most widely used by athletes are anabolic steroids—the male hormone testosterone and its synthetic derivatives. Testosterone is responsible for the buildup of muscle that men experience at puberty, in addition to mediating the development of adult male sexual characteristics.



Testosterone

The synthetic steroids were developed in part to try to separate the masculinizing (androgenic) and muscle-building (anabolic) effects of testosterone. Physicians prescribe them in low doses to correct hormonal imbalances or to prevent withering of muscle in people recovering from surgery, starvation, or some other trauma.

Healthy athletes who want to increase muscle mass can find physicians who are willing to prescribe anabolic steroids. The drugs are particularly popular in sports where strength and muscle mass are advantageous—such as weight lifting and track-and-field events like the shot put and hammer throw—and in body building.

However, recent evidence that anabolic steroids increase endurance has broadened their appeal to other groups, such as runners, swimmers, and cyclists. Women as well as men use the drugs. Because their bodies produce only tiny amounts of testosterone, women potentially have a lot more to gain than men.

But just what proportion of athletes—women or men—use steroids isn't known. Steroids are widely believed to be a regular part of training in the Soviet Union and Eastern Europe. But because they are frowned on by sports authorities, the true incidence of use is impossible to determine.

"At least in the western world, everybody is close-mouthed," says Capt. James E. Wright, an exercise physiologist and medical company commander with the

U.S. Army in Fort Hood, Tex. Fearful of sanctions or of giving away "trade secrets," athletes and their coaches are reluctant to acknowledge they use steroids.

"One gets the feeling all athletes are on drugs, but that's not the case," says Don H. Catlin, a clinical pharmacologist who is director of the lab at the University of California, Los Angeles, that will do the drug testing for the summer Olympics. For instance, the competitors who were disqualified in Caracas made up only about 2% of those tested.

Nevertheless, in a recent study Wright found more than 90% of the weight lifters and body builders he surveyed admitted using anabolic steroids. The true proportion of athletes using drugs of all sorts probably varies widely with both the sport and the level of competition.

Even without a prescription, the drugs are easy to obtain on the black market. "Virtually every major gym has a contact—whether a physician, pharmacist, pharmaceutical salesperson, or simply a fellow athlete—for obtaining steroids," Wright observes. He notes their use is now filtering down into spallike health clubs where teenagers who want to play football in high school are showing an interest in steroids.

Human studies

Despite their popularity among athletes, there is striking disagreement as to whether doping with anabolic steroids actually improves performance. Athletes who use them certainly believe they help build muscle mass and strength. But there are conflicting results in the research literature and dramatic differences of opinion among physicians and scientists as to their efficacy in healthy humans.

"There are two kinds of evidence: testimonial evidence from the guys in the gym and scientific evidence, where the literature is about evenly split," says David R. Lamb, an exercise physiologist at Purdue University. "One problem is that performance is affected by many factors—nutrition, psychology, the environment. So the steroid effect may be masked by some other factor."

Even if the effect of steroids on athletic performance is too complicated to determine, physical measurements ought to reflect whether steroids help build muscle as athletes think they do. That effect would show up as greater weight gain, bigger muscle girth, or improved strength in studies where subjects are given anabolic steroids or a placebo.

However, research that tries to use laboratory measurements to quantify steroids' effects offers conflicting results. The conclusions that are drawn depend on who's talking. Lamb, for instance, concludes steroids work in some people but not in others.

Yet Allan J. Ryan, editor of *The Physician and Sportsmedicine*, is convinced steroids don't work at all. "They are not effective; those that think they are haven't read the research carefully," he says. Only badly designed studies demonstrate a muscle-building effect for steroids, he says, pointing to one where the researcher had the weight lifter subjects weigh themselves and report their own training routines.

Wright agrees that the research that has been done

International Olympic Committee bans five classes of drugs

Psychomotor stimulants	Anabolic steroids
Amphetamine	Clotestbol
Benzphetamine	Dehydrochloromethyltestosterone
Chlorphentermine	Fluoxymesterone
Cocaine	Mesterolone
Diethylpropion	Methenolone
Dimethylamphetamine	Methandienone
Ethylamphetamine	Methyltestosterone
Fencamfamin	Nandrolone
Meclofenoxate	Norethandrolone
Methylamphetamine	Oxymesterone
Methylphenidate	Stanozolol
Norpseudoephedrine	Testosterone ^a
Pemoline	Related compounds
Phendimetrazine	
Phenmetrazine	Sympathomimetic amine stimulants
Phentermine	Clorprenaline
Pipradol	Ephedrine
Prolintane	Etafedrine
Related compounds	Isoetharine
	Isoprenaline
Narcotic analgesics	Dextroamphetamine
Anileridine	Methylephedrine
Codeine	Related compounds
Dextromoramide	
Dihydrocodeine	Miscellaneous central nervous system stimulants
Dipipanone	Amiphenazole
Ethylmorphine	Bemegrade
Heroin	Caffeine ^b
Hydrocodone	Cropropamide
Hydromorphone	Crotethamide
Levorphanol	Doxapram
Methadone	Ethamivan
Morphine	Leptazol
Oxycodone	Nikethamide
Oxymorphone	Picrotoxin
Pentazocine	Strychnine
Pethidine	Related compounds
Phenazocine	
Piminodine	
Thebacon	
Trimeperidine	
Related compounds	

^a Ratio of total concentration of testosterone to that of epitestosterone in the urine must not exceed six. ^b Concentration in urine must not exceed 15 µg/mL. Source: U.S. Olympic Committee

could have been better designed and conducted. "Some physicians who did studies were ignorant of training methods used by athletes," he says, "and the physical educators didn't have strong backgrounds in research design."

Wright, however, does think steroids have a real effect on body composition and performance capability. "I've observed so many athletes both on and off these drugs that I firmly believe they do exert a muscle-building effect," he says. And he points to certain facts that can

help explain why the steroid research doesn't always show a positive result.

One is that taking steroids without exercising does little for strength. If there is a muscle-building effect, it comes only in conjunction with hard work.

Another is that within limits exercise itself is anabolic. Individuals who haven't been exercising regularly will rapidly increase their lean tissue mass once they start working out. That natural anabolic effect in untrained people may well mask the subtler effects of steroids, according to Wright.

Where steroids can make a difference, Wright thinks, is in athletes who already are training very vigorously. Experiments that support that view were done by G. Romaine Hervey in the department of physiology of Leeds University, the U.K. Hervey's studies of anabolic steroids' effects in healthy humans are among the few that researchers agree are well designed.

In a double-blind study, Hervey and his coworkers found that men who had no experience in weight lifting gained far more weight when they exercised and took steroids than when they exercised and took a placebo. However, the strength of their arms and legs increased just as much whether they took steroids or not—presumably the effect of starting a regular training program.

When the same researchers studied competitive weight lifters who already were training intensively, however, they found the subjects gained both weight and strength when they exercised and took steroids but showed little change with the same exercise and placebo.

Although Hervey found that athletes gain weight on steroids, "it can't be characterized as normal muscle," he says. The gains in the elements nitrogen and potassium that he and his coworkers observed are not in the ratio expected if the added weight were simply normal muscle tissue.

In highly trained athletes, steroids may work by allowing athletes to get off a plateau where further exercise doesn't seem to offer much improvement. Lots of very intense exercise has a stressful effect on the body that results in an increase in protein catabolism—that is, the breakdown of muscle tissue. That's why athletes have resting periods in their training regimens to let their bodies recuperate.

"Steroids facilitate physiological recovery, particularly in trained individuals who push their capacities to their limits and beyond," Wright believes. "Steroids seem to allow an athlete to train more and harder and get away with it."

Hervey, for instance, noted increased levels of the hormone cortisol in the subjects of his experiments. Cortisol, a glucocorticoid, is excreted by the adrenal gland in response to almost any kind of stress. One of its effects is the breakdown of protein. Anabolic steroids may block that particular effect of cortisol, Hervey thinks. Other researchers also have proposed that anabolic steroids work by competing with glucocorticoids for receptors in skeletal muscle.

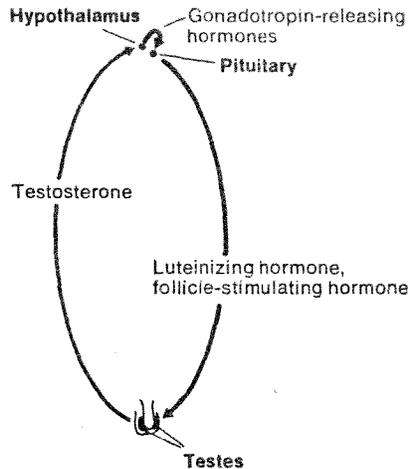
Wright speculates that the stress of intensive training in top-level athletes may even cause a temporary tes-

Anabolic steroids can disturb testosterone-regulating system

Testicular atrophy and decreased sperm production, two of the known side effects of anabolic steroids, seem unlikely at first thought. After all, testosterone is the primary male sex hormone: Increasing levels of testosterone or its analogs ought to have a virilizing effect. The key is a delicate balance among the testes, pituitary, and hypothalamus glands that an overabundance of testosterone or its synthetic analogs can confuse.

The level of testosterone in the bloodstream is maintained by the feedback system. "Normally it goes up and down around certain levels like a thermostat," says Richard H. Strauss, associate professor of preventive medicine and medicine at Ohio State University. Unfortunately, the mechanism that turns off testosterone synthesis if there is an overabundant supply also shuts down spermatogenesis.

The hypothalamus is continually "tasting" the testosterone level, Strauss says. If the level is too low, the hypo-



thalamus signals the pituitary gland by sending out hormones called gonadotropin-releasing factors. These, in turn, cause the pituitary to release the gonadotropins, which are two hormones called luteinizing hormone (LH) and follicle-stimulating hormone (FH). Then

special cells in the testes are stimulated by LH to make testosterone.

Conversely, if the hypothalamus senses there is too much testosterone in the blood, the system turns down the amount of testosterone produced by decreasing the amount of LH and FH. That's what can happen when an athlete takes large amounts of anabolic steroids.

However, the gonadotropins LH and FH are required for normal functioning of the testes and for sperm production. So athletes taking steroids still get the effects of male hormone in the rest of the body, but the testes are in essence shut down.

One way around these problems is to take commercially available human chorionic gonadotropin. That hormone, produced by pregnant women and extracted from the placenta or urine, is very similar to LH. When administered with anabolic steroids, its practical effect is to keep the testes functioning, says Strauss.

tosterone deficiency—so that taking anabolic steroids not only supplements but restores normal anabolic hormone levels. However, data on testosterone levels of athletes in serious training are scarce so there's as yet no way to test Wright's hypothesis definitively, although research in animals provides theoretical support.

A Soviet researcher, V. Rogozkin of Leningrad's Scientific Research Institute of Physical Culture, finds that in rats anabolic steroids increase the activity of RNA polymerase in the nuclei of skeletal muscle cells. That, in turn, he thinks, results in the synthesis of more of the proteins that make up skeletal muscle.

Many aspects of the effect of anabolic steroids on healthy individuals remain unclear. The behavioral effects of steroids are almost totally undocumented except anecdotally. "There's an increase in training drive and general aggressiveness, even among women" who are on anabolic steroids, says Wright.

Some observers think it's the change in mental state that makes athletes perform better with steroids. USOC's Clarke thinks the psychic effect is so great that it is impossible to do a proper double-blind study—athletes can recognize when they're taking the drugs.

Clarke also thinks research on the effects of anabolic steroids is not ethical. Like many others who believe anabolic steroids have no place in sports, Clarke thinks any further human research would expose the subjects unnecessarily to possible toxic side effects, such as liver and cardiovascular damage.

However, the use of anabolic steroids is a very sensi-

tive and polarized situation. Many coaches and athletic trainers believe the sports world should admit the reality that many athletes use the drugs and try realistically to monitor the effects—both beneficial and harmful—so as to best protect the health of the competitors.

"Despite whether [steroids] work or not, athletes believe they do and will continue to take them," Wright says. "The problem is we don't know the long-term effects. If you're going to use them, let's study them."

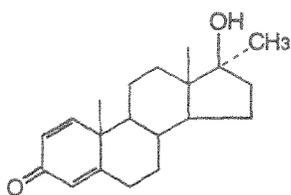
Side effects of anabolic steroids

The side effects of anabolic steroids range from annoying—acne—to deadly—liver tumors. But as is the case with steroids' effectiveness, there are few hard data on how they affect athletes. Most of what's known comes from studies on sick or injured patients.

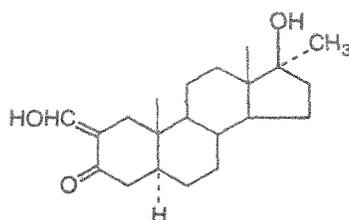
One difference between athletes and patients who have anabolic steroids prescribed for them is that athletes may take 10 or more times the recommended dosages of a few milligrams per day. "There's an American notion that if two are good, 12 are better," says Dorothy V. Harris, professor of physical education at Pennsylvania State University.

Changes in liver function are a side effect that is well documented in people taking steroids, according to Lombardo. For the most part, the abnormal liver enzymes and excretory functions that show up reverse themselves when the drug is stopped. However, doctors believe liver tests should be run regularly on people taking anabolic steroids to watch for problems.

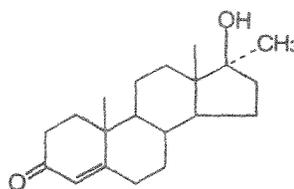
Some synthetic anabolic steroids can be taken orally . . .



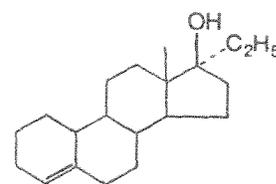
Methandienone



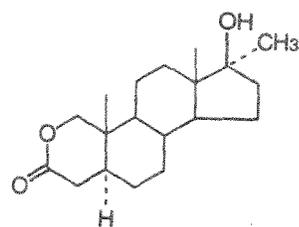
Oxymetholone



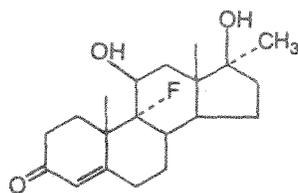
Methyltestosterone



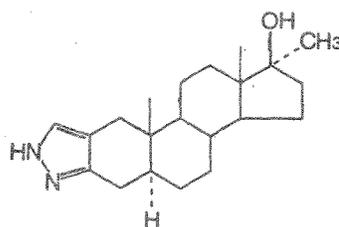
Ethylestrenol



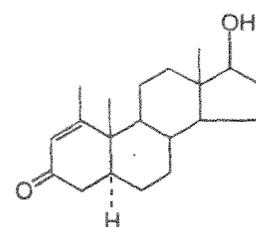
Oxandrolone



Fluoxymesterone



Stanozolol



Methenolone

Harris learned on a recent trip to Europe that women athletes in communist countries who use anabolic steroids are monitored routinely and even given medication to protect the liver. "The problem in this country is that nobody is monitoring" the health of athletes who take steroids on their own initiative, she says.

A graver risk is liver tumors. Many steroid users have shrugged off the possibility of liver cancer, pointing out the known cases occurred in people given the drugs for some underlying disease. But a recent report in a medical journal shows that otherwise healthy athletes are at risk, too. Doctors at Latrobe Area Hospital in Pennsylvania reported in the January 1984 issue of *Annals of Internal Medicine* the death from liver cancer of a 26-year-old body builder. Otherwise healthy, he had taken anabolic steroids for years to increase muscle mass.

Most of the anabolic steroids the body builder said that he took in the four years before his death were oral dosage forms—the type that most consistently has been tied to liver problems. Testosterone itself is not very effective when taken by mouth because it is rapidly metabolized by the liver before it gets into the bloodstream.

However, many synthetic anabolic steroids are active when taken orally. Most of these have an alkyl group in addition to the hydroxyl group at carbon-17 of the steroid nucleus—a structural change that slows the rate at which the liver metabolizes the drugs. This same change also results in greater liver toxicity.

Other side effects of anabolic steroids are related to the sex hormone properties of the drugs: acne, baldness, and changes in sexual desire. Some men experience enlargement of the breasts. Although some male athletes may view these effects as just a nuisance, masculinizing effects in women are more disturbing.

Facial hair, male-pattern baldness, deepening of the voice, enlargement of the clitoris, and menstrual irregularities all have been observed in women taking anabolic steroids. Most of these changes are not reversible.

The experiences of female athletes on these drugs have not been examined systematically. Women may be tailoring the amount of steroids they take to try to avoid the obvious and frightening masculinizing effects. "Women tend to be more cautious than men in their use of steroids, perhaps out of fear," says Wright. There may be a threshold dose below which at least some women can take anabolic steroids without undesirable changes in appearance.

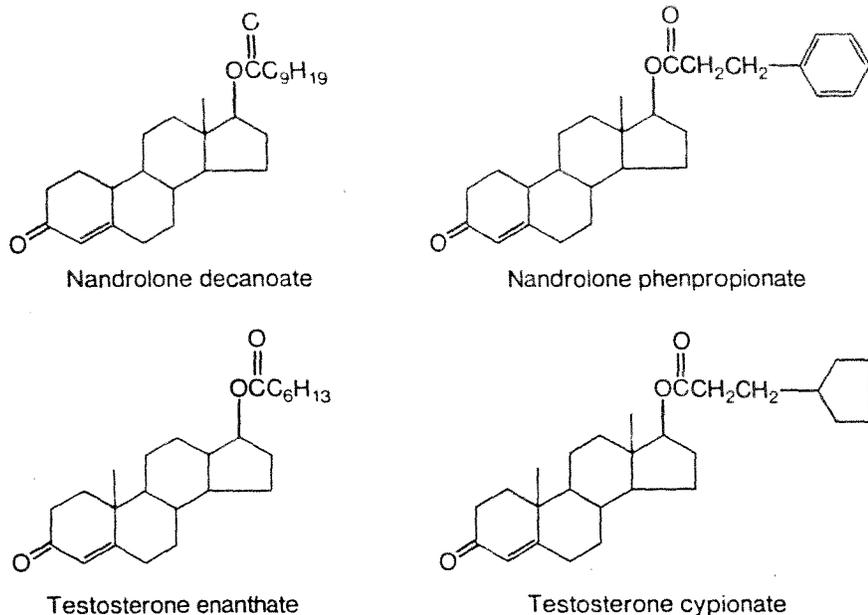
Anabolic steroids' effects on the male reproductive system can be frightening to athletes, too. Testicular atrophy and a decrease in sperm count—occasionally temporary infertility—are well-known side effects of the drugs. The drop in sperm production usually is reversible over the short term, says Lombardo, but no one has studied the effect of prolonged use of anabolic steroids.

Still other side effects of anabolic steroids depend on the age of the person taking them. In children and adolescents who are still growing, some anabolic steroids can cause the bones to fuse prematurely, keeping the child from reaching full height. And young boys can be pushed into a precocious puberty.

Anabolic steroids also can have an insidious psychological effect on athletes, says William N. Taylor, a Florida physician who studies and writes about the use of drugs in sports. He thinks athletes can have a hard time quitting.

"The average athlete looking for a way to increase strength and endurance turns to steroids," Taylor says.

... but others must be injected



“As their body image changes, athletes become hooked on the drugs, afraid their bodies will go back to normal if they stop.”

Cardiovascular disease is another potential side effect among athletes who use large doses of anabolic steroids

for a long time—one that physicians are only beginning to note. “The red flag is up” over low levels of high-density lipoproteins (HDL) in athletes using the drugs, says Lombardo.

People with high blood concentrations of HDLs (sometimes called the good form of cholesterol) have fewer heart attacks. Normally, athletes have higher HDL levels than the general population, which fits with the idea that exercise is good for the heart.

“One [steroid-using] body builder we are following has the lowest HDL levels we’ve ever seen—indicating increased risk for coronary heart disease,” Lombardo says. Even though HDL levels return to normal once an athlete stops taking anabolic steroids, the long-term effects of a short drop in HDL levels are not known, he adds.

Complicating the assessment of the hazards of anabolic steroids is the fact that athletes often take

more than one form of the drug at a time—known in gym talk as “stacking.” Men also may take a peptide hormone called human chorionic gonadotropin, which counteracts the sperm-suppressing effect of steroids.

Athletes who take part in the high-level competitions where drug testing may be done may adjust their use of steroids in hopes of beating the system. As a meet approaches, they can switch from injectable forms of steroids (which have a relatively long half-life in the body and can be detected months later in some cases) to the shorter-lived oral forms.

Until recently, athletes could use injections of testosterone itself right up to and even during competition without getting caught. Because testosterone is produced naturally by the body, doping control authorities couldn’t prove it was being used in defiance of the regulations.

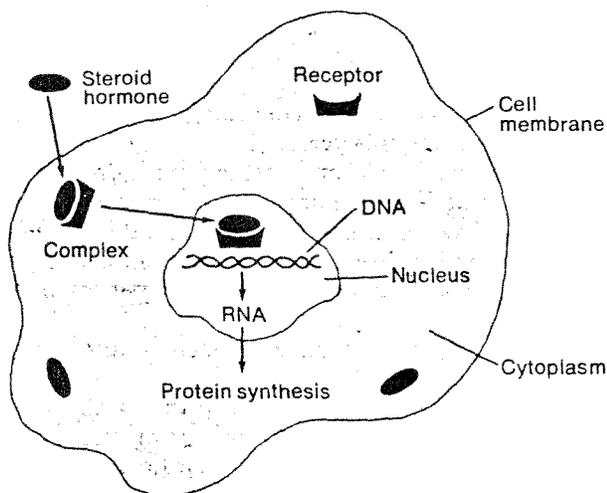
Now, however, a screen which examines the amount of testosterone relative to its metabolite epitestosterone can detect cheating. (The two isomers have different configurations of the hydroxyl group of carbon-17.) Under the IOC medical commission’s rules, the ratio of the concentrations of testosterone to its epimer in urine must be less than six to one.

“The ratio of testosterone and epitestosterone in urine is normally one to one,” UCLA’s Catlin says. “It turns out that exogenous testosterone doesn’t get converted to epitestosterone (simply by mass action), so after taking testosterone itself the ratio goes way up.”

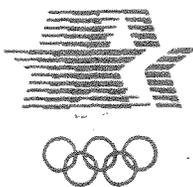
Cynics point out that even this test can be beaten if an athlete simply injects epitestosterone along with the active isomer or takes gonadotropin to boost levels of both epimers. Rumors are circulating that some countries will help their competitors do just that.

There will always be some way to foil doping control,

Steroid hormones activate genes for protein synthesis in target cells



Steroid hormones bind to receptors in cytoplasm of target cells. Hormone/receptor complex then migrates to cell nucleus, binding to DNA and activating specific genes. The resulting increase in RNA production leads to synthesis of new proteins. These may be structural proteins like those in muscle or enzymes that activate other cell functions



UCLA lab gearing up for Olympic drug testing

They won't win any medals this summer, but scientists at the University of California, Los Angeles, are in training for an Olympian event just the same. During the course of the 1984 summer games, the UCLA/LAIOC Olympic Analytical Laboratory there will check urine samples from the top four finishers in each event—as well as a random sampling from other athletes—for five classes of banned drugs.

"We'll be testing approximately 1500 to 1600 athletes," says Kim T. Jasper, director of doping control for the Los Angeles Olympic Organizing Committee (LAIOC). Jasper is overseeing the complex task of collecting and delivering the samples to the analytical lab, maintaining meticulous security throughout. Already a group of volunteers has been through dry runs at athletic meets throughout the past year.

But the truly awe-inspiring technical feat will take place at the analytical lab, where the huge number of samples must be analyzed for trace amounts of drugs with the highest accuracy in a very short period of time. "We're aiming for 24-hour turnaround," says Don H. Catlin, chief of UCLA Medical Center's division of clinical pharmacology and director of the Olympic lab, "but the important part is to be correct."

Operating with a \$1.5 million budget, Catlin is assembling an impressive array of sophisticated equipment and—even more important—highly skilled staff members to carry out the testing. The lab is in the awkward position of needing a large group of experienced people for a period of a month or so, but can't afford to retain them long.

"On the other hand, we're a great drawing card," says Catlin. "There are many analytical chemists who would like the opportunity to work in this context for the games. It's a unique event in analytical chemistry."

The lab has purchased about half a million dollars worth of equipment from Hewlett-Packard: three mass spectrometers as well as several gas chromatographs, a liquid chromatograph, and related equipment to operate them all. At the time of the games, Hewlett-Packard will lease UCLA five more mass spectrometers and five more GCs—another \$1 million worth of hardware, according to the company.

Catlin says his group has been working very closely with Hewlett-Packard, which was chosen by competitive bidding. Because everything is operated by computer, the lab thought it more economical—both in terms of dollars and in the time it takes to become familiar with the equipment—to work with a single supplier. And having an American manufacturer will simplify issues of service, Catlin hopes.

Last November, the medical commission

of the International Olympic Committee (IOC) tested the UCLA lab's ability to detect banned drugs in urine and meet other criteria for accreditation. The lab was given 10 samples from people who actually had taken drugs, as opposed to normal urine spiked with the drugs of interest. That's an important difference, Catlin says, because rather than just looking for the drug, in working with real biological solutions the analysts look for patterns of the main drug and its metabolites.

"The test is difficult, because the list of drugs that one must be able to find is quite long and includes drugs which are not available in this country," Catlin says. The task is made even more complicated by the fact that the IOC list of forbidden drugs is deliberately open-ended to prevent athletes from using recently developed analogs.

The UCLA lab is the first in the U.S. to receive IOC accreditation. Drug testing at the winter Olympics was done at the University of Sarajevo in Yugoslavia. A West German team tested athletes in Caracas last fall under contract to the Pan American Sports Organization. In each case, the laboratories followed the same strict protocol that will be in force this summer.

Since being accredited by IOC, the UCLA lab has been training new people for the summer games and analyzing samples for the U.S. Olympic Committee—testing the athletes who represented the U.S. at the winter games in Sarajevo, for example. And

Catlin admits. "The fundamental issue is never to falsely accuse a competitor," he says. "One does that at the expense of letting samples go by that could be positive."

Growth hormone

As testing for anabolic steroids gets harder and harder to beat, some athletes are turning to another substance: human growth hormone (hGH). Because hGH occurs naturally in the body, analytical chemists have not yet devised a foolproof way to detect exogenous hormone. Therefore, it's not on IOC's list of banned drugs.

Growth hormone, a polypeptide secreted by the pituitary gland, is essential to normal human growth. Medically, it's used to help children with a deficiency of the hormone grow to more nearly normal height. Currently the supply of hGH is limited and expensive because the only source is cadavers.

Soon, however, a much larger supply of growth hormone may be available from recombinant DNA technology. Genentech's application to market synthetic growth hormone is now being reviewed by the Food &

Drug Administration. The company is hoping to get approval sometime this year.

Athletes who use hGH are working in the dark, for the effects of giving hGH to normal adults are almost completely unknown. "Athletes are falling all over themselves to pay \$100 a dose for growth hormone, but there isn't a single study to show it can increase performance," says Ryan.

Even if there are no comprehensive studies, sports medicine specialists are beginning to see individual athletes who have obtained hGH on the black market. "In my personal observations, I've seen an athlete who had tremendous muscle development he attributed to hGH," says Taylor.

The normal concentration of hGH varies throughout the day, with a big increase shortly after falling asleep. The levels also are affected by nutrition and stress. Certain drugs such as L-dopa and β -blockers can stimulate release of stored hGH. Growth hormone has a very short lifetime in the body and seems to exert its stimulating effect on the growth of bone and cartilage through

the staff is still developing and perfecting the screens that will be used to search for the chemically very diverse group of banned substances.

The analytical lab receives a urine sample that already has been divided into two containers. One sample is locked away in a refrigerator, to be analyzed only if a banned substance is found in the other half. Catlin's group then places aliquots of the test sample into four tubes, each of which goes through a different procedure specific for certain types of drugs.

The aliquots being checked for anabolic steroids, for example, are screened by a GC/MS operating in the selective ion monitor (SIM) mode. All the anabolic steroids and their metabolites have GC retention times within a 10- to 12-minute period, Catlin says. During that time, the mass spectrometer continually changes the ions for which it is scanning, looking in different windows for the parent drug and its metabolites. In general, the system looks for at least three ions per drug or metabolite. Just after the data are collected, the computer checks the data for peaks that have the requisite ions and the requisite retention times for anabolic steroids.

"If we see a potential positive flagged by the screen," Catlin says, "we go back and reinject, confirming that work and trying to get a full mass spectrum of the substance. Instead of just two or three ions, we look for all the ions [from a steroid]."

Other substances on IOC's banned list, such as amphetamines, are screened by GC, with different workup procedures used for the various classes of drugs. One aliquot goes through a simple extraction procedure, for example, and another first is hydrolyzed and derivatized to change non-volatile compounds into a form where they will pass through a GC. Catlin says the lab still is developing other screens based on liquid chromatography and radioimmunoassay.

If any of the screens give positive evidence for a banned drug, the UCLA lab will go back and work up the sample again and again. If the tests are confirmed, the positive findings will be reported to the IOC medical commission, which will review the data and notify the athlete's country. Then an appointment will be made for a repeat analysis in front of observers, this time using the refrigerated and stored sample.

The UCLA lab has worked with LAOOC in selecting the vessel (glass) and cap (Teflon-lined) to contain the samples before they arrive at the analytical lab. But it is Jasper's doping control group that is charged with getting the samples from the athletes and safeguarding those samples until they can be analyzed.

Just after an event is completed, an LAOOC representative called a doping control escort will contact each medal winner and other athlete chosen to be tested. The escort will stay with the athlete

until he or she reports to a doping control station. The athlete has 60 minutes for award ceremonies or to talk to the press, but must not urinate during that time.

Once the athlete, the escort, and another person that the athlete may choose make their way to the doping control station, a technician of the same gender observes as the athlete voids. Beverages will be available in a waiting area in case the athlete has no urge to urinate. (At the winter games in Yugoslavia, a too-loose supply of beer was apparently responsible for some rowdiness in the waiting area there.)

If the athlete produces the minimum amount of 75 mL of urine, the specimen will be split into two containers, labeled with a code number, sealed, and placed in a locked transport kit. The samples from the 21 doping stations (that many are necessary because the events are scattered all over the Los Angeles area) will be refrigerated until taken to the UCLA lab.

Then it is up to Catlin and his staff to put their knowledge of chemistry to work. "Everybody talks about these fancy mass spectrometers and computers as if you pour something in one end and out comes the answer," Catlin says. "The real guts of the program are the quality and training of the people who do the work. They are the ones that program the computer and do the chemistry workup. If you don't put a good clean sample in, it's the same old problem: Garbage in, garbage out."

other peptides called somatomedins, which are produced by the liver.

Growth hormone is attractive to athletes because it stimulates protein synthesis through a number of interconnecting mechanisms. It also accelerates the breakdown of fat while decreasing the amount of carbohydrate burned by the body.

The risks of large amounts of hGH over extended periods of time are clear from the experiences of people with pituitary tumors that overproduce the hormone. Children whose bones are still growing can become giants, sometimes reaching heights of 8 feet.

After adolescence, however, the bones are fused and can't grow any longer. Too much hGH in an adult results in a condition known as acromegaly.

"Instead of getting taller, there's an overgrowth of soft tissues and the bones get thicker," says Richard H. Strauss, associate professor of preventive medicine and medicine and a team physician at Ohio State University. "The brow, nose, and chin enlarge and the patient can't get shoes or rings on."

Taylor is deeply concerned over possible misuse of hGH as it becomes more readily available. "There's a very well-established black market for drugs (primarily steroids) and when synthetic growth hormone becomes available, it will enter the field," he warns.

Taylor is in favor of making growth hormone a controlled substance, like narcotics, where every vial and pill must be accounted for. He's worried not only about its abuse by athletes, but also that physicians will be pressured to prescribe hGH to children whose parents want them to be taller. Already there are studies showing that some children who are not deficient in hGH but are nonetheless short respond to treatment with the hormone by growing faster.

Genentech responds that the company's synthetic hormone will not be widely available, but marketed only to doctors who are specialists in pediatric endocrinology and sold only through hospital pharmacies. It acknowledges, however, that any physician may prescribe a drug for any use once it is approved by FDA.

Just what the effects of freely available hGH will be

42

on athletes remains to be seen. "People will use it for longer periods of time and in larger doses," Strauss says. "It's going to be very interesting."

Tranquilizers and stimulants

Growth hormone is not the only substance athletes use to enhance performance that is not on the IOC list of banned materials. Other drugs that for one reason or another are not routinely part of doping-control screens are alcohol, benzodiazepines, and β -blockers.

These drugs have in common a tranquilizing or calming effect—which at first thought seems undesirable in competition where an athlete would want to be as alert as possible. In events like shooting or archery, where steadiness of hand and breathing are essential, however, tranquilizers are thought to offer an advantage.

The drugs that first led IOC to set up doping regulations in 1967 are stimulants such as amphetamines and sympathomimetic amines. "There used to be a tremendous amount of abuse of stimulants in the 1960s," Catlin says, "even deaths among athletes who were given walloping overdoses of stimulants."

Now the use of stimulants seems to have abated, a phenomenon that Catlin points to as evidence that doping control works. Ryan, however, contends that athletes are laying off stimulants because they've found the drugs don't help—a conclusion that not many researchers agree with. An improvement in performance of only 1% due to stimulants can be enough to break a record in sports like running or swimming.

Interestingly, as the use of more potent stimulants has dropped off at meets where drug testing is undertaken, higher and higher levels of caffeine have been showing up in athletes' urine. That has prompted IOC to define a maximum acceptable level of caffeine in urine to prevent athletes from taking concentrated forms of the stimulant.

USOC is warning U.S. athletes that coffee and soft drinks in moderation won't be a problem, but mixing those beverages with over-the-counter medications that contain caffeine, like Anacin or Empirin, could push an athlete over the limit.

Future of doping control

"You can ban all the drugs you want, but if you don't test for them you're not doing anything to stand behind the ban," Catlin says. That opinion, also held by IOC, explains why the Olympic governing body didn't even bother to include anabolic steroids in its classes of doping agents until the 1976 Olympic games in Montreal, when reliable analytical methods to detect them first were available. Similarly, testosterone has only recently been added to the banned list.

Yet most sports organizations that ban drug use do nothing to enforce the prohibition. The bylaws of NCAA, for example, give that group the authority to test for drugs but the organization has never gotten involved, perhaps discouraged by the expense and legal hassles of carrying out tests at some 70-odd championship tournaments yearly.

Now, however, the NCAA staff is struggling to pre-

pare a plan to test athletes at all championships, according to Eric D. Zemper, NCAA research coordinator. Starting such a program was proposed from the floor at the NCAA convention last winter and will be voted on by the membership next January.

Zemper isn't sure a doping control program will sit well with all college athletic directors. "Lots of schools I know are using anabolic steroids," he says. "About a dozen schools test for drugs but I know of only three that look for steroids."

If the NCAA proposal and the recent decision of the USOC's task force on drug control to screen athletes at Olympic trials represent a trend, doping control measures will become more and more commonplace. Not everyone is convinced that drug testing helps control the use of drugs, however.

"I believe everything should be done to try to discourage athletes from using drugs," Ryan says. "But for over a decade, drug testing has been carried out in international competitions and drug use has increased! Drug testing is not effective. People delude themselves by thinking they can stop drug taking by making a rule or law against it."

Perhaps what is needed is a concerted effort to inform athletes of the risks of taking powerful drugs. "Education is the key, but it is limited by the lack of knowledge of the side effects 20 and 30 years down the road," Lombardo says.

Yet athletes often don't believe the medical establishment. For years, the scientific world has been equivocating on the issue of whether anabolic steroids have a muscle-building effect, while athletes who use them report positive experiences. "Athletes feel they are being manipulated and misled," Wright says. "They resent scare tactics."

"One has to be alert to a potential gap between the bona fide medical literature and the . . . groups that use [drugs]," Catlin says. Yet little is being done to close that gap. Committees that rule on the ethics of research projects that use human subjects don't condone the use of drugs to enhance athletic performance, so the true risks and benefits of such drugs remain unstudied in North America. And there is very little documentation of what is going on in communist countries, where such drugs are thought to be used routinely.

So U.S. athletes are often left to make decisions that can affect their health and careers on the basis of gym talk. "Maybe it would be safer for the greater number of people in the long run to administer such drugs to volunteer athletes on a controlled basis," Wright says, "and accumulate a database, so that preferably in the near future we'll be able to do more than speculate on what the effects of the modern and future means of 'chemical engineering' are." □

Reprints of this C&EN special report will be available at \$3.00 per copy. For 10 or more copies, \$1.75 per copy. Send requests to: Distribution, Room 210, American Chemical Society, 1155—16th St., N.W., Washington, D.C. 20036. On orders of \$20 or less, please send check or money order with request.

RONALDO SOTO
VICE PRESIDENT
THE NATIONAL HISPANIC UNIVERSITY
CENTER FOR ADVANCED STUDIES AND POLICY ANALYSIS

PRESENTATION TO SELECT COMMITTEE ON LICENSED AND DESIGNATED SPORTS
DRUG IN PROFESSIONAL SPORTS HEARING
SAN FRANCISCO, APRIL 24, 1984

THANK YOU SENATOR MONTOYA FOR THIS OPPORTUNITY TO ADDRESS YOUR SELECT COMMITTEE ON THE SUBJECT OF THIS IMPORTANT HEARING "DRUGS IN PROFESSIONAL SPORTS". I HAVE PREPARED REMARKS NOT FROM THE VANTAGE POINT OF THE PLAYERS OR THE PERSPECTIVE OF THE OWNERS, BUT AS A INTERESTED CITIZENS CONCERNED ABOUT THIS MATTER. I WILL FOCUS ON THE FOLLOWING POINTS PERTAINING TO THIS IMPORTANT TOPIC:

- CLARIFICATION OF MY INTERPRETATION OF THE TOPIC
- CONTRIBUTING FACTORS TO THE PROGRAM
- APPROACH TO THE PROBLEM AND PROGRAM ELEMENTS

SINCE THE WAY WE THINK ABOUT ISSUES IS INFLUENCED TO A LARGE EXTENT BY PERSONAL EXPERIENCES, LET ME BEGIN BY SHARING WITH YOU SOME OF MINE, PERTAINING TO ORGANIZED SPORTS.

FIRST OF ALL, I BEGAN MY INTRODUCTION INTO ORGANIZED SPORTS AT AN EARLY AGE WITH POP-WARNER FOOTBALL. I CONTINUED TO PLAY THROUGH HIGH SCHOOL AND COLLEGE.

SPORTS AND IN PARTICULAR FOOTBALL, PROVIDED ME WITH A AVENUE FOR EXPRESSION AND EVEN STATUS, BASED ON WHAT I COULD PHYSICALLY AND MENTALLY ACCOMPLISH ON THE FOOTBALL FIELD. IT PROVIDED ME WITH A IDENTITY (EVEN THROUGH IT HAS TEMPORARY AND ARTIFICIAL) AND A PERSPECTIVE FROM WHICH I COULD TACKLE THE DAILY STRESS AND PROBLEM OF GROWING UP.

ON THE OTHER HAND, IT ALSO ALLOWED ME TO RATIONALIZE THE NEGLECT OF IMPORTANCE AND ESSENTIAL PERSONAL AND SKILL DEVELOPMENT AREAS THAT WOULD BE REQUIRED IN ADULT LIFE.

THE POINT I WANT TO MAKE, IS THAT I HAVE MIXED EMOTIONS REGARDING THE PRO'S AND CON'S AND BENEFICIAL ASPECTS OF ORGANIZED SPORTS AS THEY PRESENTLY EXIST. I REALIZE THAT THIS HEARING IS NOT ON THE PRO'S AND CON'S OF ORGANIZED SPORTS. BUT IT IS MY CONTENTION THAT ORGANIZED SPORTS DO CONTRIBUTE TO THE PROBLEMS OF THEIR ATHLETICS.

AS A POINT OF CLARIFICATION I WILL STATE MY GENERAL INTERPRETATION OF THE THEME OF THIS HEARING "DRUGS IN PROFESSIONAL SPORTS". WHEN I SAY GENERAL INTERPRETATION I MEAN JUST THAT, FOR THIS TOPIC COULD FORMULATE THE BASIS FOR A THESIS. I CAN ONLY HOPE IN THIS SHORT PRESENTATION TODAY, TO RAISE SOME INTERESTING POINTS FOR YOUR FURTHER CONSIDERATION.

THE TITLE OF THIS HEARING DICTATES A FOCUS ON THE PROFESSIONAL ATHLETIC AS THE SUBJECT OF STUDY AND DISCUSSION PERTAINING TO DRUG ABUSE. WHILE I WILL MAINTAIN A FOCUS ON THE PROFESSIONAL ATHLETIC, IT IS MY BELIEF THAT WE CANNOT TRULY UNDERSTAND THE PROBLEMS OF THE PROFESSIONAL ATHLETIC WITHOUT STUDING THE SOCIAL, ECONOMIC AND ATTITUDINAL DIMENSIONS OF THE GENERAL SOCIETY AND THEIR CONTRIBUTION TO THE PROBLEMS OF PROFESSIONAL ATHLETICS.

AN ADDITIONAL POINT OF CLARIFICATION I WOULD LIKE TO MAKE PRIOR TO PROCEEDING WITH THIS PRESENTATION SPEAKS TO THE DEFINITION OF THE PROBLEM IDENTIFIED.

WHILE DRUG ABUSE IS BEING DEFINED AS A MAJOR PROBLEM WE CAN NOT OVERLOOK ALCOHOL ABUSE AND THE ABUSE OF MEDICATION USED FOR THERAPYTIC AND PAIN REDUCTION PURPOSES IN PROFESSIONAL SPORTS. THEY ARE ALL A FORM OF ABUSE WHICH IS ADICTING AND HARMFUL TO A PLAYER WHETHER THEY ARE LEGAL OR NOT, AS PRESCRIBED BY A TEAM PHISICIAN OR NOT. IN PLACE OF DRUG ABUSE I WILL USE THE TERM SUBSTANCE ABUSE FOR IT IS MORE ENCOMPASSING OF THE PROBLEM THAT PROFESSIONAL ATHLETIC FACE.

CONTRIBUTING FACTORS TO THE PROBLEM

IF WE ARE TO TRULY UNDERSTAND THE PROBLEMS OF SUBSTANCE ABUSE FOR THE PROFESSIONAL ATHLETIC, SO THAT WE MIGHT BE ABLE TO FORMULATE EDUCATIONAL PREVENTATIVE AND THERAPTIC PROGRAM, THE PROBLEM ANALYSIS MUST EXTEND BEYOND A INDIVIDUAL PROBLEM FOCUS.

INSTEAD WE SHOULD FOCUS ON THE COMMUNITY OF ORGANIZED SPORTS AS A ENTITY, WHICH ENCOMPASSES COMPLEX GEOGRAPHICAL, POLITICAL, SOCIAL, ECONOMIC, ATTITUTIAL AND CULTURAL FACTORS. THE FOCUSES AND THE CONFLICTS OFTEN INHERENT (FOR EXAMPLE WIN AT ANY COST V.S. THERE ARE OTHER VALUES MORE IMPORTANT THEN WINNING) CONTRIBUTE TOWARD CREATING INDIVIDUAL, FAMILY AND COMMUNITY PROBLEMS FOR THE PROFESSIONAL ATHLETIC.

THE PROFESSIONAL ATHLETIC MUST PERFORM FOR THEIR EMPLOYER AND THEIR REPRESENTATIVE (COACHES), ON BUSINESS TERMS. THE PRODUCTS THEY PRODUCE (IN THE CASE OF FOOTBAL) ARE BLOCKS, YARDS, TACKLES, CATCHES, PASSES, KICKS TOUCHDOWNS AND ENTERTAINMENT. TO PRODUCE THESE PRODUCTS THEY REQUIRE THE EXCERSION OF PHYSICAL AND EMOTIONAL ATTRIBUTES ON A REGULAR BASIS IN A HIGHLY COMPETITIVE ATMOSPHERE, IF THEY ARE TO MAINTAIN THEIR LIVELYHOOD.

THE PROFESSIONAL AHLTETIC MUST ALSO PERFORM ON THE FIELD AND OFF THE FIELD FOR THEIR SECOND BOSS, THE FAN'S. FOR HOW THE FANS CAN MAKE YOU, THEY CAN ALSO BREAK YOU, SO THE PROFESSIONAL ATHLETIC MUST LEARN TO ACT A ROLE AND FULLFILL OTHERS EXPECTATIONS AS TO DRESS, BEHAVIOR, LIFESTYLE AND PERSONAL APPEARANCE.

WHILE THEY ARE ADDRESSING THESE DEMANDS AND REQUIREMENTS OF THEIR EMPLOYERS AND FANS THEY MUST CONTINUE SOME HOW TO INTEGRATE THEIR NEW SUCCESS, NEW DEMANDS AND NEW EXPERIENCE INTO A HEALTHY AND REWARDING LIFE STYLE.

FOR THE MOST EXPERIENCED PERSON THIS IS AT BEST A CONTINIOUSLY CHANGING PROCESS THAT REQUIRES CONSTANT RE-EVALUATING WITHIN A SUPPORTIVE FAMILY AND/OR GROUP OF FRIENDSHIPS.

THE PROFESSIONAL ATHLETIC'S ENVIRONMENT IS BASED ON COMPLETION AND INDIVIDUAL PERFORMS, THE BEST INDIVIDUALS FOR EACH POSITION MAKES UP THE FIRST STRING. IT IS NOT A ATMOSPHERE THAT IS CONCLUSIVE TO SELF-EVALUATION, EXPOSING WEAKNESSES IMPROVE UPON OR DEVELOPING ONE'S FULL POTENTIAL.

APROACH TO THE PROBLEM:

IN ORDER FOR PROFESSIONAL SPORTS AND THE PUBLIC TO HAVE A LONG TERM EFFECT ON THE GROWING SUBSTANDARD ABUSE PROBLEM OF ATHLETICS I BELIEVE THEY MUST ADDRESS THE ISSUE FROM AN AGGRESIVE EDUCATIONAL AND PREVENTIVE APPROACH.

TREATMENT METHODS ARE NEEDED, BUT THEY ARE SHORT-TERM AND FOCUS PRIMARILY ON THE SYMTOMS OF THE PROBLEMS INSTEAD OF THE ROOT CAUSES. THE TREATMENT METHODS ALSO TEND TO PLACE THE BLAME ON THE PROFESSIONAL ATHLETIC INSTEAD OF OTHER SIGNIFI-CANT CONTRIBUTING FACTORS TO THE PROBLEM.

ONE ONLY HAS TO LOOK AT THE MEDICAL SYSTEM TO SEE THAT THE TREATMENT METHOD DOES NOT ADDRESS THE ROOT CAUSES AND RATE OF THE HEALTH PROBLEM. MANY OF OUR MAJOR HEALTH PROBLEMS AND CAUSE OF DEATH ARE NOW RELATEED TO SOCIO-CULTURAL, EDUCATIONAL AND ENVIRONMENTAL FACTORS AND NOT DISEASE BASED.

PROFESSIONAL ATHLETIC AND SUBSTANCE ABUSE IS NOT PRIMARILY A MEDICAL PROBLEM. IT IS A SOCIAL PROBLEM THAT REQUIRES EDUCATIONAL AND SOCIAL INTERVENTIONS THAT INCORPORATE ALL LEVELS OF ORGANIZED SPORTS, NOT JUST PROFESSIONAL ATHLETICS.

AT THE NATIONAL HISPANIC UNIVERSITY WE HAVE THREE PROGRAM COMPONENTS THAT WE PROMOTE THAT I BELIEVE HAVE RELEVANT IN PART IN ADDRESSING THE PROBLEM OF SUBSTANCE ABUSE IN ORGANIZED SPORTS.

1. ONE IS THAT WE HAVE TO MAINTAIN HIGH EXPECTATIONS FOR OUR STUDENTS, WE ENCOURAGE THEM TO DEVELOP THEIR FULL POTENTIAL.

PROFESSIONAL SPORTS AND THE PUBLIC MUST MAINTAIN HIGH EXPECTATIONS FOR ATHLETIC AND ENCOURAGE THEM TO CONTINUE TO DEVELOP THEIR PROFESSIONAL AND PERSONAL DEVELOPMENT BEYOND THE PLAYING FIELDS.

PROFESSIONAL SPORTS MUST PLACE VALUE AND CREATE INCENTISE THAT EMPHASIZE THE CONTRIBUTION THAT A PROFESSIONAL ATHLETIC CAN MAKE TO SOCIETY ABOVE AND BEYOND THE SPORTS INDUSTRY.

2. A SECOND COMPONENT THAT PROMOTES SUCCESS IS ROLE MODELS, LIVING EXAMPLE OF SUCCESS. THESE INDIVIDUALS ARE INVALUABLE IN SHARING WHAT THEY LEARNED FROM THEIR MISTAKES. IN PROFESSIONAL SPORTS IT IS NOT UNCOMMON FOR A YOUNG PERSON TO OBTAIN INSTANT SUCCESS AND THE MONITARY REWARDS THAT FOLLOW, ADVISE AND FRIENDSHIP FROM ATHELETICS WHO HAVE COPEDED SUCCESSFUL WITH SIMILAR SITUATIONS COULD PREVENT MANY PERSONAL AND FINANCIAL HARDSHIPS.
3. FINALLY, THE DEVELOPMENT AND MAINTAINANCE OF A SUPPORT SYSTEM FOR PROFESSIONAL ATHLETICS. PROFESSIONAL ATHLETIC COULD MAINTAIN SUPPORT SYSTEMS ORGANIZED AROUND NETWORKS OF PROFESSIONAL AND PERSONAL INTERESTS. THE NHU STUDENTS ARE EXPECTED TO HELP ONE ANOTHER AND TO SEE THEIR SUCCESS IN RELATIONSHIP TO ANOTHER STUDENT'S SUCCESS, SO CAN PROFESSIONAL ATHLETICS. THEY CAN ASSIST EACH OTHER WHILE STILL ACTIVE IN THEIR RESPECTIVE SPORTS AND WITH TRANSITIONING OUT OF ACTIVE PROFESSIONAL SPORTS.

IN CLOSING, WE MUST PROMOTE THE ROLE OF ORGANIZED SPORTS IN SOCIETY AT ALL LEVELS BEHIND THE MERE PHYSICAL AND MONITARY ACHIEVEMENT THAT CAN BE OBTAINED.

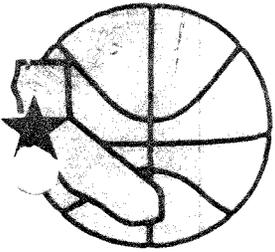
WE CAN NOT ALLOW OUR YOUNGSTERS AND YOUNG ADULTS TO INTERNALIZE THEIR SELF-WORTH BASED ONLY ON ATHLETIC PERFORMANCE, BUT MUST PROMOTE THEIR FULL DEVELOPMENT AND CONTRIBUTIONS IN ALL FACET OF SOCIETY.

THIS IS NO MINOR TASK FOR WE STILL HAVE COACHES IN POP WARNER, LITTLE LEAGUE, HIGH SCHOOL, COLLEGE AND PROFESSIONAL SPORTS THAT DO NOT HAVE A SINCERE INTERESTS IN THEIR PLAYERS FULL POTENTIAL BEYOND THE POSITION THEY PLAY. THIS IS SUCH A TRAGIC WASTE FOR COACHES CAN HAVE SUCH A POSITIVE INFLUENCE.

IT IS MY HOPE THAT THROUGH YOUR PROCESS OF HEARING THAT YOU MAY BE ABLE TO FORMALIZE A PROACTIVE STATE PROGRAM INITIATIVE THAT WILL ADVOCATE THE DISCUSSION, REVALUATION AND EDUCATION OF INTERESTED INDIVIDUALS INVOLVED IN ORGANIZED SPORTS IN CALIFORNIA AT ALL LEVELS, IN EXPANDING THE APPRECIATION, CONTRIBUTIONS, AND ROLE THAT SPORTS CAN PLAY IN CONTRIBUTING TO PERSONAL AND PROFESSIONAL DEVELOPMENT.

I BELIEVE THAT PROFESSIONAL ATHLETICS CAN LEAD THIS RENEWED INITIATIVE IN PARTNERSHIP WITH THE STATE OF CALIFORNIA, THROUGH A WIDE-SPREAD PROGRAM OF COMMUNITY INVOLVEMENT. WE MUST WIN BACK ORGANIZED SPORTS FROM THE ENTERTAINMENT BUSINESS, AS A PUBLIC RESOURCE WITH SOCIAL RESPONSIBILITIES AND CONTRIBUTIONS TO SOCIETY.

THANK YOU.



Golden State WARRIORS

Member:
National Basketball Association

RECEIVED
APR 20 1984

April 17, 1984

Senator Joseph B. Montoya
Select Committee on Licensed & Designated Sports
California Legislature
1100 J Street, Room 334
Sacramento CA 95814

Dear Senator Montoya:

I am responding to your letter of March 20, 1984 to Mr. Franklin Mieuli, owner and president of the Golden State Warriors, specifically with respect to your request to provide our organization's policies regarding drugs.

Our policies and our objectives are part and parcel of those of the National Basketball Association, of which the Warriors are a member, and the National Basketball Players Association, of which our player personnel are members.

I am enclosing the entire agreement on drugs which appears as Exhibit C of the Collective Bargaining Agreement between the NBA and the NBPA, and which now is in effect.

However, in the interest of the time spent on this subject by you and the members of the Senate Select Committee on Licensed and Designated Sports, I would like to also present in the following paragraphs the pertinent points of the agreement:

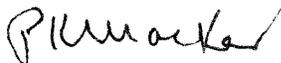
1. Upon presentation to the Independent Expert of information by the NBA or Players Association to the effect that there is reasonable cause to believe a player may be using, possessing or distributing certain drugs, the Independent Expert shall issue an Authorization for Testing for that player.
2. If the Independent Expert determines to issue an Authorization for Testing with respect to a particular player, that player will be tested without notice.
3. The testing procedure will simply involve a representative of the League Office contacting the player, showing him the Authorization for Testing signed by the Independent Expert, and directing him immediately to provide a urine sample. The player may be contacted at his home, in his hotel room on the road, in the locker room before or after a game, or anywhere else that the League Office representative determines.

4. The testing may take place at any time of the day, within a six-week period after the Authorization for Testing is executed. The player may be tested a maximum of four times, if necessary, during the six-week period.
5. If a player is "unable" to provide a urine sample, the League Office representative will stay with the player and observe him until such time as he is able to provide a urine sample.
6. If a player does not cooperate with the procedure (by refusing to give a urine sample and/or by avoiding the League Office representative), he will suffer the penalty of dismissal and permanent disqualification from the League. If any test result is positive, the player will suffer the penalty of dismissal and permanent disqualification.
7. The first time a player voluntarily comes forward to seek treatment for a drug problem, he will be paid his salary and provided with counseling and medical assistance. A player who comes forward a second time will be suspended without pay, but will be treated. A third attempt to voluntarily come forward with a drug problem will result in the player's dismissal and permanent disqualification.
8. A player's contract will be terminated without regard to "guarantees" and with no further obligations on the part of the team if the player is dismissed and permanently disqualified.
9. A player who is dismissed and permanently disqualified may apply for reinstatement as a player in the NBA after two years. The decision as to whether he should be reinstated will be made jointly by the Commissioner and the Players Association.
10. A player who came forward voluntarily and was treated for a drug problem may be tested up to 3 times a week, for a year, subsequent to his treatment.
11. Players may not be tested for drugs except under the new testing procedure.

These provisions should be made absolutely clear to every player so that there is no confusion in the event that one of them is confronted for testing at any time in the future.

I trust this information will prove useful to your Committee.

Sincerely,



P. K. Macker
Executive Vice President

cc: Mr. Franklin Mieuli

EXHIBIT C TO COLLECTIVE BARGAINING AGREEMENT

AGREEMENT made this ____ day of October, 1983, by and between the National Basketball Association ("NBA") and the National Basketball Players Association ("Players Association").

WHEREAS, the NBA and the Players Association recognize that the illegal use and abuse of drugs has become a serious problem in our society and in professional sports, in particular; and

WHEREAS, the illegal use of drugs can adversely affect the performance of NBA players and threatens the image of and public confidence in NBA basketball; and

WHEREAS, the NBA and the Players Association have agreed that the illegal use of drugs is inconsistent with competing in the NBA and that anyone found to have engaged in the use of the substances set forth in Exhibit 1, annexed hereto, ought properly to forfeit any opportunity to play in the NBA;

NOW, THEREFORE, the NBA and the Players Association have agreed upon the following program, the purpose of which is to eliminate the illegal use of drugs in the NBA:

1. Dismissal and Permanent Disqualification. Any player who has been convicted of or has pled guilty to a crime involving the use, possession, or distribution of any of the substances set forth in Exhibit 1, annexed hereto (the "prohibited substances") or has been found through the procedures set forth in Paragraphs 6 or 7 below to have used, possessed, or distributed any of the prohibited substances, shall, without exception, immediately be dismissed and permanently disqualified from any further association with the NBA or any of its teams. Such dismissal and permanent disqualification shall be mandatory and may not be rescinded or reduced by the player's club or the NBA.

2. Amnesty. (a) From the date hereof through December 31, 1983 (the "Amnesty Period"), no player will be subject to the penalty set forth in Paragraph 1 hereof. During the Amnesty Period, the NBA and the Players Association will use their best efforts to inform all players, in writing and in person at team and/or individual meetings, of the details of this Agreement, including the procedures to be utilized and the penalties provided. In addition, the parties may notify certain player(s) that one or both of the parties has reason to believe that such player(s) may have used, possessed, or distributed a prohibited substance.

(b) During the term of this Agreement, any player, except a player referred to in Paragraph 10 below, who

comes forward voluntarily to seek treatment of a problem involving the use of drugs, will be provided with appropriate counselling and medical assistance, at the expense of his club. No penalty of any kind will be imposed on such a player and, provided he complies with the terms of his prescribed treatment, he will continue to receive his salary during the term of his treatment, for a period of up to 3 months of in-patient care in a facility approved by the Life Extension Institute and such out-patient care as is required in a program approved by the Life Extension Institute.

3. Appointment of Independent Expert. The NBA and the Players Association shall jointly appoint an Independent Expert (the "Expert") who shall be a person experienced in the field of drug abuse detection and enforcement. The Expert shall serve for the duration of the Collective Bargaining Agreement, dated October 10, 1980, between the NBA and the Players Association, as amended by the Memorandum of Understanding, dated April 18, 1983 (the "Collective Bargaining Agreement"); provided, however, that as of each September 1, either the NBA or the Players Association may discharge the Expert by serving 30 days' prior written notice upon him and upon the other party. In the event the parties do not reach an agreement, within 45 days, as to who shall serve as the Expert, each party shall appoint a person who shall have no relationship to or be affiliated with that party. Such persons shall then have fifteen days to agree on

the appointment of an Expert. The Expert's fees shall be paid in equal shares by the NBA and the Players Association.

4. Authorization for Testing. In the event that either the NBA or the Players Association has information which gives it reasonable cause to believe that a player may have been engaged in the use, possession, or distribution of a prohibited substance at a time after the conclusion of the Amnesty Period, such party shall request a conference with the other party and the Expert, which shall be held within 24 hours or as soon thereafter as the Expert is available. Upon hearing the information presented, the Expert shall immediately decide whether there is reasonable cause to believe that the player in question may have been engaged in the use, possession, or distribution of a prohibited substance. If the Expert decides that such reasonable cause to believe exists, the Expert shall thereupon issue an Authorization for Testing with respect to such player in the form annexed hereto as Exhibit 2.

5. Sources of Information. In evaluating the information presented to him, the Expert shall be entitled to use his independent judgment based upon his experience in drug abuse detection and enforcement. The parties acknowledge that the type of information to be presented to the Expert is likely to consist of reports of conversations with third parties of the type generally considered by law enforcement authorities to be reliable sources, and that such sources might not otherwise come forward if their

identities were to become known. Accordingly, neither the NBA nor the Players Association shall be required to divulge to each other or to the Expert the names of their sources of information regarding the use, possession, or distribution of a prohibited substance, and the absence of such identification of sources shall not be considered by the Expert in determining whether to issue an Authorization for Testing with respect to a player. In conferences with the Expert, the player involved shall not be identified by name until such time as the Expert has determined to issue an Authorization for Testing with respect to such player.

6. Testing. Immediately upon the Expert's issuance of an Authorization for Testing with respect to a particular player, the NBA shall arrange for such player to undergo the testing procedures, as set forth in Exhibit 3, annexed hereto, no more than four times during the six-week period commencing with the issuance of the Authorization for Testing. Such testing procedures may be administered at any time, in the discretion of the NBA, without prior notice to the player. In the event that any of the testing procedures produces a positive result, the player shall be deemed to have used a prohibited substance and shall suffer the penalty set forth in Paragraph 1, above, and shall be so notified by the Commissioner. Any player refusing to submit to a testing procedure, pursuant to an Authorization for Testing, at the time set by the NBA, shall be deemed to

have produced a positive result for such testing procedure and shall suffer the penalty set forth in Paragraph 1, above.

7. Dismissal Without Testing. In the event that either the NBA or the Players Association determines that there is sufficient evidence to demonstrate that a player has engaged in the use, possession, or distribution of a prohibited substance at a time after the conclusion of the Amnesty Period, it may, in lieu of requesting the testing procedure set forth in Paragraphs 4 through 6, request a hearing on the matter before the Impartial Arbitrator under the Collective Bargaining Agreement. If the Impartial Arbitrator concludes that the player has used, possessed, or distributed a prohibited substance at a time after the conclusion of the Amnesty Period, the player shall suffer the penalty set forth in Paragraph 1, above, notwithstanding the fact that the player has not undergone the testing procedure set forth in Paragraph 6.

8. Confidentiality. The NBA and the Players Association agree that neither of them will divulge to any other party, including their respective members and the player and team involved (other than as required by the Testing Procedure set forth in Paragraph 6 above):

- i) that it has received information regarding the use, possession, or distribution of a prohibited substance by a player;

ii) that it is considering requesting has requested, or has had a conference with the Expert;

iii) any information disclosed to the Expert; and

iv) the results of any conference with the Expert.

9. Amendment to Uniform Player Contract. All forms of the Uniform Player Contract attached to the Collective Bargaining Agreement as exhibits and, in cases where a player and a Member are parties to a currently effective Uniform Player Contract each such contract, shall, upon execution of this Agreement, be deemed amended to include a new Paragraph 6(d), which shall provide as follows:

"The Player acknowledges that, in the event he is found, in accordance with the terms of the Agreement between the Association and the National Basketball Players Association, dated October ____, 1983 to have engaged in the use, possession, or distribution of a "prohibited substance" as defined therein, it will result in the termination of this contract and the Player's immediate dismissal and permanent disqualification from any employment by the Association and any of its teams. Notwithstanding any terms or provisions of this contract (including any amendments hereto) in the event of such termination, all obligations of the Club, including obligations to pay compensation, shall cease, except the obligation of the Club to pay the Player's earned compensation (either current or deferred) to the date of termination.

The Player hereby releases and waives every claim he may have against the Club, the Association, the National Basketball Players Association, and each of their respective members, directors, governors, officers, stockholders, trustees, partners, and employees, arising out of or in connection with the testing procedures or the imposition of any penalties set forth in the Agreement between the Association and the National Basketball Players Association dated as of October ____, 1983.

10. Second Treatment. Any player who, after previously requesting and receiving treatment for a drug problem, again comes forward voluntarily to seek such treatment, shall be suspended without pay during the period of such treatment, but shall not suffer the penalty set forth in Paragraph 1, above. Any subsequent use, possession, or distribution of a prohibited substance, even if voluntarily disclosed, shall result in the imposition of the penalty set forth in Paragraph 1, above.

11. Application for Reinstatement. Notwithstanding the provisions of Paragraph 1 above, after a period of at least two years from the time of a player's dismissal and permanent disqualification, such player may apply for reinstatement as a player in the NBA. However, such player shall have no right to reinstatement under any circumstance and the reinstatement shall be granted only with the prior approval of both the Commissioner and Players Association. The approval of the Commissioner and the Players Association shall rest in their

absolute and sole discretion, and their decision shall be final, binding and unappealable. Among the factors which may be considered by the Commissioner and the Players Association in determining whether to grant reinstatement are (without limitation): the circumstances surrounding the player's dismissal and permanent disqualification, whether the player has satisfactorily completed a treatment and rehabilitation program, the player's conduct since his dismissal, including the extent to which the player has since comported himself as a suitable role model for youth, and whether the player is judged to possess the requisite qualities of good character and morality. The granting of an application for reinstatement may be conditioned upon periodic testing of the player or such other terms as may be agreed upon by the NBA and the Players Association. A player who has been reinstated pursuant to this paragraph shall, immediately upon such reinstatement, notify the Club for which he last played. Such Club shall have 30 days to notify the player that it is prepared to accept his playing services under the terms and conditions of that portion of the term of the player's last player contract, for which services were not rendered because of such player's dismissal and permanent disqualification. If the Club notifies the player that it is prepared to accept his employment under such terms and conditions, the Club and the player shall immediately enter into a new Uniform Player Contract in accordance with those terms and conditions. If the Club does not so notify the player, the player shall be deemed to have completed

the services called for under his last player contract and shall immediately be free to negotiate and sign an Offer Sheet with any NBA team, subject to the Right of First Refusal set forth in Article XXII, Section 1(d) of the Collective Bargaining Agreement.

12. Incorporation in Collective Bargaining Agreement. This Agreement shall be incorporated in and extend through the term of the Collective Bargaining Agreement.

13. Limitation on Other Testing. Except as expressly provided in Paragraph 6, above, there shall be no other screening or testing for the prohibited substances conducted by the NBA or NBA clubs, and no player shall be required to undergo such screening or testing. Notwithstanding the foregoing, any player who has acknowledged the use of a prohibited substance by entering a treatment program, shall be subject to such screening or testing as may be determined by the Life Extension Institute. The frequency and duration of any screening or testing, as determined by the Life Extension Institute hereunder, shall not exceed 3 times a week or a period of more than one year following in-patient treatment. Any player refusing to submit to a screen or test pursuant to this paragraph or for whom such screen or test produces a positive result, shall be subject to the provisions of Paragraph 10, above, as a player who "again comes forward voluntarily."

IN WITNESS WHEREOF, the parties have entered into
this Agreement as of the day and year first written above.

NATIONAL BASKETBALL ASSOCIATION

By _____
Commissioner

NATIONAL BASKETBALL PLAYERS ASSOCIATION

By _____
President

EXHIBIT 1

LIST OF PROHIBITED DRUGS

Cocaine

Heroin

AUTHORIZATION FOR TESTING

TO: _____
(Player)

Please be advised that on _____, you were the subject of a conference held pursuant to the Agreement between the NBA and Players Association, dated _____ ("Agreement"). Following the conference, I authorized the NBA to conduct the testing procedures set forth in the Agreement, and you are hereby directed to submit to those testing procedures, on demand, no more than 4 times during the next six weeks.

Please be advised that your failure to submit to these procedures, will result in your dismissal and permanent disqualification from the NBA.

Independent Expert

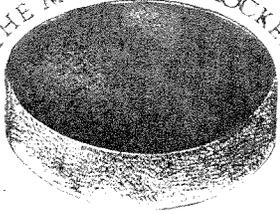
Dated:

EXHIBIT 3

TESTING PROCEDURES

Urinalysis. To be screened and tested through scientifically accepted analytical techniques, such as chromatography (gas and/or thin-layer), spectrophotometry, fluorometry, EMIT, and/or TLC.

THE MASTERS OF HOCKEY



THE PHIL ESPOSITO FOUNDATION

50 West 77th Street, Suite 2B New York, New York 10024 (212) 595-2900

April 23, 1984

Senate Select Committee on Sports
1100 J Street
Room 334
Sacramento, CA
95814

Dear Senate Select Committee,

First of all I am sorry that I was not informed earlier of your committee meeting on sports.

We at the Phil Esposito Foundation are very aware of the problems in sports; Drug & Alcohol, ethics of agents and the transition of athletes to "the real world".

We have endeavored to help all athletes who have contacted us for assistance.

I hope you and your committee at least begin to explore the problems associated with athletics.

If I can be of any further assistance, please contact me.

Sincerely,

Phil Esposito

RESULTS FROM RETIRED PLAYERS QUESTIONNAIRE

As part of its continuing efforts to develop sound and well-researched programs that are tailored to the needs of NHL personnel, the Phil Esposito Foundation recently sent a questionnaire to over 1,200 retired players, coaches, trainers and officials. The following is a synopsis of the 212 responses to that questionnaire.

The average respondent was 40 years old, married with 2 dependents, and has been retired from the NHL for 10 years. For 56%, high school was the highest educational level attained, while 34% reported that they had picked up at least some college or university courses. About half of those surveyed indicated that their wives work. Of these working wives, 16% earn in excess of \$20,000 per year, while the remaining 84% earn less than \$20,000.

More than half of those surveyed indicated that they relocated to a different geographic area after retiring from hockey, most often because of a job opportunity. Of those surveyed, 88% reported that they are employed at the present time, while 12%, which reflects the national average, are unemployed.

Eighty-eight percent of the respondents indicated that they would have taken advantage of the type of work experience and training programs that the Foundation is developing had such programs been available at the time. When asked what obstacles they faced in developing their careers, most respondents cited a general lack of preparation, with particular emphasis on a lack of sound advice, education, and actual work experience.

Forty-four percent of those surveyed indicated that they had made at least some preparations prior to retirement from hockey, while 8% indicated that they had made partial, but inadequate, preparations. Forty-eight percent indicated that they had done nothing to prepare themselves for retirement.

When the group that had prepared themselves for retirement are compared with those who had not along a number of dimensions, those who had prepared themselves hold a number of distinct advantages. Seventy-five percent of those who had prepared themselves are presently earning in excess of \$25,000 per year, while only 49% of those who did not prepare earn more than \$25,000.

Continued ...

Those who prepared took an average of 18 months to settle into their second careers after leaving hockey, while those who did not prepare took an average of 28 months. When asked if they are satisfied with their careers at the present time, 6% of those who had prepared themselves expressed dissatisfaction, while 25% of those who had not prepared themselves expressed dissatisfaction. Finally, 95% of those who had prepared themselves are employed at the present time, while only 82% of those who had not prepared themselves are employed.

In short, those individuals who had prepared themselves for retirement, usually by working in a relevant field during the off-seasons, hold every conceivable advantage over those who did nothing to prepare. They made a smoother and quicker transition into their second careers, are more satisfied with their careers at the present time, and enjoy considerably higher earnings and have a significantly lower rate of unemployment.

At the end of the questionnaire, respondents were given the option of making additional comments. These have been included for your information.



THE MASTER'S TOUCH

THE PRESS BOX 3/18/83 UNION COUNTY, NJ

See Inside

Helping to Create a Life After Hockey

By Helene Elliott

It was a beginning born of an ending, an idea whose germination was unbidden and unexpected. At age 38, for the first time since his first wobbly steps onto the ice in Sault Ste. Marie, Phil Esposito wasn't a hockey player anymore. The shock was emotionally profound.

"When I retired I couldn't believe what happens to a guy," Esposito said. "I looked at the pension, and said, 'How the hell can a guy live on that?' And I played for 20 years — imagine how other guys, who played only a few years, would do."

Esposito was fortunate. He did not have to scratch for a buck and could easily make the transition from a hockey uniform to three-piece suits and a comfortable broadcasting job. Some of his brethren have not been so blessed. Those who played in the National Hockey League before 1969 received \$300 a year for each year of service when they turned 45, hardly a lavish sum. Many had left high school to play hockey and knew little besides the game. To benefit them, and to help prepare current players for the world beyond hockey, the Phil Esposito Foundation was born just more than a year ago.

The nonprofit foundation, whose founder is determined to remain more than a figurehead, is able to cite a modest list of accomplishments as it moves into its second year of full operation. It has made limited but successful efforts to establish post-career counseling programs for players and has set up a crisis program to ease the burden of illness on players and their families.

It also has helped provide counseling for a player who experienced severe emotional difficulties after his retirement and for another who was suffering from what foundation director Warren Breining called "severe substance abuse." At the request of the players, the foundation keeps all identities confidential.

Funding for these programs has derived almost entirely from the Masters of Hockey games which Esposito has arranged, games that match teams of retired hockey stars. The first game, last March at Madison Square Garden, raised \$80,000. Two have been played this year, one to a crowd of more than 10,000 in Detroit and another in a soldout Boston Garden, and a third is planned for the Meadowlands Arena tomorrow night. Esposito, Gordie Howe, Bobby Hull and possibly Bobby Orr will play.

From the three games, Esposito hopes to realize \$150,000 to continue and expand the foundation's efforts. "It's good, but expenses are high," he said. To augment the funds raised through the games, the foundation plans to hold an auction of sports memorabilia and hockey equipment in Levittown on Saturday and is hoping to stage several golf tournaments this summer.

The foundation employs a fulltime staff of three. Esposito has enticed Madison Square Garden Corp. chairman Sonny Werblin to be the foundation's honorary chairman and Howe, Orr, Lou Nanne and Rogie Vachon are on the board of directors. Dr. James Nicholas serves on the medical advisory board.

A Toronto career-planning organization works with the foundation in that part of its activities. An attorney, counselor and the dean of the School of Athletic Counseling at Springfield University have been retained for the career-planning program. A therapist has been retained for the crisis program.

In addition, the foundation has contracted to produce a film about the ups and downs of a life in hockey, including the proper way to prepare for a game. Esposito described the message as "getting high on yourself. We're trying to keep kids away from drugs and booze." Two proposals for an instructional film



Phil Esposito played his last NHL game in 1981, but his heart is still in the game

aimed at young players are also being considered.

The foundation this year hired IMG, the Cleveland-based organization that represents many prominent athletes, to obtain a sponsor. Lucky Strike sponsored the three games and shared the players' travel costs and expenses with the foundation.

Esposito is pleased by the inroads the foundation has made, but is cognizant of the great distance yet to be covered. "The pensions and insurance programs have to be worked out," he said. "We have to do something, because it's ridiculous. We've got some ideas, though." Research into various medical plans continues.

Breining spreads the word of the existence of the foundation by making presentations to hockey teams when they come to the New York area. He has reaped a harvest of inquiries that way, as well as through a questionnaire the foundation sent to 1,300 former National Hockey League players, coaches, trainers and on-ice officials. Many, Breining said, included business cards with their responses and asked to be included in the program; enough Canadians responded to warrant a conference there this summer to determine what they can contribute.

"A lot more guys today plan for their post-hockey careers, but from the questionnaires I've seen, it's clear a lot

didn't," Breining said. "Seventy per cent said the first couple of years were very difficult, and that it would have been easier if they'd had a support system to utilize the contacts they had made or to point them to opportunities."

"A lot of active guys are showing interest. After I make a presentation, I leave a list for guys to sign up if they want counseling or more information. Twelve or 13 per team have indicated they want to look into it. That's encouraging."

Breining would not identify the six players who have been helped by the foundation but did detail the aid that was given in several cases. One former player who owned a small sporting-goods store suffered a massive heart attack. He was given a \$5,000 interest-free, open-ended loan to help his family through his recovery period; his wife, through a program operated by the University of Pennsylvania, was taught marketing and bookkeeping strategies to keep the business afloat while her husband recuperated.

The family of a former player who had died was able to document extreme hardship and was given a \$5,000 grant. The widow received career counseling through Yeshiva University and was assisted in finding child care so that she could work to support her family.

Through Murray Axmith & Associates in Toronto, 14 former players are being counseled on their second careers. Three have been placed in jobs and "a couple of others are close," Breining said.

The numbers are not yet overwhelming, but the results are encouraging. "We really only got started last March, and we had to put a financial cap on financial grants until our fund-raising efforts this year are over," Breining said. "We've also been working with the NHL Players Association to establish a program to start planning while players are still playing. The numbers aren't big, but we're trying."

Esposito is trying to find new ways to expand the foundation. First, however, he must increase its income, and to that end he is considering taking a Masters team on a tour of Europe in September. Switzerland, he said, looks promising, and he hopes for other stops once promoters see the players he will bring. "They want us to play their Olympic teams, which would be too much for us," he said. "But if it means the foundation makes twenty to thirty thousand dollars per game, guys like Orr have said, 'Sure.' Gordie, [Eddie] Shack — they've been great. They say, 'So what if we lose?'"

Esposito hopes to schedule at least three Masters games in Canada next year and has been contacted by people in Los Angeles, Chicago and Minnesota for games there. Detroit and Boston have invited him back.

"We like having one in New York, or in the area," Esposito said. "We're really hoping for big things from this game in the Meadowlands, like maybe fifteen or sixteen thousand people."

From the money the game would bring in, Esposito believes the foundation could continue its evolution into a far-reaching, vital force capable of rescuing the lost and restoring battered self-respect. That, Esposito feels, would be his greatest achievement in hockey, a feat of greater magnitude than the goals he scored and the assists he accrued over his magnificent career.

"This is my legacy back to the game," he said. "My wife and I were talking about it a few months ago. An athlete always says he wants to give something back to the game, but you don't know how. No one really wanted me around in the game, so I'm giving back something through the foundation. That's my legacy, and I want it to continue and grow long after I'm gone."

After Hockey, Life Was Too Difficult

Special to The New York Times

BUFFALO — His body and talents faltered, and there came a time when there was no alternative to retirement. In this way, he was like other pro athletes. The difference was that Larry Mickey, driven by personal problems stemming largely from the loss of his career as a hockey player and coach, killed himself.

"I wonder if he had just been normal, if he hadn't been a hockey player or an athlete," his widow, Lynda, said. "They're brought up to be special. 'Hey, look at me.' It's easy for athletes — the girls all over you, you're the big star. But it's not easy once they take their skates off. It's a rude awakening."

From talking with the people who knew him, it is clear that Larry Mickey grew up believing that if he worked hard at hockey, the rest would follow. He would be someone special.

But his talents as a right wing never allowed him to be more than an average player in the National Hockey League, and when he said goodbye last year to his career as a minor league coach, he also said goodbye to hockey and the only life he had ever wanted. Marital problems ensued. He tried to deal with them, but without success.

"When you leave hockey, you have to tell yourself that it's time to pack it in," said Fred Stanfield, a former N.H.L. center who owns an office equipment and furniture store in Williamsville, a Buffalo suburb, and who was Mickey's neighbor in nearby East Amherst. "Marriage — that's all he had left. That's how he felt toward the end."



Robert Shaver

Larry Mickey during his career with the Buffalo Sabres.

Last year Mickey began selling pulverizer machines. And Mrs. Mickey, who had fallen in love with a hockey player, fell out of love with the traveling salesman. On July 22 of this year, she served him with divorce papers, and the next morning Larry Mickey was found dead, at 38, of carbon monoxide poisoning. He had tried to kill himself in a similar manner the week before.

Mickey had seen a psychologist, Dr. Peter Russell, intermittently for two months before his death. Dr.

Russell will not discuss Mickey's troubles. Lynda Mickey, recalling the day her husband was found dead in the car parked in their garage, says: "He just went out there as a failure, as a weak person, which is what he became."

Larry Mickey was not a headline name. He never played on a Stanley Cup team, he never coached a winner in the minors. Most of his 12 seasons as a pro were spent on the bench, or on the farm clubs, or in a cast. He played 292 N.H.L. games

and had 39 goals and 53 assists, for a total of 92 points.

"Larry was not really a gifted player," said Floyd Smith, Mickey's coach with the Buffalo Sabres in 1974-75, his last N.H.L. season. "He was a hard-nosed, hard-working hockey player. He had a tremendous amount of desire, and that overcame a lot of his deficiencies."

Few things came easily to him. He was an overachiever, a workaholic who each season reported to training camp with the rookies to be sure he was in condition when the veterans arrived. "I've never gone to camp sure of a job," he once said. And when he made the N.H.L. teams — Chicago, the New York Rangers, Toronto, Montreal, Los Angeles, Philadelphia, Buffalo — he had to play at his very best just to keep his place on the roster as an extra forward.

Doing the Dirty Work

When Mickey, strong and barrel-chested at 5 feet 11 inches and 180 pounds, was thrown into a game, it was not to score goals. He spent his hockey career serving the superstars, doing the valuable but unheralded strong-arm work of a penalty killer, a digger and an enforcer.

Robert Larry Mickey learned to play hockey in Ponoka, a town in the western Canadian province of Alberta. Sometimes, recalls his mother, Eileen, the local skating rink was too crowded with the aspiring Bobby Orrs, so he and his friends would play on the streets, on the hard-packed snow, using onion sacks as goal posts.

"He'd miss any meal just to

Continued on Page B14, Column 1

After Hockey, Life Was Too Hard to Handle for Larry Mickey

Continued From Page B9

play," Eileen Mickey said in a telephone conversation from Ponoka. "Hockey was his life," his father, Cal, added.

He made the Moosejaw Canucks, a junior team, when he was 16, and three years later, in 1963, he was picked up by the St. Louis Braves of the Central Professional Hockey League. The next year, his N.H.L. career began. He was drafted by the Chicago Black Hawks at the end of the 1964-65 season, but played only one game before being relegated to the Buffalo Bisons of the American Hockey League.

Tracing Mickey's career is a lesson in geography. He was drafted, traded or relegated to the minors 16 times in the decade that followed, back and forth between towns and teams, a game here, a season there, never settled, never secure.

The insecurity was not relieved by his relationships with women. Eleanor Molland, his bride of eight months, was killed in 1967 in a car accident when he was driving during a Nebraska dust storm. He broke his arm.

"He blamed himself for her death," said Sharon Miller, his second wife, now remarried. "He felt guilty that she died and he didn't."

Mrs. Miller, then Sharon McCall, met Mickey at a Manhattan bar during the 1967-68 season, when he was with the Rangers. He proposed a week later.

"I laughed," she said. "I couldn't stand him. I thought he was a jerk, a pest."

But "he wined and dined me," she said, "brought perfume, chocolates." She fell in love, and they were married three months later and had two sons.

Three years later, in 1971, at a training camp at St. Catharines, Ontario, Mickey met Lynda Wilson. She was infatuated with hockey players. A mutual friend arranged a blind date.

"Mick was not gorgeous," Lynda recalled. "He had this Caesar's haircut and these thick Coke-bottle glasses." But she felt comfortable with him, she said, as though they had known each other all their lives. He told her that he was married, but after a few weeks an affair began.

By now, he and his wife, Sharon, were having problems. They had two

trial separations. He threatened to commit suicide. She was certain he was bluffing.

"I probably would have left sooner if it wasn't for hockey," Sharon says now. "Hockey was the best part of our marriage — the limelight, the built-in friends."

Mickey moved in with Lynda in 1971 (they would marry in 1978, after his divorce from Sharon had been made final), and signed a three-year contract with the Buffalo Sabres, his last team after a series of trades since his season with the Rangers. His stint with the Sabres was the highlight of his hockey career.

But he was getting older. His injuries became more serious and were taking longer to heal. Finally, during the 1973-74 season, he broke first one leg, then, a week after it had healed, he broke the other. Then he broke his ankle, and his playing days were essentially finished. The doctors warned him that another break would cripple him for life. When his contract expired in 1975, the Sabres did not renew it.

He went into the minors as a coach. He taught and refereed junior hockey, ran a few hockey schools, bought a

skating rink, and joined the Niagara Falls Old Stars, made up of former N.H.L. players.

"I used to joke with him: 'When are you going to get out of the game?'" said Stanfield. But Mickey was not ready to let go. He wanted a chance to establish a reputation. He wanted to coach a team to a Stanley Cup.

When Mickey became the coach of the Hampton Aces in the fall of 1980, the Virginia-based team was in last place in the Eastern Hockey League. He did not improve their standing, and by midseason, the team owners had pulled out.

But Mickey would not let the team fold. He paid the players' salaries and most of their travel expenses out of his savings, Lynda recalls, and took over as general manager and press agent. She answered the office phones. And when some of the players became disgusted and left, Mickey took over on the ice, becoming a player again.

"I don't want them to go away from hockey with a bad attitude," Mickey explained to his wife. "I want them to know that if they give it their all, they're going to get something back."

The team folded at the end of the season, still in last place, and Mickey

knew his hockey days were over. He agreed to settle down. He and Lynda moved into the home they had purchased years earlier in East Amherst, an upper-middle-class suburb of Buffalo. Soon afterward, Mrs. Mickey became pregnant with their second child, his fourth.

Mickey began the job as a traveling salesman of pulverizer machines. He was out of town three weeks out of four, said Harry Schutte, a neighbor and his employer at the Schutte Pulverizer Company in Buffalo.

"I can't picture him as a salesman," said Sharon Miller. "I can't imagine him being happy as anything but a player or a coach. Larry never seemed to be really happy with the plain old humdrum life."

But Mickey became noticeably despondent last winter — hockey season. "He missed it," said Don Warner, a company engineer with whom Mickey shared an office. "When the polish would rub off the original limelight, I'd have to remind him: 'Mick, you got places where some will never go.'"

By the time spring came, Lynda Mickey wanted a divorce. He threatened to kill himself, but she believed,

as Sharon had years earlier, that he was bluffing. "It was a big joke," Lynda Mickey said. "He just wanted to scare me."

On Friday, July 16, six days before his death, he swallowed a bottle of Valium pills, walked into his garage and turned on the car's engine. Lynda found him unconscious on the living room couch, where he had staggered, poisoned by the overdose and the carbon monoxide. Suicide notes were scattered around him.

He was rushed to a hospital and released the following Tuesday, against his wife's request. Friends say that after he was released, he said he was "stupid," and was reconciled to a divorce.

On the morning of Thursday, July 22, Mickey asked his wife if he could kiss her and the children goodbye before she left for the beach. "This is the last time I'll see you," he said. She left shaken and angry, she says, but still disbelieving. Later that day, he was served with divorce papers. The next morning, he was found dead in the company car parked in the garage.

"He was a fighter," said Floyd Smith. "I was shocked that a player who fought for everything in his life would end it this way."

Boston Globe 7/11/82

... Now somebody cares

The announcement was made in one simple sentence. "Gordie Howe has been elected to the board of directors." Of? Of the Phil Esposito Foundation, an organization whose timing is as sure as Esposito's was when he parked himself in the slot and scored all those goals.

The board reads like a Who's Who of Hockey. Esposito is the chairman and the members include Bobby Orr, Boston goalie Rogie Vachon, Leli Nanne, Minnesota's general manager, Howe, and Joel Macher from a New York CPA firm. Don't think these people are on the board of directors as an honorary thing. They are all concerned about what the future holds for players whose careers are over and they will tap their own vast backgrounds to help.

What is the Phil Esposito Foundation? It is a fledgling organization that some day may be one of the most significant groups in any major professional sport. It is an organization that is finally telling hockey players that somebody cares what happens to them. It is a counseling service on alternate careers. It is going to be hockey's Big Brother. It will help those in need of help. It will tap every resource it can to those ends.

The timing? Just right - and long overdue. With the average age of players in the National Hockey League declining steadily; with the average career expectancy dropping to around five or six seasons; with the 30-and-over player becoming a dinosaur, Esposito launched a far-reaching program to guide players through the trauma of retirement and/or sudden job loss. Its aim is "the establishment of programs created specifically for past and present National Hockey League personnel (players, coaches, trainers and on-ice officials)." The programs will include an alumni benefit program, a crisis program, and a post-career planning program. A future direction will be programs designed to enhance the development of youth hockey in the United States and Canada.

The Alumni Benefit Program - The foundation is investigating methods of providing a medical benefit package for retired players and their families at a comparatively reasonable cost.

The Crisis Program - This is an assistance program, on an individual basis, that can take the form of a financial grant (based on extreme hardship) and/or advocacy by a foundation staff member.

The Post-Career Planning Program - This would be a professional program to assist in the transition from professional sports to the business world. This, probably the most important phase of the foundation, will not be implement

ed until there has been a seminar-conference among 10-25 past and present players. The foundation also is working on a career-planning lecture series for junior players, and is considering producing an injury-prevention film to be made available to youth hockey programs without charge.

The foundation was launched at a Masters of Hockey game (and banquet) in New York last March that Esposito said "got us off to a great start." On Aug. 5 it will stage a celebrity golf and tennis tournament at \$100 per person at the Huntington Crescent Club on Long Island.

Phil Esposito - and his foundation - is wed on his way to giving back to hockey what hockey gave him.

When the Los Angeles Kings softball team won the Molson Slo-Pitch NHL softball tournament a couple of weeks ago the ace battery was Jerry Korab pitching and Charlie Slimmer catching, neither of whom is very fast on the ice. MVP of the tournament was the Kings' Bernie Nicholls with eight home runs. . . . About 75 residents of St. Catharines, Ontario, marched in protest in front of Buffalo's Aud a couple of days ago. They were protesting the Sabres' veto of putting an American League team in St. Catharines. The Toronto Maple Leafs had planned to move their Moncton, New Brunswick, team to St. Catharines, but the Sabres saw it as an infringement of their market area. The protestors carried signs that said, "Buffalo, stay out of Canada," and "Let us have our team." . . . The National Hockey League Players' Assn. and the owners will meet early next month in Toronto in another bid to reach agreement on a new collective bargaining agreement. The present agreement expires on Sept. 15. . . . The headline in the New York Post called them "The dastardly Devils," for a season ticket renewal plan the New Jersey Devils, alias the Colorado Rockies, have announced. The plan calls for season ticket holders to post an additional \$2000 (per seat) above the ticket price to guarantee renewal from year to year. The \$2000 would be held by the team for 10 years and then would be repaid at the rate of \$200 per year for the next 10. For the worst team in hockey! The Devils call them Gold Circle certificates and if 5000 seats go on that basis the team would have \$10 million to invest as it desires for 10 years. The team claims the plan will hold the ticket prices down by \$5 (top price is \$17). Of course, there is a regular season ticket plan that doesn't require the \$2000 loan (without interest), but no renewal rights go with it. If somehow the renewal plan is accepted by fans, the Devils may have shown the rest of the hockey world how to uncover a new source of revenue.



Bobby Orr, Gordie Howe and Phil Esposito turn up-ice in a Masters of Hockey game last March 24. Between them, they've been a part of almost all NHL records ever written.

When The Horn Sounds

Scott Z. Burns

They endorse cars and candy on T.V. Their faces look out on children's bedrooms from glossy posters. For ten years at a time they shine and then slowly fade from view. Another season starts and a new name and face fills the papers, while the old one contemplates half a lifetime, searching for a new direction.

Phil Esposito led one of the most illustrious careers in the history of the NHL. He led the league in scoring and his team to the Stanley Cup. He counts himself

among the games most fortunate, yet when Espo retired he found himself engaged in the same struggle as anyone else making a major career transition.

"When I retired I just watched the games on T.V. and didn't really do much of anything," Esposito says. "I started to think about what happens to all the guys, and I was amazed. I thought no one cares if I'm alive or dead and I played 19 years in the league, what about the poor guys

Continued on page 8.

I thought no one cares if I'm alive or dead and I played 19 years in the league, what about the poor guys who only play five or six years, or less.

Horn, continued.

who only play five or six years, or less. I was very surprised to find how little people cared. So we decided to create this organization to help the guys through the rough times when they retire, and to try to encourage the active guys to prepare for the time when they're no longer playing."

The "we" which Esposito speaks of is the Esposito Foundation which has independently set out to help hockey players cope with life after hockey. The non-profit organization raises funds by holding Masters of Hockey games featuring the game's greatest players on a Masters team playing against alumni teams from around the league. Gordie Howe, Bobby Hull, Bobby Orr and Esposito, are just a few who have strapped the blades back on their feet in an effort to raise money.

The Esposito Foundation is now in its third year. After holding one game in their inaugural year, there were three games last year in Detroit, Boston and the Meadowlands, raising almost \$85,000. Three games have been planned for this year in Toronto, Montreal, and New York with possible games scheduled for Quebec City and Chicago. The money which the Foundation raises is used in three ways: to help former players in crisis situations, providing career planning for both active and retired players, and for developing a league alumni benefit program. The Foundation has already put 40 former players through their career planning program and has succeeded in helping 19 of those players to find jobs. Another 10 athletes have been assisted by the crisis program by way of interest-free loans, grants, financial counseling and medical and chemical dependency treatment. Helping players on the down and out find new direction is the most rewarding part of Esposito's new career. He, along with Howe, Orr, Rogie Vachon and Yvan Cournoyer, form the Board of Directors which review all requests for Foundation Funds.

According to Esposito the career changes

an athlete must go through are particularly difficult for a number of reasons. First they may have little training in other areas due to the amount of dedication it takes to make it as a professional athlete. Secondly, after the fame and immediate gratification of hockey, other occupations may seem mundane. Thirdly, after serving as a hero to a society which adores athletes, it is difficult to ask for help.

"Athletes are very vain," Esposito says. "Their egos are huge. When an athlete's ego is hurt they have real trouble asking for help. They don't think about it all coming to an end, and when a career does end it usually ends abruptly. If you're not prepared you're going to need help. Sometimes the problems carry over into drinking and other things, so we're trying to create programs in response to those problems for the guys who need it, and can ask."

One of the things the Foundation has done to make it easier to ask, is to provide anonymity for players in need of help. Esposito is insistent that the athletes' privacy be protected even if it allows those critical of the Foundation to question the management of funds. "I would rather have people say, 'I wonder what Esposito is doing with the money' and still protect a guy's anonymity, than to reveal someone's personal life to satisfy another person's curiosity. Now, some guys don't care if we use their situations to get publicity for the Foundation. But, these guys all trust me, and unless they give us the O.K. we are going to keep quiet about their relationship with the Foundation."

Billie Collins was a right winger for seven teams during an eleven year NHL career which ended in 1979. He initially wanted to remain in hockey but found coaching and front office jobs harder to find than he had thought. He tried his hand at real estate, but found the economy in Detroit to be unable to support the industry. He tried a couple of other ventures with no luck, and found himself playing for the Red Wings alumni team against the Masters in Detroit. After the game he spoke with Esposito who encouraged him to contact the Foundation.

The Foundation got Collins in touch with the Transition Team, a career counseling service in Detroit, which helped him to determine his career interests and strengths. They helped him to develop a resume and eventually found him a job in computer sales which has both Collins and his family among the biggest supporters of the Esposito Foundation's post career planning program. "No one really cares about you after your career ends and Phil must have realized this when he retired," Collins said. "Look, he was a superstar and they didn't care. He must have thought about the other guys like me. I was no superstar, I was a plugger who had to go out there every game and work my butt off."

Derek Sanderson on the other hand was one of hockey's elite. He was part of the same Stanley Cup winning Boston Bruins team as Phil Esposito and Bobby Orr, and was the game's flashy answer to Joe Namath at a time when an expanding league needed recognizable names and faces. Ten years later Sanderson was the recipient of the Foundation's crisis program as he battled to regain his health and some type of future.

Sanderson left the Bruins in the early '70s to test his worth as Hockey's first free agent. He signed with the Philadelphia Blazers of the WHA, but when the new league collapsed, Sanderson found himself struggling to return to the NHL. He never regained his previous status and closed out his career after being traded to St. Louis and finally Vancouver.

Sanderson retired from hockey with "some big bucks and no direction." He also had a deteriorating physical condition. He contacted the league but found them to be unsympathetic to his plight. "No one returned my calls at the Players Association. I couldn't find out how many years I had in pension, what my benefits were, or what medical coverage I could expect. I blew some money, and made some big mistakes, and I was paying for them."



Bill Collins

Sanderson had taken steroid shots for a colitis problem during the 1972 Stanley Cup, and over the course of time, and the development of a drinking problem, the shots had resulted in a hip condition which has since crippled him. "I've had four major hip operations in the past two years," Sanderson says. "I had no insurance, my lawyer didn't set aside any money, and he deserted me. All I had was a drinking problem. I didn't get any help except from the Foundation, and Phil Esposito. Now, beating alcohol isn't the easiest thing, but they stuck by me, and I

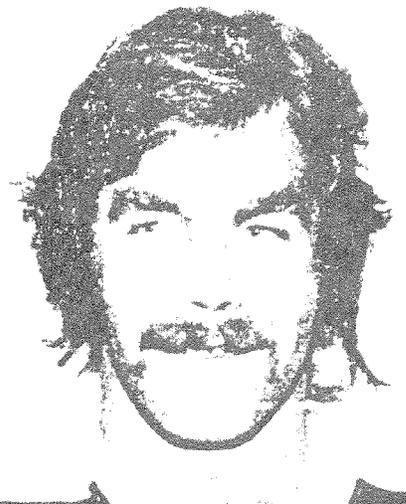
Continued on page 10.

Horn, continued.

haven't had a drink in three years." Sanderson, when his health allows, lectures on alcohol awareness, serves as coach to the Masters of Hockey team and warns young athletes of the pressures and illusions which surround a professional career. "You shouldn't give your schedule up when you're 18 to the National Hockey League; you drop it all to concentrate on the game, and you should continue in a summer education program, or business management courses, take seminars in stress and make yourself a more well rounded person," Sanderson says. "You can plan your career 15 years in advance of your retirement from hockey, so you can step right into a new career you're familiar with. If I had developed a plan I would have been O.K., but I didn't know where to turn or what to do."

"There's more to it than just monetary things. Some people may think that it's all really cool. Ten years in the NHL, then you buy a restaurant, and sit around in the bar and tell stories for the rest of your life. But, that isn't life to me. I turned around one day and looked at myself as a human being and realized I had stood still while the rest of the world grew up. As an athlete I did not grow up. And then Phil and the Foundation helped. They sat me down and taught me how to write a resume and how to approach a new boss, and those are things a lot of athletes don't know."

As painful an example as Derek Sanderson may be, the lessons to be learned from his



Derek Sanderson

misfortune are not going unnoticed. North Star player representative Bobby Smith, who devotes his summers to a business degree at the University of Minnesota, is a supporter of plans to encourage active players to look beyond their present fame at retirement, so that they can continue to lead productive lives. Smith is also encouraged at new policies being developed by individual franchises to aid players encountering drug problems, or wishing to investigate post-hockey careers.

North Stars General Manager Lou Nanne has been a supporter of the Esposito Foundation, participating in games and until recently, a member of the Foundation's Board of Directors. Nanne feels the

work that Esposito has done has been very productive, and that Esposito's desire of having the Foundation become officially sanctioned by the league in the near future, will enable it to reach more active and retired players. "There are some players who need assistance making the transition away from the game," Nanne says. "The Esposito Foundation, as new as it is, has done a great deal, and Phil himself has proven to be a great fund raiser. Both the league and the Esposito Foundation recognize the need to help the guys in trouble. So, we're all trying to get the right thing done and it's just a question of the means."

Esposito maintains the league has not always been supportive of the Foundation's efforts, but believes differences can be worked out in the near future. He would like to see an NHL players alumni association created, and see the Foundation become the fundraising arm of such an organization. "We could sign up all the retired players everywhere, and we could do some things to improve the pension, and then develop a medical care program for retired guys and their families. That's my dream," Esposito says. "I don't care if they want to change the name of the Foundation to something else, just as long as people see the need for some changes. I believe some of the teams already are seeing this. I hope that in my efforts with the Foundation I've at least opened people's eyes." ❄️



Can you find the seven North Stars at the recent USA/U of M match?

Dave Anderson

NY Times 3/24/83

Sports of The Times

'I Had to Bottom Out'

EAST RUTHERFORD, N.J.

One by one, the familiar names will be introduced — Gordie Howe, Bobby Hull, Bobby Orr, Phil Esposito, to name four who will be appearing in the Masters of Hockey game between the United States and Canadian all-star teams at Byrne Meadowlands Arena tonight. And then he will be introduced, the coach of the United States team, Derek Sanderson, until recently a disaster of hockey. Now he's trying to rebuild the life he wasted as an alcoholic. Trying to write a book about it, too.

"I should still be playing," he was saying now, "but I created a void between my behavior and values."

He meant he should still be playing in the National Hockey League, instead of being behind the bench for this old-timers' game sponsored by Lucky Strike for the benefit of the Phil Esposito Foundation, which aids both active and retired hockey players. Derek Sanderson is only 36 years old. But he couldn't play now even if he wanted to. He's limping with a plastic implant in his right hip.

"I developed a vascular necrosis," he said. "I was given some steroids once that dried out my hip sockets. Those steroids are off the market now. But too late for me."

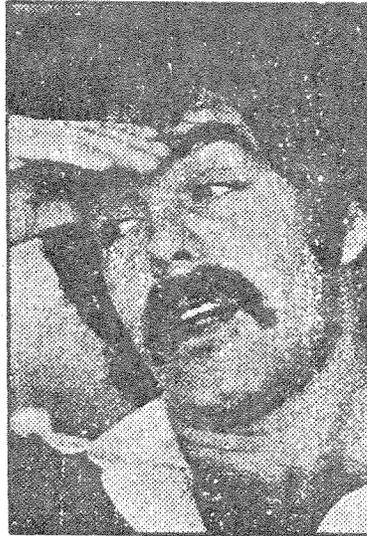
Derek Sanderson once had it all, or so it seemed. With the Boston Bruins, he was on their 1970 and 1972 Stanley Cup championship teams. He parlayed that and his image as a swinger into a \$2.5 million, 10-year contract with the Philadelphia Blazers of the World Hockey Association; he later settled the remainder of that contract for \$500,000. By the time he was 26, he had had all the glory and all the money he would ever need. All the women and all the laughs, too. Or so it seemed.

"I could skate as well as Nureyev could dance," he remembered. "But after I got the million dollars, I didn't pay attention to anybody."

Especially coaches. Not long after Derek Sanderson had rejoined the Bruins after his W.H.A. escapade, the coach, Bep Guidolin, flared at his behavior.

"I'm tired of hearing Derek Sanderson is going to do this, Derek Sanderson is going to do that," Bep Guidolin snapped. "I'm tired of hearing all the things he's going to do and never does."

Soon the Bruins traded him to the



Ira Wyman

Derek Sanderson

Rangers, then he drifted to the St. Louis Blues, the Vancouver Canucks and finally the Pittsburgh Penguins.

"I had to bottom out before I realized what happened," Derek Sanderson was saying now. "I had to go on a diet of humility. I'm always asked what was the worst moment, what was the real bottom. But after I thought I hit bottom, I hit bottom six more times. Don't ask me to talk about it. I'm saving that for the book."

In longhand, Derek Sanderson has completed four chapters of an autobiography he has tentatively titled, "The Truth About The Lie," but he isn't working with a ghostwriter.

"I talked to five different guys about helping me with it, but I want to try it myself," he said. "It's not an exposé. It's so spiritual and so touchy. That's what makes it tough to write."

"I always used to think that guys who were spiritual were wimpy. Even now I don't use the word God or the Lord, but I've adjusted to a deeper strength that's inside everybody. I faced the facts. I submitted to humility. I had too much pride in certain aspects of my life. But my book is also about the stress and pressure of being in the sports world. I peaked too early. I was like a guy who goes to medical school to be a surgeon, and after he does his first knee operation, that's it. He knows he's going to be doing knee operations for the rest of his life."

"After we won the Stanley Cup in 1970, I remember sitting in the trainer's room with Bobby Orr, drinking chocolate milk and thinking that all

the Stanley Cup meant to me was that we didn't have anybody left to beat anymore."

Derek Sanderson didn't realize, of course, that he would beat himself out of what should have been a long and lucrative N.H.L. career as a center and penalty-killer. He won the Calder Trophy as the rookie of the year in the 1967-68 season. He scored 29 goals for the Bruins in the 1970-71 season. He later scored 24 goals and had 43 assists, mostly with the St. Louis Blues, in the 1975-76 season. But two years later, no N.H.L. team was willing to give him another chance.

"I was never much into drugs except sleeping pills," he said. "I got into alcohol and blew the money, but I haven't gone to Alcoholics Anonymous. I became a drunk on my own, so I got out of it on my own."

He has had to sell his share of the ownership of four Boston nightclubs, each of which was named with the writer F. Scott Fitzgerald in mind — Daisy Buchanan, Zelda, Great Scott and Great Gatsby.

"I'm tapped," he said. "I lost Jill, the only woman I ever loved. I lost all my money. I lost all my property. I got a million dollars once and now I'm rubbing salt, but I'll be all right. I haven't had a drink in two and a half years. That's no better, no worse than two and a half days. But that's a start."

At the Masters of Hockey practice yesterday at the Totowa Ice World, other familiar players spoke of their families.

"I'm a grandfather now," Harry Howell, once an all-star defenseman with the Rangers, told a visitor. "And we've got another grandchild on the way."

"I've got all my kids married off," Bill Gadsby, another former Ranger all-star defenseman, said. "All I do now is play golf and pay bills."

But the coach of their United States team, once one of the N.H.L.'s most exciting and gifted players, limps on a bad hip, doesn't dare take a drink and is looking for a steady job, possibly as a broadcaster for the New Jersey Devils next season.

"I'd do clinics and lectures, too," Derek Sanderson said. "I could do a job for them."

Tonight, his only job is coaching the United States team, the team that includes Gordie Howe, Bobby Hull, Bobby Orr, Phil Esposito, Stan Mikita, Ed Giacomin, Vic Hadfield and Jean Potvin; almost all of his players had more illustrious careers than Derek Sanderson did. But tonight he's their coach.

"It's rather sacrilegious," he said.

A Game to Help Them Cope

New York—A pretty blonde friend peeked through to the broadcasting booth, where Phil Esposito makes his living now in a shirt and necktie instead of that black turtleneck. "Play good," she advised.

"I will," Esposito replied. The thought of being in his turtleneck in front of thousands of spectators, trying to put the puck past a goalie, lighted his face.

Esposito is founder and promoter of The Masters of Hockey game, which makes its first appearance at Madison Square Garden on Sunday night. He also plans to play well in it, which presents an interesting linkage. One purpose of the game is to help hockey players get over the trauma of listening for the cheering when there isn't any.

"It's withdrawal, no doubt about it," Esposito said. Bobby Orr's career ended prematurely with injury, Esposito played out the span of his career, Gordie Howe played out the span of two careers, and they all felt the ache of not being able to play any more. "It comes to everybody, and it comes sooner than you think," Esposito said, adding an exclamation point with a nod.

It's an old-timers' game, even if Esposito cringes at the terminology. Howe sent word that he was trying to have his wife take care of important business so he could practice with the others Saturday. When Emile Francis, boss of the St. Louis Blues but with the soul of a goaltender, was asked to coach one of the teams, he replied, "Coach, hell; I want to play."

"I'd play if my doctor let me," Gump Worsley said from his home in Quebec.

Some play as many as 40 games a year in veterans' competition, but unlike other old-timers' games that make grand promotions for the host team. Esposito's baby is intended to help hockey players take care of their own.

Long-time observers of the Rangers like to tell the story of Eddie Shack, who barely could sign his name. Just after he had been traded to Toronto, he came into the Garden and was razzed by his former

teammates. Most notable was Andy Bathgate, who called Shack "X." With seconds left in the game Shack went on a solo rush for the goal that broke the tie. He immediately skated to the Ranger bench and hollered, "Goal! Goal! G-O-A-L!"

Bathgate and Shack are scheduled to play in the game. Shack is particularly representative of the many players who commit themselves to hockey and never finish high school. Even if they make the big league, there's little they can do afterward.

Until the past few years, hockey players were the most exploited of athletes. There were only six teams, and if any player raised an objection there was a long list of others to take his place. The early voices for unionism promptly were traded. Even the great Ted Lindsay was sent from top to bottom, from Detroit to Chicago. "Even me," Esposito said. "Better believe it."

The money wasn't great. Worsley says he was paid \$30,000 in his last year in goal for the Rangers. That wasn't bad money, but it hardly set a man for life. And the system provided less than a minimal pension or health benefits.

Camille Henry, who played nine years with the Rangers through 1968, has diabetes and is a \$240-a-week night watchman in Montreal. Dave Balon, who played most of his Ranger career before '67, has multiple sclerosis and little help. "The guys prior to 1967, they didn't get beans," Esposito said.

And some invested with agents. But when the players went to withdraw their money, the cupboard was bare. That happened to several Islanders, most of whom were young enough to recover. "What about players who were retired when they asked for their money?" Worsley said.

The state of the pension plan was that players before 1969 received \$300 a year for each year spent in the NHL, beginning at age 45. That means a 10-year player would draw \$3,000 a year, which isn't a living wage even in Moose Jaw.

"You go up to guys playing now and ask them, 'What are you going to do when you're through playing?'" Esposito said. "And they tell you, 'Hey, man. I'm 21 and I'm not going to worry about that now.'"

The game has been put together by the Phil Esposito Foundation, created five months ago to attack the problems of hockey players when the cheering has stopped. Since he stopped playing last year, Esposito has had time to have an idea and to let it grow in his mind. The foundation

intends to have career planning for present and past players, with counseling for people who have never known what it's like to work a job eight hours a day.

Esposito has rounded up corporate sponsors to provide on-the-job training. And the foundation plans on medical and insurance programs for those who played before the time of big money.

For the fan, it's a nostalgia trip. Tickets for the Rangers and Islanders are scarce, but a father can take his son to see heroes of not so long ago. It would be nice if the Masters could play on a program with the Rangers or Islanders the way they do in baseball. But baseball draws an extra 20,000 admissions for old-timers' games. The Rangers and Islanders sell out, and nobody wants to give away a big gate, so the Esposito Foundation is going it alone. If it does well, maybe it will have a second game in Los Angeles.

For the guys who will play, it's also a trip through nostalgia. When the end comes for football players and baseball players, there's rarely a place for them to play. Hockey players find a way. The Montreal old-timers regularly fill 4,000- and 5,000-seat arenas. "Harry Howell, Dean Prentice and Bathgate just played three games in four nights," Worsley marveled.

Esposito has been working out a week in full equipment, the picture of the man before the Great Gretzky broke his one-season goal record. "You know," he said, "my hip bothered me for years so I couldn't sleep, and now I have no injury at all."

He's done his work as promoter; he can think about being a player again for a moment, if a stride shorter on his skates and a little slower on the trigger. He thinks he can last the two 20-minute periods, plus the celebrity session.

"Maybe," Esposito said with a grin that bordered on a leer, "we'll pass better."

The guest list includes Don Awrey, Bathgate, Bobby Baun, Yvan Cournoyer, Alex Delvecchio, Esposito, Bill Fairbairn, Lou Fontinato, Francis, Bill Gadsby, Boom Boom Geoffrion, Rod Gilbert, Vic Hadfield, Henry, Lorne Henning, Ken Hodge, Howe, Howell, Bobby and Dennis Hull, Lindsay, Frank Mahovlich, Cesare Maniago, Stan Mikita, Lou Nanne, Bob Nevin, Orr, Craig Patrick, Jean Potvin, Prentice, Jean Ratelle, Shack, Pete Stemkowski, Red Sullivan, Wayne Thomas, Walt Tkaczuk, Ed Van Impe, Bryan Watson, Ed Westfall, Dunc Wilson, Worsley and Larry Zeidel. The coaches are Al Arbour and Milt Schmidt.

THE COLUMN



STEVE JACOBSON

Sport stars after the glory has gone

By DAN PROUDFOOT

More than the applause begins to fade, once the last game is over. A way of life comes to an end and the great and never-great find themselves cast together as ex-athletes, regretting not so much the loss of the spotlight as the discomfort of starting a new career that can never be as exotic as the old.

A porky Muhammad Ali starts a world tour of exhibitions, but cancels due to lack of interest.

Gordie Howe, in his first retirement, says the Detroit Red Wings have made him a mushroom executive. "They keep me in the dark," he says, "and once in a while they open the door and throw some manure at me." A decade later and retired once more, Howe again finds himself with little to do, as general partner of Hartford Whalers.

Larry Mickey, a one-time journeyman winger with Toronto Maple Leafs and Buffalo Sabres, commits suicide last summer, unable to come to terms with his life falling apart after hockey.

Billy Heindl, who played junior hockey with Bobby Orr, represented Canada in international competition, but never quite made the National Hockey League, cripples himself jumping from a bridge in 1979. Orr, himself uneasy in his transition from superstar to living icon and corporate spokesman, arranges a fund-raising dinner for Heindl in 1980.

Many ex-athletes, of course, achieve success. Think of Wally Gabler, ex-Argo, in the stock market, or John Henry Jackson and his Underground Railroad Restaurant. Syl Apps and his career in government, Frank Mahovlich and his travel agency, Otto Jelinek in politics.

But opposing the success stories are the hard facts now being presented to National Hockey League players by psychologists working for the Phil Esposito Foundation. "We warn them that hockey players seem to fall into three careers," says Scott McFadden of Murray Axmith & Associates of Canada. "They become sales reps for beer companies, or they go into coaching, or they sell cars.

"That's fine except there aren't all that many coaching jobs and not everybody is suited for sales work. So what we're trying to do is get players thinking of what we call 'job fit' as early as possible in their hockey careers.

"We're spending 45 minutes with each team getting into specifics — that the average NHL career is 4.5 years, and that reality is spending the next 30 years or so working on a second career."

The Foundation, inspired by Phil Esposito's con-

cern, began working intensively about eight months ago. Retired and active players have been invited to undergo aptitude testing and career counselling, and efforts are being made to direct players into appropriate university courses, set up summer jobs in the fields in which players are interested, match players with ex-players already successful in their chosen fields.

"We're getting a very positive response," says McFadden. "But it does vary from team to team — very high in Hartford whereas there's only about six players expressing interest in Minnesota.

"With some there's still a feeling that they're doing great and it'll never end, but when it does end they'll still be doing great."

The ex-athlete grows wiser with hindsight. A Foundation survey of retired NHL players reveals 95% of them would have taken advantage of career planning, had it been available. "It took them an average of a little over two years to settle into a second career," says Axmith's Dave Tucker. "But, sig-

nificantly, it dropped to one year if they'd been involved in any kind of off-season work. The transition is definitely easier for those players who don't just spend the off-season relaxing.

"Most retired players have found jobs, but judging from the number of requests we're getting for career counselling, quite a number aren't

happy with what they're doing."

Esposito's Foundation isn't the first such attempt at aiding ex-athletes, with a crisis program to help in fighting illness, alcoholism and drug abuse as well as the career planning aspects. But it is far-better organized than ex-football great Cookie Gilchrist's short-lived United Athletes Coalition, which began with a splash of publicity in 1974, bringing ex-Argonaut Boyd Carter back to Toronto from life as a drunk in California.

Carter, who works now as a security guard, talked vividly of the places a pro career can take a man. "They were wonderful years," he told a reporter in 1975. "Big cars. Great parties. People rolling out the red carpet for you everywhere. You needed a suit? Heck, you'd order half a dozen of the best.

"I took the money, but I had no idea what to do with it. I just blew it. Why not? I'd never had any before. It never occurred to me what a short time I had. I thought it would go on for ever. Then, all of a sudden it was over. There was nothing that I could do. Some guys have told me they cried when that day came. Me, I prayed."



BOBBY ORR



GORDIE HOWE



PHIL ESPOSITO

Esposito & Co. to lend helping hand

NEW YORK — One week from tonight, hockey fanatics will be able to get their fill of nostalgia, dreams and memories.

Madison Square Garden will host the "Masters of Hockey" spectacular at 8 p.m. A presentation of the Phil Esposito Foundation, the evening's entertainment features a hockey game involving most of the living legends of the game.

The purpose of the evening is purely and simply to raise monies to help former NHL players who may have fallen on hard times. A lot of skeptics would find that hard to believe in this era of mega-buck contracts.

However, it hasn't always been that way. Many former players, with little or no formal education, didn't invest what dollars they did earn and had no other skills on which to create earnings potential.

Enter Esposito and his dream. With the help of many, many friends, Esposito's dream is about to reach fruition. Now the second most prolific goal scorer in NHL history (you remember Wayne Gretzky), Esposito worries about his former NHL associates who are not as well off as he. And he is doing something about it.

"I spent most of the productive part of my life in hockey," Esposito said. "Like so many of us who are devoted to the game, our whole efforts are directed to hockey, not to the future. When it all comes to an end, it's too soon and some of us are not well prepared or in a position to provide for our families.

"So I decided I wanted to set up a fund for the guys who need help."

In a nutshell, the impetus for the Esposito Foundation and the Masters of Hockey program.

Serving with Esposito on the foundation's board of directors are Bobby Orr, Lou Nanne and Rogie Vachon. The foundation plans to set up a post-career planning program that includes vocational advise, medical and insurance advice — a support system for those players having trouble making an adjustment to "private" life after hockey.

Esposito also envisions a sports medicine program that will produce films on injuries and a seminar for NHL trainers that will be followed by the trainers disseminating the information on the local level to

TODAY'S column

by
Richard Gutwillig



youth hockey organizations.

The centerpiece of Esposito's fund-raising program is next Sunday's Masters of Hockey extravaganza. And that it will be. Appearing on ice and playing two 20-minute periods will be the likes of: Esposito, Orr, Gordie Howe, Bobby Hull, Andy Bathgate, Emile Francis, Vic Hadfield, Jean Ratelle, Walter Tkaczuk, Stan Mikita, Bill Fairbairn, Ed Giacomin, Bernie Geoffrion, Gary Howell, Lou Fontinato, Camille Henry, Dean Prentice, Rob Nevin, Red Sullivan, Alex Delvecchio and many, many more.

Between 35-40 former NHL stars will gather to help their less fortunate brethren. And they have been getting ready for weeks. Most of the former players have been skating, sharpening rusty reflexes and making sure their performances reflect well on them personally and on the NHL.

The teams will gather at the Rye Country Day School Rink for formal practice session Saturday and Sunday from 11:45 a.m.-3 p.m. These are closed to the general public.

Between periods of Sunday's game, the Rye Rangers Pee wee team will play a "game" against a group of celebrities.

Asked why he cares so much about his less fortunate confreres, Esposito said: "I loved playing and I'd still like to be playing. Hockey has given me everything, even my present career in broadcasting. I can't stand to see one of my fellow players out on a limb.

"It's not a problem with today's players. They have agents, financial advisors and are making plans for the future as well as living in the present. But, 10, 15, 20

years ago, it wasn't the case. The money wasn't that great, you didn't really have an opportunity to save or invest and a lot of guys are in tough shape.

"We've got to help them help themselves. You might call it charity, I prefer to call it common sense and an opportunity to practice the Golden Rule. What is life if it isn't taking time to help each other."

The public can join the "Masters of Hockey" next Sunday at Madison Square Garden. Tickets are still available.

An opportunity to watch some of the finest talent the NHL has ever produced and an opportunity to join Esposito and his friends as they take some time to help their fellow men.

That's a double parlay with a guaranteed payoff.

Benefit Draws Ex-Rangers

By JAMES F. CLARITY

Twenty years ago, Camille Henry, a very small man with a great knack for putting the puck in the net despite the battering he took from larger hockey players, led the Rangers with 37 goals.

In the same season, Gump Worsley was ending 10 years as a superb goalie for the Rangers, before moving on to Montreal and Minnesota for the second half of a career that won him a place in hockey's Hall of Fame.

Vic Hadfield was in his second year as a Ranger, 10 years away from the season in which he would become the first and only Ranger to score 50 goals in a season.

Hockey and time and luck have been good to Worsley, who is 52 years old, and Hadfield, who is 41: both are salaried hockey scouts, both live comfortably, if not in affluence.

Henry is now a night watchman, for \$240 a week, at an aircraft parts plant near Montreal.

Game Arranged by Esposito

Hockey has forgotten him. His situation is more typical of what happens to hockey players (especially those who worked before the salaries quadrupled in the early 1970's) when they get too old to skate, when their bodies can no longer sustain the punishment of being pummeled three nights a week by younger men with wooden sticks and hard rubber pucks.

The three former Rangers, and other retired players, were in New York last night for an exhibition game at Madison Square Garden for the benefit of old players who are having trouble coping with life after hockey. The game was arranged by Phil Esposito, the former Ranger and Boston Bruin who is now a commentator for

Ranger games on television. Neither Esposito nor Henry was sure whether Henry would receive financial aid from the Phil Esposito Foundation, which will be evaluating individual cases in the coming months.

Back Surgery for Henry

But Henry, who ranks fifth among Ranger career goal-scorers with 258, spoke with resignation rather than bitterness in his voice as he discussed what it feels like to be ignored by the game and the team that he served well until time, the career-killer, caught him.

"I'm 49 years old now, and I've been a diabetic for six years and I had another operation on my back, so I can't do hard work," said Henry, a 150-pound player whose back was regularly thumped by the sticks and elbows of opposition defensemen who outweighed him by 40 or 50 pounds. "I was very happy when Phil asked me to come to the game. I can't play, but I'll be introduced. It's nice to be remembered. The trip here is a luxury I couldn't afford myself."

To support their two teen-aged daughters, Henry and his wife, Francine, both work. She has two jobs and works six days a week. "This game might be to help hockey players like me," he said, "but I really don't know. The National Hockey League doesn't take good care of old hockey players."

Monthly Pension of \$320.69

Henry said that when his career ended, after 12 seasons, 10 of them with the Rangers, he qualified for a pension of \$320.69 a month, which cannot be increased unless the league, and the players association, which he helped start, decide to allocate more of today's hockey profits to the pension fund.

"I think the players association should do something about that," he

said. "They don't owe us old guys anything, but they could just say thank you for starting the players association and maybe readjust the pension. How can you live on \$320.69 a month?"

"I would like to work in hockey again," Henry said. "Maybe I shouldn't say this, but I will. I've never heard from the New York Rangers. That was my favorite team. I promoted hockey for them. I never missed a banquet. I thought maybe I could be a scout for them in the Montreal area. They knew I was available."

\$15,000 Top Pay as a Ranger

Henry said the most the Rangers ever paid him was \$15,000, for the 1967-68 season. After that, the St. Louis Blues paid him \$25,000 in his last season as a player, 1969-70. He had missed by two years the player-salary explosion detonated by the competition for talent that came with the establishment of the World Hockey Association. Hadfield, who played with Henry in New York, was making \$200,000 by the time he retired from the Pittsburgh Penguins in 1978.

Henry got a job in 1971 in the W.H.A., as coach of the New York Raiders, who became the Golden Blades and then moved to Cherry Hill, N.J. as the New Jersey Knights when they couldn't pay their bills at Madison Square Garden. "They made me assistant general manager," Henry said of the franchise, which eventually moved to San Diego before disappearing. "It was their way of saying we don't want you anymore."

Henry stayed in New Jersey, at an ice arena at Totowa, for three years, as an instructor and manager of amateur leagues. Then he had a year on a call-in radio show in Montreal. When that ended, he became a security guard, assigned for a few weeks or a month, to spend his nights at factories

and warehouses.

"I don't feel bad," he said. "I'm working. I still have a little money to take my wife and my daughters out once in a while. I don't have any regrets for my life. I've had my ups and downs. Good times. Bad times."

"Cammy," said Hadfield. "He was an all-star before I came up." Henry made the N.H.L. all-star second team as a left wing in the 1957-58 season, a year he led the Rangers with 32 goals.

"He had a bad back operation," said Hadfield, who owns a golf course in Toronto in addition to being a full-time scout for the Edmonton Oilers. "These are the kind of guys we are trying to help."

"Cammy was one of the best around the net I've ever seen," said Worsley, who is a scout for the Minnesota North Stars and can afford to let his pension accumulate interest as he lives on his salary. "One of the greatest tip-in artists the game has ever seen. Whether the puck was around his waist, his knees, his feet, he got it and put it in. And on a breakaway, forget it, it was a sure goal."

"Cammy's problem, if he had one," said Worsley, "was that he was 150 pounds soaking wet. He had to keep moving or get annihilated." As he was introduced to the crowd at the Garden last night, Camille Henry still looked small, but undefeated.

Masters skate out NHL memories

Oldtimers show up at Garden for Esposito Foundation

By FRANK BROWN

Three dozen of hockey's finest players skated an icy memory lane at the Garden last night. Before an announced crowd of 13,565, the Masters of Hockey turned back the clock to the days when the NHL had six teams, when the longest road trip was a train ride to Chicago and when playmaking was a matter of art.

This night of hockey stars was studied with nine Hall of Fame players and one Hall of Fame referee — Bill Chadwick, who spent his evening doling out penalties, including a seven-second assessment against Hall of Famer Bill Gadsby for holding Gordie Howe at the end of the first period. It was a night of standing ovations for such greats as Bobby Orr, Rod Gilbert, Jean Ratelle and — of course — Phil Esposito, whose foundation sponsored the event. And it was a night of sitting ovations for Al Arbour, who guided one of the teams but was showered with boos for his real-life role with a certain team named the Islanders.

It was a night when the first goal of the game told the story of why the contest was held. With 6:38 remaining in the first of two periods played by the stars, Walt Tkaczuk and Bill Fairbairn broke up ice two-on-one against goalie Dunc Wilson. Fairbairn's pass found Tkaczuk 15 feet in front of the cage, and after faking once, Tkaczuk sent a backhand past Wilson. The moment was poignant because the third member of the Rangers' "Bulldog Line" wasn't able to join Tkaczuk and Fairbairn.

The third member of that line was left wing Dave Balon, who has been stricken with multiple sclerosis and was unable to attend. It is those players — the ones who have fallen on difficult financial times, the ones whose medical and dental insurance has expired — that Esposito's foundation wants to

The poignant moments, however, were in the minority last night. Most of the moments were filled with smiles and fun. Ken Hodge, noticeably overweight, mused "the ice will be tilted from all the weight on our team." Arbour, who coached the losing side, said in mock seriousness before the game, "If they don't backcheck, they'll get benched. I don't want any one-way players."

But that's mostly what he got. The "Blue" team, coached by Milt Schmidt, got goals from Yvan Cournoyer, Jean Potvin, Dennis Hull and Gordie Howe. Rangers general manager Craig Patrick and Tkaczuk scored for the White team, which "lost," 4-2.

What the Masters of Hockey are doing now:

Don Awrey owns a bar in the Boston area. Andy Bathgate owns a golf

course in Ontario and is in the cattle business with Lou Fontinato. Bob Baun is president of a Canadian insurance firm. Yvan Cournoyer owns a tavern in Montreal. Alex Delvecchio is president of Alex Delvecchio Enterprises. Phil Esposito is color commentator for Ranger telecasts and president of the Phil Esposito Foundation. Bill Fairbairn is in the real estate business in Manitoba. Lou Fontinato is in the cattle business. Bill Gadsby is in the construction equipment rental business in the Detroit area. Bernie Geoffrion makes appearances for a national beer brewing company.

Rod Gilbert owns and operates a Manhattan restaurant. Vic Hadfield scouts for the Edmonton Oilers. Camil-

le Henry is a night watchman in Montreal. Lorne Henning is assistant coach of the Islanders. Ken Hodge is the Massachusetts director of the Special Olympics. Gordie Howe is director of player development for the Hartford Whalers. Harry Howell is chief scout for the Minnesota North Stars. Bobby Hull is a color commentator for Hockey Night in Canada. Dennis Hull teaches history at Ridley College in St. Catharines, Ont. Ted Lindsay is a manufacturer's representative in Detroit.

Frank Mahovlich is a travel agent in Toronto. Stan Mikita runs a golf course in Chicago. Lou Nanne is general manager of the North Stars. Bob Nevin plays for the Toronto franchise in the NHL Old-Stars.

Remembering The Needy

THE NON-MILLIONAIRES: You wouldn't know it judging by Wayne Gretzky or Guy Lafleur but there are hockey players who retire without millions or thousands of bucks in the bank. You don't read about yesterday's heroes who hit the bottle or go bankrupt in business or get stricken by a disease such as multiple sclerosis, which has been the unfortunate fate of a damn nice guy and good hockey player named Dave Balon.

In the past many of these good men and true were gone and forgotten. Now, Phil Esposito hopes to see that they are remembered and, if need be, helped.

The Phil Esposito Foundation is designed to provide medical and insurance benefits for all players as well as a program to help stickhandlers find themselves after the last buzzer sounds for them.

With the help of Long Island social worker Warren Breining, Esposito has put together a post-career planning program. It helps a stickhandler choose an off-ice job via training development. "We also will provide a support system," says Breining, "with a monthly follow-up with the player."

Breining foresees the program expanding on a league-wide basis and notes that the Flyers already have proven that a similar program has proven workable.

Esposito will launch funding for his Foundation with a "Masters of Hockey Journey," featuring Bobby Hull, Bobby Orr, Stan Mikita, Yvan Cournoyer and assorted

DETROIT NEWS 1/11/83

Old masters Howe, Hull, Espo in new hockey setting

WHO SAID Christmas is over? The bells will be tinkling and the lights will be shining in Joe Louis Arena tonight.

No. 9 will be there. So will No. 9. That's Howe & Hull. Sorry, Bobby, that's the order around here.

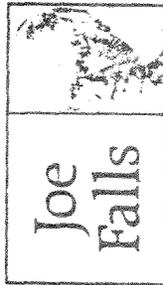
Don't call it Old-timer's Hockey either. Not unless you want an elbow from Espo.

"These aren't old-timers." No, Phil Esposito, was saying at the Westin Hotel last night. "These are the 'The Masters' of hockey. They were masters of their profession, and they're still masters. We're proud of every one of them."

The game — pitting the NHL Masters (and yes, that'll be Yan Cournoyer screaming in from the right side) against the Detroit Red Wings Old-timers (it's OK to call them) old-timers because Bill Gadsby carries a bottle of limonade around in his back pocket will be at 7:30 p.m. at Joe Louis Arena.

If you remember how it was, this is your moment. And if you don't remember, come on down anyway because they promise to put Gordie Howe, Alex Delvecchio and Frank Mahovlich on the same line.

"Oh, no," said Peter Mahovlich, one of the Masters. "My



Joe Falls

brother is playing with us. He's on a line with me and Cournoyer."

"No, he isn't," said Mickey Redmond. "He's on our side, and you guys lose."

"A beer?" said Peter Mahovlich. "You're on — a beer," said Redmond.

Now, don't expect too much because our No. 9 has a gimpy knee, and their No. 9 is fighting the flu.

I mean, don't expect them to be using much muscle, unless, of course, the puck comes loose in the corner, then it's every man for himself.

Eddie Shack also will be out there — he'll be the one running into the walls — and it should be a busy evening for Art Slivo and Bill Friday, the old refs. You can bet the old refs if you want, but it won't do much good. They won't be able to hear you.

Tickets are \$10, \$8 and \$6, and you'll never guess why they're



Phil Esposito. He cares.

doing it. They're doing it because hockey people are still among the finest people in sports.

They're putting their bodies on the line tonight because they care about those in their profession who need help or can't help themselves.

Phil Esposito is behind the whole thing. You can blame him for everything.

When he got out of hockey, Espo realized just how good the game had been to him, and he looked around at those who weren't as fortunate. He wanted to give something back.

See Falls, 6D

Esposito is one of the great names in history — a man who never will have to worry about a job.

Right now he works as a telecaster with the New York Rangers. He has his own TV show Saturday nights in New York. He works in publicity for a firm on Wall Street and even runs his own marketing business.

He lived for hockey.

"That's all I ever thought about — nothing else existed for me in life," Esposito said. "I loved to hear that net go 'Foocoooff' when the puck would go in. Even now, when I get out there, I still wait to hear that sound. I'll never get tired of hearing it."

Some felt it would be tough for Esposito to leave the game, because he was so involved in it.

"No," he said. "It was easy for me. I woke up one morning — just two years ago Saturday — and said to my wife: 'Today's my last practice.'"

"My wife said, 'Sure, sure . . . get dressed and go to work, will you?'"

He went to work and quit on the spot.

"I just made up my mind to put it all behind me and get on with the rest of my life."

Easy to do when your name is Phil Esposito. Not so easy for others.

"When I retired, the National Hockey League paid no attention. I had loved this game and did all I could to promote it. But once I left, they were finished with me."

"I was one of the so-called 'superstars,' and I thought to myself, 'If they do this to me, what are they doing to others?'"

He formed "The Phil Esposito Foundation" with three purposes in mind.

He wanted to help the old hockey players who could not help themselves — the indigents. He wanted to get better medical aid and possible insurance for others. And for the modern-day player, he wanted to start a career-planning program to get them thinking about what their lives will be like when they no longer can play hockey.

"I know people are going to question my motives, but I can't help that," said Espo. "I love this game, and I worry about other hockey players. I just can't walk away from them."

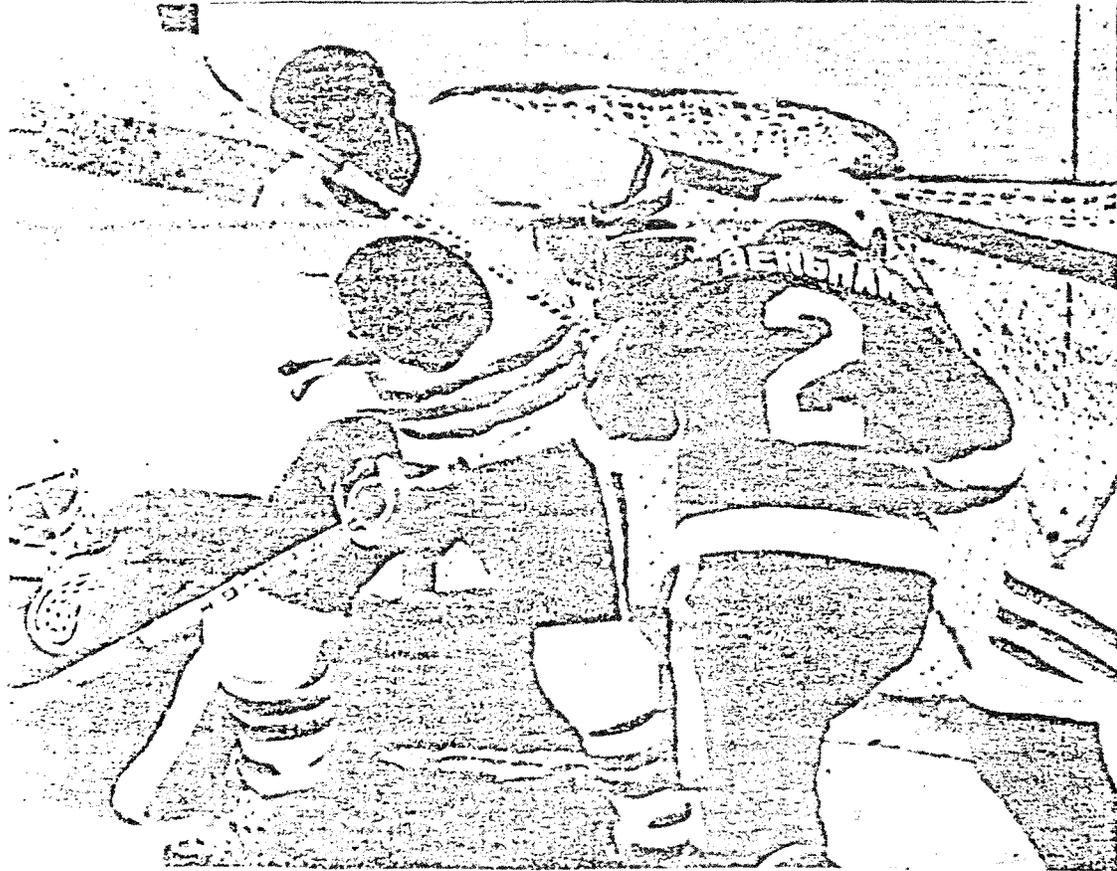
Joe Louis Arena, 7:30. I can't wait to see Espo back in the slot . . . and what Gads tries to do to him.

The Detroit News

MICHIGAN'S LARGEST NEWSPAPER

Copyright 1983 The Evening News Association, Inc. All rights reserved

January 12, 1983



In their day, ex-Wing Roy Edwards (left), Stan Mikita and Gary Bergman didn't have such troubles finding puck.

It's all fun — except losing

WHACK!

That was Yvan Cournoyer's stick slamming off the boards in front of the bench.

"Come on, guys! Let's go . . . we gotta get one!"

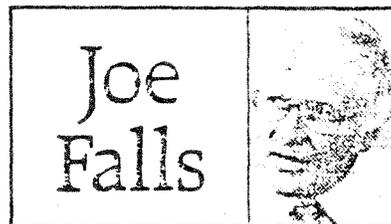
That was Bobby Hull trying to rally his teammates.

The big clock hanging over center ice in Joe Louis Arena showed only 1:49 to play, and all the laughing had stopped on the bench of "The Masters."

This was very serious business now. No more time for joshing around.

Even Eddie Shack was quiet.

"All right," said Camille Henry, who was serving as coach of the Masters.



"Everybody ready. Stan, you go in on defense."

Stan Mikita jumped over the boards.

"Phil, you get your guys ready," said Henry.

Phil Esposito nodded. His linemates, Cournoyer and Hull, stared out at the ice. Time was running out on them, and all the faces on the bench had turned grim.

It had been such a grand night, too — a grand party right from the moment Shack walked into the dressing room and announced he could not go out on the ice because there were cameras out

See Falls, 4E.

there, explaining, "I'm camera shy."

Shack shouted, "Who am I playing with?"

"You're on a line with Peter Mahovlich and Vic Hadfield."

"Geez, we all weigh 220 pounds!" Shack cried out.

"The heaviest line in the history of the National Hockey League," Esposito shouted.

"The Wrestle Line — that's us," said Shack, and he did a complete turn on his heels and let out a yell that shook the visitors' dressing room walls.

That's how it went for almost two hours — hilarity all over the place.

With 1:49 to play, the faces changed. So did the voices.

"All right, we'll get 'em," said Esposito.

Cournoyer slammed his stick against the sideboard again.

Henry's lips tightened.

No longer were they playing for fun. The word now was "pride." The Masters were behind, and they didn't like it.

Esposito had joked coming in off one shift, slumping down on the bench and saying: "Just like 1960 . . . turn back the clock . . . we're ready to play again."

It felt wonderful when the Masters were in control by a 4-1 score, but

now it was 5-4 for the Red Wings with 109 seconds to play.

What a rare treat to stand there, behind their bench, and watch the moods of these men change. Suddenly, they were competitors again.

Esposito stood up. He was the first to do it. He could sit no longer. Then it was Pat Stapleton, then Hadfield . . . and soon they all were standing and leaning over the sideboards and calling out encouragement to their laboring teammates out on the ice.

They would not catch up on this night, but it wasn't from a lack of effort.

It sure wasn't from a lack of concern.

These old men — who thrilled us through the '70s and '60s and even back into the '50s — suddenly were faced with defeat. It seemed to strike them all at once, and it was obviously something they still hadn't learned to accept.

They went at it with everything they had in those final 109 seconds, but it was not to be. They could not get the tying goal. When the buzzer sounded to end the game, they all stood there for a moment, lost in their own private thoughts. It was as if they were frozen by the thoughts. None of them moved. Then, in another moment, you could see them shaking themselves back to reality, and it was then they started jumping over the boards to go out there and

congratulate their conquerors.

Soon the jokes returned, and so did the laughter, and nobody really noticed the man sitting in the corner of the dressing room, slowly trying to pull off his sweat-soaked equipment.

Bobby Hull could not keep the agony off his face. He was in pain. His side was hurting. His back was hurting. He was covered with sweat. His face had that purplish-yellow color that athletes get when they give everything they have and there is no more to give.

"Hurts, eh?" a visitor said to Hull.

He shook his head.

"Naw," he said. "It's OK."

Sure, it was OK. His side was hurting so much he couldn't come out for the shoot-out between periods. He sat there in the dressing room, holding his side and trying to catch his breath. But he did not miss a turn in the final period — not a single second.

Now, he could hardly pull off his elbow pads.

"Why did you play?" he was asked.

A crooked grin crossed Hull's face.

"Isn't that what you're supposed to do in this game?" he said. "I did it when I was a player, and I guess I can do it now."

He bent over gingerly and put his shoulder pads in his duffel bag. You could see the steam rising from his body.

It was a moment to remember.



GREENFIELD, MASS.
RECORDER
D. 15.064

FEB 5 1983

Emotional eve at The Garden

BY DAVE O'HARA
Associated Press

BOSTON — They went through the same old routines — pregame massages, checking equipment and taping sticks.

The only difference for the Boston Bruins of yesteryear Friday was that it was a fun night, not a workday.

The veteran Bruins, a National Hockey League superpower and winner on Stanley Cup championships in 1970 and 1972, received a whooping welcome home to Boston Garden.

Nostalgia was the key. Many tears were shed unashamedly as 14,685 fans packed the Garden for an exhibition game between the old Bruins and former NHL stars called the Lucky Strikes Masters.

The game, consisting of two 25-minute periods, meant little other than recalling fond memories. For the gang of players, though, it was plenty of fun for a good cause.

The Phil Esposito Foundation, founded by the former Boston scoring champion to aid ex-players in need, was the big winner, collecting badly needed funds.

The fans gave a big hand to Hall of Famers Gordie Howe, Harry Howell, Alex Delvecchio and Yvan Cournoyer and future candidates, such as Bobby Hull and Stan Mikita.

However, the biggest welcome was reserved for the old Bruins, including Bobby Orr, Esposito, Johnny Bucyk, Ken Hodge, Ed Westfall, John McKenzie and current Boston coach Gerry Cheevers.

The game was the second of a series of three exhibition games for the Esposito Foundation. The third game was scheduled for the Meadowlands in East Rutherford, N.J., next month.

"It's still the same old story," said Orr, 34, who was forced into early retirement by bad knees. "The head says, 'go, go.' The body says 'no, no.'"

The players were introduced individually, but no introduction was needed for the final two players entering from a center ice door.

The fans stood and cheered while the entire team of Masters knelt in salutation as Orr and Esposito skated onto the ice.

The old Bruins acted more like kids in their dressing room than they ever did in their glory days.

They watched a closed circuit television replay of their four-game sweep of the St. Louis Blues for the Stanley Cup championship in 1970.

See EMOTIONAL Page 12

Watching Orr wind up for a rink-length dash, Esposito shouted, "There he goes. Hi Yo Silver!"

"It seems like yesterday," Westfall said. "We're even sitting in the same seats. It almost makes you want to cry."

Orr was given a light massage by physical therapist John Semple, 78.

"There's an awful lot of talent," said Don Marcotte, a forward in the great Boston teams, "and we've had an awful lot of fun."

Mikita, who visited Boston often in 22 seasons with the Chicago Black Hawks, entered the Boston dressing room and said: "So this is what it looks like. It's the first time I've ever been in this room."

The Bruins pulled out a 5-5 tie with the Masters as Fred Stanfield whacked in a rebound of a shot by Bucyk during a Boston power play with less than 2:00 to play.

The Masters took a 2-1 lead into the first period on goals by Cornoyer and Eddie Shack around a tally by Marcotte.

Howe, who will be 55 next month, made it 3-1 for the Masters early in the second half, but the Bruins struck back to go in front 4-3 on two goals by Bucyk and one by Marcotte.

Dennis Howe regained the lead for the Masters with two goals 51 seconds apart, setting the stage for Stanfield's equalizer.

There was no body-checking, and slap shots were not allowed in the exhibition game.

FEB 5 1983

It was a night to dream

Orr, Espo, Howe and Hull — it was a night for those who remembered

By Dave Joseph
For The Patriot Ledger

BOSTON — They came to Boston Garden last night to wander through their not-so-long agos.

To look at themselves in the reflection of the Garden ice one more time and to remember their greatness.

Sure, they were a little pudgy around the middle, not too fast and gray on top. But the sell-out crowd enjoyed, for two hours, its walk down memory lane with the Big

Bad Bruins and the hockey stars of yesteryear.

In the end, it was Fred Stanfield who scored a power-play goal (on the only power play of the game) with 1:53 remaining to give the Bruins Alumni Team a 5-3 tie with the Lucky Strike Masters.

While the game was played at a pace far from full tilt, there were moments that brought the crowd to its feet.

Every time Bobby Orr touched the puck, for example. There was that same digging in the corners

from Johnny "Pie" McKenzie and Ken Hodge. There were the two pretty tip-ins from the corner of the net by John Bucyk. And, of course, there was the excitement of Gordie Howe, Bobby Hull and goalie Ed Giacomin playing on the same team.

Despite all this, it was Eddie Shack, the Clown Prince of Hockey, and former Canadien Yvan Cournoyer who surprised the crowd most.

Cournoyer, the Road Runner of the Canadiens during his 15-year career, still possesses the speed that earned him that nickname. It was, in fact, the 39-year-old right winger who scored the first goal of the game, breaking in on Bruins goalie Gerry Cheevers and beating him cleanly to his stick side. He also hit the post on a breakaway late in the first period.

"Cournoyer looks like he still plays for the Canadiens," McKenzie said.

"This was a lot of fun," Cournoyer said. "It's nice coming back to Boston because this is where I won my last Stanley Cup."

"The thing I like is how the fans react to you," added Cournoyer, who owns a tavern called "Le Brasserie" in Montreal. "It still seems like you're playing with all the old guys, too, because we were the ones who played together way back when."

For Shack, known for his rink-long dashes and intimidating style of play, it was a chance to play against his old nemesis, the Bruins.

"I loved it," said Shack, who'll turn 46 next week. "When I walked on the ice, it was exciting. Everyone just goes bonkers. The thing is, though, is that we're all trying hard. (The fans) can see that."

If there was one disappointment, it was that Orr never made a rink-long dash.

"Hey," Orr said later, "when you don't have it, you don't have it."

"This is the first time I've played under game conditions at



"The Chief," Johnny Bucyk, checks his stick before last night's game.



Still photos by Fred Keenan

Phil Esposito, left, and Bobby Orr, right, watch with Orr's children, Darren and Brent, the replay of the Stanley Cup finale against St. Louis.

the Garden since I left in 1976. It was a thrill to be back."

Bucyk, who scored two of the Bruins' goals, was reunited with old linemates Stanfield and McKenzie.

"It's nice to go back and play with them," Chief said. "I do play in a lot of old-timers games with Pie and Mike Erzone. I don't see Stanfield that often."

"Let's face it," McKenzie added. "It brings back the old nostalgia. As soon as I stepped on the ice it brought back the old chills."

Dennis Hull scored two goals, both on wrist shots from just inside the face-off circle. Dallas Smith on playing the Masters team: "Can you imagine playing these guys in their prime?"

Other goal scorers for the Masters were Shack and Gordie Howe. The other Bruin scorer was Don Marcotte.

Bobby Hull and Howe received a 45-second standing ovation when they were introduced simultaneously. Phil Esposito and Orr received a standing ovation lasting almost three minutes. Needless to say, the ratters shook.



HOLYOKE, MASS.
TRANSCRIPT-TELEGRAM
—D. 28,967—
SPRINGFIELD-CHICOPEE METRO AREA

FEB 4 1983

NHL is No. 1 in Hub, tonight

The Associated Press

BOSTON — The toughest sports ticket in town for several months has been to a Boston Celtics' game at Boston Garden.

The pro basketball domination is interrupted tonight, though, for a bunch of old pros who made their mark in the National Hockey League.

Alumni of the Boston Bruins, led by Hall of Famers Bobby Orr and Johnny Bucyk and current coach Gerry Cheevers, will meet the Lucky Strike Masters, headed by Hall of Famers Gordie Howe, Harry Howell, Alex Delvecchio and Yvan Cournoyer.

The second stop of the three-game series for the benefit of the Phil Esposito Foundation was announced at a gala luncheon here on Jan. 24.

A big promotional program was planned to try to attract Boston fans. Promo material still is sitting on many bars. The blitz was not needed.

All tickets for the game were sold within about 24 hours. With a sellout crowd of 14,685 assured, everyone from top politicians and businessmen to young kids on the street has been looking for a ticket.

"We probably could have sold twice as many tickets if we had the seating capacity," one Garden official said. "It's unbelievable the way this caught the fans' fancy. It's even wilder than in the Bruins big days when they won the Stanley Cup twice in three years in the early 70s."

Esposito, a Boston superstar before winding up his career with the New York Rangers, established the foundation after his retirement in 1981 to help former players down on their luck and their families.

The first benefit game was held in New York last year. The current three-game series began Jan. 11 in Detroit with the Red Wings alumni beating the NHL Masters

5-4.

"It's a heck of a lot of fun for all of us while helping a very good cause," Howe said. "Many players have trouble adjusting to a regular life after hockey, and we're trying to establish a well-financed program that will help them."

Joining Orr, Bucyk and Cheevers on the Boston Alumni team will be such former favorites as Esposito, Ken Hodge, Rick Smith, Tommy Williams, Ace Bailey, Fred Stanfield, Ed Westfall, John McKenzie, Dallas Smith, Don Marcotte, Gary Doak and Don Awrey.

Former centers Milt Schmidt and Derek Sanderson will share the coaching duties.

Other members of the Master Stars include former Bruins Rogie Vachon and Eddie Shack, Ed Giacomin, Bobby and Dennis Hull, Pete Mahovlich, Craig Patrick, Lou Nanne, Dale Tallon and Gary Bergman. They will be coached by the old goalie, Gump Worsley.

Boston Globe 2/4/83

Fans winners in Masterful tie

Photo, Page 1
By Bob Duffy
Globe Staff

So you want to know how the evening went? Check the dictionary, under "A," for Auld Lang Syne.

Let us dispense with the most trivial aspect of the proceedings first - the final score. The Masters of Hockey, a collection of former National Hockey League players, tied the members of the Bruins' 1970 and '72 Stanley Cup champions, 5-5, last night before a sellout crowd of 14,685 at Boston Garden in a benefit exhibition for the Phil Esposito Foundation, which assists ex-NHLers in need.

But it wasn't a game that the fans came to see. It was a show. This was a sentimental journey into hockey's past, an assemblage of Hall of Fame plaques skating in the flesh, and there was enough nostalgia, enough mass affection, to melt a snowman's heart.

Just check the names. Gordie Howe. Bobby Hull. Stan Mikita. Yvan Cournoyer. Ed Giacomin. Rogie Vachon. All of them playing for the Masters.

The erstwhile Bruins were no slouches either. John Bucyk. Gerry Cheevers. John McKenzie. Ed Westfall. And a couple of kids named Phil Esposito and Bobby Orr.

For this one night, the Garden was a hockey cathedral, the worshippers paying homage to a pantheon of legends of varying stature. And so, fittingly, the climax occurred at the beginning. The introductions.

The applause built gradually to an idolatrous crescendo. The Masters arrived on the ice first. Mikita, the old Chicago Black Hawk artist, received the first sustained ovation. Eddie Shack, who was both a Bruin and a Bruin nemesis during

his career, received an even warmer reception, not to mention the first prize for impromptu acrobatics, which he clinched when he performed a split at center ice.

Then came a pair of 9s that would win any hand of poker - Howe and Hull, introduced in tandem and recipients of the night's first standing ovation.

But the fans were just warming up, just getting their hands and voices in shape for the real drama. The introduction of the Bruins, a return to the glories of '70 and '72.

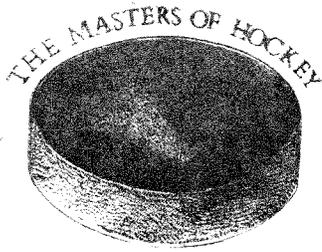
Cries of "Chief, Chief, Chief," and another standing ovation drowned out Bill Chadwick's announcement of Bucyk's name, and the captain of the Cup teams later responded with two goals and an assist.

Cheevers, now the Bruins coach and once the Cup champions' goaltender, skated out solemnly to a thunderous ovation.

And it didn't stop, because only one item of pregame business remained, and everybody in the building knew it. Esposito and Orr arrived in tandem, but the fans didn't hear a word of the introduction. They didn't need to.

As Chadwick, the announcer, talked to himself, the two true stars of the show skated out together, Esposito one step ahead of Orr. They raised their sticks in acknowledgement while their counterparts on the Masters team dropped to their knees in mock adulation. But there was nothing less than genuine about the fans' ovation, which lasted 2 minutes and 45 seconds while Orr and Esposito turned to each corner of the rink and waved to their constituents.

As for the game, you only need to know one thing. Orr spent the entire two 25-minute periods skating around with a smile cemented in place.



THE PHIL ESPOSITO FOUNDATION

50 West 77th Street, Suite 2B New York, New York 10024 (212) 595-2900

THE PHIL ESPOSITO FOUNDATION OVERVIEW

I. STATEMENT OF PURPOSE

As determined by its Board of Directors, the aim of the Phil Esposito Foundation, a non-profit, tax exempt organization, is the establishment of programs created specifically for past and present National Hockey personnel (players, coaches, trainers and on-ice officials). These programs include:

1. Alumni Benefit Program
2. Crisis Program
3. The Post Career Planning Program

The three programs reflect the problems faced by retired personnel who, during their years of dedicated service, were never offered the professional guidance and support required to prepare them for financial security after their retirement.

The Post Career Planning Program is also designed to assist currently active personnel to prepare for their retirement.

As a future goal, the Foundation will develop programming designed to enhance the development of youth hockey in the United States.

II. PROGRAM PROSPECTUS

In accordance with the stated purpose of the Foundation, the Board of Directors has passed Resolutions in the form of specific programs, to implement the objectives of the Foundation. These Resolutions are being developed either by the Foundation itself or in conjunction with hockey organizations who share similar concerns.

RESOLUTION A

Alumni Benefit Program

The Foundation is currently researching the development of this program which would ease the financial burden of former NHL personnel by providing a Major Medical Group Insurance Plan designed to assure that retired personnel and their families will always have access to quality medical care.

RESOLUTION B

Alumni Crisis Program

The Foundation has created a program for purposes of assisting former NHL personnel, on an individual basis, in a personal time of crisis.

Assistance will be in the form of either a financial grant and/or advocacy by a Foundation member.

Eligibility for the program is predicated on need as determined by a majority of the Board of Directors under the following considerations:

1. The individual be a former NHL player, trainer, coach, on-ice official, or a member of the nuclear family of the individual.
2. Financial Need - documented financial need that indicates extreme hardship.
3. Circumstance - that due to a particular circumstance other forms of assistance (government, insurance, or other benefits) are not attainable.

RESOLUTION C

The Post Career Planning Program

The Foundation has developed a professional program to assist past and present NHL personnel in preparing for the difficult transition from professional sports to the business world.

The Foundation has retained the services of Murray Axmith and Associates of Toronto, Canada. The Axmith group is one of Canada's leading career planning organizations with offices coast to coast.

Axmith has assisted the Foundation in creating a career planning program designed specifically for past and present NHL personnel that includes the following:

1. Career Assessment - a system for evaluating one's interests and capabilities in order to determine the most appropriate career(s) to pursue.
2. Training - off-season on-the-job training employment and/or classroom training.
3. Job Search Assistance - upon retirement a professionally

designed job search system which includes:

- resume development
- a complete strategy for approaching the job market.
- a pool of employment opportunities.

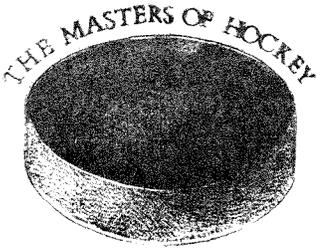
RESOLUTION D

The Board has authorized the Foundation to investigate the feasibility of producing a hockey injury-prevention film with Dr. James Nicholas as the advisor. The film, which will feature protective equipment and exercise programs designed to help prevent hockey-related injuries, would be distributed on a nationwide basis to youth hockey programs free of charge.

III. DECISION-MAKING PROCEDURES

- A. The Board of Directors of the Foundation is the chief decision-making body.
- B. An annual meeting of the Board of Directors to elect its members will be held on the second Wednesday of November (Section 4.2 By Laws). Meetings for the purpose of day-to-day decisions can be held monthly at the discretion of the Board either by an in-person meeting or via conference call (Section 4.6 By Laws).
- C. A majority vote of all Board members is required for any decision including:
 - 1. Grants and endowments to assist individuals or organizations.
 - 2. Election of Board members or other officers of the Foundation.
 - 3. Amendments in the By Laws or stated purpose of the Foundation.
 - 4. Concepts, sites and expenditures of fund raising events.
 - 5. Operational expenditures over the amount of \$1,000.





THE PHIL ESPOSITO FOUNDATION

50 West 77th Street, Suite 2B New York, New York 10024 (212) 595-2900

The Phil Esposito Foundation Programming Update

The following update contains a list of the most recent and significant developments in the Foundation programs:

I. Crisis Program

As of January 2, 1984, the Foundation's Crisis Program has delivered the following services:

- Provided a \$5,000 grant to the family of a former NHL player who passed away. The family documented extreme hardship and was therefore issued the grant as well as other appropriate human services.
- Provided the appropriate therapeutic services to a former NHL player who was suffering from severe substance abuse.
- Provided a \$5,000 interest-free loan to a former NHL player who was debilitated by a heart attack. His subsequent recovery period created an economic hardship.
- Aided a former NHL player by enrolling him in a residential alcohol abuse treatment center and obtaining for him a social service stipend in Canada.
- Provided a former NHL player with a \$3,500 financial assistance grant, as well as offering personal counseling and job-search assistance.
- A former player has been provided with job search assistance, as well as vocational and physical therapy testing. A financial commitment was also made by the Foundation to the ex-player's surgeon for a much-needed operation.
- Aided a former player by enrolling him in a residential alcohol abuse treatment center. Upon completion of the program, the Foundation assisted this individual in securing immediate employment as well as providing him with long-range career planning.

--Provided a 1-year \$3,000 interest-free loan to a former player who, due to severe spinal complications, was unable to work for ten months.

-- Provided financial counseling to a former player in regard to debt consolidation.

--Provided personal as well as financial counseling to a former player who was experiencing extreme hardship.

--Provided counseling to a former player undergoing personal as well as financial hardships.

--Provided \$2,000 grant to a former NHL player requiring unique medical treatment which was not covered under his current insurance plan.

--Enrolled a former NHL player in a residential alcohol abuse treatment center.

--Facilitated prompt insurance company payments for a former player's medical bills.

II. POST CAREER PLANNING PROGRAM

A. Research

The Foundation has completed the computation of data received from a mailing to over 1,000 former NHL players, coaches, trainers, and on-ice officials. The mailing was in the form of a cover letter and questionnaire that inquired about various aspects of their transition from hockey to their current positions.

An informal survey of this data reveals the following information:

--Former NHL personnel view professional career preparation and job-search assistance as an extremely valuable service. Eighty-eight percent of the players who returned the questionnaire suggested that they would have utilized our program had it been available.

--Those players who experienced difficulties in the first year of their career transition indicated they had a lack of preparation, education, work experience and vocational guidance.

--Of the players surveyed, 52% had made some plans toward a second career while still active in the NHL...48% stated that they had made no preparation toward a second career.

--Seventy-five per cent of those former players who prepared for a second career are now earning \$25,000 or more. Of those who did not prepare, 49% are now earning \$25,000 or more.

--Of those players who prepared for a second career, 95% are presently employed, 94% are satisfied with their current jobs, and it took them an average of 18 months to settle into a new career. For unprepared individuals, 82% are currently employed, 75% are satisfied with their jobs, and it took them an average of 28 months to settle into a new career.

--Many former players have offered their services as well as their business contacts as resources in the development of a Foundation job opportunity listing. With this in mind, the Foundation is in the process of instituting a job search network that would catalogue the occupations of those ex-players who are happily and successfully employed, and then match them with the most compatible of the active players who are looking to launch new careers.

B. Post-Career Planning Information

As of January 3, 1984, the Foundation has facilitated and sponsored career counseling for 43 former NHL players through Murray Axmith & Associates of Canada, as well as various U.S. resources. Twenty-five of those players counseled have obtained positions as a result of their participation in the complete vocational and job-search program.

III. ATHLETIC INJURY PREVENTION FILM

The Foundation has selected a professional filmmaker, after careful consideration, to begin work on an injury prevention film that would be made available to interested schools and civic groups. Professional athletes who have indicated that they will be participating in the project once a shooting schedule and primary sponsor have been set include Arthur Ashe, Ron Kittle, Cal Ripken Jr., Kurt Thomas, Reggie Jackson, Joe Namath, and, of course, Phil Esposito.



POST CAREER PLANNING PROGRAM

RESPONSES TO QUESTIONNAIRE - FROM RETIRED PLAYERS

Age 37

You are dealing in a very touchy situation. As a player it is hard to realize what one must do to prepare for the unexpected. Try telling a hockey player that he must study or work in the off season to prepare himself for life, he'll look at you like you have two heads. But until one realizes that hockey is just a short pleasant time in one's life and that there are many, many years left to live and work, there is very little help for them. I don't think a summer job of punching a clock is too hard on anyone, as a matter of fact it trains a person to reality. Best of luck.

Age 35

For a low-salaried hockey player, teach him restraint on spending. In the work force money is hard to come by, but with family, entire income is spent.

Advise players of the hollow feeling when not playing anymore, but take new job seriously and work at it so you don't keep changing jobs.

Age 50

Players should be more aware of their own personal planning -- not only post career, but post family as well.

Although travel is extensive, training should begin during active period as there is a sufficient amount of idle time.

Age 34

The realization that my career was finished caused me a lot of mental anguish. Although I had a university degree to fall back on, and finances weren't a problem, it was extremely difficult to turn off something which had formed such a basis to my life for so long. The future appeared so anti climactic.

The greatest adjustment was in accepting the fact that although my hockey career was over, LIFE WENT ON. I had lived without the prestige, glamour and attention before, and that I could do so again. It became imperative to accept reality and to channel my interests and aspirations into a job area that might prove productive and rewarding. I was forced to relinquish my egocentric perspective on life and now think about giving a little of myself.

I feel that it is very important for a former professional athlete not to use his former profession as a standard for new endeavours. It can be psychologically devastating.

The single most important factor for a retiring professional athlete is to have some fulfilling direction immediately after retirement. The first two or three years after retirement are very critical. I don't feel that the void left by hockey is ever completely filled, but time and new interests and ambitions have a way of making one make a healthy and productive adjustment.

No age given -- retired 12 years

Following my retirement it was very difficult to adjust. I always thought that my name, reputation and credibility would automatically open doors and obtain me a job. It opened doors, but it didn't get me a job. I spent 11 years in the NHL and although I thought I was prepared for retirement, I wasn't.

Formal post career planning is an alternative that must be made available to those who wish to pursue it. In my opinion, it will preserve many a person's normal future.

Age 32

The biggest favor this foundation can do is try and get through to the current players these points:

1. Look after the big money now because, unless you are a superstar, the day you retire you are like any other unemployed person -- your hockey experience doesn't help land another job.
2. Prepare yourself for another occupation because hockey will not last forever.
3. I repeat, HOCKEY WILL SOON BE OVER. It is much easier to prepare for your second vocation while still playing hockey, rather than scrambling around after you are replaced by a younger player. By this time you may have a wife and family and at this point beggars can't be choosers and you will probably take any job.

Age 36

As far as working after hockey, the Foundation should maybe try to get the members of the various leagues to spend part of their summers with people in different lines of work. Then, maybe they could find something that appeals to them that they could begin to prepare for while playing. I found if I spent all my time with other players, I got a false sense of what life with outsiders was all about.

Age 31

There is a must for programs that are tailored for the specific direction that the individual should take after the playing career is over - taking advantage of the individual's nature, intelligence, plus personality assets.

Age 37

I would just like to say that I think this is a great program you people are organizing and hope it hits home to some of the younger or older players of today.

Age 27

I am still an active player, although I am now playing in France. I have been here for three years now and I enjoy it very much. I read the write-up in "The Hockey News" about your Foundation and it is about time that something like this is being done. I have been taking courses at Wilfred Laurier University the last two summers and I hope to finish my Business Diploma in the following two summers. If something of a job training program would have been offered while I was playing in the U.S. (five years) I would have definitely taken it up. Personally, I am not looking forward to the adjustment period between my hockey career and my business career. I am however, planning and preparing for it now. Your organization, should you achieve the goals you have set out for your Foundation, can only help to benefit all hockey players.

Age 39

Although I was ready to retire from hockey (I had an interest in recreation and had taken two winters of recreation college courses while playing), I did not have enough university behind me to qualify for the recreation jobs I would have liked. So I "kicked" around in three other jobs in retail sales for five years. I did however get back into recreation two and a half years ago, and am the Mtce. Supervisor for our Community Centre in Port Alberni. I really like what I'm doing now, but I consider myself very fortunate to be doing it. With four years of University, I would have easily gotten a better job yet, and almost immediately following my hockey retirement.

Age 32

I think that what you're doing is excellent. Looking back on the first part of my career, I wish I'd done many things differently. If this Foundatin can help keep things in perspective for current players, and help past players who didn't, then it's done one helluva job.

I took so much for granted when I played and as a result am not as financially stable as I could have been. Especially in farming does a person like to have a little cushion just in case there's no crop.

Without my wife working, the whole siutation changes very drastically.

So boys, I wish you luck in getting some players ready for the life after hockey.

Age 36

I think your concept would be of immeasurable aid to young hockey players. One major obstacle would be PLAYER RECOGNITION of future problems. Also, the ego of young players would be affected in that they would not accept that "potential failure" befronts them.

I am almost tempted to suggest that a forced program would best suit the young athletes, forced in the sense that the player be made aware of the future.

Age 34

I believe that it's very important for each player to explore his future while playing hockey. However, like myself, you tend to spend the summers relaxing. It seems that some players, although they have invested wisely, have trouble using this "idle" time constructively.

Age 40

I attended university during the off season for the last seven years I was playing. This is a difficult route to follow, especially for people married with families. However, some kind of training is necessary to provide players with some security when their playing days are over.

Age 36

I was fortunate to find another career while playing hockey. I developed a great love for harness racing and planned to do this after hockey along with farming. If I had not had this foresite of a second career, I feel the adjustment after leaving hockey, would have been difficult.

I think your new program will be of great benefit to players now playing hockey, in helping them to plan for another career.

Age 33

I think that, in the city that a player calls home, if there was a way for the business climate to let these players know of any business opportunities, these players could get a career started during their playing days. Getting the player's feet wet, beginning on the ground floor of a business, would really help - if a player could call this organization to find out if there were any jobs in any state in the U.S. or Canada, because a lot of the players do not make their home in the cities they play in.

Age 32

Management should not frown on players 1) pursuing an outside career (retirement) as long as there is no conflict of interest; 2) counselling should be available as to the vocations within and outside of hockey that are available to them after retirement; 3) consideration on the above should be given to abilities, interests, education and experiences (of the retired players) within these vocations; 4) sports psychologists should be employed by all professional teams.

Age 33

I graduated from university as a Mechanical Engineer. Engineering is a fairly specific field and you soon become aware of the type of work that engineers do. At the time that my hockey career ended, engineers were in great demand. Consequently, jobs were readily available and I made the transition easily from hockey to my present career.

Age 45

I worked at carpenter work every summer during my 14 years as a professional hockey player. I didn't know I would continue this occupation when I retired from hockey during my playing days, but it prepared me for some kind of a future anyways. When I retired from hockey, I decided carpenter work and cabinet making was what I knew best, so that's why I'm doing it now. I think professional athletes should, No. 1, invest their money wisely and save as much as they possibly can. No. 2, spend at least part of each summer or off season learning something about what they want to do when they retire. Every athlete has to retire sometime and it's a very difficult adjustment even when you have another occupation to turn to.

Age 57

I am sure that the participation in off season work experience is the most valuable effort an athlete can make to his future. The importance of the Foundation's activity in this area cannot be overemphasized.

Age 33

Too many hockey players have lived for today and not tomorrow. They have to learn that it can all end very quickly and they should learn to prepare themselves from the very beginning of their careers. So many have ended up with no contracts and no money, and the transition for these players becomes devastating. Courses offered in the off seasons would also help the players educate themselves into trades or technical fields. Not all have gone on to College level.

Age 30

I bought a bakery with my signing bonus, instead of luxury items. Then I made a deal with my father to run the business as I played and spent off seasons learning as much as I could (six seasons). Then after I retired I was ready to devote all energy to the business.

I strongly recommend counselling to junior players to do something VERY wise with their signing bonuses - even if it means trusts or term deposits. That is their jump on life after hockey - and all monies saved from salary is just bonus for bigger things.

Age 39

Post career planning programs would be very beneficial to both current and former personnel. Seminars on the problems of adjusting from your active playing days to your second career would be meaningful. I believe most of us have career somewhat chosen, but have trouble taking the step.

Age 31

Basically, I followed a plan of taking university courses in the summer, working hard to get good marks. It did require coming back for one full year of undergraduate to do courses that required a full year (i.e., not available in summer).

My only point would be, that for those so inclined, playing professional hockey does not exclude the possibility of another profession in the future, especially if one goes to university in the summer. This would thus include all youngsters continuing their education.

Age 34

I feel I was exploited in the IHL for three years. When I was in the CHL I wanted to take a welding course which was refused by my team. I think that all Junior hockey players should be better educated in the future, about matters such as post career and retirement benefits. Lack of advice is the biggest problem as well as ignorance.

Age 46

You have to get back to the basics (work) and realize you are starting a new career.

Age 35

I feel that since salaries have increased substantially that players should be advised to SAVE as much money and live moderately during their careers so that when the time comes to retire they will have enough resources to do whatever they please. When I played or should I say, the salary I received was barely enough to live on. I feel very fortunate to be where I am to-day, however, I was very lucky and worked hard during my apprenticeship. If every athlete would discipline himself to work as hard on his new career as he did during his playing days, then he would be successful. The hard part is not being in the limelight and not being recognized for a job well done.

Age 33

Work experience or training programs would have been helpful if I had known what I wanted to do. More beneficial might be a program to develop direction - realize talents and potential and an overview of what is available and then a course to follow. Our people should realize early (the earlier the better) that few have things that are satisfying handed to them.

Programs as you have suggested, should be developed by professionals: credibility would be enhanced, especially for younger players, if their peers (former players) can take an active role.

Great potential and I wish you good luck. If I can be of further help, let me know.

Age 30

I think that what you are doing is a wonderful idea, and I wish I could have taken advantage of some type of program if one had been available at the time. But, then again, I was very lucky to be able to go into a business with the help of a friend met through hockey. I also do the color on radio here in Rochester, so I still keep in contact with the game that has meant so much to me.

Age 59

I believe what you are doing should be of great benefit to players coming out of hockey. Thank you for including me in your survey.

Age 31

This is a very needed and worthwhile service. I know many players who had a great deal of difficulty when their hockey career ended. With the youth movement in hockey today, this problem will grow. It is difficult for many players to go from the high of being a sports hero, to the low of being unemployed at such a young age.

All the best with this venture. If I could be of any further service, please write.

Age 41

A player while still playing, should try to get involved in other jobs in summertime, so he will have something to lean back on when time comes to retire, or should try to get a degree, or take a course, and save his money - it's very handy after you're done with hockey.

Age 26

Sounds like a sensible and well needed program fellas. There is a time at the end of a player's playing days when he really doesn't know where to turn or head. It's a great deal different in the business world. Some added support like this will help a great deal. Good work.

If you need any, or if I can be of help, please don't hesitate to call.

Age 38

The transition from professional athletics is very difficult. I am 38 years old and although I possess two college degrees, I feel very limited in my qualifications and experience in other areas outside of hockey. Looking back, I spent summers going to school and I am sure that if off season work experience/ training programs had been available to me I would have been very eager and willing to get involved.

Thank you for your interest and I feel this is a very important program in helping pro hockey players make the transition into the "real world".

Age 35

I have had various summer jobs while playing 10 years of pro hockey. I settled into the automotive sales field as part of my hockey contract the last two years I played pro in Calgary. During the hockey season I worked part-time and also in the summer months full-time.

Age 37

For any individual that thinks an education is the only prime factor in pursuing a career, I'm sure will be in for a major surprise. Job association and any, no matter how trivial, application in that stands as a prime factor.

Lucky and proud to have developed into this position. To have had a chance to develop this position before would have made it a lot easier.

Age 31

Gentlemen, this is a great start to helping a lot of good people. I have found it very difficult to try and help fellow players prepare for the "second career". This certainly will help.

My home now is in New Brunswick, Canada, and there are a few retired hockey players here now. If we can help in any way, please let us know.

Age 49

There actually were no major obstacles in obtaining my present job. The job was available the year I retired from hockey. I guess I was fortunate that it was available at that particular time. I did not prepare for my retirement, that is why I checked off "lack of preparation".

I do think what you are doing here is a fine thing and players should take advantage of it.

Age 52

Problems are: believing we are a very select group, and thinking that some jobs are below our dignity, thinking that we can get a job easily and produce with no problem. While we are players, we are doing something that we love, and there never is anything we can love like playing. Therefore, we seldom have the interest in our new jobs. Playing hockey develops a habit of working two hours a day as against working eight or more hours a day at something that we really are bored at doing; having three to four months holidays a year to recharge yourself to play or work again, which is something that you cannot have after playing days are over. Preparation for a new career is only a wish, not a desire. Our mental transition is our biggest problem and our work habits are terrible.

Age 59

Players should realize - careers are short and the world does not owe them a living because they had hockey talent.

Age 55

I wish that there had been an opportunity to prepare for a second career when I was playing.

Age 34

The transformation to civilian life was not easy. I feel I was very fortunate to "fall into" the job with the telephone company shortly after my hockey career. I failed in a number of attempts to find employment before I landed this job. The reason for the failures were that I had no idea of how to present myself when applying for a job. A Dale Carnegie Course provided the confidence to sell myself successfully to the Telephone Company. I believe the most important thing you can do for these young hockey players is get them to think seriously of what they might like to do and provide them with some "real world" type counselling as to how he should approach securing that job when he finishes hockey. The key is to get the job. The individual's potential can be realized by on-the-job experience. By providing a start, the initial work experience or development of required discipline will be invaluable. Good luck in the program.

Age 36

My line of work is in sales. I really feel that if I didn't have an easy time meeting people (natural) and hadn't known a lot of people where I live, that the transition from hockey would have been a lot more difficult.

Age 29

For the Canadian hockey players, the solution of post career is to give the opportunity of playing hockey and get education when they are young.

If they do not want this program, give them the know how to use their money, what to do with their money to get to secure post career. Good luck.

Age 30

First and second year athletes should be taken into consideration if unfortunately they are hurt (knee, shoulder operations) and teams dispose of them very quickly. Blackballing of players still goes on and I would suggest all teams have confidential people players can talk to without being criticized.

Age 29

I have no experience to do anything right now that I can earn a decent living from. Upon retiring from hockey it was very difficult to face the facts that you were finished playing and finished earning a good living doing something you love to do. You get shocked into reality pretty fast, when the bills keep coming in and the mortgage is due and you have a family to feed and you don't know how the hell you're going to do it. So you grab at the first job that comes along because some guy likes to associate with ex-hockey players. You're going to hate your job; you're not qualified to do it and you lose interest and you go collect unemployment. Right now I'm unemployed, but my wife works. I love coaching and want to make a career out of it. No money from it - as yet - but I'm going to hang in there.

Age 50

I think a Post Career Planning Program would be a real asset to players - hockey doesn't last forever, but at a young age that's hard to think about. Financial planning certainly would be a big help. Best of luck.

Age 37

Any type of job training or working toward a career in the off season would have been helped tremendously in the transition from hockey to a new career.

Age 35

I feel a proper program preparing hockey players for when they retire from hockey is an absolute necessity today.

The job market today is almost nil and that will make it very difficult for a former pro player to find a field to excel in without proper training and preparation.

I believe very strongly in what your foundation is trying to achieve, and I wish you all the luck in doing so.

I would appreciate if you would keep me up to date on this program.

Age 38

I think the program is a great idea for athletes in the game for one doesn't really know when their career could be terminated. In my case, it came earlier than expected and found it terribly hard to adjust to the normal day living outside of sports. Basically, the pro hockey player is not well educated when it's time, for whatever reason, to retire. Once again, this program is much needed and I must give you people a lot of credit. Thanks.

Age 26

The biggest thing is to be prepared (education) for a second career. Most players aren't aware of how important it is.

Age 37

If someone or some group had really pushed me or at least pointed out the pitfalls, I would have responded.

Age 57

I feel I was very fortunate to finish my hockey days and be located with a job opportunity almost simultaneously. Playing hockey did help me in securing this job and has been helpful in making my services more beneficial to my employer. Good Luck in your endeavour.

Age 34

I believe a program is necessary to assist people to go from the limelight to the real world. One thought that has helped me make the switch is that I got to the top (NHL) and to remember the sacrifices and dedication it took to be one of 40 of the best in the world (on-ice official) and apply the same sacrifices and dedication to my business ventures. It takes an intelligent person to get to the NHL level. That intelligence can be applied to a career.

Age 42

Went into business for four years. Lost a lot of money. Would be good idea if there was a consultation committee for players before they venture into business.

Age 49

At age 47 there were very few job opportunities open - with the exception of commissioned sales. A general off season sales or management oriented training program would've been helpful.

Age 46

Difficulty of finding an area that I would like to pursue or wanted to pursue. Tried to find a job in hockey, but got no response from my letters. Received one answer from NHL and that was that they would keep a file and if there was an opening. I'm still waiting.

Age 27

Knowing my own thought patterns back when I was an active player, I felt that I would and could play hockey forever. At the time I was playing I just never thought much about a career after hockey. But knowing what I do now, I would encourage any active player to seriously pursue an off season training program in some form or another. I think this sort of program should be stressed to the younger players coming into the league, including the players that are learning the ropes the hard way in the minors (AHL and CHL).

Personally, I am glad to see that something is being done to help the retired players because it is quite a jolt to the head to wake up one day and realize that you won't be able to play hockey again.

Age 39

I prepared myself mentally and financially but not properly in the area of a new career. Not knowing what I wanted to do for sure and also not being skilled in a particular field, has also hindered my decisions. I think if the leagues would have competent advisers in the employment opportunity fields to advise players on which type of skilled people would be needed in the future, then players may direct their attention in these areas.

Age 34

I had the opportunity to work off season, but when younger it was difficult to become involved seriously as my aspirations were focused on the short term hockey future. In later years I sought some employment that was going to benefit me in the future but there were no opportunities in the field I was interested in. A growing urgency over the last years to do something meaningful with my time became an obsession. As the realism that my career was over became more apparent, my thoughts focused on what I had done to better myself lately. Nothing... Panic, fear, apprehension, a feeling of being 14 years behind everyone else. Not very pleasant. It inhibited my progress in my new career. Urgency feelings drove me. I studied and worked in a harried fashion. Very inefficient, disorganized. Trying to do too many things at once, accomplishing nothing - led to frustration.

Thankfully, I had good support, good people around me. I'm not out of the woods yet, by any means, but making strides.

I'm happy to see some interest in this area.

Age 38

I sincerely believe that the most significant adjustment one has to make is the mental awareness that there really is "life after hockey".

Age 34

I felt I would play hockey for a long time and wouldn't have to worry about other jobs or sources of income.

I wish I would have had advice from someone about life outside hockey and preparing for it. I think the most important thing for players is to have something interesting to work at and make a living other than hockey. We must feel productive and most young athletes do not realize this while playing. I hope, with the help of the Esposito Foundation, we can make the players aware of "the other life" and help them understand that it will be a greater part of their total life than the hockey playing time. If there is anything I can do to help, please feel free to call on me. Sincerely,

Age 29

I feel there is a definite need for career consulting in the NHL. This includes both during and after a person's hockey career. An excellent service to provide would be an advice and counseling one to players just coming into the league so that they would be able to use spare time during and off season to prepare for retirement, be it forced or willful. This, however, would not solve what must be a growing number of players whose careers are finished, leaving them neither the educational nor financial security to enter today's job market.

This area is one which could be expanded to include a broad spectrum of assistance to players and support personnel. There is a need for some sort of advisory council whereby players can draw upon the knowledge and experience of the people in this council. This I feel would be especially beneficial for younger players who sometimes have little knowledge of basic law and financial planning. To have an unbiased person or persons to turn to would help to avert many problems down the road.

Age 38

I don't know for sure that I would have taken advantage of off season training programs because I had enough money to feel comfortable in spending my off seasons with my family and working out, i.e., conditioning. As much as hockey is a very insecure occupation, there is a definite comfort factor in knowing that no matter where you play you will still be making a specific salary for a specific number of years. This causes you to postpone thinking about a post hockey career. You are satisfied now and you know, or think, that when the time comes to leave hockey you will be able to handle the necessary adjustments.

Age 34

It took me about two years after retiring from hockey to realize what I wanted to do with my life. With no one to turn to or get advice from, life was very confusing. As it turned out for me, getting a job with the City was easy, since the fellow in personnel knew me from hockey, or else I may have had a problem getting a job. I am sure you are aware of the Billy Heindel affair who is a very good friend of mine. I can appreciate how he felt, feeling that way many times myself after I finished hockey.

Age 27

It is difficult to find a career as satisfying as hockey was. I found myself almost lost at times.

I really don't think many players would take the time to gain work experience or training. Most feel very secure and prefer to take it easy during the off season.

Age 30

I was very happy to receive your letter regarding The Phil Esposito Foundation. I have had many recent discussions with both former and current NHL players. It seems as though many of the same concerns are very common when speaking of the subject of retirement from hockey.

Age 32

I was not a player, but an athletic trainer. I attended College between each hockey season. I left hockey as a Trainer, on my own. Reasons were to advance my medical career. I have succeeded.

Age 37

In my case it might be a little different, because I was 28 years old when I turned pro. I had been working for eight years. I don't think that it makes any difference how long you play, you are never prepared for it when it is over. I know in my own case that I have worked at many jobs over the years in the summers, but now because of the labor crisis, none of these jobs are available. But I also realize how fortunate that I have been just to have been able to have played in the NHL. If there is any way I can help the foundation, please let me know.

Age 31

I retired as an active player prior to the 81-82 season. As we all know, the economic climate wasn't very good and career oriented opportunities were scarce. I decided to take a real estate course in October. Many of my friends were in the real estate business and seemed to enjoy it. I thought that I would too. However, after three futile months, I felt I was wasting my time and energies in a career I probably wouldn't enjoy doing for the rest of my life. The next decision to make was to determine what I wanted to do and how do I achieve this goal. The goal that I set for myself was to secure a Masters degree in physical education which will allow me to lecture and coach university hockey. This requires family sacrifices for the next three or four years, but I'm sure that it will be worth it.

Age 32

I feel that a number of players would like to continue on in a hockey related career, but because of not being in the right place at the right time, or not having the correct contacts, their paths are closed.

In addition, many players that I played with got wealthy very young and did not have proper guidance with their new-found wealth. I suggest that some sort of guidelines be presented to young players to give them some idea of all the ins and outs of their windfalls.

Regarding work experience programs, I feel this could be very beneficial to all. In some of my travels and play in Portland, Oregon (WHL) I discovered that many players that had played there remained there year round and after finishing their careers, because there was some work sponsorship provided by the owner of the team. It is very important for a player to be prepared for the end of his hockey career because it can end at any time. Besides that, many of those who don't work in the summer tend to become lazy and frivolous because they can afford to have a good time. It's very easy to get used to having the money there while they're playing.

Age 28

When your hockey career comes to an end I think it is a great shock, and a big adjustment has to be made for the player involved no matter how much preparation he had made during his playing career. Your foundation is a great idea.

Age 41

I honestly feel that the service which you are trying to incorporate is long overdue. I know that from my own standpoint with the amount of free time which I had during the season, I would have liked nothing better than to have been able to better prepare myself for retirement. Both from an educational as well as a guidance programme, I feel more inroads can be made. Since resigning in 1971 as an official, this is the first piece of correspondence which I have received in regards to anything of this nature, and have found it very gratifying. I would appreciate it if you would forward further information in regard to the Foundation's programs.

Age 34

If I had it to do over again, I would do things differently. I feel that at the time of entering pro hockey I was too immature and easily swayed by the pro sports syndrome to keep my life in perspective. For example, I was considering a hockey scholarship in the US but I was virtually impressed and subtly compelled by the NY Ranger General Manager to abandon that course and stay with Jr. A and turn pro as quickly as possible. I definitely needed objective advice which wasn't available at that time.

Also, while playing pro hockey I negligently failed to pursue a secondary career which was a mistake on my part. I definitely would have welcomed advice from other retired players or professional assistance in post career planning. One of the most sane comments I have heard about a pro sports career was made by Jim Finks, Manager of the Chicago Bears. Basically, he said that they instill in all their new players that pro football is not a career, but only a stage in their lives now (four years being the average career longevity).

I believe planning is extremely important for a successful career. A young aspiring athlete should know what his options are and be encouraged to think ahead.

Age 47

I retired from hockey at 29 to go to work in an automobile agency. I quit early because I was afraid if I played till I was 35 or so I would have trouble finding a position.

When I was playing I was always looking for a position with a company where I could gain experience every summer with the idea of joining them on a permanent basis when retired. I was unable to find a company interested in this arrangement. They did not have any need for somebody for a few months in the summer. As mentioned earlier, it was a nerve wracking decision to retire and go to work for a friend who owned a GM dealership. At the time, it was quite a financial sacrifice. I never dreamt at the time that I might someday have my own agency. After gaining experience for five years, I decided to purchase my own dealership with mostly borrowed funds. I now employ 60 people and have annual sales of approximately \$15,000,000, so it can be done.

Age 37

The biggest adjustment was the transition period from playing hockey (large salary and a great deal of free time) to an opportunity in the business world (a structured environment and usually much lower wage base). This transition is to me the most difficult adjustment I've ever encountered, even though I have a college degree. The transition for me was to be self-employed as a teaching pro in tennis for a period of four years, to finally a very structured job in a large corporation. Luckily, I did not have any other obstacles to make this transition any harder.

Also, many personnel managers see ex-pro athletes as carefree individuals that they do not want to hire.

Age 44

Found it very hard to adapt to business world, from lack of training and experience. Did not expect business world to be as harsh towards athletes. As long as playing, they are interested in the person. Once retired, business community has not much use for individuals. Yours truly,
Say Hi to Phil. Interested in helping if services needed.

Age 37

Getting the commitment from young hockey players will prove difficult. A program may prove successful if the player had to make a financial investment. If I can be of any assistance contact:

Age 31

Sounds like a beneficial program. Hope the players of today will take advantage of it.

Age 49

I found out that my biggest problem after retiring was giving a total commitment of 50 weeks a year to my employer. Also the problem of free time that I was used to, suddenly becoming two weeks holidays per year.

Age 54

Probably you've heard this many times, but when I was active, just never thought about retirement. Didn't realize it would come so soon. One day you wake up and realize you can't skate as well anymore and the time has come. I'm not as bad off as a lot of players, but I know now, if I had prepared and had some kind of guidance, it sure would have been easier.

Age 33

I think this is a very wise program. I think the biggest problem with hockey players or any athlete is not knowing what one really wants to do when our career ends. In our playing days we get caught up in our own little environment and forget there is another world outside of hockey. If I would have known what I really wanted to do about eight years before I retired from the game, the transition would have gone more smoothly. If players can be helped in making that decision early in their careers, then they can set goals for themselves. After that, it is simply by their own desires and motivation to get there. Basically, if you don't know where you are going you can't get there.

Age 34

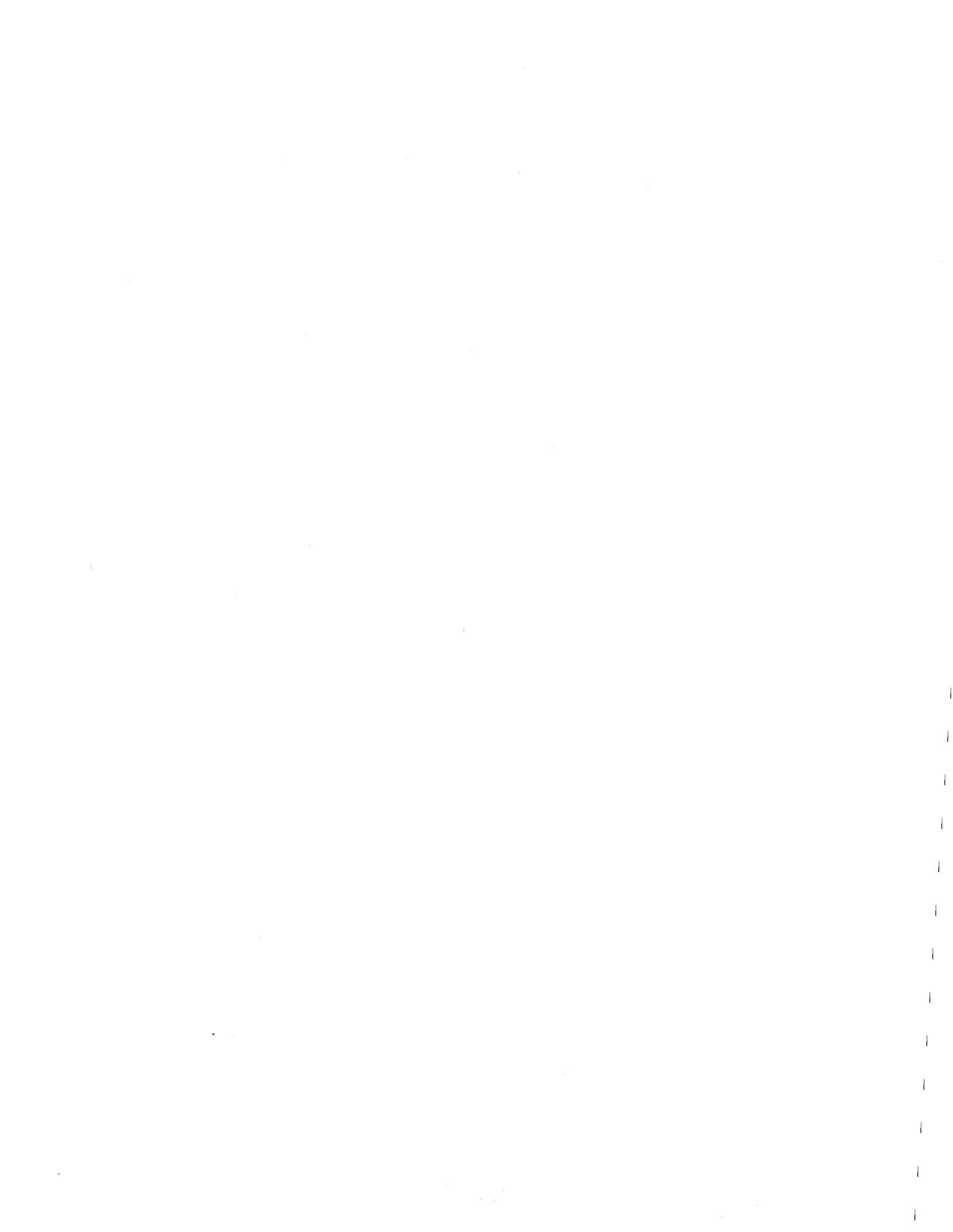
Congratulations to you people, as your foundation is a much needed service and a positive step.

Readjusting to the "real world" was not a great problem for me, but for some very good friends of mine it was a very traumatic experience that I believe could have been averted or at least softened. I say the "real world" not only because it is true but I've been out of hockey for five years now and it seems as though it never happened.

The problem of athletes readjusting is going to become more serious in the near future, for a number of reasons. Today a hockey career is considerably shorter than the recent past, and with the confrontation of adjusting at a much younger age the reality of the situation will be staggering. When a player retired at the age of 35, after playing pro for 10 or 12 years he is perceived to have had a fairly successful hockey career. Players retiring today at such a tender age have a degree of a stigma of failure attached whether real or imagined and dealing with that problem is something in itself.

This entire post-athletic career problem that you are addressing is compounded in pro hockey as opposed to other pro sports, and unless dealt with, it will become much more serious. There are teams in the N.H.L. with as many as 95% of their team under the age of 28. Baseball, basketball and football players cannot be drafted until their graduation year in college and teams are dealing with more mature individuals from day one of the pro careers.

Post Career Planning is excellent, but I believe N.H.L. teams require some type of in-house guidance in many aspects for their players. There are teams in the N.H.L. today where the so called leaders or role models are 25 years of age and this situation is not fair to all involved. Where you look at the situation very bluntly, you have 18 to 22 year old boys without a college education (in most cases) earning a considerable amount of money in an "unreal world". I know because I've been in it. Someone has an obligation to explain to these boys that this is a temporary situation, and this is what you should be doing about it. Good luck with the foundation and you have my support.



PROGRAM RECOMMENDATIONS TO NCAA MEMBER INSTITUTIONS
FROM THE NCAA DRUG EDUCATION COMMITTEE

Data from a recent pilot study of drug use by student-athletes conducted by the NCAA Drug Education Committee, and from other sources in the scientific literature, indicate that while the use of drugs such as heroin, LSD or the smoking of cigarettes is not a major problem among student-athletes, the use of alcohol has become by far the predominant drug problem within this group. The committee also is concerned particularly about the use of marijuana and the recent increase in the use of smokeless (chewing) tobacco. Results from the committee's pilot study also indicate that student-athletes would like more guidance in this area from their athletic departments and their coaches.

Therefore, the NCAA Drug Education Committee strongly urges athletic departments at all member institutions to implement the following minimal elements of a drug education program for their student-athletes:

1. Schedule at the beginning of each school year a course of drug and alcohol awareness for all men and women athletes. Rather than trying to develop their own programs, it is suggested that each institution utilize the resources and expertise already available in most communities. These programs should be aimed particularly at the new student-athlete and should emphasize the deleterious effects of drugs on athletic performance as well as on other aspects of life. If possible, a former athlete who has had a drug problem should be used for maximum impact. It also is suggested that a minimum of three sessions be scheduled: one dealing with alcohol; a second with other drugs; and a third with the legal aspects of drug use, and any other problems reasonably unique to the student-athlete that the institution might wish to cover (e.g., gambling).
2. Each member institution should develop and have in place a plan for treatment of student-athletes with drug or alcohol-related problems. Such plans should utilize treatment centers and programs available in the local community, and should emphasize rehabilitation rather than punishment. It is obviously more prudent to have such a plan in place before rather than after a problem develops.
3. Coaches should become more aware of potential drug-related problems in student-athletes, and specifically should be an available source of support if a student-athlete does develop a drug or alcohol-related problem.
4. In relation to recommendation #3, the athletic department at each member institution should schedule training sessions for all coaches, trainers and team physicians to present information on how to recognize and handle drug and alcohol-related problems.

The NCAA Drug Education Committee is developing a list of available written materials and videotapes for distribution to member institutions to provide help in implementing the above recommendations.

The National Collegiate Athletic Association
Mission, Kansas EDZ:pjb April 16, 1982

Guidelines issued for institutions planning drug testing of athletes

Member institutions considering drug screening of its student-athletes now have a plan to follow. The NCAA Council has approved the following set of suggested guidelines for institutions contemplating such action.

The guidelines were developed after the NCAA Drug Education Committee began receiving questions from member institutions about how to proceed in local drug screening. More information is available from Eric D. Zemper, research coordinator, at the NCAA national office.

Suggested guidelines for drug screening are:

1. A member institution considering drug screening of student-athletes should involve the institution's legal counsel at an early stage, particularly in regard to right-to-privacy statutes, which may vary from one state and locale to another. With the use of proper safeguards such as those listed below, drug screening is considered legally acceptable; however, the legal aspects involved at each individual institution should be clarified.

2. Before initiating drug-screening activity, a specific written policy on drug screening should be developed, distributed and publicized. The policy should include such information as: (a) a clear explanation of the purposes of the drug-screening program; (b) who will be screened and by what methods; (c) the drugs to be screened, how often and under what conditions (i.e., announced, unannounced or both), and (d) the actions, if any, to be taken against those who test positive. (It is advisable that a copy of such a policy statement be given

to all student-athletes entering the institution's intercollegiate athletic program and have them confirm in writing that they have received and read the policy.)

3. At many institutions, student-athletes sign waiver forms regarding athletics department access to academic and medical records. It is recommended that specific language be added to such waiver forms wherein the student-athlete agrees to submit to drug screening at the request of the institution in accordance with the published guidelines.

4. An institution considering drug screening should develop a list of drugs for which the student-athlete will be tested. The Drug Education Committee recommends the following categories as a minimum group of drugs for this purpose:

- a. amphetamines;
- b. anabolic steroids (including testosterone and epitestosterone), and
- c. "street drugs" (e.g., marijuana, cocaine, LSD, PCP, quaaludes, heroin).

Alcohol, although by far the most commonly used and abused drug by student-athletes, is not included in this list primarily because it is cleared from the body quite rapidly. Therefore, testing for alcohol generally would be futile; however, if unannounced tests are part of an institution's screening policy, alcohol should be included.

5. Any institution considering drug screening of student-athletes must confront several logistical, technical and economic questions. Among them are:

- a. When and how samples will be collected, secured and transported.
- b. What laboratory should be used.
- c. How samples will be stored, and for how long before analysis.
- d. What methods of screening should be utilized in the laboratory.
- e. What costs are involved.
- f. How accurate are the tests. What are the false-positive and false-negative rates. (These will vary from one

type of test to another and from one laboratory to another.)

g. How will false-positives be confirmed and handled.

h. Who will get the results and how will the results be used.

Many of these issues cannot be dealt with at this time because answers will vary from one institution to another. The NCAA Drug Education Committee recommends that each institution considering drug screening of student-athletes appoint a committee of representatives from various relevant academic departments and disciplines (e.g., biochemistry, chemistry, medicine) to deal with the issues.

The question of where the samples will be analyzed is critical. No matter where the analyses are done, data on false-positives and false-negative rates for the specific tests to be used should be provided. If the laboratory cannot provide such information, another laboratory should be considered.

Costs obviously will be a factor in deciding where analyses will be done, how many tests will be conducted and how often they will be done. The cost of a test is not necessarily directly proportional to its accuracy, which is critical. Institutional committee members familiar with the equipment and analysis procedures can be invaluable in this regard.

How the results of drug screening will be handled should be specified before any screening program is begun. Of particular importance is the question of how any student-athlete with a positive test will be handled. Again, it is recommended that specific written policies be formulated. Member institutions are referred to the Drug Education Committee's recommendations concerning drug education and treatment programs that were published in the June 16, 1982, edition of *The NCAA News*. Such programs should emphasize rehabilitation rather than punishment.

DRUGS, THE COACH AND THE ATHLETE

NCAA Resolution on Drug Misuse and Abuse

A resolution which condemns the use of non-therapeutic drugs by any of its member institutions was passed unanimously by the delegates to the NCAA's 65th Convention in Houston in January 1971. The resolution:

Whereas, non-therapeutic drug usage described as doping is reported to be on the increase in the general college and youth populations; and

Whereas, the NCAA always has been opposed to non-therapeutic drug usage by student-athletes;

Now, Therefore, Be It Resolved, that the NCAA affirms its unequivocal condemnation of the employment of non-therapeutic drugs in any of its member institutions or affiliated organizations, by staff members who authorize or allow their student-athletes to use such drugs and by student-athletes who do use such drugs;

Be It Further Resolved that all member institutions, their athletic staffs, and their student-athletes aggressively assert their wholesome influences in combating usage of non-therapeutic drugs among the nation's youth;

Be It Finally Resolved, that staff members or student-athletes who use drugs in a non-therapeutic manner in any athletic program are in violation of the principles of ethical conduct of the NCAA.

Adopted at NCAA Convention in January 1971.

The Drug Education Committee of the National Collegiate Athletic Association has produced this pamphlet to bring to coaches and athletes the latest and best information available on the problem of drugs in sports and in our society.

Why a Drug Pamphlet for Coaches?

Dear Coach:

The information in this pamphlet is written for coaches who work with male and female athletes. The opinions and conclusions reached are based on the documented findings of leading researchers.

As a coach, you should arm yourself with as much information on the drug problem as possible. We want you to be able to communicate with your athletes about this problem. Understanding and respect is the basis of all education. To recognize the symptoms of drug usage, one must know the telltale signs and realize someone is in trouble.

What is the latest scientific evidence regarding the effects of drugs on athletic performance? Further, how do you handle these problems? To whom do you talk? In whom should you confide? How do you react -- do you kick the athlete off the squad, or is that the worst thing you can do? This pamphlet should help provide answers to these questions.

NCAA Drug Education Committee

Carl S. Blyth, Ph.D., Chair
University of North Carolina, Chapel Hill

Robert J. Murphy, M.D.
Ohio State University

Naomi Schaub, M.D.
Tulane University

Gerald Sherman, Ph.D.
University of Toledo

Matthew Skalla
Wesleyan University

Eric D. Zemper, Ph.D.
NCAA

Why Drug Education?

A major concern in contemporary society involves the problems associated with the misuse and abuse of drugs and medicines. This misuse exists in all segments of society and among all age groups. The problems associated with inappropriate drug use are complex in nature! Therefore, to aid in understanding these problems, the appropriate use of drugs deserves to be incorporated to a greater degree into the basic education of the general public.

The Athlete

Athletes command a unique position in American society, and in societies throughout the world. Many view the athlete as a gladiator, a hero, an individual who attains the most that he can, and as an individual who achieves near perfection. The public not only expects these attributes in athletes, but has come to demand that the athlete achieve a near perfect performance each and every performance. In order to achieve these high standards, and thereby maintain public favor, the athlete must maintain peak alertness, responsiveness, efficiency and coordination. Analogous to a well tuned engine of a racing car, the athlete must maintain a "well tuned body" which is capable of "high performance" and being pushed to and frequently exceeding the limits of endurance. At times, some athletes turn to the use of drugs and medicines purported to maintain his or her body in a "state of high performance." As indicated in later sections of this booklet, no drugs have been shown by well-designed scientific studies to be capable of consistently improving athletic performance. However, certain drugs are capable of impairing judgement and physical capacity, which diminishes individual as well as team performance in the execution of activities requiring the skill demanded in athletics events.

A small segment of the athlete population has resorted to the use of drugs (e.g., the anabolic steroids and amphetamines) purported to improve physical performance. The decision to use drugs to improve physical performance, for the most part, has not been based on sound information and could have dire consequences for individuals using these drugs.

The athlete is expected to be a loyal citizen, a credit to his or her team, school, university or city, and a role model for our youth. The athlete lives in a "fish bowl" and has a public responsibility, particularly to the young. However, most athletes are not prepared to cope with the public notoriety and success frequently and at times swiftly bestowed upon them. As a result of the extreme devotion to the training necessary for attaining the required skills demanded of athletes, less "available" time presents itself for extended interaction with general society. The failure of individuals to cope with life situations very frequently leads to the abuse of drugs and alcohol in an attempt to escape the existence of problem situations. The ethics of sport also need to be emphasized, particularly the fact that taking drugs to improve performance is cheating. People need to be educated that the important thing in sport is to compete honorably; to win at all costs is a contradiction of the meaning of sport. The athlete should not carry all the blame for the situation. Coaches, trainers and the medical profession need to share some of this burden, as well as the general public, for expecting and demanding a winning effort every time.

In summary, society has placed a number of demands upon the athlete but has failed to provide adequate opportunity for most athletes to acquire the skills necessary for assuming the role society has identified for the athlete. If one believes that athletes and the general public will make sound judgements most of the time when provided with the necessary background information, the approach to educating athletes about drug effects, appropriate drug use and coping skills is practical and could have beneficial consequences for society.

Drugs, Athletics And Society

"There are no specific drug problems especially unique to sports, but there are genuine drug problems in our society. (1) Some take drugs in an attempt to improve performance. (2) Some take drugs in an attempt to cope with the grind. (3) Some injudiciously use or are subjected to injudicious use of clinical drugs during treatment for disease or injury. (4) Some take drugs for recreational purposes either by will or by peer influence. (5) Some possess drugs for illegal sale or distribution. All these different types of problems warrant attention, but on an individual basis." Dr. Kenneth Clarke, director of the sports medicine division of the U.S. Olympic Training Center, stated the above in an article which focused attention on the fact that society has drug problems and athletes are a part of society.

"Hope always springs eternally that someone will find something that will make the weak stronger, the slow faster and the dull brighter. There's one overriding fact that I think should be continually reemphasized: To our knowledge, a normal, well-fed human being can never be safely improved upon by any drug."

Dr. Donald L. Cooper

Olympic Team Physician -- Mexico City 1968

Team Physician, Oklahoma State University

The Coach

Whether you are conscious of it or not, a coach has a great influence on athletes in their development of many personal and social attitudes and habits, including their attitude toward drugs. Every coach has the opportunity and the responsibility to help young athletes develop responsible attitudes and habits. The attitudes and habits of the coach usually carry at least as much influence as what is said to the athletes.

Coaches must take their counselor role seriously and not give tacit approval to dabbling in drugs by turning their backs on the problem. Research has demonstrated that the attitude of coaches concerning health and safety matters is a strong influence on the attitudes of their athletes -- and coaches should use this influence. Drug use should be approached frankly, honestly, relying on the personal discipline that is asked for in coaches' counseling on tobacco, alcohol, sportsmanship and other such practices during young athletes' formative years.

If you notice a young person manifesting changes in behavior and personality, especially secretiveness, you may suspect problems in the drug area. It is best to approach him or her directly as a concerned person, along with a team member and/or a roommate. You should be **more interested in the athlete as a person** and less interested in the particular drug or chemical he or she may be abusing. It is difficult, but important to confront the athlete privately and directly as to your concern and ask the athlete to talk about his or her problems. It probably is better to go to the person involved first and tell them, before you go to the parents or any authorities. The latter may be the only avenue to follow in some cases, but the person should be told what you plan to do.

DRUGS AND THEIR EFFECTS

The following section contains information on various drugs and their effects on the individual. Presented first are commonly used ("socially acceptable") drugs, followed by two categories of drugs used for the purpose of enhancing athletic performance (amphetamines and anabolic steroids) and, finally, the street drugs are covered.



The "SOCIALY ACCEPTABLE" Drugs

Caffeine

Caffeine is one of the oldest stimulants known. It is a common ingredient in many of our beverages (e.g., coffee, tea, soft drinks) and drug products.

Table 1. Content of Caffeine in Selected Beverages and Drug Products

<u>Beverages</u>	<u>Caffeine Content per usual dose (5 oz. serving or single tablet)</u>
Coffee:	
Brewed	100-150 mg
Instant	80-100 mg
Decaffeinated	2-4 mg
Tea	30-75 mg
Cocoa	10 mg
Soft Drinks:	
Coca-Cola	34 mg/12 oz.
Pepsi-Cola	37 mg/12 oz.
Tab	44 mg/12 oz.
Mountain Dew	52 mg/12oz.
7-Up	0 mg/12oz.
Mello yellow	51 mg/12 oz.
<u>Drugs</u>	
Anacin	32.5 mg
Excedrin	65 mg
Nodoz	100 mg
Vivarin	200 mg
Dexatrim	200 mg
Prolamine	280 mg

The central nervous system is stimulated by the amount of caffeine (approx. 200 mg) contained in two cups of fresh brewed coffee. Higher doses (approx. 500 mg) are needed to increase heart rate, respiration, and basic metabolic rate. Irregular heart beats (arrhythmias) may be encountered in "caffeine sensitive" individuals ingesting these large doses. Caffeine in moderate doses is capable of elevating the release of adrenaline and free fatty acids; however, the consequences of these effects remain to be explored. There is some evidence suggesting that caffeine in doses of 300 mg will reduce boredom, increase attention span and mental alertness as well as decrease fatigue.

Caffeine ingested in moderate amounts does not appear to be very toxic according to current knowledge; however, large single doses (approx. 1000 mg) can produce seizures. Dependence on caffeine generally develops in habitual users with headache being the most common symptom of withdrawal. Interest has recently developed concerning the possible harmful effects of long-term use of moderate to large doses of caffeine. Several of these concerns are centered on the questions of mutagenic effect (i.e., safety in pregnancy because of potential birth defects) and the potential relationship of caffeine use to heart attacks. However, further studies are necessary to confirm these potential associations. Inflammation of fibromuscular tissue (fibromyositis) along with its associated aches and pains is common among athletes, and caffeine is known to aggravate this condition. Fibrocystic disease in the female breast can also be aggravated by the use of caffeine.

In spite of the public perception of the low toxicity of caffeine, further studies are needed to explore the potential for harmful effects of caffeine when consumed over long periods of time at the elevated amount currently ingested by people in our society.

Tobacco (including chewing tobacco and snuff)

Nicotine is a poisonous alkaloid found only in tobacco and, in its pure state, is one of the most toxic of all poisons. It is found in all parts of the tobacco plant, but especially in the leaves. The nicotine from tobacco that is smoked is absorbed through the lung membrane. The nicotine in smokeless or chewing tobacco is absorbed through the mucosa of the oral cavity, and from the stomach and intestines once the juices are swallowed. Expectoration (spitting) of the juices does not significantly reduce the amount of nicotine absorbed, and therefore does not make the user immune from the harmful effects of nicotine. Snuff is absorbed through the mucosa of either the oral or the nasal cavity.

Several findings on tobacco consumption from the NCAA Drug Education Committee's recent pilot study on drug usage among athletes deserve some comment at this time. First, the use of cigarettes is less than two percent in over 1,140 respondents. Second, twenty percent of the study population used smokeless tobacco (snuff - chewing tobacco) on a regular basis. And third, thirty-five percent of the coaches, trainers and doctors indicated that they thought smokeless tobacco was not harmful, while three percent indicated they felt that smokeless tobacco improved athletic performance.

The mistaken opinion that smokeless tobacco is harmless needs to be addressed by the athletic community. Nicotine is a habit-forming drug, and as such the nicotine habit is difficult to break. Constituents of tobacco, such as nicotine and tars, have been associated with health

risks such as cancer, cardiovascular and respiratory diseases. It has been reported that the exceptionally high mortality rates from oral and pharyngeal cancer in white women from the South is unequivocally due to the chronic use of snuff. It has been further demonstrated that in chronic users of smokeless tobacco the risk approaches 50 times the normal risk for cancers of the gums and mouth.

The recent increase in the consumption of smokeless tobacco has subsequently been reported by the Surgeon General. It is imperative that the athletic community become involved in the education process and recognize the risks associated with the use of nicotine. Health professionals should become aware of the dangers of smokeless tobacco; its use should be discouraged among our nation's athletes.

Alcohol

Alcohol, including beer and wine, is the most commonly abused drug in the country today. Yet it remains the most difficult to do much about because of the universality of its acceptance in our society. By any measure it is the number one drug problem, but most people would rather not try to face it or deal with it. The pressure to use alcohol at almost all levels of society has become so powerful that even the widely known scientific knowledge of its persistent toxicity to humans is ignored and sublimated.

Effects

Alcohol depresses the central nervous system like barbiturates and other downers. The exact mechanism responsible for the effect of alcohol remains elusive, but current evidence indicates a nonspecific effect on cell membranes. The effect of alcohol on the central nervous system is directly related to the concentration of alcohol in the blood. It is this fact that allows us to equate central nervous system effects with the amount of alcohol measured in the blood. The blood concentrations of alcohol are usually reported as milligram percent (milligrams of alcohol per 100cc of blood) or just a percent alcohol (grams of alcohol per 100cc of blood). For example, in most states blood alcohol intoxication concentrations are considered to be 100 mg% or 0.1%. Frequently, for convenience, breath alcohol concentrations are measured to determine intoxication levels.

The relationship between blood alcohol concentration and the amount of alcohol ingested is complex, but it is well documented. Alcohol can be absorbed unchanged from the stomach and small intestine. The

overall rate of alcohol absorption from an empty stomach depends upon its concentration. However, alcohol taken with or after a meal is absorbed more slowly. The protein in the food retains the alcohol in the stomach where it is absorbed more slowly than from the small intestine. Carbonation speeds up absorption of alcohol, and it is for this reason that champagne and sparkling burgundy have a faster onset of effect than wine. Alcohol is rather unique in its pattern of being inactivated in the body and, as a consequence, it is possible to estimate the amount of alcohol that can be consumed in a given time period (per hour) without being intoxicated. Similarly, body size is also a determining factor on the amount of alcohol which can be consumed without becoming intoxicated. In general, a large individual can consume greater amount than a smaller individual before becoming intoxicated.

One of the better known metabolic effects of alcohol involves the accumulation of fat (lipids) in the liver, resulting in degeneration of liver cells and the condition known as cirrhosis. While these metabolic effects of alcohol have been well documented, it remains unclear as to the quantities of alcohol needed to be consumed before these effects manifest themselves.

For the female, a contemporary concern is the possible effects of drugs on fetal development. It is interesting to note that several drugs and additives have been banned for sale in the United States because of their reported effects on fetal development! However, little mention has been made of the accumulation of evidence that the consumption of alcohol may be associated with fetal irregularities. The fetal changes associated with alcohol consumption may result in a unique

group of alterations termed "fetal alcohol syndrome". As little as several ounces of alcohol consumed by a pregnant women some time during the critical second and third months of fetal development could lead to the appearance of any of the following characteristic features of this syndrome in a newborn baby: narrow palpebral fissures (eye slits), depressed growth rate, low IQ (81-88), six fingers, reduced head size, congenital kidney and heart malformation, or cleft palate. Evidence in support of the "fetal alcohol syndrome" is being well documented, and the best recommendation that could be made to a woman planning a family or who suspects that she is pregnant is to avoid drinking alcoholic beverages.

Undesirable Effects in Sports

The effects of alcohol on metabolic pathways of protein, lipid and sugar in the body have been the subject of many studies. Alcohol can be detrimental to the maintenance of normal health, as well as being detrimental to physical conditioning programs. Alcohol may reduce the synthesis of protein in the brain (possibly affecting memory) and other areas of the body (e.g., muscle). In addition, consumption of alcohol inhibits functions of skeletal muscle, resulting in muscle weakness, particularly in the extremities. This alcohol induced muscle weakness may linger for several months following abstinence. The synthesis of glucose in the body is also inhibited by alcohol. This reduced synthesis of glucose forces the utilization of liver stores of glycogen, which are ultimately depleted, resulting in hypoglycemia (low blood sugar).

Summary

Alcohol is clearly our most common drug of abuse, as well as our most widely used tranquilizer. The harmful psychological and physical effects of alcohol have been well documented. However, alcohol has achieved such a status in our society that, in spite of the known harmful effects it produces, little talk is made of eliminating its use.

Alcohol is not recommended by those coaching and supervising athletes because the physiological disturbances caused by drinking are sufficiently long-lasting to interfere with training, conditioning, coordination, stamina and performance.

DRUGS USED FOR THEIR PURPORTED INFLUENCE ON ATHLETIC PERFORMANCE

Amphetamines

Glossary

<u>Common Name</u>	<u>Brand Name</u>
Amphetamine	Benzedrine
Dextroamphetamine	Dexedrine
Methamphetamine	Desoxyn

Some street names: pep pills, uppers, bennies, dexies, speed.

The amphetamines were introduced into sports following World War II. Pharmacologically, amphetamines belong to the category of drugs known as "central nervous system" stimulants. In general, the brain is "alerted" or more attuned to receiving sensory information following ingestion of amphetamines. However, confusion and panic reactions occur with frequency, since the brain has difficulty in screening out irrelevant signals or information. The basis for the central nervous system effects is no doubt biochemical, through the ability of amphetamines to influence the activity of certain neurohormones within the brain. The recognized therapeutic uses of amphetamines include the management of sleep disorders (narcolepsy), short term appetite suppression and the management of hyperactive children. A number of untoward effects accompany the use of the amphetamines, including: high blood pressure, an increase in heart rate, development of paranoid psychosis, and post-drug depression.

Use in Athletics

The anticipated effects of amphetamines by athletes include prevention or delay of fatigue, masking of pain, increased self-confidence and increased aggressiveness, all supposedly culminating in an enhancement of athletic performance. The achievement of these goals with amphetamines has been the subject of many studies with the results and conclusions being inconclusive and controversial. Most of the well-designed studies show that while the user feels more aggressive and perceives a positive effect from the drug, critical evaluation of his performance tends to show a decrease in performance.

The negative aspects of amphetamine use by athletes are well documented.

The detrimental effects include:

- masking of pain which can lead to increased risk of sustaining serious injuries;
- masking of the signs of fatigue which can lead to heat exhaustion and circulatory collapse;
- development of acute psychoses
- a rise in body temperature which can lead to heat stroke in warm weather.

Anabolic-Androgenic Steroids

In the 1930's it was reported that testosterone had an "anabolic" action in laboratory animals, causing nitrogen to be retained and body protein, including muscle, to be built up. The term "anabolic" implies that the substance under consideration is being synthesized and stored. The general athletic world came to hear of the "possibilities" of anabolic steroids in the early 1960's. The story was that the drugs had first become available to the weightlifting and body building fraternity in the 1950's and that the knowledge and use had gradually spread into the athletic throwing events, since the throwers spend much of their training time in the weight room. (It should be emphasized that the steroids being discussed here are anabolic steroids, not the corticosteroids often used by physicians to reduce tissue swelling or inflammation. Anabolic steroids and corticosteroids are completely different types of compounds with different actions in the body.)

In athletics, objective evidence of the efficacy and safety of the "anabolics" is sparse and contradictory, and there appears to be a considerable placebo effect. It is not likely that many approved studies involving the use of high doses of the "steroids" in athletes will be undertaken, primarily based on ethical considerations. Some athletes have been reported to ingest 5 to 15 times the therapeutic anabolic steroid dosage. The dangers and side effects inherent in the therapeutic use of the "anabolics" are well documented in the scientific literature. A brief summary of some of these adverse effects of "steroid" therapy includes: enlargement of the prostate gland, loss of libido, testicular atrophy resulting in sterility, and weight gain caused by fluid retention and associated elevation in blood pressure. In prepubertal males,

another adverse effect of anabolic steroid use is premature closure of the epiphyseal plates (growth areas) in long bones. This means that a person who takes anabolic steroids while still growing will quite likely not grow to the full height they would have attained if they had not started taking anabolic steroids. Other less serious effects of the misuse of anabolic steroids are: loss of hair, acne, nose bleed, and stomach disorder. Liver disorders are the most serious and most frequent disorders resulting from "steroid" therapy. The most serious liver disorder associated with normal anabolic steroid therapy is cancer. The potential accelerated development of atherosclerosis which leads to heart disease, stroke and peripheral vascular disease may be anticipated with chronic use of these drugs because of disturbances in carbohydrate and lipid metabolism. It should be mentioned that many of these adverse side effects of anabolic steroid use result from normal therapeutic doses. It is unknown what will be the long-term effects of the massive doses taken by athletes. Some of the side effects may take 20 to 30 years to become apparent.

Studies on the effect of anabolic steroid therapy upon females is sparse. Based upon the evidence available, however, it is strongly recommended that anabolic steroids not be taken by prepubertal females. Reports in the scientific literature describe several undesirable side effects occurring from anabolic steroid therapy on human females, such as masculinization, excessive hair and disruption of normal growth patterns. Most of these side effects are irreversible.

As mentioned earlier, there is apparently a large "placebo" effect associated with the use of anabolic steroids by athletes. Those who

decide to use steroids expect to increase muscle mass and strength, and tend to train a little harder in anticipation of this result. Many researchers feel that most, if not all, of any resulting increase in muscle mass and strength is due to the increased training rather than the anabolic steroids. Yet it is hard to convince the athletes, the coaches, and even some physicians of this because they are so certain it is the anabolic steroids causing the changes. Their arguments are bolstered by many "personal testimonials" passed along in the weight room, and even by a few studies found in scientific journals. Unfortunately, careful analysis of the studies showing positive effects of anabolic steroid use indicate many of them are not well-designed or well-controlled. Most of the arguments in favor of anabolic steroid use boil down to anecdotal evidence or poorly designed studies. Any researcher will tell you that this is a poor basis for making such decisions as whether or not to use anabolic steroids. The problem of eliminating the use of anabolic steroids by athletes is particularly difficult because of the popular perception that an athlete has to take steroids in order to "compete with those who do." A coach or any other person who pushes an athlete to use anabolic steroids for this reason is only perpetuating the myth. It is possible to compete successfully without using steroids. A good example is Randy Matson, one of the great shot putters and discus throwers in the history of track and field. He tried anabolic-androgenic steroids back in 1964 and 1965.

" I didn't see any improvement when I took the steroids," Matson said. "I didn't gain any weight, and I didn't throw any farther with them so I stopped using them at that time."

Two years later, after hard work, demanding training and persistent practice without drugs, he set a world shot put record of 71-5½, a distance very few have surpassed even today.

Seeking to improve their athletic performance, athletes have experimented with an endless variety of drugs. Based on scientific evidence, however, it is very difficult to find anyone who safely has been improved. Natural production in our bodies of the four major and many minor steroid hormones is interdependent and delicately balanced, and is crucial to physical and mental health. No supplementation of these natural levels can be made without disturbing the production of all these hormones and causing many harmful secondary effects.

In summary, in spite of reports that steroids increase muscle mass and definition, the potential adverse effects appear to clearly outweigh any potential benefit which may be derived from use of these drugs. The only objectively proven way to increase muscle fiber mass and strength is through work overload. That means the best (and certainly the safest) method is the basic approach of good nutrition and a good weightlifting program.

Glossary

Some Commonly Available Anabolic Steroids

<u>Common Name</u>	<u>Brand Name</u>
Oxymetholone	Adroyd; Anadrol
Methandrostenolone	Dianabol
Oxandrolone	Anavar

Ethylestrenol

Maxibolin

Stanozolol

Winstrol

Nadrolone

Durabolin



OTHER DRUGS ("STREET DRUGS")

The drugs discussed in this section are illegal, and in most areas possession or use is a felony offense.

Marijuana (Hashish, Pot, Grass)

Marijuana is a preparation of leafy material from the Cannabis plant. The primary psychoactive agent, delta-9 tetrahydrocannabinol (THC), is highly concentrated in the resin of the plant. The amount of psychoactive agent appears to be related to environment and plant genetics. Hash or hashish is a concentrate of resin from the flowering tops of the plant which may be smoked or eaten.

The reported pharmacological effects of marijuana tend to vary depending on the source read. Typically, the effects include:

- hunger
- anxiety-panic reactions
- time disorientation
- euphoria
- sleepiness
- impaired motor coordination
- elevated heart rate and blood pressure
- reddened eyes

The overall pharmacological effects of marijuana have similarities to stimulants, sedatives and hallucinogenic agents. The responses exhibited depend on the dose of active ingredient (THC) and the route of ingestion. In large doses, marijuana is similar to hallucinogenics and in low doses the effects are similar to alcohol or other sedative agents.

Several potential medical uses have been proposed for marijuana, namely for the management of glaucoma and asthma, and to reduce nausea and vomiting associated with the use of anticancer chemotherapy. The medical use of marijuana for these conditions is difficult to justify, since we currently have agents at least as effective as marijuana for the management of these conditions.

The long-term consequences of marijuana use have not been clearly established; however, a number of causes for concern have been identified:

- The active ingredient THC accumulates in the body. A significant portion of the dose of THC and its metabolites can be found in the body one week after its ingestion.
- Chromosomal alterations have been observed.
- The immune system is suppressed.
- Short-term memory is impaired.
- carcinogenic potential (lung cancer from smoking)
- potential fetal abnormalities
- enlargement of male breasts

It may be difficult to be completely objective in formulating a position on marijuana use because one can select both pro- or antimarijuana findings from the scientific literature. However, those coaching and supervising athletes do not recommend it for use by athletes.

Cocaine

Cocaine, the active ingredient of the coca leaf, was isolated circa 1860. Sigmund Freud proposed the use of cocaine to cure morphine addiction and frequently commented on its use as a stimulant. Freud advocated the use of cocaine in his lectures until his frightening experience in managing cocaine psychosis in a friend who had used cocaine to cure his addiction to morphine.

Actions of Cocaine

The properties of cocaine as a local anesthetic were discovered soon after its isolation from coca leaves. The ability of cocaine to stimulate the CNS (central nervous system), once recognized, in part prompted the rapid spread of the use of this drug.

Cocaine is generally snorted nasally and rapidly produces a high which is indistinguishable from the high produced by amphetamine. However, the high from cocaine is of shorter duration and more intense.

The CNS stimulation, as well as a number of other effects of cocaine, results from the stimulation of the sympathetic nervous system. Some of the effects of cocaine include:

- elevated heart rate, blood pressure and body temperature
- euphoria
- irregular heart beats
- psychosis
- sensation of bugs crawling under the skin

Adverse Reactions

Reports within the last five to seven years indicate that many recreational users of cocaine do not have serious adverse effects to cocaine. However, in recent years there has been increasing evidence that even though it might not be physically addictive, cocaine can be psychologically addictive. An interesting note is that the average street dose of cocaine is 25 mg to 50 mg intranasally, whereas in several recent controlled research studies doses of approximately 100 mg intranasally were necessary to elicit observable behavioral effects. The most common adverse effect is fatigue and depression following the dissipation of the euphoria. Other reactions include: an acute anxiety reaction, elevation of heart rate and blood pressure, and paranoia. Less common reactions are hallucinations, delusions and cocaine psychosis, which is qualitatively similar to amphetamine psychosis but is shorter lived and more intense.

In high doses cocaine can cause death from cardiac or respiratory arrest. Deaths from opiates and cocaine in combination are generally more common than deaths from cocaine alone.

Long Term Effects

Cocaine ingested daily in reasonably large amounts can alter eating and sleeping habits, produce irritability and difficulty in concentration, and result in a serious psychological dependence. Individuals will frequently deplete their bank accounts buying cocaine. Cocaine does not produce a physical dependence resembling opiates or alcohol; however, sometimes mild withdrawal symptoms like anxiety and depression occur. There is growing evidence of psychological dependence. Percep-

tual disturbances, paranoid behavior and psychoses also occur in chronic users of cocaine. A runny or congested nose is common, and the nose may become inflamed or ulcerated.

A few drugs need to be mentioned briefly, not because of their use in athletics, but because of societal use.

Barbiturates and Methaqualone (Downers) (Reds, Ludes, Sopors)

Glossary

<u>Common Name</u>	<u>Brand Name</u>
Amobarbital	Amytal
Butabarbital	Butisol
Phenobarbital	Various
Pentobarbital	Nembutal
Secobarbital	Seconal
Methaqualone	Quaalude

The "downers" or central nervous system depressants are prescribed generally to relieve anxiety, restlessness or to induce sleep. The continual use and misuse of these drugs is attended by a number of adverse effects; e.g., respiratory depression, development of dependence and potential lethality. A particularly undesirable effect in regard to use of these drugs by athletes is the lingering sedation, associated with a reduction in performance for as long as 24 hours after drug administration.

Hallucinogens (Acid, PCP, Angel Dust)

LSD (d-lysergic acid diethylamide); PCP (Phencyclidine);
Peyote/Mescaline.

The 1960's were replete with studies and investigations into the use of the hallucinogenics. The use of hallucinogens appears to have peaked in the late 1960's and has continued to decline since then. The promise of new sensations, of potent aphrodisiac effects, of kinship with friendly peer groups spurred the spread of the use of these agents. A number of factors have contributed to the decline in use of the hallucinogens: increased incidence of bad trips, with irreversible brain damage occurring at times; reports of chromosome damage (with LSD); concern over the reports of flashbacks and other adverse effects; and the movement to the use of other types of drugs. The use of these drugs or chemicals is condemned by those coaching and supervising athletes, as well as by most segments of society.

Heroin

Heroin, a chemical modification of the morphine molecule, was placed on the market in 1898 as a "nonaddicting substitute" for codeine. The effects of heroin and morphine are identical except that heroin has a faster onset of effect and is more potent. The major effects include: pain relief, respiratory depression, and suppression of cough. Death due to overdosage with heroin usually results from respiratory paralysis. In recognition of its "high addiction" liability, heroin is an illegal drug in the U.S. The use of heroin is condemned by those coaching and supervising athletes.

NON-NARCOTIC SUBSTANCES USED IN ATHLETICS

DMSO (Dimethyl sulfoxide)

DMSO is an industrial solvent which has received considerable interest since the 1960's as a treatment for musculoskeletal injuries, among other things. It is remarkable for its rapid and almost complete absorption through the skin, and for the garlic-like taste and odor in the mouth within a few minutes after administration. It is applied as a gel or liquid to the site of injury. Most recent well-controlled studies have shown no demonstrable benefit from the use of this substance, and side effects from its use have been severe and frequent. These side effects include: localized skin rashes, nausea, headache, diarrhea, painful urination, disturbance of color vision, sensitivity to light and severe allergic reactions. In spite of the tremendous publicity this substance receives, at this time, it does not appear to have a place in sports medicine.

Summary of Drug Facts

<u>Drug</u>	<u>Pharmacologic Category</u>	<u>Reported Harmful Effects</u>
Alcohol	CNS Depressant	Neurological problems Gastrointestinal problems Liver toxicity Reduction in blood sugar Reduction in protein synthesis Dependence Birth defects
Amphetamines	CNS Stimulant (Upper)	Cardiovascular effects - elevation of heart rate - elevation of blood pressure Development of acute psychosis Masking fatigue which may lead to heat exhaustion Dependence
Anabolic Steroids	Hormonal Agents	Elevation of blood pressure Sterility Liver disorders Cardiovascular disorders
Barbiturates, Methaqualone	CNS Depressant (Downer)	Respiratory depression Dependence Seizures
Caffeine	CNS Stimulant	Cardiovascular problems Seizures Dependence Fibrous tissue problems
Cocaine	CNS Stimulant; Local Anesthetic	Cardiovascular problems - elevation blood pressure - elevation of heart rate Development of paranoia Nasal ulceration Dependence
Heroin	CNS Depressant (Narcotic)	Respiratory depression Dependence
LSD, PCP	Hallucinogen	"Bad trips" Brain damage Flashbacks
Marijuana	CNS Depressant; Hallucinogenic	Amotivational syndrome Dependence Harmful effects inconclusive - suppression of immune system - carcinogenicity - impairment of memory - chromosome alteration
Tobacco	Nicotine - stimulant Tars - carcinogens	Cardiovascular problems - elevation of blood pressure - elevation of heart rate Respiratory disorders Carcinogenicity Dependence

Recognition of the Drug User

The problem of recognition of the drug user is complicated. Changes in behavior patterns usually occur with regular use. Some of the changes are similar to the symptoms of severe personal or emotional problems. It is imperative to treat the person as an individual and to be aware that many of these symptoms can also be seen in problems of adjustment. The person who begins to show personality changes or who withdraws from usual activities may be suspect. It has been observed that the drug user frequently will miss classes, especially physical activity classes. He or she will begin to do work in the classroom that is below previous performance levels. Many young people lose their long-term goals and seem to show less ambition. A brief list of some of the things to look for includes:

- decrease in motivation
- change in personality and patterns of behavior
- decrease in performance both academic and physical
- impaired judgement
- isolation and/or association with other drug users
- sudden need for more money
- eyes bloodshot, watery, wide or narrow pupils (often wears dark glasses)
- displays emotional extremes (crying or laughing)
- resists authority
- disposition extremes (nervousness, restless, overactive or drowsy, incoherent speech)
- appetite extremes (craves sweets or no appetite, weight loss)
- paranoia, suspicious

What the Coach can do:

Some initial suggestions were presented in an earlier section ("The Coach" on Page No. ____).

If drug or alcohol use is strongly suspected, a one-to-one confrontation may be helpful. If the problem persists, then confrontation with a group is suggested as a second approach. The group can consist of:

- coach and assistant coach
- trainer and/or physician
- one or two teammates (possibly a team captain) who concur that there is a problem
- friend or roommate (may or may not be on squad)
- counselor or person knowledgeable in substance abuse

This group should meet before the confrontation. A source of help should already be in place (i.e., appointment with drug abuse counselor or admission to a rehabilitation center).

All of the group involved in the intervention should be in agreement that treatment is needed. Any weakness or hesitation on the part of one of the group will allow the athlete an "out" to talk himself or herself out of the treatment regimen.

Those athletes who are addicted to a drug or alcohol, if confronted one on one, will usually either deny the problem exists or will promise that he will stop using the drug or alcohol.

Further information on confrontation techniques can be obtained from local drug/alcohol counseling facilities.



PROGRAM RECOMMENDATIONS TO NCAA MEMBER INSTITUTIONS
FROM THE NCAA DRUG EDUCATION COMMITTEE

Data from a recent pilot study of drug use by student-athletes conducted by the NCAA Drug Education Committee, and from other sources in the scientific literature, indicate that while the use of drugs such as heroin, LSD or the smoking of cigarettes is not a major problem among student-athletes, the use of alcohol has become by far the predominant drug problem within this group. The committee also is concerned particularly about the use of marijuana and the recent increase in the use of smokeless (chewing) tobacco. Results from the committee's pilot study also indicate that student-athletes would like more guidance in this area from their athletic departments and their coaches.

Therefore, the NCAA Drug Education Committee strongly urges athletic departments at all member institutions to implement the following minimal elements of a drug education program for their student-athletes:

1. Schedule at the beginning of each school year a course of drug and alcohol awareness for all men and women athletes. It is suggested that each institution utilize the resources and expertise already available on their campus or in their community. These programs should be aimed particularly at the new student-athlete and should emphasize the deleterious effects of drugs on athletic performance as well as on other aspects of life. If possible, a former athlete who has had a drug problem should be used for maximum impact. It also is suggested that a minimum of three sessions be scheduled: one dealing with alcohol; a second with other drugs; and a third with the legal aspects of drug use, and any other problems reasonably unique to the student-athlete that the institution might wish to cover (e.g., gambling).
2. Each member institution should develop and have in place a plan for treatment of student-athletes with drug or alcohol-related problems. Such plans should utilize treatment centers and programs available in the local community, and should emphasize rehabilitation rather than punishment. It is obviously more prudent to have such a plan in place before rather than after a problem develops.
3. Coaches should become more aware of potential drug-related problems in student-athletes, and specifically should be an available source of support if a student-athlete does develop a drug or alcohol-related problem.
4. In relation to Recommendation No. 3, the athletic department at each member institution should schedule training sessions for all coaches, trainers and team physicians to present information on how to recognize and handle drug and alcohol-related problems.

The NCAA Drug Education Committee is developing a series of educational videotapes to be made available to member institutions to provide help in implementing the above recommendations.



DRUG EDUCATION PROGRAM SURVEY

NCAA Drug Education Committee

Please circle the appropriate responses.

Division: I II III

Institution: _____

1. Did you read the Drug Education Committee's recommendations at the time they appeared in The NCAA News?

85.7% Yes
14.3% No

2. Does your athletic department currently have in operation a drug/alcohol education program for student-athletes?

9.0% Yes (go to No. 3) (Please send a description of your program.)
91.0% No (go to No. 4)

3. Did the Drug Education Committee's recommendations influence your decision to initiate your drug/alcohol education program?

26.8% Yes (go to No. 5)
73.2% No (go to No. 5)

4. Are you actively planning to implement a drug/alcohol education program for student-athletes? ("Actively planning" means you have already held organizational meetings and developed preliminary plans for such a program.)

10.3% Yes
89.7% No

5. Does your athletic department currently have in operation a drug/alcohol education program for coaches and other staff?

8.7% Yes (go to No. 7)
91.3% No (go to No. 6)

6. Are you actively planning to implement such a program for coaches and other staff?

17.4% Yes
82.6% No

7. Do you currently have a plan for treating and rehabilitating student-athletes found to have drug/alcohol dependency problems?

22.8% Yes
77.2% No

(Please complete reverse side)

151

Recently there has been a great deal of publicity about drug testing, particularly in relation to the Pan American and Olympic Games. The following questions deal with the subject of drug testing.

8. Does your athletic department currently utilize a drug testing program for student-athletes?

2.9% Yes (go to No. 9)
87.1% No (go to No. 10)

9. For what types of drugs do you test? (Circle the appropriate categories.)

Alcohol
Amphetamines
Anabolic steroids
Street drugs (marijuana, cocaine, heroin, etc.)
(go to No. 12)

10. Are you actively planning to implement a drug testing program?

3.5% Yes (go to No. 11)
96.5% No (go to No. 12)

11. For what types of drugs do you plan to test? (Circle the appropriate groups.)

Alcohol
Amphetamines
Anabolic steroids
Street drugs (marijuana, cocaine, heroin, etc.)

12. Do you think student-athletes should be tested for drugs?

47% Yes
53% No

13. If drug testing were done on student-athletes, at what level or levels do you think it should be done?

30.7% Institutional
4.3% Conference
42.2% { 23.5% National (NCAA)
18.7% All levels
27.8% Should not be done

Thank you for your cooperation.

Please complete and return by December 21 to Eric D. Zemper, NCAA Research Coordinator, P.O. Box 1906, Mission, Kansas 66201.

DRUG EDUCATION PROGRAM SURVEY

NCAA Drug Education Committee

	<u>Division I</u>	<u>Division II</u>	<u>Division III</u>	<u>Overall</u>	
1. Yes	148	99	150	397	85.7%
No	19	21	26	66	14.3%
2. Yes	31	6	4	41	9.1%
No	136	113	167	416	90.9%
3. Yes	4	6	1	11	2.4%
No	27	0	3	30	6.7%
4. Yes	29	6	8	43	10.0%
No	107	107	159	373	83.3%
5. Yes	25	7	7	39	8.7%
No	143	112	152	407	91.3%
6. Yes	38	23	11	72	16.0%
No	99	89	153	341	76.0%
7. Yes	52	17	31	100	22.7%
No	106	96	137	339	77.3%
8. Yes	11	2	---	13	2.9%
No	153	116	171	440	97.1%
9. Alcohol	5	---	---	5	
Amphetamines	6	1	---	7	
Anabolic steroids	3	---	---	3	
Street drugs	9	2	---	11	
10. Yes	8	4	3	15	3.4%
No	133	109	166	408	92.2%
11. Alcohol	6	6	3	15	
Amphetamines	6	4	1	11	
Anabolic steroids	7	4	2	13	
Street drugs	10	7	1	18	
12. Yes	79	56	56	191	42.7%
No	60	54	101	215	47.3%
13. Institutional	56	37	35	128	28.2%
Conference	8	6	4	18	4.0%
National (NCAA)	31	18	49	98	21.8%
All levels	29	31	18	78	17.3%
Should not be done	26	25	44	95	21.2%
	<u>788</u>	<u>463</u>	<u>59%</u>		Response

42.2% }

153



August 15, 1982

GENERAL COMMENTS

A questionnaire on drug use was prepared by the Drug Education Committee of the NCAA. The Big Ten Conference was chosen for a pilot study on substance use among college athletes.

Over 1,000 responses were obtained. The questionnaires were distributed by the team physicians and the students sealed them in unmarked envelopes which were sent to NCAA offices in Shawnee Mission, Kansas. There was no way to identify the responses of each school since it was felt that to receive confidential responses, no method of identifying individual schools should be provided.

Only male athletes in football, basketball, track and swimming were surveyed. No women's sports were surveyed. A revised questionnaire is being prepared if other NCAA schools or conferences wish to expand this type of survey to other sports and to women's sports.

The purpose of the survey was to try to identify the extent of substance use and to assess the extent of the problem. From this, specific suggestions will be sent to member schools from the Drug Education Committee of the NCAA.

Carl S. Blyth, Ph.D. (Chair)
University of North Carolina

Gerald P. Sherman, Ph.D.
University of Toledo

Robert J. Murphy, M.D.
Ohio State University

Naomi Schaub, M.D.
Tulane University

Thomas A. Reabe (undergraduate student athlete)
Bethany College

Eric D. Zemper, Ph.D. (NCAA staff)

SUMMARY OF STUDENT ATHLETE QUESTIONNAIRE
Conducted September 1981

TOTAL QUESTIONNAIRES SENT: 2,250
ACTUAL QUESTIONNAIRES DISTRIBUTED: 1,300
RESPONSE: 1,140 (88%)

SCHOOL RESPONSE:

Over 100 Returns: Indiana, Michigan, Minnesota, Ohio State,
Purdue and Wisconsin

Under 100 Returns: Illinois, Iowa, Michigan State and Northwestern

SPORTS RETURNS: All men's sports

Football	684	(60%)
Track	205	(18%)
Swimming	157	(14%)
Basketball	94	(8%)
	<u>1,140</u>	

CURRENT STATUS IN SCHOOL:

1st year	329	(30%)
2nd year	289	(25%)
3rd year	249	(22%)
4th year	251	(23%)
or more		
	<u>1,118</u>	

CURRENT AGE:

17	18	(2%)
18	275	(25%)
19	278	(25%)
20	263	(24%)
21	195	(16%)
22 or older	86	(8%)
	<u>1,115</u>	

NEAREST GRADE AVERAGE:

A	80	(7%)
B	543	(50%)
C	488	(43%)
D	2	(-)
	<u>1,113</u>	

DRUG USE IN ATHLETES (1,140 Responses)

	<u>Never Used or Experimented 1-2 times</u>	<u>Use off Season Only</u>	<u>Use regularly on & off season</u>	<u>Total Users</u>
Heroin	99.8%	0	0.2%	0.2%
LSD-PCP	98.5%	0.5%	1.0%	1.5%
Downers (Quaaludes)	97.0%	1.0%	2.0%	3.0%
Uppers (Amphetamines)	94.0%	1.0%	5.0%	6.0%
Cocaine	93.0%	2.0%	5.0%	7.0%
Marijuana	80.0%	9.0%	11.0%	20.0%
Alcohol	38.0%	26.0%	36.0%	62.0%

THE REGULAR USE OF SUBSTANCES IS AS FOLLOWS:

	<u>1st YEAR STUDENTS</u>	<u>UPPER CLASSMEN</u>
<u>ILLEGAL SUBSTANCES</u>		
Heroin	0%	0.2%
LSD-PCP	0%	1.5%
Downers (Quaaludes)	1%	3.0%
Uppers (Amphetamines)	3%	6.0%
Cocaine	2%	7.0%
Marijuana	13%	22.0%
<u>CONTROLLED SUBSTANCES</u>		
Anabolic steroids	1%	2%
<u>OTHER SUBSTANCES</u>		
Alcohol	60%	65%
Smokeless Tobacco	15%	18%
Cigarettes	1%	2%

REGULAR SUBSTANCE USE BY SPORT:

	<u>Football</u>	<u>Track</u>	<u>Swimming</u>	<u>Basket- ball</u>
<u>ILLEGAL SUBSTANCES</u>				
Heroin	0	1%	0	0
LSD-PCP	1%	1%	3%	0
Downers (Quaaludes)	2%	2%	3%	1%
Uppers (Amphetamines)	6%	3%	5%	4%
Cocaine	7%	4%	5%	4%
Marijuana	22%	16%	19%	10%
<u>CONTROLLED SUBSTANCES</u>				
Anabolic steroids	2%	3%	1%	1%
<u>OTHER SUBSTANCES</u>				
Alcohol	63%	62%	72%	42%
Smokeless tobacco	20%	5%	11%	9%
Cigarettes	1%	2%	3%	0%

ATHLETES IMPRESSION OF DRUG USE BY VARSITY ATHLETES:

Not a problem	60%
Slight problem	31%
Growing problem	9%

RATE UNIVERSITY'S EFFORT AT EDUCATION:

Excellent	14%	
Good	28%	
Fair	37%	} 59%
Poor	22%	

SUGGESTIONS TO HELP REDUCE PROBLEM: (25% of those answering questionnaire made suggestions.)

- 54% - More education - Lectures, classes, movies, use former athletes, former users, peer group. More information at grade, middle and high school level.
- 27% - Stricter enforcement - Punish offenders, take away scholarship, blood and urine tests. More discipline from coaches.
- 7% - Less enforcement - Legalize marijuana. Less pressure from school and coaches.
- 7% - Nothing can be done.
- 5% - Bizarre responses - Bomb Iran, obscene comments, shoot the pushers, etc.

QUESTIONNAIRE SENT TO COACHES, TRAINERS AND PHYSICIANS

Number responding 169

Coaches

Football 55
Basketball 21
Track 18
Swimming 15

Trainers 37

Physicians 23

Effects of Substances

All Coaches, Trainers and Physicians N = 167

	<u>HARMFUL</u>	<u>NO EFFECT</u>	<u>HELPFUL</u>
<u>ILLEGAL SUBSTANCES</u>			
Heroin	100%	0%	0%
LSD-PCP	100%	0%	0%
Downers	99%	1%	0%
Uppers	90%	2%	8%
Cocaine	97%	1%	2%
Marijuana	97%	2%	1%
<u>CONTROLLED SUBSTANCES</u>			
Anabolic steroids	57%	8%	35%
<u>OTHER SUBSTANCES</u>			
Alcohol	96%	3%	1%
Smokeless tobacco	62%	35%	3%
Cigarettes	98%	2%	0%

EFFECT OF SUBSTANCES

Football Coaches (55)

HARMFUL NO EFFECT HELPFUL

ILLEGAL SUBSTANCES

Heroin	55	0	0
LSD-PCP	55	0	0
Downers	55	0	0
Uppers	48	0	7
Cocaine	51	2	2
Marijuana	51	3	1

CONTROLLED SUBSTANCES

Anabolic steroids	39	3	13
-------------------	----	---	----

OTHER SUBSTANCES

Alcohol	52	3	0
Smokeless tobacco	28	25	2
Cigarettes	54	1	0

Basketball Coaches (21)

ILLEGAL SUBSTANCES

Heroin	21	0	0
LSD-PCP	21	0	0
Downers	21	0	0
Uppers	21	0	0
Cocaine	21	0	0
Marijuana	21	0	0

CONTROLLED SUBSTANCES

Anabolic steroids	12	0	8
-------------------	----	---	---

OTHER SUBSTANCES

Alcohol	20	1	0
Smokeless tobacco	16	5	0
Cigarettes	20	1	0

Swimming Coaches (15)

HARMFUL

NO EFFECT

HELPFUL

ILLEGAL SUBSTANCES

Heroin	15	0	0
LSD-PCP	15	0	0
Downers	12	1	0
Uppers	11	1	1
Cocaine	15	0	0
Marijuana	15	0	0

CONTROLLED SUBSTANCES

Anabolic steroids	6	1	7
-------------------	---	---	---

OTHER SUBSTANCES

Alcohol	15	0	0
Smokeless tobacco	9	2	1
Cigarettes	15	0	0

Track Coaches (18)

ILLEGAL SUBSTANCES

Heroin	18	0	0
LSD-PCP	18	0	0
Downers	17	1	0
Uppers	14	1	3
Cocaine	17	0	1
Marijuana	18	0	0

CONTROLLED SUBSTANCES

Anabolic steroids	8	2	8
-------------------	---	---	---

OTHER SUBSTANCES

Alcohol	17	1	0
Smokeless tobacco	12	2	1
Cigarettes	16	1	0

Trainers (37)

HARMFUL NO EFFECT HELPFUL

ILLEGAL SUBSTANCES

Heroin	36	0	0
LSD-PCP	36	0	0
Downers	36	0	0
Uppers	36	0	0
Cocaine	35	1	0
Marijuana	35	2	0

CONTROLLED SUBSTANCES

Anabolic steroids	22	3	12
-------------------	----	---	----

OTHER SUBSTANCES

Alcohol	35	2	0
Smokeless tobacco	24	13	0
Cigarettes	35	2	0

Physicians (23)

ILLEGAL SUBSTANCES

Heroin	22	0	0
LSD-PCP	22	0	0
Downers	23	0	0
Uppers	18	2	2
Cocaine	21	0	1
Marijuana	20	1	1

CONTROLLED SUBSTANCES

Anabolic steroids	10	6	7
-------------------	----	---	---

OTHER SUBSTANCES

Alcohol	20	1	1
Smokeless tobacco	10	12	0
Cigarettes	22	1	0

DRUG USE BY VARSITY ATHLETES

	<u>ATHLETES</u>	<u>COACHES TRAINERS PHYSICIANS</u>
Not a problem	60%	28%
Slight problem	31%	57%
Growing problem	9%	15%

COLLEGES EFFORT IN HELPING ATHLETE TO
UNDERSTAND DRUG AND ALCOHOL AUBSE

Excellent	15%	14%
Good	28%	30%
Fair	37%	35%
Poor	22%	21%

GENERAL COMMENTS

1. Substance use of A, B and C students was compared. There was no statistical difference according to grades.
2. This survey was given in early September 1981 before Fall term began. We feel that 1st year students most likely represent the substance use of these student athletes before they entered college. The use of 2nd, 3rd and 4th year students was not significantly different from year to year.
3. 54 student athletes admitted use of drugs to attempt to improve performance:

Uppers	43	} 54 (5%)
Anabolic steroids	11	

95% of student athletes never used drugs to attempt to improve their performance.

4. 109 coaches, 37 trainers and 23 team physicians also answered a questionnaire. Two questions were asked of both the student athletes and the coaches, trainers, and physicians. On the opinion of how well the schools are educating the athletes, the answers were essentially the same. (60% fair or poor.)

On the question as to the extent of the drug problem among athletes, 20% of the coaches, trainers, and physicians feel that drug use is not a problem. 60% of the student athletes feel that drug use is not a problem.

5. Alcohol use seems to be the primary problem which should be addressed by the member schools. 36% of student athletes use alcohol during the season and another 26% use alcohol off season. There seems to be a major need for education in this area.

General comments, cont.

6. 11% of the student athletes use marijuana during the season and another 9% off season. This illegal substance use needs to be dealt with each year.
7. Intense efforts at education on use of cocaine, uppers, downers and other substances should be continued.
8. Smokeless tobacco use (20%) has replaced cigarettes as a source of nictotine. The mistaken opinion that this is harmless needs to be addressed.

Each institution should before the 1982-1983 season consider all or some of the following suggestions:

1. Provide an educational seminar for all coaches, trainers and physicians in all sports on the following subjects:

Alcohol

Marijuana

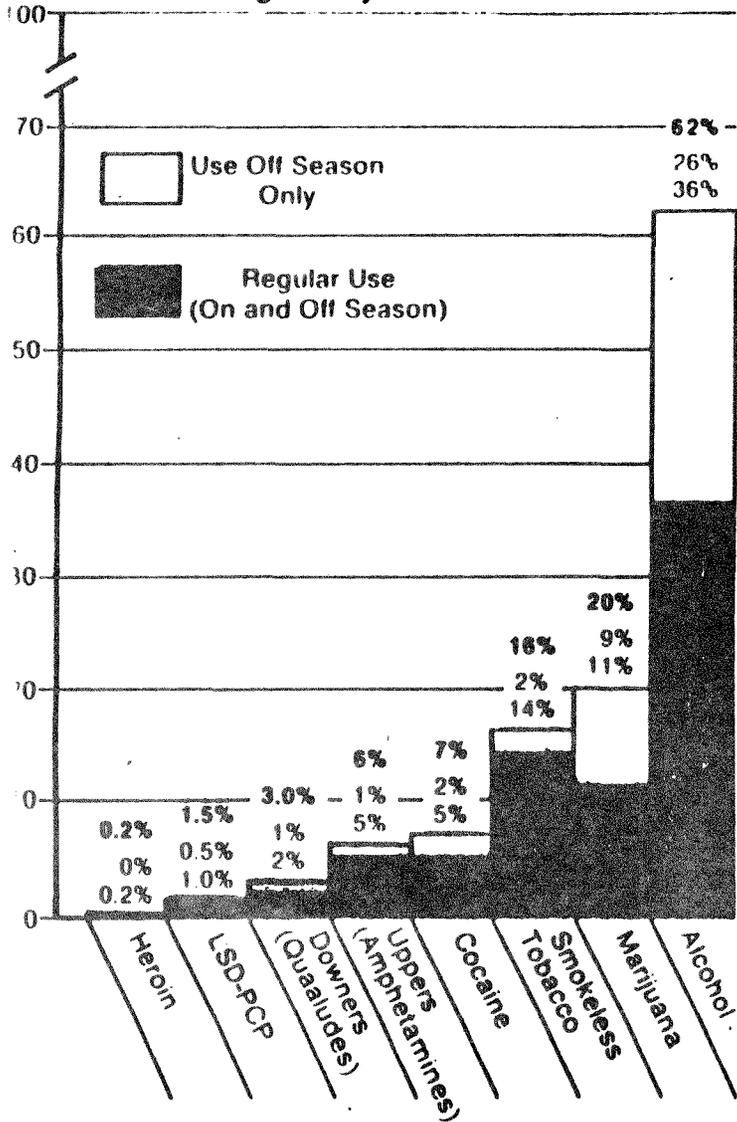
Cocaine

Other substances including smokeless tobacco

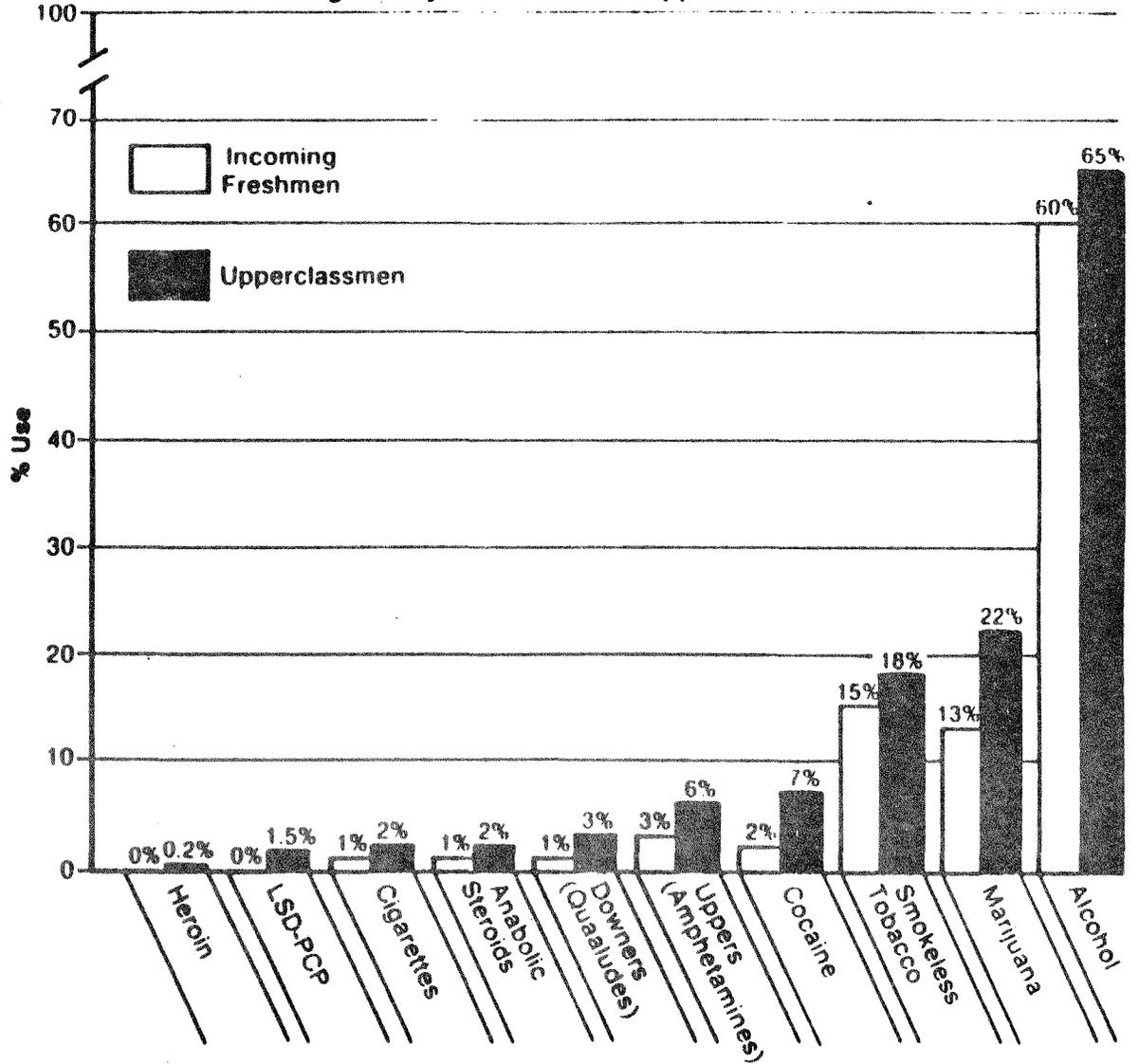
Local experts or national speakers might be included in this presentation.

2. Each coach in association with his trainer, physician or outside experts should have a frank discussion with their squad. The participation of the head coach is strongly recommended.
3. Availability of treatment facilities for drug or alcohol abuse should be in place before the season begins, i.e., Drug Treatment Centers and Alcohol Treatment Centers. Emphasis should be on education and treatment.

Drug Use by Athletes



Drug Use by Freshmen and Upperclassmen



NCAA brainstorming

Council accepts random drug-testing plan

By Steve Richardson
A Member of the Sports Staff

The National Collegiate Athletic Association moved a step closer to a national program of drug testing when the NCAA Council accepted a plan that would set up random testing for college athletes in all sports.

The 44-member Council, which met Monday through Wednesday at the Westin Crown Center hotel, accepted an outline plan from the NCAA Drug Testing Committee that would establish random tests for all athletes for "performance-enhancing drugs," such as anabolic steroids and stimulants, but not for "street drugs," such as marijuana or cocaine.

A Pacific-10 Conference resolution that was passed at the 1984 Convention has instructed the NCAA to come up with a firm testing plan by July 1 for the entire membership to study. The 1985 NCAA Convention in January in Nashville, Tenn., then would have to make final approval of a drug-testing program.

The NCAA tests for anabolic steroids would occur on campus sites during different times of the year. Schools would be given a week's notice before a collection team would obtain urine specimens from randomly selected athletes in specified sports. All NCAA schools would be visited within a specified period, but the report did not stipulate and the NCAA has not decided on a time period.

The NCAA tests for stimulants would take place randomly at NCAA championship events. The report suggested that such stimulant drugs are taken just before the competition to enhance competition whereas anabolic steroids could be discontinued a couple of months before the championships and not be detected at the championship site.

If an athlete were discovered to be using such drugs either at an NCAA championship event or on campus, the report suggested that an adjudication board review the tests before any possible sanctions would be lev-

ied.

The Drug Testing Committee, whose chairman is North Carolina physical-education professor Carl Blyth, cited expenses and legal questions as a reason for zeroing in on specified drugs at championship sites and campus sites. The report said "if the Association were to test for drugs generally not believed to affect positively athletic performance or impair the health of the student-athlete, the program probably would not withstand legal challenge."

Two other programs in the report were considered by the Council: a program of drug testing for all substances at championship events and a program of drug testing for performance-enhancing drugs at championship events. But the committee decided the third alternative would be the best in detection and ultimately less expensive.

"We don't have any idea on the cost items (total) ... except we know it is going to cost a lot of money," said John Toner, NCAA president and athletic director at the University of Connecticut.

The report did not specify what sanctions or penalties would be levied against athletes who were found to be using performance-enhancing drugs.

"That is still open," said Jack Davis, Oregon State faculty representative and NCAA secretary-treasurer.

"We really have two issues in front of us — education and testing," Toner said. "There was quite a bit of expressed concern amongst Council members amongst institutions that already have enacted their own

drug-testing programs, and they have stressed education as their theme. And if they uncover incidents of use, rehabilitation is their theme without notoriety.

"I don't know what will evolve out of that. But the response of the Pac-10 resolution is you have to be public with a lot of this stuff. We are going to continue to monitor that."

Davis said: "There is some school of thought that making sanctions for those who tested and are involved in use might be counterproductive. Perhaps we ought to include in the benefits available for student athletes expenses involved in a drug-rehabilitation program instead of penalizing them and declaring them ineligible and dumping them on the street. But we didn't come to any conclusion."

Toner said that the drug testing could occur at the conclusion of NCAA events "of winners, of point getters or of near winners."

☆ ☆ ☆

The NCAA Council voted to adopt an agent-registration program that will begin immediately. It is a voluntary plan for player agents to register with the NCAA. The NCAA then would submit the lists to member schools.

The registration plan is seen as a first step to a possible agent-certification program, but the NCAA will not certify agents yet.

"Right now, all that will happen is a list of those agents who register will be provided to the institution," said Steve Morgan, NCAA director of legislative services. "It's possible somewhere down the road the Council may give somebody the authority to identify the good agents from the bad ones and make recommendations."

LITERATURE REVIEW

Literature in two different areas was reviewed for the preparation of this research proposal: publications related to substance use and abuse by professional athletes, and publications focused on substance use and abuse by college athletes. The literature review was completed in four stages. First, a hand search of card catalogs and journal listings was made in the two topic areas. Second, a computer MEDLINE search was conducted. Third, the project staff compiled conference reports and papers not generally available to the public. Finally, a clippings file of newspaper and periodical articles in the topic areas was created.

In general, little survey research literature relating to the areas of interest was found. No survey research literature related to substance use and abuse by professional athletes was found; however, as might be expected, there was a large number of recent newspaper and periodical articles. Four relevant survey research studies of drug use by college athletes were found. A brief review of the literature for the two areas of interest will be presented next.

Professional Athletics

There does not appear to be any generally available survey research literature to document the substance use and abuse habits of professional athletes. However, some non-scientific surveys were located, as well as testimonies from professional sports physicians and athletes concerning the extent of the problem.

Most of the literature located focused on the substance abuse problem of professional football. The problem is not a recent one. A professional football team psychiatrist stated, "From 1971, team trainers routinely handed out envelopes of benzedrine and dexedrine before a game. Since then, football players have turned to team physicians and the black market to obtain amphetamines." (Beckett, 1979)

During the summer of 1982, cocaine use by professional football players made national headlines. Several well-known professional football players admitted to or were charged with using cocaine. One highly publicized report by Don Reese, a former defensive lineman, was published in Sports Illustrated, June 14, 1982. In the article, Reese stated that while in college, he and other athletes drank alcohol and smoked marijuana. When he became a professional athlete, he was introduced to cocaine and other drugs. By his own estimation, approximately one-half of the players at that time were using cocaine in "recreational" doses. Reese's cocaine habit eventually ruined his career. He now faces a prison term of up to 29 years for selling cocaine.

Substance abuse problems have been documented in other professional sports as well. Dr. Michael Stone, medical director of the Care Unit of Orange County, California, stated that 90 percent of the players on some major league baseball teams have used cocaine (Chicago Tribune, 1982). Several professional baseball players, including Allan Wiggins and Juan Bonilla of the San Diego Padres, have sought treatment for drug addiction. Professional basketball and hockey players have also been charged with the use of illegal drugs.

While professional athletes' use of illegal drugs has dominated the headlines, many professional athletes' careers have been affected by the use of legal substances as well. Alcohol addiction among professional athletes has been documented. (One highly publicized case was that of former Kansas City baseball player Darrel Porter.) The use of smokeless and chewing tobacco has become an almost accepted practice in professional baseball, despite warnings of increased oral cancer risks.

In summary, there is no question that professional athletes use both illegal and legal substances. The extent of the problem, however, is not known. That lack of knowledge has been damaging to all professional athletes. They must defend themselves, their teammates, and their sport to charges that there is a major substance abuse problem in professional athletics. Further, the presumption of a

substance abuse problem in professional athletics affects other athletes. "If it were established that many of the leaders in sports, the heroes and heroines of the young people, were misusing drugs to achieve performance, then there would be devastating effects on young people as a whole." (Beckett, 1979)

College Athletics

Only four survey research studies addressing substance use and abuse by college athletes were located. Each study will be summarized and analyzed.

Toohey (1978) administered a drug use questionnaire to intercollegiate athletes and non-athletes enrolled in selected health science classes at five U.S. universities over a six-year period. The questionnaire was designed to measure patterns of past and present drug use behavior in relation to age, sex, college, social values, and grade point average. The null hypothesis tested in this study was there is no significant difference between athletes and non-athletes in their non-medical usage of selected drugs. The drugs examined were marijuana, alcohol, amphetamines, barbituates, LSD, and cocaine. Toohey found that athletes at one of the five universities were more likely to use amphetamines than non-athletes, and non-athletes at four of the universities were more likely to use barbituates. No other differences were found. Toohey concludes,

The data from this six-year study seem to indicate that athletes do not represent a special sub-population within our society with respect to drug use behavior, and the athlete is as much a part of the culturalization that has taken place with respect to drug use as any other individual in the university population of which the athlete is a member. It may also be concluded that in addition to using mood modifying drugs, the athlete has sought out specific drugs such as amphetamines and anabolic steroids to be used as ergogenic aids to hopefully enhance and improve athletic performance. (pp. 63-64)

In 1981, Toohey conducted a similar study with 67 college swimmers and 678 non-athletes at six universities. The same research questions, questionnaire and

procedures were used. The results of this study indicated no significant difference between athletes and non-athletes with respect to six of the most commonly used mood modifying drugs. There was also no significant difference in drug use behavior between male and female athletes with respect to non-medical use of the common mood-modifying drugs, although there was a significant difference between male and female athletes with respect to anabolic steroid use. The data indicate that male athletes were more likely to use anabolic steroids than female athletes.

Also in 1981, the NCAA's Drug Education Committee conducted a questionnaire survey of Big Ten Conference athletes, coaches, trainers, and team physicians. The survey, conducted by Dr. Robert Murphy, examined the substance use habits and opinions of male athletes who participated in football, basketball, track, and swimming. No female athletes were surveyed and there was no control group. The study found "that while the use of drugs such as heroin, LSD, or the smoking of cigarettes is not a major problem among student athletes, the use of alcohol has become by far the predominant drug problem with this group."

The Drug Education Committee also expressed concern about athletes' use of marijuana and the recent increase in the level of use of smokeless and chewing tobacco. The survey also found that athletes wanted to know more about drugs and that many coaches needed to know more about drugs.

Pearson (1981) conducted a survey of 35 nationally ranked collegiate weight lifters, shot-putters, and javelin throwers to document their use of anabolic steroids. He found that 85 percent of the group surveyed admitted to using steroids. Thirty-six percent of the athletes reported they received steroids from physicians, nine percent received them from pharmacists, 10 percent from athletic trainers, and 45 percent from other sources.

Further research of substance use and abuse by college athletes is necessary. All the studies described were hampered by small sample sizes, geographical limitations,

and a limited scope in the questions asked. The studies also raised certain methodological questions inherent in conducting survey research, including the accuracy of questionnaires returned, the representativeness or the lack of a control group, and checks for similarities or differences between respondents and non-respondents who received the questionnaire.

Further, the results of the research studies are inconclusive. Toohey's studies indicate that college athletes are no different than general college student populations with respect to their substance use and abuse habits. Murphy, however, states that college athletes' substance use activities are less than general college student populations. *in some categories*

This literature review documents the need for further study of the substance use and abuse habits of college athletes. At present, very little information is known about the extent of the substance abuse problem in professional and collegiate athletics. There is no research literature available for professional athletics, and only four limited studies have been completed for college athletics. The results of the college studies do not provide a comprehensive picture of the current situation. The proposed research study will provide the NCAA with data to help identify the extent of substance use by college athletes, as well as help identify those substances to be included in an experimental intervention program for athletes, coaches, and trainers.

REFERENCES

- Beckett, A. H., and Cowan, D. A. Misuse of drugs in sport. British Journal of Sports Medicine, 1979, 12(4), 185-194.
- Chandler, J. V., and Blair, S. N. The effects of amphetamines on selected physiological components related to athletic success. Medicine and Science in Sports and Exercise, 1980, 12(1), 65-69.
- Cocaine widespread on some clubs: doctor. Chicago Tribune, August 23, 1982, p. 5.
- Higher education's drinking problem. Chronicle of Higher Education, July 21, 1982, pp. 1; 6.
- Colleges urged to teach athletes, coaches the dangers of drug abuse and 'doping.' Chronicle of Higher Education, September 1, 1982, 25-26.
- Coggins, W. J., and Scales, J. F. Use of illegal drugs in college. Journal of the Florida Medical Association, 1972, 59(2), 29-32.
- Don Murdoch: Finished at 26? The Detroit News, October 25, 1982, pp. 1; 4.
- Kochansky, G. E., Salzman, C., and Shader, R. I. Methaqualone abusers: A preliminary survey of college students. Diseases of the Nervous System, 1975, 36(7), 348-351.
- Laties, V. G., and Weiss, B. The amphetamine margin in sports. Federation Proceedings, 1981, 40(12), 2689-2692.
- Reese, D., and Underwood, J. I'm not worth a damn. Sports Illustrated, June 14, 1982, 66-82.
- Toohy, J. V. Non-medical drug use among intercollegiate athletes at five American universities. Bulletin on Narcotics, 1978, 30(3), 62-64.
- Toohy, J. V., and Corder, B. W. Intercollegiate sports participation and non-medical drug use. Bulletin on Narcotics, 1981, 33(3), 23-27.

EVALUATION OF A DETOXIFICATION REGIMEN FOR FAT STORED XENOBIOTICS

D.W. Schnare, G. Denk, M. Shields, S. Brunton, Foundation for Advancements in Science and Education, P.O. Box 29813, Los Angeles, CA 90029.

ABSTRACT

A detoxification regimen has been found to be safe for use by individuals exposed to recreational (abused) and medical drugs, patent medicines, occupational and environmental chemicals. Patients with high blood pressure had a mean reduction of 30.8 mm systolic, 23.3 mm diastolic. Cholesterol level mean reduction was 19.5 mg/100ml, while triglycerides did not change. Medical complications associated with the program were rare, occurring in less than three percent of the subjects. The program resulted in improvements in psychological test scores. The mean increase in Wechsler Adult Intelligence Scale IQ was 6.7 points. High Minnesota Multiphasic Personality Inventory profiles decreased on the third scale (10.7), the fourth scale (8.0), the fifth scale (4.5) and the sixth scale (8.0). The decrease in the fourth scale suggests hope for sociopaths, a group with fourth scale scores not improved by National Institute for Mental Health or Narcotic Addict Rehabilitation Act inpatient programs.

INTRODUCTION

Over four million distinct chemical compounds have been reported in the literature since 1965, with 6,000 new compounds added to the list each week. Of these, as many as 70,000 are currently in commercial production. (1) Human exposure to these chemicals is both direct and indirect. More than 3,000 chemicals are deliberately added to food (2) and over 700 have been identified in drinking water (3). Along with pharmaceuticals and recreational street drugs, the direct exposure to humans is considerable. In addition, the biomagnification of chemicals discharged into the environment has resulted in human accumulation, generally due to the partitioning of these xenobiotics from water into lipids. (4-6) Additional partitioning from one form of lipid to another leads to accumulation of these chemicals in lipid deposits throughout the body, (7) but especially in adipose tissue. (5) Over 400 chemicals have been identified in human tissues, with some 48 found in adipose, 40 in milk, 73 in the liver, and over 250 in blood plasma. (8) The characters of

chemicals found in adipose tissue are diverse, but tend to reflect biologically persistent or often used materials such as DDT, PCB, dioxin, nalkanes, PCP and THC.(9-13)

Chemicals stored in adipose and other tissues pose a continuing physiological and psychological threat to human health. Dioxin has been associated with ischemic vascular disease (14) and with other physiological as well as psychological effects as long as ten years after initial exposure. (15) Oncological studies have shown a significant association between PCB and DDE levels in fat and increased cancer incidence. (16-17) In addition, PCB exposures have resulted in increased plasma triglycerides, even in the absence of overt symptoms of PCB intoxicification. (18) PCB's in monkeys not only resulted in increased blood lipids, but negatively affected the ability to maintain pregnancy. (19) Further, they have been related to personality and cognitive functioning of persons unexpectedly exposed. (20) Phencyclidine (PCP, Angel Dust, etc.), also shown to be stored in adipose, has been demonstrated to have long-lasting behavioral effects as well. (12)

Concern over the potential health effects associated with lipid and other tissue stored xenobiotics has resulted in public upset of remarkable proportions, leading to federal responses such as the clean up efforts in Love Canal, NY, or the major medical follow up of veterans exposed to defoliant Agent Orange. (21) With exposure to chemicals significant, long-term health effects likely, and public concern continuing, the need for detoxification of xenobiotics takes on increasing importance.

Approaches to detoxification generally exploit pathways which lead to excretion of chemicals and their metabolites in urine and feces, or extrarenal excretion in sweat or sebum. Lipid mobilization serves as the basis for promotion of xenobiotic metabolism through the action of detoxifying chemicals such as ascorbic acid, niacin, and phenobarbital. (22-25) Typically, lipid mobilization is not enhanced prior to use of bioactive chemicals, however techniques have been studied which accomplish increased mobilization, especially through starvation (5,26-27) or exercise. (28-29) A fecal associated route exists which is not dependent upon bioactive chemicals and partitions xenobiotics through the intestine wall into non-absorbable materials such as paraffin. (30)

The second major class of pathways is extrarenal excretion via sweat or sebum. One of these pathways (it is unclear which) has been identified as a route for loss of n-alkanes, (11) paraffinic hydrocarbons, (31) methadone, (32) amphetamines (33) and antiepileptics, (34-35) among others.

The purpose of this paper is to present clinically observed physiological and psychological changes in subjects who underwent a comprehensive extrarenal excretion regimen intended to remove lipophilic and other xenobiotics from the body. This study was developed to evaluate clinical manifestations associated with the regimen, and is preliminary to a study of its efficacy.

METHODOLOGY

Test Subjects One hundred and three individuals who enrolled in the detoxification program volunteered for additional testing concomitant with the program. California guidelines for human experimentation were used. Individuals were accepted on a first application received basis for a period of four weeks. Initial interviews were used to collect demographic data and obtain informed consent.

In addition to the experimental group, a control group of nineteen individuals was accepted on a first application basis. Initial interviews were used to collect demographic data and administer intelligence and psychological tests. They received no special instructions on diet, exercise, vitamins or any activities and were simply tested and retested three weeks later to determine any variance on repeat intelligence testing over this short time period.

Detoxification Regimen The detoxification regimen (36-38) consists of seven components: (a) Physical exercise, preferably running aerobically, for 20-30 minutes immediately prior to sauna exposure. (b) Forced sweating by sauna at 140-180 °F (46-68 °C) for two and one half to five hours daily, immediately following the physical exercise. The exposure was as close to five hours as could be comfortably taken. The sauna was done in one period each day, with short breaks for cooling shower or additional exercise permitted. (c) A nutritional supplement centered around gradually increasing doses of niacin kept in strict proportion with other vitamins and minerals, including vitamins A, D, C, E, B Complex, B1 and multi-minerals containing calcium, magnesium, iron, zinc, manganese, copper, potassium, and iodine. (d) Water, salt and potassium taken as needed to avert dehydration or salt depletion due to the concentrated sweating. (e) Polyunsaturated (allblend) oil, from 2-8 tablespoons daily based on individual tolerance. (f) Calcium and magnesium supplements. (g) A regular daily schedule with balanced meals and adequate sleep. No medications, drugs or alcohol were permitted during the period of the regimen (two exceptions as noted). Participants were directed to follow their usual diet and not make any major changes in food consumption.

This regimen was followed daily for about three weeks, and until the individual subjectively realized the point at which his body was "free from impurities". (36) The individual filled out a progress report daily. These reports were reviewed daily by the program director to ensure standardness in application of the regimen. The program director directed increases in nutritional supplements, evaluated subjective changes reported, and directed individuals to their medical professional when any medical problems or questions arose. A medical history and physical examination was required before the program was begun, and individuals with heart disease or anemia were not permitted to continue with the regimen. Each of these program components are standard to use of the regimen and were not, therefore, added for the purpose of the investigation.

Physiological Tests and Observations Prior to commencement of the regimen, laboratory analysis of blood cholesterol and triglycerides was conducted. Two individuals with incompletely diagnosed heart disease, one individual with an undiagnosed neuromuscular disorder, and two people with adrenogenital syndrome were excluded from the study. Two patients on high blood pressure medicine (Catapres 0.2 mg b.i.d.; Aldomet 250 mg t.i.d., Inderal 40 mg b.i.d.) were continued unchanged.

Upon completion of the regimen, physical examinations and blood tests were repeated. Participants were also requested to write a summary of any changes or events that occurred during the program.

Psychologic Tests and Observations The Wechsler Adult Intelligence Scale (WAIS) and the Minnesota Multiphasic Personality Inventory (MMPI) were administered to individuals in the experimental and control group before and after the regimen.

Statistical Evaluation Results of both physiological and psychological tests were reviewed for distributional normality prior to further analysis. The results on all tests indicated degrees of skewness and kurtosis which would be expected to confound multivariate analysis in samples as small as were used. Since significance probabilities of the Student T and variance tests change when non-normal data are examined, a non-parametric method was used to ensure that significance levels would be constant, no matter what type of distribution the data assumed. (39) The Wilcoxon signed rank test was used to determine the significance of differences between measurements.

RESULTS

In general, the regimen was tolerated very well, with only minor complications. Medical problems observed included one case of pneumonia which responded quickly to treatment, one case of external otitis, and one case of diarrhea with consequent swollen hemorrhoids, possibly as a result of excessive vitamin C.

The extended periods of time in the sauna were tolerated very well. Individuals with heat intolerance adapted quickly to the sauna temperatures, and over a few days were able to comfortably stay for thirty minutes to an hour at a time with no clinically observed adverse effects. The average length of the regimen was about thirty-one days, with time spent on the program varying from 11 to 89 days. The average niacin dose reached 3285 mg/day with a range of 800 to 6800 mg/day.

Physiological measures indicate a generally beneficial result from the regimen. Table I presents the post regimen means and mean changes of specific measures. As expected, weight did not change appreciably. However, there were dramatic changes in blood pressure, especially for individuals whose preregimen levels were greater than either 140 mm systolic or 90 mm diastolic. These high blood pressure reductions averaged 30.8 mm systolic and 23.3 mm diastolic.

POST REGIMEN PHYSIOLOGIC MEASURES

	MEAN	SD	MEAN CHANGE
REGIMEN LENGTH (DAYS)	30.5	16.2	
FINAL NIACIN DOSE (MG/DAY)	3285	1445.6	
WEIGHT (LBS)	157	30.7	+ 0.7
BLOOD PRESSURE (MM HG)			
SYSTOLIC	117	18.7	- 3.3
DIASTOLIC	71	10.4	- 6.7***
HIGH BLOOD PRESSURE CASES			
SYSTOLIC	141	30.8	- 30.8*
DIASTOLIC	77	11.7	- 23.3**
CHOLESTEROL (MG/100 ML)	170	33.3	- 19.5***
TRIGLYCERIDES (MG/100 ML)	101	74.9 (PRE) 61.6 (POST)	+ 0.6

* p < .05
 ** p < .01
 *** p < .001

Table I

Cholesterol and triglyceride levels also changed, although in different ways. On average, there was an 11 percent reduction in cholesterol levels, with most of this change reflected in individuals with high pre-regimen levels. Triglycerides did not change on average, however the variance from the mean changed, reflecting a moderating influence of the program. Both low and high levels moved toward the mean.

Psychological measures also showed active movement. With respect to the WAIS, no statistical difference could be demonstrated between the test and control groups before the trial; however there was a significant difference afterward (Table II). Six people tested lower on full scale IQ, post trial, fourteen people tested the same or less than a four point increase and eighty-three improved their full scale IQ by four or more points. A full third of the individuals improved their scales by at least 10 points. The average change was a 6.7 point increase.

The second psychological measure tested was the MMPI. On average, changes were small, although several were statistically significant (Table III). Of perhaps greater interest was the change of high score individuals. Table IV presents the post trial change in MMPI scores for individuals whose initial scores were more than two standard deviations from the norm (T scores greater than 70). The most frequently observed high scale configuration within the initial high scale subgroup was the

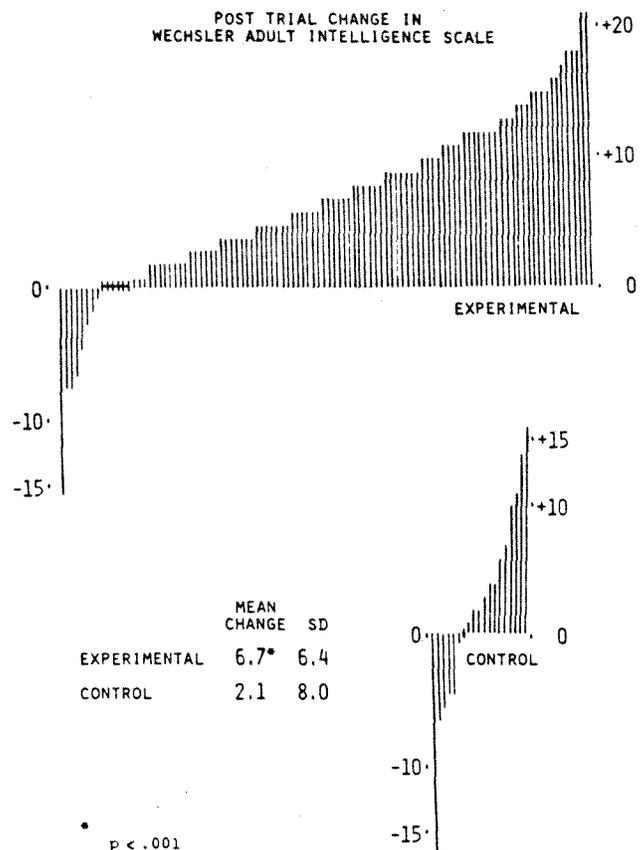


Table II

43 pattern followed by the 49 pattern. These two patterns accounted for 38 percent of the high score configurations, with the rest of the patterns spread among seventeen other configurations. This pattern frequency has been recognized in several studies on drug users, groups similar in character to the individuals who underwent the program(40-45).

Four of the scales had significant decreases: the third scale (Hy); developed to aid in the identification of patients using the neurotic defenses of the conversion form of hysteria; the fourth scale (Pd), developed to measure the personality characteristics of the amoral and asocial subgroup of persons with psychopathic personality disorders; the fifth scale (Mf), developed to identify features related to sexual inversion disorders, and usually used to modify the interpretation of other scales; and finally the sixth scale (Pa); developed to evaluate

POST TRIAL CHANGE IN
MINNESOTA MULTIPHASIC PERSONALITY INVENTORY

MMPI SCALES	MEAN CHANGE IN T SCORES	SD
1	-3.9**	7.92
2	-2.2	9.93
3	-2.2**	8.29
4	-2.7**	7.98
5	-1.5	6.53
6	+0.5	8.11
7	-2.7***	6.02
8	-1.7*	6.45
9	+0.2	10.43

N = 69

*p < .05 **p < .01 ***p < .001

Table III

POST TRIAL CHANGE IN HIGH
MMPI INITIAL SCORES

MMPI SCALES	N	MEAN CHANGE IN T SCORES	SD
1	2	-15.5	9.19
2	7	-13.0	17.88
3	7	-10.7*	7.95
4	16	- 8.0**	5.40
5	15	- 4.5*	6.51
6	4	- 8.0*	4.00
7	2	-17.0	7.07
8	0	-	-
9	2	- 4.5	6.36

* p < .05 **p < .01

Table IV

the clinical pattern of paranoia, also used to modify other scales. The changes in the third and fourth scales of these high score patients were large, nearly a full standard deviation for the fourth (Pd) scale, and over a full standard deviation for the third (Hy).

It has been previously found that any interruption in the maintenance of a heroin habit seems effective in eliciting some degree of personality change, particularly as evidenced on the 1st (Hs) and 3rd (Hy) scales. (46) Tables III AND IV suggest that the regimen was also effective in eliciting this change in two other groups, the former drug user, and those who were only exposed to medicinal or prescription drugs.

Of particular interest is the reduction in the 4th (Pd) scale. Sutker found that elevations on the 4th scale dominate the addict profile, and are particularly characteristic of the heroin addict, whether addicted or abstinent. However neither the inpatient Narcotic Addict Rehabilitation Act (NARA) program administered through the Department of Psychiatry and Neurology at the Tulane University School of Medicine, a six week program; nor the inpatient program administered by the National Institute for Mental Health (NIMH) Clinical Research Center at Fort Worth, a six month program, could elicit a decrease in scores on the 4th scale. (47)

While the reduction in 4th scale scores in Table III represents all participants in the regimen and Table IV represents all high scores, the subset of individuals with opiate and hallucinogen histories are shown in Table V and demonstrate even greater decreases in 4th scale scores. These regimen related Pd scale reductions suggest that former drug users may not be condemned to terminal sociopathy.

PD SCALE CHANGES IN INDIVIDUALS WITH DRUG HISTORIES

INITIAL PD SCORE	FORMER DRUG HISTORY							
	OPIATES ONLY		HALLUCINOGENS ONLY		OPIATES AND HALLUCINOGENS		TOTAL	
	$\bar{\Delta X}^1$	- 0 + ²	$\bar{\Delta X}$	- 0 +	$\bar{\Delta X}$	- 0 +	$\bar{\Delta X}$	- 0 +
59 or less	+7.0	0 0 2	-0.7	1 1 1	+3.3	3 2 4	+3.3	4 3 8
60 - 69	-8.0	1 1 0	-3.0	3 1 0	-3.8*	4 2 0	-4.2**	8 4 0
70 or more	---		-8.9**	7 0 0	-9.3*	4 0 0	-9.0**	11 0 0

1. Mean change in post-trial score.
 2. Frequency of individuals with negative (-), positive (+) or no (0) change in score.

* p < .05
 ** p < .01

Table V

In addition to the measured psychologic and physiologic changes, there were several changes in medical conditions noted during the regimen (Table VI). The authors observed improvement in a wide range of unrelated medical conditions from seborrhea to irritable bowel. In total, eighteen conditions found reported to have improved while twelve others generally showed no change.

Two specific cases are of particular interest. One participant is a paraplegic who has been wheelchair bound for 17 years. Initial work up at onset was inconclusive, but symptoms were felt to be most consistent with transverse myelitis. On physical examination prior to starting the regimen the patient had some plantar flexion of right ankle and mild flexion at the hips. During the program increased sensation was noted in the legs and gradual increase in voluntary control. On post trial physical examination the patient had middorsiflexion of the hips. There was also muscle growth in both gastrocnemius. Six months after finishing the program the patient continued to have mild increases in the voluntary control of her lower legs. Currently, although wheelchair bound, transfers are easier and continued muscle growth is evident on physical examination.

MEDICAL CONDITIONS REPORTED
DURING DETOXIFICATION REGIMEN

CONDITION	NUMBER OF PATIENTS	CASES WITH IMPROVEMENT	CASES WITH NO CHANGE
MYOPIA	31	24	7
BURSITIS/FIBROMYOSITIS	11	11	-
IRRITABLE BOWEL	9	8	1
DERMATITIS	8	7	1
ACNE	8	7	1
DYSMENORRHEA	7	5	2
TENSION HEADACHES	7	6	1
HYPOGLYCEMIA	5	5	-
FLUID RETENTION	5	4	1
THYROMEGALY	4	3	1
MIGRAINE HEADACHES	4	3	1
ALLERGIC RHINITIS	4	3	1
SEBORRHEA	3	3	-
HYPERTENSION	2	2	-
PYORRHEA	2	2	-
PARAPLEGIA	1	1	-
PEYRONIES DISEASE	1	1	-
GRAVE'S DISEASE WITH EXOPHTHALMUS	1	1	-
FIBROCYSTIC BREAST DISEASE	7	1	6
HEMORRHOIDS	5	1	4
URINARY INCONTINENCE	3	-	3
VERRUCOSE VERRUCA	3	1	2
CONDYLOMA ACCUMINATA	2	-	2
PSORIASIS	2	-	2
STRABISMUS	2	1	1
ALOPECIA	2	-	2
PROSTATOSIS	2	-	2
BELL'S PALSY	1	-	1
IMPOTENCE	1	-	1
CEREBRAL PALSY	1	-	1

Table VI

A second patient with weekly migraine headaches controlled partially by low dose propranol was able to stop medication and has only mild headaches since finishing the regimen.

Not shown in Table VI are numerous observations of improved abilities which are not usually considered medical improvements. These included ability to think more clearly, feeling more aware, feeling lighter, improved smell or taste, and feeling more energetic.

A variety of incidents were reported during the regimen, some of which may be suggestive that chemicals stored in tissues were being released. There were reports of brief full blown 'LSD trips' with hallucination. Participants who had ether exposures prior to the trial (several had used cocaine and had engaged in 'free basing') were reported to smell like ether in the sauna. Old injuries would flare up with swelling or redness along surgical scars and then resolve over a few days. The flushing, which followed ingestion of niacin, frequently would occur along lines of bathing suits or old sunburns. This would diminish over a few days then recur in a different pattern. It was not unusual to have a person re-experience the physical condition associated with taking a certain drug or anesthetic. For instance, one patient complained of onset of mild right lower quadrant pain, nausea, light headedness, and reddening of an old appendix scar. This recurred the next two days at lessening severity and then was gone in three days.

CONCLUSIONS

The detoxification regimen reported on in this paper, was developed for the purpose of handling the restimulative effects of drugs and toxic residuals. (36) This paper serves to examine two aspects of the regimen: are there observable positive or negative health effects as a result of the program; and does it hold out the promise of a useful detoxification regimen for the countless individuals exposed to xenobiotics, especially those highly exposed?

Theoretical Basis for the Regimen The regimen, as described above, acknowledges the potential for storage of xenobiotics in human tissues, especially lipids. It is designed to promote excretion of foreign chemicals through lipid mobilization and increased circulation followed by sauna induced sweating. This process is enhanced through good nutrition, adequate sleep, a regular schedule and a vitamin, mineral and oil supplement.

Many investigators have demonstrated the presence of foreign chemicals in human tissues, and the mechanism for the uptake is undergoing active investigation. The role of fatty acids (48) and the preferential association these chemicals with triglycerides rather than lipophilicity itself (7) begins to explain the relationship between water-lipid partitioning or resistance of these chemicals to enzymatic degradation, resulting in biological magnification. (4) The degree of storage has been documented by investigators referenced earlier, and other work supports those gross measures of lipids contamination by establishing the lack of relationship between plasma levels of PCP, for example, and

the ingestion of that chemical. (49) Furthermore, chemicals such as dioxin thought to be excreted or metabolized within short periods of time (10) have been found to persist in adipose tissue at significant levels. (50)

Several mechanisms have been demonstrated to mobilize lipids, and such mobilization has been found to be accompanied by mobilization of xenobiotics as well. Starvation has been found to cause mobilization of stored residues. (25,51) However, these residues are not necessarily excreted. It has been found that residues move from fat to muscles during starvation, and return to fat upon refeeding. (27,51)

Physical exercise has also been shown to increase lipid metabolism. (28, 53) However, mobilization of lipids through exercise is not immediate, lagging the commencement of exercise by about 15 minutes. This short suppression of mobilization is due to elevated blood lactate levels. (54) The significance of this finding in relation to the detoxification regimen is that at about the time lipids begin to mobilize, freeing xenobiotics as well, the body commences increased excretion via the sweat, thereby providing a pathway out of the body, in competition with storage in lipids in muscle tissue.

The sweat excretion route for xenobiotics has been suggested for over a decade. (55-56) Such excretion is not exclusively an ionic transfer, with non-ionic diffusion appearing to be important. (32,57) A variety of chemicals have been identified in sweat, including n-alkanes, paraffinic hydrocarbons, methadone, amphetamines, antiepileptics and morphine, as referenced earlier. The effectiveness of this pathway is significant, with as much material excreted through the sweat as through the urine. (58)

A second dermal route of excretion exists. The lipophilicity of many chemicals can be exploited by increasing sebaceous gland discharge. The same high temperatures which accelerate sweating have been found to increase the excretion rate of sebum as well. (59) Dietary hydrocarbons have been found to be excreted in this manner. (31) The efficiency of dermal excretion, a subject deserving further study, has been sufficiently demonstrated to support the construction of the regimen studied.

Potential Health Effects Two types of health effects generated concern during review of the regimen; the potential effects of the tissue stored chemicals upon release, and the potential effects of the exercise, heat and vitamin program.

The effects expected from stored xenobiotics are usually chemical specific. However, there appears to be a common factor: chronic effect. For example, PCB has been shown to alter lipid metabolism at levels of exposure and bioaccumulation insufficient to produce overt symptoms. (18) Other similar biochemical alterations have been observed in individuals up to two years after PCB exposure. (60)

Dioxin has been shown to cause similarly chronic effects up to 10 years after exposure. (15,61) It seems reasonable that such chronic effects

would subside if the chemicals were cleared from the body.

Somewhat more egregious is the potential for cancer promotion. Investigators have found a relationship between adipose stored xenobiotics and cancer. (16-17) While mobilization of these chemicals may not be desirable, others feel that the risk is small and where a detoxification or excretion pathway exists mobilization should be encouraged. (5)

Aspects of the detoxification regimen raised some questions about safety. The use of large quantities of niacin was followed by reactions and flushes which appear to mimic radiation burns like sunburn. These somatic conditions appeared in decreasing intensity over the course of a few days.

The side effects of niacin have been discussed at length. (62-64) It is unclear why these phenomenon appear, but it is clear that simple vasodilation is an inadequate theory for these flushes. (65) It has been suggested that the reported side effects of niacin may actually be the creation of other vitamin and mineral imbalances, (36) a theory which can not be refuted on the basis of this study, as negative side effects were not noted when correct proportions were administered. The importance of vitamin and mineral balance during detoxification of xenobiotics has been recognized before, (66) and is an aspect which deserves further study.

The high degree of sweating may also cause minerals depletion. The instructions for the program specifically recognize this potential problem, and no cases of minerals deficiency were noted during the study. The importance of this aspect may be smaller than expected, in any case. Studies of individuals who perform heavy exercise and sweat profusely on repeated days do not appear to incur tissue hypokalemia.(67)

Vitamins also have positive effects during detoxification. Niacin has been shown to reduce dyspnea in paraquat poisoned rats. (24) Niacin administration has also been found to lower cholesterol levels, (64) and is the probable cause for lowered cholesterol levels in program participants. Vitamin C affords protection against enzyme activity alterations and histological changes caused by PCB toxicity. (23)

With respect to health, the program appears to be safe as long as it is done under the care of a physician. The exercise and sauna are tolerated very well as long as they are begun slowly and increased gradually. As with any major physical exercise program, however, general physical condition and physical health needs to be monitored. The regimen is inadvisable for any person with coronary artery disease or any other major physical disabilities unless directly done under the supervision of a physician familiar with exercise physiology who is willing to work out a specific exercise, sauna, and vitamin program for the patient.

Areas for Future Study There are two specific areas which would be appropriate for study as a result of this work. First, the efficacy of the program should be determined, and is under study by the authors

at this writing. There are populations such as chemical workers who can be expected to have high levels of xenobiotic contamination. There are new simple bioassays utilizing human adipose tissue and sebum which have been successfully used on study groups. Analysis of sweat is becoming routine. Together they provide an excellent opportunity to study a detoxification regimen which might very well extend the lives of highly exposed individuals.

A second area for study is the potential for improved psychological status of groups exposed to environmental chemical threats. One example would be individuals exposed to the defoliant Agent Orange. These individuals have complained of nonspecific problems not unlike those which resolved in the study group after application of the detoxification program. While it is unlikely that Agent Orange, or dioxin caused these nonspecific complaints, it may be that the widespread use of drugs and alcohol among combatants is the more subtle source of continuing problems. The detoxification regimen may have large positive effects on such a population, especially since the experimental group had significant drug use and realized dramatic improvements in both IQ and personality traits.

REFERENCES

1. Council for Environmental Quality, Environmental Quality, U.S. GPO, Washington, D.C., 197
2. Ribicoff, A, Chemicals and the future of man. Hearings of the Committee on Government Operations, U.S. Senate, Washington, D.C. 1971.
3. National Research Council. Drinking Water and Health, Volume 3. Washington, D.C., National Academy Press, 1980.
4. Metcalf R, Sanborn J, Lu P, Nye D, Laboratory model ecosystem studies of the degradation and fate of radiolabeled tri-, tetra-, and pentachlorobiphenyl compared with DDE. Arch Env Contam Tox, 3:151-164. 1975.
5. Lambert G, Brodeur J. Influence of starvation and hepatic microsomal enzyme induction of the mobilization of DDT residues in rats. Tox App Pharm. 36:111-120. 1976.
6. Bjerk F, Brevik E. Organochlorine compounds in aquatic environments. Arch Environ Contam Toxicol. 9:743-750, 1980.
7. Sandermann H. Triglyceride/phospholipid partitioning and persistence of environmental chemicals. Chemosphere. 8:499-508, 1979.
8. Environmental Protection Agency. Chemicals identified in human biological media, a data base. US EPA. Washington, D.C. EPA 560/13-80-036B, PB81-161-176, 1980.

9. Jensen G, Clausen J. Organochlorine compounds in adipose tissue of greenlanders and southern danes. *J Toxicol Environ Health*. 5:617-629, 1979.
10. US Air Force Occupational and Environmental Health Laboratory. The toxicology, environmental fate and human risk of herbicide organge and its associated dioxin. Brooks AFB, Texas. OEHL TR-78-92, 1978.
11. Schlunegger U. Distribution patterns of n-alkanes in human liver, urine and sweat. *Biochim Biophys. Acta*. 260:339-344, 1972.
12. Misra A, Pontani R, Bartolomeo. Persistence of phencyclidine (PCP) and metabolites in brain and adipose tissue and implications for longlasting behavioural effects. *Res Comm Chem Pathol Pharmacol*. 24:431-445, 1979.
13. Hofmann F. Handbook on drug and alcohol abuse. New York, Oxford University Press. 1975.
14. Walker A, Martin J. Lipid profiles in dioxin exposed workers. *Lancet*. Feb 24:446, 1979.
15. Pazderova-Vejlupkova J, Lukas E, Nemcova M, Pickova J, Jirasek L. The Development and prognosis of chronic intoxication by tetrachlorodibenzo-p-dioxin in men. *Arch Environ Health*. 36:5-11, 1981.
16. Wassermann M, Nogueira D, Cucos S, et al. Organochlorine compounds in neoplastic and adjacent apparently normal gastric mucosa. *Bull Environ Contam Toxicol*. 20: 544-553, 1978.
17. Unger M, Olsen J. Organochlorine compounds in the adipose tissue of deceased people with and without cancer. *Environ Res*. 23:257-263, 1980.
18. Baker E, Landrigan P, Glueck C, et al. Metabolic consequences of exposure to polychlorinated biphenyls (PCB) in sewage sludge. *Am J Epidemiol*. 112:553-563, 1980.
19. Barsotti D. Reproductive dysfunction in rhesus monkeys exposed to low levels of polychlorinated biphenyls aroclor 1248. *Food Cosmet Toxicol*. 14:99-103, 1976.
20. Brown G, Nixon R. Exposure to polybrominated biphenyls. *J Am Med Asso*. 242:523-527, 1979.
21. Holden D. UCLA designing big agent orange study. *Science*. 212:905, 1981.

22. Libby A, Stone J. The hypoascorbemia-kwashiorkor approach to drug addiction: a pilot study. *J Orthomolecular Psych.* 6(4), 1977.
23. Chakraborty D, Bhattacharyya A, Chatterjee J, et al. Biochemical studies on poly-chlorinated biphenyl toxicity in rats: manipulation by vitamin C. *Int J Vitam Nutr Res.* 48:22-31, 1978.
24. Brown O, Heitkamp M, Song C. Niacin reduces paraquat toxicity in rats. *Science.* 212:1510-1511, 1981.
25. Century B. A role of the dietary lipid in the ability of phenobarbital to stimulate drug detoxification. *J Pharm Exp Ther.* 185:185-194, 1973.
26. Clark D, Prouty R. Experimental feeding of DDE and PCB to female big brown bats. *J Toxicol Environ Health.* 2:917-928, 1977.
27. deFreitas A, Norstrom R. Turnover and metabolism of polychlorinated biphenyls in relation to their chemical structure and the movement of lipids in the pigeon. *Canad J Physiol.* 52:1080-1094, 1974.
28. Wirth A, Schlierf G, Schettler G. Physical activity and lipid metabolism. *Klin Wochenschr.* 57:1105-1201, 1979.
29. Essen B. Intramuscular substrate utilization during prolonged exercise. *Ann NY Acad Sci.* 301:30-44, 1977.
30. Richter E, Lay J, Klein W, Korte F. Paraffin stimulated excretion of carbon-14 labeled 2,4,6,2',4' pentachlorobiphenyl by rats. *Toxicol Appl Pharmacol.* 50:17-24, 1979.
31. O'Neill H, Gershbein L, Scholz R. Identification of pristane in human sebum and related lipid sources. *Biochem Biophys Res Comm.* 35:946-952, 1969.
32. Henderson G, Wilson B. Excretion of methadone and metabolites in human sweat. *Res Comm Chem Path Pharm.* 5:1-8, 1973.
33. Vree T. Excretion of amphetamines in human sweat. *Arch Int Pharmacodyn.* 199:311-317, 1972.
34. Parnas J. Excretion of antiepileptic drugs in sweat. *Acta Neurol Scandinav.* 58:157-204, 1978.
35. Stowe C, Plaa G. Extrarenal excretion of drugs and chemicals. *Am Rev Pharmacol.* 8:337-356, 1968.

36. Hubbard L. The purification rundown replaces the sweat program. HCO Bulletin. Dec 4, 1979.
37. Hubbard L. Research data on nutritional vitamin increases on the purification rundown. HCO Bulletin. Feb 14, 1980.
38. Hubbard L. Purification rundown case data. HCO Bulletin. May 21, 1980.
39. Snedecor G, Cochran W. Statistical Methods. Ames, Iowa, Iowa State University Press. 1974.
40. Sheppard C, Ricca E, Fracchia J, Merlis S. Indications of psychopathology in male narcotic abusers, their effects and relation to treatment effectiveness. J Psychology. 81:351-360, 1972.
41. Robbins P. Depression and drug addiction. Psychiat Quarterly. 48:374-386, 1974.
42. Lombardi D, O'Brien B, Isele F. Differential responses of addicts and non-addicts on the MMPI. J Projective Techniques. 32:479-482, 1968.
43. Hampton P, Vogel D. Personality characteristics of servicemen returned from Viet Nam identified as heroin abusers. Amer J Psychiat. 130:1030-1032, 1973.
44. Haertzen D, Hooks N. Changes in personality and subjective experience associated with the chronic administration and withdrawal of opiates. J Nervous and mental disease. 148:606-614, 1969.
45. Gilbert J, Lombardi D. Personality characteristics of young male narcotic addicts. J Consult Psychol. 31:536-538, 1967.
46. Sutker P. Personality differences and sociopathy in heroin addicts and nonaddict prisoners. J Abnormal Psych. 78:247-251, 1971.
47. Sutker P. MMPI indices of personality change following short-term and long-term hospitalization of heroin addicts. Psychol Reports. 34:495-500, 1974.
48. Leighty E. Decreased retention of fatty acid conjugated DDT metabolites in rats given injections of heparin, bile salts or lecithin. Res Comm Chem Path Pharm. 31:69, 1981.

49. Bailey D, Shaw R, Cuba J. Phencyclidine abuse: Plasma levels and clinical findings in casual users and in phencyclidine-related deaths. *J Anal Toxicol.* 2:233-237, 1978.
50. Van Miller R, Marlar R, Allen J. Tissue distribution and excretion of tritiated tetrachlorodibenzo-p-dioxin in non-human primates and rats. *Fd Cosmet Toxicol.* 14:31-34, 1976.
51. Anderson D, Hickey J. Dynamics of storage of organochlorine pollutants in herring gulls. *Environ Pollut.* 10(3):183-200, 1976.
52. Findlay G, deFreitas A. DDT movement from adipocyte to muscle cell during lipid utilization. *Nature.* 229:63-65, 1971.
53. Swartz R, Sidel F. Effects of heat and exercise on the elimination of pralidoxime in man. *Clin Pharm Therap.* 14(1):83-89, 1973.
54. Masoro E. *Physiological Chemistry of lipids in mammals.* Philadelphia, WB Saunders. 1968.
55. Johnson H, Maibach H. Drug excretion in human eccrine sweat. *J Invest Derm.* 56(3):182-188, 1971.
56. Heath G, Stowe C. A preliminary survey of the secretion of certain drugs in equine sweat. *Cornell Veterinarian.* 62:406-411, 1972.
57. Thayse J, Schwartz I. The permeability of human sweat glands to a series of sulfonamide compounds. *J Exp Med.* 98:261-268, 1953.
58. Ishiyama I, Nagai T, Komuro E, Momose T, Akimori N. The significance of drug analysis of sweat in respect to rapid screening for drug abuse. *Z Rechtsmed.* 82:251-256, 1979.
59. Williams M, Cunliffe W, Williamson B, Forster R, Cotterill J, Edwards J. The effect of local temperature changes on sebum excretion rate and forehead surface lipid composition. *Br J Derm.* 88:257-262, 1973.
60. Shigematsu N, Ishimaru S, Saito R, et al. Respiratory involvement in polychlorinated biphenyls poisoning. *Environ Res.* 16:92-100, 1978.
61. Crow K. Lipid profiles in dioxinexposed workers. *Lancet.* 982:May 5, 1979.
62. Mosher L. Nicotinic acid side effects and toxicity: A review. *Amer J Psychiat.* 126(9):1290-1296, 1970.

63. Hoffer A. Safety, side effects and relative lack of toxicity of nicotinic acid and niacinamide. *Schizophrenia*. 2:78, 1969.
64. Newbold H. Niacin and the schizophrenic patient. *Amer J Psychiat*. 127(4):535-536, 1970.
65. Lipid-lowering drugs. *Med Letter*. 22:16, 1980.
66. Combs G, Scott M. Polychlorinated biphenyl stimulated selenium deficiency in the chick. *Poult Sci*. 54(4):1152-1158, 1975.
67. Costil D. Sweating: its composition and effects on body fluids. *Ann NY Acad Sci*. 301:160-174, 1977.



Foundation for Advancements in Science and Education

Research on human conditions has been the domain of many groups with scientific involvement from the academic and private sectors and, to a much greater degree, the federal government. But the current research environment is a changing one. With federal budget cuts forcing more and more research into a private sphere that is already feeling today's economic constraints, greater attention to efficiency of research efforts is imperative.

New alliances between researchers, greater institutional cooperation, stronger involvement of industry and private individuals, coordination and cooperation among potentially redundant projects and a clear focus on truly practical research results, are indispensable criteria in the selection and execution of a productive and socially beneficial research agenda.

The Foundation for Advancements in Science and Education is a growing coalition of scientific professionals which includes physicians, toxicologists, environmental scientists, psychologists, educators, statisticians and similar researchers, most of whom hold regular positions in business and industry, government, private practice and universities. Their expertise and skills are derived from real, day-to-day contact with pressing human and social problems in need of solutions. Their motivation comes from a personal commitment to find and implement those solutions.

Through the skills of these associates, the Foundation is able to develop in-house, rigorously designed and peer-reviewed research projects and protocols. This significantly reduces the upfront costs involved in literature review and protocol design. Each project is executed as a self-contained organizational component with professional staff including project director and principal investigator secured for the duration of the project, often on a sabbatical or leave of absence from other duties. This time arrangement encourages maximum efficiency throughout the project. The cost effectiveness is further facilitated by the core staff of the Foundation assuming as many of the administrative functions as possible, thus allowing for the greatest degree of purely technical output from the project team.

This coalition mechanism affords the Foundation more production per research dollar than an institutional approach requiring a contingent of full-time professional staff with the attendant high overhead.

CURRENT PROGRAMS

The Foundation has three target areas in which current research work is focused. The major research effort is directed at problems posed by human exposure to toxic environmental substances. Research findings continue to show growing numbers of unhealthy chemicals in our environment, including drugs, which lodge and persist (bio-accumulate) in the fatty tissue of the human

body. Such substances can adversely affect a person weeks, months or even years after the initial exposure or ingestion.

Toxic bio-accumulation is a serious problem. The Environmental Protection Agency estimates there are more than 2,000 hazardous waste dumps in the U.S. alone. The average person's chemical diet includes any one of the more than 3,000 chemicals which are deliberately added to our food, or one or more of the over 700 chemicals identified in our drinking water. For more and more people, this problem is further compounded by exposures to "street" and recreational drugs, many of which bio-accumulate.

The average individual's overall exposure to toxic substances can be considerable and the isolation of a method to safely reduce or eliminate entirely these stored foreign chemicals from the body is a vital area of research in which the Foundation is currently engaged.

Research into effective drug rehabilitation and drug abuse prevention methods are also vital objectives. Perhaps no other social statistic is more alarming than the rise in drug use and abuse. In a 1979 National Institute of Drug Abuse study, for example, six out of ten high school seniors reported illicit drug use; ten percent of America's high school students were using marijuana daily. Currently, Foundation researchers are studying the accumulation of THC in the bodies of chronic marijuana users. The psychological and neurological effects of these accumulations may be significant.

Another direction for Foundation work involves education. For the last 17 years (1963-1979), average scores on verbal and mathematical sections of the Scholastic Aptitude Test (SAT) have dropped steadily. As part of this decline, in the late 1970's, an estimated 23 million Americans between the ages of 18 and 65 could neither read nor write. Forty-two percent of the nation's 17 year olds were reported as functionally illiterate.

Foundation program objectives seek to isolate workable methods to arrest this decline. A study team is currently designing testing protocols to evaluate techniques designed to raise literacy levels and accelerate learning rate.

PUBLICATIONS

Reports on scientific findings by Foundation researchers are available to other scientific and research organizations and the general public upon request. Also, a special essay program is established whereby professionals from various fields are invited to write articles on pertinent issues in education and the sciences which the Foundation publishes and distributes. The Foundation also publishes a regular newsletter highlighting its technical and organizational activities.

Director of Research

David W. Schnare, Ph.D.

Receiving his doctorate in environmental management from the University of North Carolina at Chapel Hill, he is author and co-author of over 20 papers, including a chapter on benefit-cost analysis in "The Scientific Basis of Health and Safety Regulations," Brookings Institution, and co-authorship of "Environmental Health and Integrated Health Delivery Programs," U.S. Agency for International Development. He has authored numerous federal reports on regulatory and health policy and participated in national and international projects on environmental health. He is currently a policy analyst for the U.S. Environmental Protection Agency.

Senior Science Advisor

Max Ben Ph.D.

He received his doctorate from Princeton (1954). Former positions include director of corporate research at Miles Laboratories and advisor to the National Council for Research and Development, Prime Minister's Office, State of Israel. He has conducted research programs for the National Institute of Health and authored over 90 publications on the subjects of endocrinology, shock, pharmacology and toxicology. He is currently vice-president and scientific director for a Florida-based science research firm.

COMMITTEE ON SCIENCE

Terry Ashley, Ph.D. She received her doctorate in Biology from Florida State University and has published extensively in the field. She works with the University of Tennessee and is a consultant to Oak Ridge National Laboratories.

Ewart Baldwin, D.Sc. His doctorate in nuclear physics is from the Carnegie Institute of Technology. He is a manager and inventor working in the fields of solid state physics, nuclear physics chemistry, electronics and ceramic engineering. He is currently president of a commercial electronics firm.

Walter B. Bruszewski, Ph.D. He received his doctorate in experimental pathology from the University of Southern California. He has published extensively on the subject of immunology. His areas of technical expertise include purification of DNA and RNA and liquid chromatographic techniques. He is currently Chief, Immunohematology Research Laboratory, Research Service, Sepulveda Veterans Administration Medical Center.

Robert E. Brooks, Ph.D. He holds his doctorate in operations research from M.I.T. and has published several papers on the transportation of energy materials. He specializes in computer systems, systems analysis and business consulting. He is currently president of a consulting firm specializing in computer modeling for state governments and energy related businesses.

Gene Denk, M.D. A Phi Beta Kappa graduate of the University of Michigan, he completed his medical training at the University of Washington Medical School. He is currently in family practice at Shaw Health Center in Los Angeles.

Paul Jaconello, M.D. A graduate of the London Hospital Medical School, London, he has published extensively on the subject of nutrition. He is currently Medical Director of the Lafayette Medical Centre in Toronto.

Frank Gerbode, M.D. A graduate of Yale Medical School, he has published papers on neuroamine metabolites and spinal fluid. He completed his psychiatric residency at Yale and Stanford.

Robert Madix, Ph.D. He received his Ph.D. in chemical engineering from the University of California, Berkeley. He is the recent recipient of the Irving Langmuir Lectureship of the Colloid and Surface Science Division of the American Chemical Society and the U.S. Senior Scientist Award from the Humboldt Foundation of West Germany. An international lecturer, Dr. Madix is currently a professor of chemical engineering and chemistry at Stanford.

Amir Merry, Ph.D., P.E. He is a member of the American Society of Chemical Engineers and a published author on the subject of environmental management of toxic and hazardous substances. He is presently a senior vice-president of Roy F. Weston Environmental Consultants of Pennsylvania.

Harold E. Puthoff, Ph.D. He received his doctorate in 1967 from Stanford where he later served as Research Associate at the Microwave Lab and lecturer in the Department of Electrical Engineering. He has published extensively on the subject of lasers and microwave devices and co-authored the widely used textbook, *Fundamentals of Quantum Electronics*. Since 1972 he has been on the staff of SRI International where he is currently a senior researcher engaged in research in quantum physics and parapsychological phenomena.

Mary Joan Pagel, M.D. She obtained her medical degree from the University of Texas, Medical Branch in Galveston after graduate work in pharmacology at the University of Wisconsin. She completed her post graduate work at St. Vincent's Hospital and Medical Center in Portland, Oregon where she is currently in practice in internal medicine.

Megan Shields, M.D. A graduate of the Medical College of Virginia, she completed her residency in pathology at UCLA. She is currently in family practice residency at the University of California, Irvine Medical Center.

Mark Schonbeck, Ph.D. He received his doctorate from the University of Glasgow, Scotland and has published extensively on the subjects of inter-tidal marine algae, stress physiology and mosses. His current work is in the area of plant growth regulators. He is presently a crop physiologist for the Shell Development Company.

J. Michael Smith, Ph.D. He received his doctorate in physical/inorganic chemistry from UCLA. Former positions include research work at Los Alamos Scientific Laboratories. Currently, he is president and co-founder of a private management consulting firm with clients in the U.S. and abroad.

Andrea Thompson, Ph.D. She received her Ph.D. in experimental psychology from the University of California at Santa Barbara. Her areas of expertise include statistical procedures, computer use and research skills. Former positions include project director for the American Indian Studies Center, UCLA. She is currently Director of Research for Brain Works, Inc. in New York.

Steven Tomczak, Ph.D. He received his Ph.D. in physics from the University of Connecticut. He is author of the book, *Successful Consulting for Engineers and Data Processors*. He is currently a consultant in private practice in Los Angeles, specializing in electro-optics.

COMMITTEE ON EDUCATION

Lewis H. Gann, Ph.D. He holds a doctorate from Oxford University (1964) and has authored or co-authored 13 books. An authority on African history, he is a Fellow of the Royal Historical Society, London. He is currently a Senior Fellow at the Hoover Institution, Stanford University.

Yehoshafar Give'on, Ph.D. He received his doctorate in communication and computer sciences. Former positions include Lecturer in Applied Mathematics at Harvard University and Research Associate, Electrical Engineering Department, Stanford. He is currently a private consultant in Tel Aviv.

Elaine R. Parent, Ph.D. She received her doctorate in psychology from the University of Minnesota. Former positions include consultant to the University of Minnesota Civil Service Personnel System, the university's Bureau of Institutional Research, and public information specialist for the Minnesota State Mental Health Program. She is a member of the California Women in Higher Education and is currently assistant to the Dean, Graduate Studies and Research, University of California, San Diego.

Bernard Percy. He holds a masters degree in education from Columbia University, Teachers College and served on the faculties of Cal State University, Northridge and the UCLA Extension Program, Education Department. He is the author of *The Power of Creative Writing* and *Help Your Child in School*. He is currently an educational consultant and chairs the Foundation's Committee on Education.

William L. Turman, Ph.D. With a background in psychology, education and philosophy, Dr. Turman served as the first Director of the Office of Minority Affairs for the U.S. Peace Corps. Former positions include Director, Teachers Corps Program, University of Massachusetts School of Education, and Pediatric Psychology Consultant to Johns Hopkins Hospital, Child Growth and Development Clinic. He is currently a consultant in private practice in Washington, D.C.

Ilmar Waldner, Ph.D. He received his doctorate in philosophy from Stanford University and was a recipient of the Fulbright Fellowship at Hamburg University. Former positions include Instructor of Philosophy, Columbia University and Assistant Professor of Philosophy, Case Western Reserve University. He is currently president of a private firm which designs training programs for employees of client companies.

John H. Wolfe. He received his M.S. in psychology from the University of California at Berkeley and has published extensively on the subjects of psychometric testing and computerized adaptive testing. Past positions include mathematical statistician for the Bureau of the Census. He is a member of the American Educational Research Association and American Association for the Advancement of Science. Since 1962, he has served as an Operations Research Analyst for the U.S. Navy Personnel Research and Development Center.

Foundation for Advancements in Science and Education

The Foundation for Advancements in Science and Education is a non-profit public benefit corporation registered in California.

President, Steven R. Heard
Vice President, Jack Dirmann

As an independent, non-profit organization, the Foundation relies on individual, group and corporate contributions for basic operating funds and the financing of vital research projects.

P.O. Box 29813, Los Angeles, California 90029 • (213) 663-8168

SACRAMENTO VALLEY
UNION LABOR BULLETIN



Owned, Controlled and Published by the Sacramento Area Central Labor Council, the Sacramento-Sierra's Building and Construction Trades Council, and the Sacramento Allied Printing Trades Council, All Official Councils of the AFL-CIO

Vol. 56, No. 2

SACRAMENTO, CALIFORNIA, FRIDAY, JANUARY 27, 1984



15c PER COPY

Chemical Exposure

By Max Ben, Ph.D.

With some 55,000 chemicals now in commercial use, 3,000 deliberately added to food and over 700 found in common drinking water, there is no arguing the importance of protecting the American work force from potentially hazardous substances. As William Ruckelshaus, chief administrator of the U.S. Environmental Protection Agency, recently stated, "We must assume that life now takes place in a minefield of risk from hundreds, perhaps thousands, of substances.

There is no question that many commercially used chemicals have adverse human health effects. Studies have also shown that so-called "halogenated hydrocarbons", such as the industrial cooling agent, PBCs (polychlorinated biphenyls) and a variety of pesticides, may have a significant effect upon the human immune system. It is this system which routinely protects us against everything from colds to, perhaps, even cancer.

However, while an amazingly large amount of effort has gone into attempts to determine the health effects of chemical exposure, appallingly little has gone into examining how to safely remove those chemicals which do find their way into human tissues. On an immediate basis, it may not be economically or technologically possible to guarantee workers complete protection from the risks posed by chemical exposure, much less ban every known hazardous chemical from use. Thus, it would seem that finding a means of reducing toxic bio-accumulation may be the most reasonable approach to take.

Some 48 distinct chemicals have been identified in human fat tissues, each one of which has known negative health effects in humans or animals. The normal expectation was that such substances would remain "locked" within the body for the duration of one's life. Scientists in recent years have begun to study methods of removing chemicals from the body. For the past few years, researchers for the Foundation for Advancements in Science and Education (FASE) in Los Angeles and others have been studying the Hubbard Method. This procedure of detoxification was developed in the 1970s by L. Ron Hubbard and has grown in medical recognition in recent years as public concern over chemical pollutants has soared and

doctors have sought ways to deal with toxicity problems.

FASE scientists recently carried out a study on Michigan residents who had been heavily exposed to the fire retardant chemical PBB (polybrominated biphenyl) in the early 1970s. Examinations revealed six metabolized versions of PBB, seven metabolites of PCBs as well as the insecticides DDT, Heptachlor and Dieldrin in the participants bodies.

The participants then underwent a strictly controlled Hubbard regimen. The precisely monitored program consists of several components, including sauna, aerobic exercise, oil supplements and nutritional supplements centered around gradually increasing doses of niacin (B3). The length of the program averaged 20 days.

Dr. David Schnare, a senior environmental scientist for US EPA and a researcher in the Michigan study, stated that the program brought about a considerable reduction of all 16 chemicals studied. Even more significant, however, were the results of a 4 month follow-up examination which revealed that the toxin levels of the participants continued to drop dramatically long after completion of the program. At the time of the 4 month testing an average reduction of over 50% had been achieved for all chemicals. Dr. David Katzin, Medical Director of the Los Angeles Detox clinic which delivers the Hubbard Method, stated that the follow-up may indicate that the program "rehabilitates a natural

mechanism for the elimination of toxins from the body."

Dr. David E. Root, Medical Director of the Sacramento Detox Center, observes that the symptoms of low level toxicity are often not recognized as such by many individuals. Root, a medical doctor for over 20 years with a Master of Public Health degree from Johns Hopkins, is board certified by the American Board of Preventative Medicine in both Occupational Medicine and Aerospace Medicine. Root notes that low level chemical toxicity may manifest itself in a variety of ways.

"Boredom, fatigue, inability to concentrate, irritability, headaches, allergy problems and muscular problems all may be signs of toxicity," stated Root.

In a recent essay, Dr. Schnare observes that if chemical toxins can be safely and effectively removed from the body, then it may be possible to resolve the entire problem of human contamination and chemically related disease.

Dr. Max Ben is a former Director of toxicology and Biochemical Pharmacology at Miles Laboratories. He has served as a technical expert for the UN. He has authored over 90 publications on various subjects including toxicology, endocrinology, shock and pharmacology.

DETOX

Beverly Detox Center, 314 North Harper (Beverly at Harper), Los Angeles, California 90048, (213) 655-5928

Detox of Sacramento, 2320 J Street, Sacramento, California 95816, (916) 443-8172

PUBLIC LECTURE SERIES

Because of its popularity, Detox Center of Sacramento is renewing its public service of free educational lectures. These lectures have been designed to provide valuable information to the community on a wide variety of topical subjects. The expert panel of speakers for the Spring series are known for their interesting and lively presentations. Come on time and bring a friend. No admission charge.

- 8 March
THURSDAY
7:30 p.m. **"THE ANIMAL EXPERIMENTATION CONTROVERSY"** We are delighted to have a new guest to our forum, Cres Velucci, respected journalist, editor, and spokesperson for the coalition of animal rights groups.
- 15 March
THURSDAY
7:30 p.m. **"PREVENTIVE DENTISTRY: DENTAL HEALTH FOR YOUR FAMILY"** James Aubrey, D.D.S. Dr. Aubrey is a preventive dental specialist in Sacramento and a knowledgeable and exciting speaker with a wealth of information on this subject.
- 29 March
THURSDAY
7:30 p.m. **"THE UPS AND DOWNS OF DRUGS IN ATHLETICS" AND "DRUGS AND LEARNING"** Paul Hofer and Vic Krohn. Paul Hofer is a seven-year veteran of the NFL and member of the Board of Directors for the successful drug prevention group, People Reaching Out. He is deeply involved in getting young people to avoid the trap of drug abuse. Vic Krohn, educator and journalist, is an expert in the effects of drugs on kids and their ability to learn. He has one of the most successful anti-drug programs for schools in existence today. TWO DYNAMIC SPEAKERS, DON'T MISS THIS ONE. RSVP
- 5 April
THURSDAY
7:30 p.m. **"THE PERVASIVE PROBLEMS OF ENVIRONMENTAL CHEMICALS LODGING IN THE HUMAN BODY"** David E. Root, M.D., MPH. Dr. Root, a specialist in aerospace and occupational medicine is currently one of the leading authorities in California on the treatment of chemical exposure and resulting health problems.
- 12 April
THURSDAY
7:30 p.m. **"ALTERNATIVES TO PSYCHOTROPIC DRUG USE IN MENTAL HEALTH"** Don Pearson, M.S. Chairman Mental Health Advisory Board for Sacramento County, has worked in the mental health system for 10 years volunteering his expertise. He also owns Pearson's Natural Foods.
- 19 April
THURSDAY
7:30 p.m. **"CLINICAL TRIAL FINDINGS ON TOXIC BIOACCUMULATION REDUCTION"** David E. Root, M.D., MPH. Dr. Root's 25 years of medical experience with 21 years as a flight surgeon prepared him for his current clinical work in decontaminating patients from the ill effects of chemical exposure.
- 3 May
THURSDAY
7:30 p.m. **"POLLUTED HOT SPOTS: THE WARNING SIGNS AND WHAT YOU CAN DO"** Bruce Risely, Vice President & Founder of American Environmental Management Corporation and longtime expert in community cleanup of toxic and hazardous material, passes on some of his wealth of practical knowledge in this area of growing concern.
- 10 May
THURSDAY
7:30 p.m. **"YOUR NUTRITIONAL NEEDS"** Dee Pearson, owner of Pearson's Natural Foods and member of the Sacramento County Children's Committee. Dee is a well known nutritional advisor and animated speaker.

SIGNS AND SYMPTOMS OF DRUG INTOXICATION

OBSERVABLE EFFECTS

CLINICAL CHARACTERISTICS

AMPHETAMINES

- Dilated Pupils
- Dry Mouth

- Dilated Pupils
- Increased Blood Pressure
- Increased Pulse Rate
- Hyperreflexia
- Dry Mouth
- Evidence of Malnutrition (chronic)
- Bruxism (chronic)

COCAINE

- Dilated Pupils
- Redness and Irritation to Nasal Area — by insufflation (chronic)

- Dilated Pupils
- Increased Blood Pressure
- Increased Respirations
- Increased Pulse Rate
- Redness and Irritation to Nasal Area — by insufflation (chronic)

ALCOHOL

- Gait Ataxia
- Uncoordination
- Nystagmus
- Slurred and Incoherent Speech
- Drowsiness
- Droopy Eyelids
- Sluggishness

- Gait Ataxia
- Uncoordination
- Nystagmus
- Slurred and Incoherent Speech
- Drowsiness
- Droopy Eyelids
- Sluggishness
- Evidence of Malnutrition (chronic)

BARBITURATES

- Gait Ataxia
- Nystagmus
- Strabismus
- Thick, Slurred Speech

- Gait Ataxia
- Nystagmus
- Strabismus
- Thick, Slurred Speech

NARCOTIC ANALGESICS

- Constricted Pupils
- Droopy Eyelids
- Sedation — Nodding (new)
- Poor Motor Coordination (new)
- Vomiting (new)

- Constricted Pupils
- Droopy Eyelids
- Depressed Reflexes
- Decreased Respiratory Rate
- Sedation — Nodding (new)
- Poor Motor Coordination (new)
- Vomiting (new)
- Evidence of Malnutrition (chronic)

OBSERVABLE EFFECTS

CANNABIS

- Marked Reddening of the Conjunctivae

LSD

- Dilated Pupils
- Piloerection

MESCALINE

- Dilated Pupils
- Vomiting

INHALANTS

- Nystagmus
- Gait Ataxia
- Loss of Balance
- Slurred Speech
- Disorientation or Confusion
- Odor of Substance being Used

PHENCYCLIDINES

- Nystagmus
- Gait Ataxia
- Blank Stare Appearance
- Muscle Rigidity
- Difficulty with Speech

CLINICAL CHARACTERISTICS

- Marked Reddening of the Conjunctivae
- Increase in Heart Rate
- Increase in Systolic Blood Pressure
- Tremor
- Transient Muscular Rigidity

- Dilated Pupils
- Rapid Heart Rate
- Rise in Body Temperature
- Piloerection
- Decreased Muscular Coordination
- Fine Tremor of Fingers and Hands

- Dilated Pupils
- Increased Pulse Rate
- Increased Blood Pressure
- Hyperreflexia
- Nausea or Vomiting

- Nystagmus
- Gait Ataxia
- Loss of Balance
- Slurred Speech
- Disorientation or Confusion

- Nystagmus
- Increased Blood Pressure
- Gait Ataxia
- Blank Stare Appearance
- Muscle Rigidity
- Difficulty with Speech

For additional information contact:

**Doctors Lerner, Burns
& Associates**

**San Francisco
(415) 752-9269**

**Washington, D.C.
(202) 628-8697**

MEDICAL MALPRACTICE - FORENSIC TOXICOLOGY

case evaluation and expert testimony

- Dermatology
- Emergency Medicine
- Gynecology
- Internal Medicine
- Neurology
- Obstetrics
- Oncology
- Pathology
- Pediatrics
- Pharmacology
- Psychiatry
- Psychology
- Toxicology

Experience in over 1000 criminal, hospital malpractice, medical malpractice, personal injury and drug product liability cases. Review of cases conducted only by specialists matched to your particular requirements.

Specialist's curriculum vitae and complete fee structure provided upon initial inquiry. Nationwide. Local attorney references.

Doctors Lerner, Burns & Associates

San Francisco
(415) 752-9269

Washington, D.C.
(202) 628-8697



SENATE - CALIFORNIA LEGISLATURE
Select Committee on Licensed and Designated Sports

Testimony - Drugs and Professional Sports
Joseph A. Pursch, M. D.
Corporate Medical Director, CareUnit Hospital Programs
24 April 1984

Senator Montoya, members of the Committee, Ladies and Gentlemen:

I would have liked to be there with you today to present this testimony in person, but regrettably am in another part of the country. I hope this written testimony will suffice and will assist you in your deliberations.

As a medical doctor who has treated many chemically dependent athletes and served as a consultant for several diverse professional sports organizations; and as the director of a large national system of CareUnits that provides treatment to over 40,000 chemically dependent Americans each year; I am vitally interested in the subject before you today.

It seems everyone has a sentiment on the subject, from the athletes to the team owners to the fans in the bleachers. After seeing and treating dozens of players with this problem, I've reached a few conclusions myself. They are fairly straightforward:

1. Dependence on alcohol and/or drugs is a disease. Unlike other diseases, however, it begins with a conscious choice. This makes things confusing for the layman, who assumes that only lack of willpower or some inherent character defect is the underlying cause. Not true -- every major medical association in the free world calls chemical dependency a true disease.

2. Like all other diseases, chemical dependency ought to be prevented if possible, diagnosed at the earliest sign of trouble, and treated in the most therapeutic manner when diagnosed.

Many teams and leagues in professional sports have instituted programs of prevention and treatment. Some are excellent, and some are little more than window dressing. The best programs include a thorough dose of education and prevention activities; an understanding and vigilant detection and diagnosis policy; and a well-thought-out treatment approach that gives the athlete both a chance at a new lifestyle and the responsibility for making the necessary changes to get there.

3. Immediately after treatment the patient should return to his job if he is mentally and physically fit. Work is the best treatment, because it raises self-esteem and reinforces the conscious, everyday decision to stay away from chemicals.

In summary, we live in a drug-riddled culture. Use is everywhere. Our athletes, in spite of their status as all-American heroes, are part of that culture. It is unreasonable, then, to expect that they will remain aloof or unaffected. In fact, we know that the problem cannot be wished away -- so our best option is to intelligently provide prevention and education for those without the disease and treatment for those with it. Thank you.



TESTIMONY OF ROBERT ADAMS
BEFORE THE SENATE SELECT COMMITTEE
ON LICENSED AND DESIGNATED SPORTS

April 24, 1984

Mr. Chairman and Members of this committee, my name is Robert Adams, and I appreciate having this opportunity to address this distinguished panel. The issue you are taking on is a difficult one and I commend you all for your concern with regard to a very serious problem.

For eight years I was an NFL player for the Pittsburg Steelers, New England Patriots, Atlanta Falcons and briefly with the 49ers and with Houston as well. When I hear a claim that there is not an alarming drug problem or a complaint that the drug problem is being "overplayed", I know differently. I know what drugs can do to a person. And I know what drug usage can do to a team. From what I understand you are going to hear about this in detail today from a great many experts.

In addition to my interest and involvement in sports, I also am involved with health and fitness. My masters degree is in physical education and the biological sciences and I own a physical fitness center. As such, it is important that I keep abreast of those things that contribute to better health and that I stay informed about those things that worsen a person's physical well-being and performance.

On this last point, I believe that players who use drugs - or anyone who uses drugs for that matter - often suffer from a dangerous misconception: that the long term effects of the drug are non-existent or at worst minimal. This is clearly not true. The most astonishing reactions occur when I inform people that many of these drugs store in the fat tissues for long periods of time. And that they can re-circulate into the system again and again.

Last year, researchers for the Foundation for Advancements in Science and Education, working with the National Institute on Drug Abuse, conducted a study showing that THC, the psychoactive ingredient in marijuana, stored in the fat tissues of casual marijuana smokers at levels 181 times the level in the blood.

PCP or angel dust as it's called, LSD, downers and uppers, and definitely cocaine accumulate in fat tissues and can store in the body for long periods - even years. In fact, animal studies with cocaine showed that it persists in the brain and other tissues long after it disappears from the blood.

What's worse is that these drug residues can "mobilize" or break out of the fat and into the system causing an assortment of problems: poor performance, reduced reaction time, perception problems, irritability, and decreases in physical health. An Associate Professor at the UCSF School of Medicine, Dr. Al Levin, reports that marijuana may adversely affect the immune system.

When these drug residues break into the system of a drug user, even if he hasn't used drugs for some time, they can cause what are termed flashbacks. However, I feel that the scope of this problem has been too narrow. "Flashbacks" are often considered only re-manifestations of the "high" associated with a drug. But any drug user can tell you that there are other, perhaps more subtle but still unhealthy phenomena associated with marijuana, speed, cocaine or other drugs. There is lack of concentration, irritability, memory loss, headaches, stomach sickness, perception distortion which can lead to errors in judgement and other unwanted effects.

Is it possible that these conditions can "flashback" too - just like other phenomena associated with drugs? Clearly, more scientific and medical research needs to be done on the long term effects of drugs. But plenty of facts exist already. And the person who assumes that his "weekend use" or so-called "recreational use" has no long term risk or that it doesn't affect his or her performance weeks, months or even years later, is dangerously misinformed.

These short and long term adverse effects I am talking about are, of course, just as true on the playing field as they are on the street or anywhere else drugs are used. And I have observed these effects.

In addition to the physiological changes which result in a shortening of one's professional career, there are attitude* changes. Players who use drugs tend to individuate from the other players. And that leads to a lack of leadership which in turn leads to a lack of teamwork. That spontaneous comraderie that's so important tends to wane. And pretty soon you've shaved off some of that competitive edge.

As I said earlier, when I hear someone claim there is not a big drug problem, I know differently. Likewise, however, when I hear someone say that nothing can be done about it, I know that's not true either.

Unfortunately, when someone in professional sports is arrested for drugs, it's not just news. It's big news. Drug problems are much more sensational than solutions and usually it's the problem that gets the headline.

But there are many pros who don't use drugs at all. There are players who support drug free programs. There are professional athletes who used to use drugs and now don't who are taking the time to talk to high schools and future professionals, sharing their personal experiences with them in the hopes that they won't make the same mistakes. There are people with solutions and there are hearings like this one today where people can in a public forum share their solutions. It is my belief that these efforts deserve equal if not more attention than the problem itself.

For the past ten years I have been able to work with people who are involved in a program that I think deserves mention. It is called the Narconon program for drug-free living. I first heard about it when I lived in New England. It was there that I saw what it could do for people who had drug and alcohol problems. The Narconon program uses no drugs, and is designed to increase the individual responsibility of the person while eliminating his desire to lean on chemicals to seek pleasure or avoid pain.

Perhaps what is most unique is that this program uses the detoxification method developed by L. Ron Hubbard to eliminate drug and chemical residues from the fat tissues which addresses the long term problem I discussed earlier. I should point out that scientific studies on the Hubbard technique show that not only does it eliminate residues from drugs, it reduces the levels of environmental pollutants and contaminants as well which has made the program very popular with physicians and health minded individuals who are concerned about the extent of toxic substances in our environment.

The Narconon program has been in existence for nearly 20 years now and has initiated many very successful education and awareness campaigns. Of interest to the gathering today are the Narconon All-Stars - made up of over 300 drug free celebrities including many major sports figures, Rod Carew, Bruce Jenner, Carlos Palomino, Ken Norton, Tommy Hawkins and others. The Narconon All-Stars participate in public events for youth to communicate the vital message that being successful and being drug-free go hand in hand.

I am proud to be a supporter of this program and I could talk a great deal more about it. But I know we are short on time and there are many others here today with important things to say. Mr. Chairman, with your permission, I would like to submit with my written testimony a drug information booklet from Narconon which discusses in detail many of the points I touched upon today.

In conclusion, I want to emphasize that while the problem we are hearing about today is a most serious one, something can be done about it. And I believe that the vital work of this committee, the people who are attending these hearings today, the experts who will be speaking this morning and this afternoon, all attest to the fact that something is being done about it.

Thank you.

DRUGS AND PROFESSIONAL SPORTS

Testimony of Fred Leavitt

Thank you for the opportunity to testify about a problem that is putting professional sports in disrepute. I shall address four topics: causes of drug use among athletes; the positive effects of drugs; the negative consequences of abuse; and strategies for reducing the negative consequences.

The causes are many, and my list is not exhaustive. Athletes are of the age group most likely to use drugs. They can afford large quantities, and the drugs are readily available to them. Their careers are short and often in jeopardy; each new season brings forth contenders for their jobs, and the threat of career-ending injury is everpresent. Because of job insecurity, they often play with pain and injuries. They experience huge emotional swings: we've all heard about the thrill of victory and the agony of defeat. What's more, those periods of intense excitement are typically sandwiched between monotonous plane trips and boring nights in strange hotels.

Athletes are terribly stressed. They are booed by hostile fans, and their performances are held up to daily scrutiny by their peers, coaches, fans, and the media. Surgeons may do more useful work, but bury their mistakes. Teachers, lawyers, and members of the California Legislature have relatively small audiences. But the mistakes of athletes are exposed to the world, live and on videotape. Some years ago, two researchers developed a questionnaire

for measuring important changes in a person's life, and found that high scores correlate with stress and vulnerability to illness and injury. I enclose a copy of the questionnaire. Read it and you will see that professional athletes are an exceptionally high risk group. They are stressed, and drug use increases with stress.

Next I come to the positive effects of drugs. Failure to acknowledge that there are positive effects reduces the likelihood of finding satisfactory solutions. Once again, my list is not exhaustive.

- *Drugs produce pleasurable feelings.

- *They relieve anxiety.

- *They reduce fears and insecurity.

- *They are exciting, so can be used as antidotes to boredom.

Note how these effects counter many of the problems of athletes.

The negative consequences have been amply documented. The athlete who uses drugs risks his health, career, personal relationships, and freedom. Society suffers when its heroes and role models commit illegal acts and are remanded to prison. And sports, significant to so many in our society, are also tarnished. Serious damage will be done if a major event is ever decided by the inability of a drug-using participant to compete to his normal ability. To even contemplate the possibility is sad. My list, though short, covers a lot of ground; and I hope it's complete, because recognition and evaluation of the negative consequences of abuse is the single most important task before this Committee. Before elaborating, I shall consider some solutions.

Leavitt-3

When the cause of a problem has been established, the obvious solution is to eliminate it. Mosquitos carry malaria; to prevent malaria, eradicate the mosquitos. High levels of cholesterol increase the risk of heart disease; to reduce the risk, lower cholesterol levels. Enlightened owners could eliminate some causes of drug abuse. They could make long-term commitments to players, which would relieve job insecurity and the accompanying pressure to play despite severe injury and pain. They could develop vocational guidance programs to combat boredom and reduce anxiety about life after sports. They could hire people to teach alternative methods for relieving anxiety: psychotherapy, behavioral modification, yoga, self-hypnosis, meditation, and biofeedback.

Institution of such measures would certainly reduce problems associated with drug abuse. But the problems wouldn't be eliminated, any more than the risk of heart disease is eliminated by a low cholesterol diet. Too many other factors are involved. Therefore, I ask Committee members to consider an unpopular, politically inexpedient modification of goal: don't try to eliminate all drug use, which in any event is probably impossible, but instead try to minimize the negative consequences of abuse. That requires a radical solution. It means that punitive measures against users should be stopped.

Scientific studies show that the threat of punishment is an ineffective deterrent to drug use, but discourages abusers from seeking rehabilitation. Moreover, most people who use illicit drugs, including most athletes, are in other respects law-abiding,

productive citizens. If not, I pity us all: for 45 million Americans admit using marijuana, 25 million, cocaine. Regard them, if you must, as weak people or as victims, but I urge you not to treat them as sinners. Offer help, but don't penalize refusal. In short, I encourage you to search for alternative methods to punishment for dealing with drug use.

Although many drugs are dangerous, the user himself is almost always the primary or sole victim, and the negative consequences result more from the law than from pharmacology. The most compelling dangers are fine, imprisonment, and loss of job. In addition, drugs manufactured illegally frequently contain impurities that cause adverse reactions. Abusers are afraid to seek help. They distrust warnings about drugs, so disregard genuine dangers. They pay high prices and use unsterile equipment. And they become hypocrites, using drugs in private but condemning them publicly.

I conclude by asking this Committee to look with compassion upon professional athletes. They have glamorous, well-paid jobs, but pay a heavy price. Efforts should be devoted not to trapping and punishing, but to helping, them.

Instructions: Please check the life events that occurred during the previous 2 years. Circle the "mean value" for each item checked, and add all mean values for a total LCU score. If an event occurred more than once, then multiply the number of occurrences by its mean value. Thus, if you were divorced twice during the 2-year period, then the score for "Divorce" is $2 \times 73 = 146$.

Rank	Check if occurred	Life event	Number of occurrences	Mean value
1	<input type="checkbox"/>	Death of a spouse	—	100
2	<input type="checkbox"/>	Divorce	—	73
3	<input type="checkbox"/>	Marital separation	—	66
4	<input type="checkbox"/>	Jail term	—	63
5	<input type="checkbox"/>	Death of a close family member	—	63
6	<input type="checkbox"/>	Personal injury or illness	—	63
7	<input type="checkbox"/>	Marriage	—	50
8	<input type="checkbox"/>	Fired at work	—	47
9	<input type="checkbox"/>	Marital reconciliation	—	45
10	<input type="checkbox"/>	Retirement	—	45
11	<input type="checkbox"/>	Change in health of a family member	—	44
12	<input type="checkbox"/>	Pregnancy (score applies for both spouses)	—	40
13	<input type="checkbox"/>	Sexual difficulties	—	39
14	<input type="checkbox"/>	Gain of a new family member	—	39
15	<input type="checkbox"/>	Business readjustment	—	39
16	<input type="checkbox"/>	Change in financial state	—	38
17	<input type="checkbox"/>	Death of a close friend	—	37
18	<input type="checkbox"/>	Change to different line of work	—	36
19	<input type="checkbox"/>	Change in number of arguments with spouse	—	35
20	<input type="checkbox"/>	Mortgage over \$10,000	—	31
21	<input type="checkbox"/>	Foreclosure of mortgage or loan	—	30
22	<input type="checkbox"/>	Change in responsibilities at work	—	29
23	<input type="checkbox"/>	Son or daughter leaving home	—	29
24	<input type="checkbox"/>	Trouble with in-laws	—	29
25	<input type="checkbox"/>	Outstanding personal achievement	—	28
26	<input type="checkbox"/>	Spouse began or stopped work	—	26
27	<input type="checkbox"/>	Began or ended schooling	—	26
28	<input type="checkbox"/>	Change in living conditions	—	25
29	<input type="checkbox"/>	Revision of personal habits	—	24
30	<input type="checkbox"/>	Trouble with boss	—	23
31	<input type="checkbox"/>	Change in work hours or conditions	—	20
32	<input type="checkbox"/>	Change in residence	—	20
33	<input type="checkbox"/>	Change in schools	—	20
34	<input type="checkbox"/>	Change in recreation	—	19
35	<input type="checkbox"/>	Change in church activities	—	19
36	<input type="checkbox"/>	Change in social activities	—	18
37	<input type="checkbox"/>	Mortgage or loan less than \$10,000	—	17
38	<input type="checkbox"/>	Change in sleeping habits	—	16
39	<input type="checkbox"/>	Change in number of family get-togethers	—	15
40	<input type="checkbox"/>	Change in eating habits	—	15
41	<input type="checkbox"/>	Vacation	—	13
42	<input type="checkbox"/>	Christmas	—	12
43	<input type="checkbox"/>	Minor violations of the law	—	11
			Total LCU score:	—

A high score is 300 or more.

BRUCE L. BOSLEY

246 WEST SANTA INEZ
HILLSBOROUGH, CA 94010

February 10, 1983

Mr. Pete Rozelle
410 Park Avenue
New York, New York 10022

Dear Mr. Commissioner:

It is with mounting and considerable anger and disappointment that I write this letter. The subject of my concern and vexation is the National Football League's new-generation's problem with drugs.

There is no way to sweep the problem under the rug; no way to hide the insidious threat to the NFL by those using drugs. Compassion on the part of the league, your office, and owners is frighteningly akin to condoning the horrendous problem.

When Paul Hornung and Alex Karras were drummed out of the league for a year for gambling, the league was disgraced and embarrassed. But you reacted, immediately and forcefully. Your action won respect for the league, the game, and your handling of the responsibility of office. Today a gambling charge would, apparently, be looked upon by a less-questioning public as "no big deal". Narcotics (such as pills) which in the past were such a problem, and now the full-blown epidemic of the use of cocaine--are rampant in the NFL and nothing, it would seem to the public, is being done to correct what threatens to become a major disaster in the game.

A brief stay in a detoxifying desert retreat/clinic hardly qualifies as strong, corrective action. A sudden and effective stamp-out--starting with your office and leadership--is most urgent and obviously the only way to go to rid the NFL of the problem.

Where and when today's athletes became involved with drugs is one thing. Allowing "users" to continue to play and thereby offer role-model heroes to the public does a terrible disservice to the NFL, the game, sports and the nation.

Undoubtedly much of the drug problem has been brought into the league by young men who first tried "the stuff" while still in college--or in some instances, even earlier. Bringing the use of drugs with them into the NFL today appears no immediate great threat to careers, for your policy--and that seemingly employed by club owners and coaches--is tantamount to but a slap on the wrist.

If there is to be a turnaround, protection for the integrity of the game, it must start with you as commissioner. Every new contract, let's say as a first-step example, would stipulate that an athlete caught in a drug situation would immediately be banished from the sport--either for a year on first offense, or forever with habitual use. Hitting an athlete in the pocketbook gets his attention mighty fast.

Spot testing through post-game urinalysis should be written into these contracts, and employed--and don't anyone tell me about "civil rights" or "invasion of privacy". When the athlete signs his contract, he accepts the responsibility of "staying clean". Olympic athletes are spot-tested. Racehorses are spot-tested. All to insure the honest and integrity of the sport. Are pro football players sacrosanct? If the Highway Patrol can legally use breathalizers, unrinalysis and/or blood tests, then the NFL and its multi-billion dollar investment and future must be protected by no less determinations of drug usage by its player representatives.

The NFL is not a drug rehabilitation "home" for those who would desecrate the game. What has been achieved through more than a half-century by players, coaches and owners--public acceptance as the No. 1 spectator sport--appears in terrible danger. Memories of heroes of the past--the Baughs, McElhennys, Whites, Luckmans, McColls, Motleys, et al--are tainted and degraded by drug users in today's game.

The NFL Alumni Association, growing in numbers and strength by the year, has as its motto: "Caring For Kids". We care by example; we care by action. Just as we care, too, about the integrity and future of football.

If there is any way we as a group, or I as a former player proud of my 14 years service in the game, can be of assistance in helping to eradicate the festering sickness of drug usage, we stand at the ready. We are sen-

sitive to the situation. We want you to take strong action as commissioner, and we want to help in any way possible.

Sincerely,

Bruce Bosley

Bruce Bosley

BB/se

THE NATIONAL FOOTBALL LEAGUE

American Football Conference / National Football Conference

Jim Heffernan, Director of Public Relations

Joe Browne, Director of Information

Fran Connors

AFC Information Director

Dick Maxwell

NFC Information Director



410 Park Avenue, New York, N.Y. 10022

(212) 758-1500

FOR IMMEDIATE RELEASE
FL-14 7/25/83

The following statement was issued today, July 25, 1983, by NFL Commissioner Pete Rozelle:

Disciplinary suspensions, effective immediately, have been imposed on four National Football League players for violations of League drug policies. They are Ross Browner and Pete Johnson of the Cincinnati Bengals, E.J. Junior of the St. Louis Cardinals, and Greg Stenrick of the New Orleans Saints.

After thoroughly reviewing the respective cases and meeting with the players and their representatives, I have determined that each player, due to his participation in illegal activities involving cocaine, will be suspended without pay through the fourth game of the 1983 regular season. None of the four players is permitted to attend training camp, practice sessions, meetings, or otherwise use club facilities. All four will be eligible to petition for a statement following the fourth game of the '83 regular season.

Junior and Stenrick were arrested on cocaine felony charges in separate incidents. Each pleaded guilty or no contest to the charges and each was convicted earlier this year of a felony offense. Since both were granted probation, it is the first time in the League's history that players convicted on felony drug charges were not incarcerated by court action for a significant period of time.

Browner and Johnson acknowledged in recent federal criminal court testimony that they had purchased cocaine from a drug dealer many times. Browner admitted making 12 to 15 purchases; Johnson approximately 15.

NFL players occupy a unique position in the eyes of the public. They are objects of admiration and emulation by countless fans, particularly young people. Involvement with illegal drugs poses numerous risks to the integrity of professional football and the public's confidence in it. Thus every player must adhere to certain standards of personal conduct both on and off the field. Every player agrees by his employment contract not to engage in activities detrimental to the sport.

For many years the League's disapproval of drug misuse has been emphasized to players in team playbooks, locker room notices, player contracts, and annual visits to every squad by League security representatives. These measures were intensified in 1974 when the League fined the San Diego Chargers team, its general manager and eight of its players for drug violations. As drug misuse increased in sports, and in society in general, the NFL refined its policies to strike a balance between discipline, where necessary, and medical assistance for those players who voluntarily come forward to receive treatment.

This balance has meant that players who have sought rehabilitative treatment and whose drug problems have not entangled them in the criminal justice system have enjoyed limited amnesty despite their avowed past use of illegal substances. The NFL cannot, however, afford to condone--or convey any indication that it condones--illegal drug involvement.

Regardless of whether a player's prosecution on drug charges results in probation, as it did for Junior and Stemrick, and regardless of the reasons for withholding prosecution and granting immunity to others, as was the case with Browner and Johnson, the NFL's priorities often are and must be different in degree from those of the authorities who enforce federal and state narcotic laws. The game itself can be honored--or dishonored--by its own participants. The obligations of personal conduct are not just owed to the League. They are owed as well to the player's team, to every other National Football League player, and to the public on whose approval and support the game and the livelihood of all those associated with it ultimately depend.

Drug involvement may entail personal injury and health risks for players themselves and diminish the performance levels of players as well as their teams. Such involvement may also give rise to pressures on players to alter their performance on the field in the interest of illegal gamblers, as FBI officials recently noted.

Many knowledgeable authorities recognize that penalties may deter novice drug users from further use and deter confirmed users from increasing their use or participating in sales or distribution to others. It is also recognized that penalties may decrease the severity of an individual drug problem by encouraging frequent users to seek treatment and discouraging casual users from becoming heavier users or dependent.

In taking these actions today, I am no less determined to follow through on the policy of the League and its 28 clubs of guaranteeing treatment and rehabilitation for those who seek it through the established channels. But this medical assistance program is not intended to relieve all NFL players of personal responsibility for illegal drug involvement.

#####

BRUCE L. BOSLEY

246 WEST SANTA INEZ
HILLSBOROUGH, CA 94010

Mr. Pete Rozelle
410 Park Avenue
New York, New York 10022

August 12, 1983

Dear Mr. Commissioner:

Your suspension of four players for illegal drugs is the first strong step and warning to all. What about the "Dallas Five" and others? The next step must be the one that tells National Football League players and fans: No more drugs, or else--.

Spell it out for the league AND the public what action you will take in future situations. Will there be player-by-player, case-by-case assessment, or will you say enough's enough and remove the "users" and traffickers permanently from the game.

You may recall--although I received no confirmation that you ever received or read my letter of Feb. 10, 1983--that I pleaded for you to take a determined and immediate position on the drug problem. In case my letter may not have gotten to your desk, I'm enclosing a copy.

As a former player of 14 years and as an active member of the NFL Alumni Association, I share my contemporaries' concern for the well-being and future of the game--and of its position as our nation's No. 1 professional sports attraction. Players, to many fans, are larger-than-life figures, heroes, and role models for our youth.

It is important, Mr. Commissioner, that today's players, rookies, and future draft picks, be made to understand the basic rule: No drugs. Can you imagine what that high school or junior high school player will think? It would be their choice - stay clean if they want to play in the NFL or break the law and self-destruct.

Every new contract must stipulate that an athlete found to be using or trafficking drugs be immediately banished from the sport--either for a year on first offense (not merely four games, and then welcomed back as if cleansed), or forever with a second offense. Spot-testing through urinalysis should also be employed and cited as part of the standard contract.

It would appear there are those of the penalized four

(continued)

who lack remorse and/or question your authority by now threatening to appeal their suspensions.

Must we see the game be dragged through more legal mazes, a la Al Davis?

The players, coaches, owners, and fans want stronger action as evidenced by the enclosed newspaper articles.

Be firm, Mr. Commissioner. Spell it out for all of us. In capital letters, "Be clean--or be gone".

Sincerely,


Bruce Bosley

Enclosures

C.C. - NFL Teams
NFL Players Assoc.
NFL Alumni
USFL Commissioner
National Football Foundation
NCAA

BB/se

A REFRESHED WALSH HAPPY TO BE BACK COACH

From Page 39

on the team. One player said that as recently as earlier this month, someone stopped him on the street and asked if Walsh was coming back as coach. Obviously that was an isolated incident, but the player believes Walsh "lost respect" by appearing to vacillate over his future.

If he did, it does not appear to have affected his relationship with the players. This player, and others who were asked, said there appears to be no carryover effect from the way the 1982 season ended, with Walsh a no-show at the final team meeting and then the prolonged deliberations over his future.

"This is the first time I thought of it, and only because you reminded me," veteran tackle Keith Fahnhorst said. "That was an emotional period for everybody, because it was such a horsebleep season."

If there is one issue that still stresses Walsh, it is drug use. He has become something of a zealot in the NFL's anti-drug campaign, and players agree there's no question about where he stands.

So it obviously pained Walsh when he found out that "two or three" 49er rookies, albeit no veterans, had "traces" of drugs in their system during physical examinations before training camp.

Walsh told The Chronicle that the players still were on the team, and that "I haven't drawn any conclusions" about them because of the exams. He said he had not spoken to the players individually, but he did raise the issue at a team meeting this week.

He refused to identify the players, but said the tests showed "traces of all kinds of things, from sleeping pills to different kinds of amphetamines."

What about cocaine?

"Minor traces in two people."

Walsh conceded it was "probable" that there were some recreational drug users among 49er veterans, but insisted he did not know who they were and said he does not think the team has a drug problem.

I'm Satisfied That I Made The Right Decision'

At the same time, he suggested strongly that no player he suspects of using drugs will make the team's final 45-man roster next month.

A year ago, Walsh suggested that random testing might be an effective deterrent to drug use by players. But the league's collective bargaining agreement with the players association now effectively bars it, and Walsh said he's banking on peer pressure instead to "isolate" drug users.

"Testing is rather passe," Walsh said. "We don't even give it that much thought." He said the veterans' test results were "understandable" because they knew when they would be tested and any users could have abstained long

enough to pass the test. Experts say that cocaine in the bloodstream dissipates within 48 hours.

"I think we'd be typical of society," Walsh said. "I wouldn't be surprised if there were some recreational use. I am positive there'd be much less recreational use now than there would have been a year ago, because of everything that's happened."

The last comment was a reference to the increasing publicity surrounding NFL drug cases, and the suspension this week of four players on other teams for the first four games of the regular season.

Walsh felt that drug use contributed to the 49ers' poor season in 1982 and said that during the off-season, he even considered hiring a private detective to monitor the situation. That idea was dropped, and "we never interviewed anybody" for the job, Walsh said.

Hooray! Hooray!

Why not?

the only way to go!

Clippers' Silas Won't Return

Coach Paul Silas, under fire for the San Diego Clippers' inconsistent play, will not be rehired at the end of the National Basketball Association season, according to the Los Angeles Times.

The Clippers, who declined comment on the report, apparently plan to hire a top-name coach and are considering a deal to acquire Milwaukee forward Marques Johnson.

Eagle a 'Junkie'

Philadelphia Eagles fullback Leroy Harris has testified he is a "junkie" and spent much of a \$60,000 bonus on cocaine, according to the Philadelphia Inquirer.

PEOPLE/SPORTS

The paper said Harris, a member of the Eagles since 1979, made the admission during a support hearing in a New Jersey domestic relations court.

How much more?

PEOPLE/SPORTS

Drug Bust Nets Football Players

Washington Redskins running back Clarence Harmon and former New England running back Ike Forte were arrested in Texarkana, Ark., last night as part of a massive two-state drug raid. The pair were charged with possession of cocaine and held in lieu of \$20,000 bonds.

49ers' Walsh Fined

\$10,000 by the NFL

Houston Protested His Quote

By Ira Miller

San Francisco 49ers head coach Bill Walsh was fined \$10,000 yesterday by the National Football League for saying he wanted to trade for Earl Campbell, the Houston Oilers' star running back.

The comments were made in a guest column that appeared under Walsh's byline in the Houston Chronicle last April 11. The Oilers charged Walsh with tampering, a violation of the NFL constitution.

The column in question, headlined, "49er welcome mat out for Campbell," was ghost-written by Hal Lundgren, a Houston Chronicle sportswriter who last month was hired by Walsh as the 49ers' director of public relations.

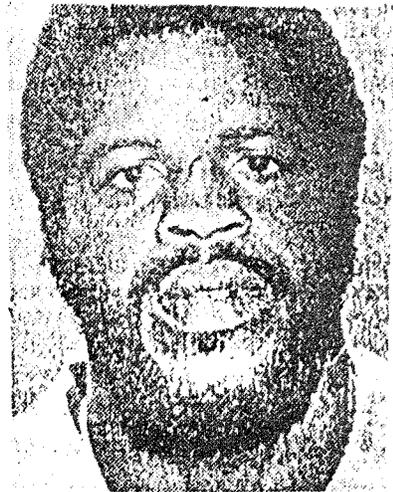
"I feel for Hal, because it's unfair to him," Walsh said yesterday.

In the column, Walsh/Lundgren wrote:

"Earl Campbell is one of the greatest football carriers in football history and we would like to trade for him. We've talked to the Oilers several times. Just as we're talking to several teams around the league. It's no secret around the league that a running back is what we need most . . .

"Whether it's Earl or a player from another team, we're interested in acquiring a running back as soon as possible. We want to trade. The other players we've talked about are (Curtis) Dickey (of Baltimore), Joe Cribbs at Buffalo, Wendell Tyler at Los Angeles and Chuck Muncie at San Diego."

Two weeks after the column appeared, the 49ers made a trade



EARL CAMPBELL
Oilers' running back

Wrong priority!

222

Suspended player says ban is a positive step

By WILLIAM R. BARNARD
AP Sports Writer

The suspension of four players by the National Football League for cocaine use was hailed as a positive step, even by one of those suspended by Commissioner Pete Rozelle.

"The commissioner made a decision in the best interest of the fans and the NFL," said St. Louis Cardinals linebacker E.J. Junior. "I accept the decision and look forward to returning to the football Cardinals."

Besides Junior, others suspended by Rozelle without pay for at least the first four games of the 1983 season included Ross Browner and Pete Johnson of the Cincinnati Bengals, and Greg Stenrick of the New Orleans Saints.

Rozelle said Monday that the four

can apply for reinstatement after the four games.

Mike Brown, assistant general manager of the Bengals, said the suspension of Browner and Johnson is a positive step that is more important than the loss of two of his best players.

"There's no question the National Football League has had problems with players and drugs," Brown said.

"More needs to be done to address the situation.

"We've worked hard at the rehabilitation side of the problem. Now we should attack on other fronts, including sanctions. If that deters players, what could be better?"

The Bengals had pushed for a stiff penalty against the players to signal a crackdown on drug abuse in the NFL, Brown said he expects that any

player found to be involved with drugs would get a similar penalty.

"It seems to me the purpose of the commissioner's actions is to deter others in the future," Brown said. "Whatever penalties are involved have to apply to all players the same way."

The Saints and Cardinals, including Junior, joined with the Bengals in not protesting Rozelle's decision.

"Sooner or later, we have to put a stop to it," said New Orleans Coach Bum Phillips. "That's what the commissioner considered best for the league and I'm not going to argue about it."

Cardinals Coach Jim Hanifan said Junior "asked me to tell the team that he will be ready. He said to tell them that he will continue to work out and hopefully he will be reinstated after the fourth game of the season."

Junior was arrested April 6, 1982, at an apartment in Tuscaloosa, Ala., and charged with possession of cocaine and marijuana. He entered a guilty plea last spring to the cocaine charge and was placed on probation.



Action is louder than words!
How about sooner?

FOOTBALL

From Page 49

1979 season, but quit in a bitter salary dispute over \$20,000 in 1980.

Infante Is Fired

On Tuesday, Lindy Infante, offensive coordinator of the Cincinnati Bengals, accepted a new job: head coach of Jacksonville's USFL team, beginning when the Bengals' season was over.

The Bengals' season ended for Infante yesterday. He was fired, and later in the day the Bengals filed a lawsuit against him for unspecified damages. The suit listed Infante's 1983 salary at \$80,000.

Paul Brown, the Cincinnati general manager, said that Infante's Cincinnati contract, which was due to expire next January 31, barred him from negotiating with another team without permission. He said Infante had asked for permission to negotiate with Jacksonville, but was denied.

Is He Kidding?

Pete Johnson, the Cincinnati fullback who recently admitted in court to buying cocaine, must be living in a dream world. At the same time that commissioner Pete Rozelle is considering disciplinary action, Johnson's agent has informed the Bengals he won't report to training camp next week unless his contract is renegotiated.

Johnson's current contract reportedly pays him \$125,000 a year.

"Apparently," said owner Paul Brown, "cocaine is a secondary issue."

Both Johnson and Bengals defensive end Ross Browner recently admitted cocaine purchases during testimony in a trial. Brown hinted that Rozelle may use his decision as an example for the rest of the NFL.

"I think football players, not just these two, have got to get a message (about drug use) from a leaguewide standpoint," said Brown. "We can't go on like this with these people."

... And More Drugs

The New Orleans Saints have signed cornerback Greg Stenrick, a former standout at Houston, but he won't be permitted to play for the Saints until the NFL completes an investigation into his conviction for cocaine possession.

Skins' Safety Peters Charged In Cocaine Plot

Washington

Veteran safety Tony Peters of the Washington Redskins was arrested yesterday at the Super Bowl champions' training camp in Carlisle, Pa., and charged with taking part in a cocaine-selling operation.

Peters, who has not missed a start in his 115-game NFL career, was accused in an alleged scheme in which about four pounds of cocaine valued at \$115,000 were sold at motels in Washington's Virginia suburbs in June and July.

The federal complaint says Peters sold the drug to undercover agents of the U.S. Drug Enforcement Agency and the Royal Canadian Mounted Police. The complaint named seven others, including two half brothers of Peters.

Authorities said Peters received \$3000 for "facilitating the sales." Peters got \$1000 as a fee for introducing the agents to other drug dealers, received another \$2000 for a subsequent sale and was to receive \$2000 per pound of co-

caine for future transactions, the complaint said.

He was released on a \$50,000 bond after being arraigned twice, once in Harrisburg, Pa., and again in Alexandria, Va. The charges carry a maximum prison term of 15 years and a fine of \$25,000.

Peters, 30, a father of four, became another in a growing line of pro football players whose names have been linked to cocaine in the past year. NFL Commissioner Pete Rozelle recently suspended four players for cocaine involvement.

The DEA also arrested Ron Wood, 38, and Thomas Valanidas, 35, both Maryland residents, and Jorge Alberto Robert, 35, an Argentinian resident of Miami. The others named in the complaint have not been apprehended.

The federal complaint said that Peters helped arrange the sale of a half pound of cocaine for \$17,000 on June 29 to Ronald Nicholson of the Canadian Mounties.

The complaint said that on July 5 Peters also met with a DEA agent at a restaurant in Falls Church, Va. and agreed to help supply the agent with larger amounts of cocaine.

On July 19, the undercover agents met with two of Peters' alleged associates at an Arlington Va., motel and purchased a pound of cocaine for \$34,000, the complaint continued.

AP & U

Earlier action may have prevented this

Unbelievable!

Why?

Right on!

Niners owe drug users 'nothing'

By GARRY NINER
Times Sports Writer

ROCKLIN — No matter how hard the National Football League tries to divert attention from pro football's drug problem, it still seems to alter the priorities of the business at hand.

The latest round of controversy, instigated when NFL Commissioner Pete Rozelle suspended four players who were subject to grand jury investigations, has stolen the spotlight at the various training camps around the country.

Forty Niner Coach Bill Walsh, whose Super Bowl team was rocked with drug accusations last season, addressed the subject Tuesday at his weekly training camp meeting.

Last season, if you will recall, staffing inside linebacker Craig Puki admitted that he had a problem with cocaine, and was unceremoniously waived. There was another player waived, reportedly because of drug usage, and several others warned. Many felt that Walsh wanted Puki to serve as a warning to other players on the squad.

If that is true, it probably worked because Walsh said that, to his knowledge, the team has little or no drug problem this year.

Such is not the case with other teams, where such celebrated players as Dallas' Harvey Martin and Tony Dorsett are under investigation.

But that is not to say that the problem is licked as far as the Niners are concerned.

"Unfortunately, there is almost two classifications of drug users," said Walsh. "There are the players who realize they have to stop but cannot stop themselves, and approach the officials of their club for help. By doing so, their parent club can help them more quickly and more professionally."

"That's the group we'll do everything we can for," said the coach.

49er Players Back Drug Suspensions

By Ira Miller

Rocklin, Placer County

The 49ers, who have seen for themselves what drug problems can do to a team, generally supported the suspensions of four NFL players announced yesterday by commissioner Pete Rozelle.

"The most important thing is, we've got to clean up the act of this league, and stop what's been happening, especially the last two years, because we're role models," said cornerback Ronnie Lott.

"Maybe this will show kids that you get punished for your actions."

"It's not as though players weren't warned many times in previous years," said head coach Bill Walsh. "I think there might have been a feeling in years past that players felt impervious to any action, almost flaunting it."

Linebacker Craig Puki, a starter during the 1981 Super Bowl season, was released by the 49ers prior to training camp in 1982 because Walsh felt he was not following his drug rehabilitation program, and there were rumors of other players from that team involved with drugs. All the other players issued denials, but Walsh said he felt drugs played a part in the team's slump to a 3-6 record in 1982.

A sample of yesterday's reaction:

Backup quarterback Guy Benjamin, the team's acting player representative, noting that George Rogers of New Orleans was not disciplined after admitting that he spent \$10,000 on cocaine during the 1981 season, when he led the NFL in rushing: "I would just hope that all punishment would become uniform. If one star says he does it and gets off and someone else who doesn't play gets punished, that isn't fair."

Offensive tackle Keith Fahnhorst: "Some action had to be taken. They were all highly-publicized cases. They couldn't just go with a slap on the hand ... It seems like the league was trying to hide it (drug problems) under the rug for some time."

Linebacker Jack Reynolds: "That's (four-game suspensions) not a very big punishment, I don't think."

"Unfortunately, there is another group that is utterly desperate. They're broke, they owe their sources all kind of money and they accept the committal almost as an escape for 28-30 day, and then they're right back into it (drugs). It's almost as if they're cornered, knowing that once they are released they can get right back into it."

Walsh said that these types deserve the most stringent penalties.

Football, and then coming out of it with absolutely nothing. And the dealer is driving around in a Rolls Royce. That part of it distresses me as much as anything. "We don't have to be at the mercy of cocaine," said the coach. "We don't have to back away from it."

"When there is hardcore evidence of dealing in drugs, then I don't think the commissioner has any recourse. If there are hardcore users of drugs, then they should be driven back into the closet," said Walsh, referring to statements that harsh measures will just drive the drug users further underground.

"We owe them NOTHING," he sternly admonished. "Absolutely nothing. It becomes a vicious circle. Part of the problem that players get into through the use of cocaine is that the expense of their drug is far in excess of their salary. It's just like a player throwing his money over the Golden Gate Bridge after he has played his heart out on Sunday, and then coming back the next Sunday ready to go. It will especially break a guy during the offseason, because he only has limited funds to live on anyway, and the drug habit remains the same. Now when football starts again, he is already in debt."

"You just feel terrible about these young guys working hard all of the time, finally getting a chance at pro

The Niner coach said that the NFL teams are committed to mobilizing all of the resources available to thwart the ongoing threat of drug abuse by players.

"We're going to educate as many as we can to the cruel reality of cocaine. We'll use peer pressure, educational sources, medical expertise ... whatever is available to educate them as to the damage they can do to their lives."

Walsh said that it was difficult to take a moral stance on the subject, because it's a coach's job to take a puritanical approach to life.

"It's awfully difficult to take a do-gooder's stance," he said. "Because you just can't go around pressing your own values on someone else."

"I think that first and foremost is their performance ... their work. That's what we must evaluate ahead of anything else. Just as important is how their play is affecting the performances of those around them."

Right on!

(Continued from Page 19)

Walsh said that his observations have found that a drug user's performance is inconsistent and affects the team's continuity."

He also issued a stern warning to those who persist in indulging in drug use.

"We owe them NOTHING," he sternly admonished. "Absolutely nothing. It becomes a vicious circle. Part of the problem that players get into through the use of cocaine is that the expense of their drug is far in excess of their salary. It's just like a player throwing his money over the Golden Gate Bridge after he has played his heart out on Sunday, and then coming back the next Sunday ready to go. It will especially break a guy during the offseason, because he only has limited funds to live on anyway, and the drug habit remains the same. Now when football starts again, he is already in debt."

"You just feel terrible about these young guys working hard all of the time, finally getting a chance at pro



IMPORTANT EVENTS IN NFL'S EFFORT TO COMBAT DRUG PROBLEMS

1971

Consistent with the federal government's new regulations on the dispensing of amphetamines, the NFL adopts a League-wide policy to ensure that such substances are not abused. Following are the steps of that policy:

- Re-emphasis that the sole authority among club personnel for the dispensing of any medication is the team physician. (This had been the traditional position throughout the 1960s.)
- Establishment of educational program for players regarding amphetamines.
- Emphasis on drug misuse and its consequences during annual security lectures by NFL representatives at training camps. Clubs urged to invite drug experts to supplement such lectures.
- Clubs urged to insert information on dangers of drug misuse into players' playbooks.
- Mandatory signs on drug usage posted prominently in each NFL training room. The text of the sign currently in use (1983 season) reads:

NOTICE

It is League policy and the policy of this club that the use at any time by NFL players of any drugs not specifically prescribed by your team doctor or personal physician is not in your interest, the interest of your team, or the interest of the National Football League. Disciplinary action, up to and including fines and/or suspension from the NFL, will be taken for improper distribution or use of drugs by team personnel.

In particular, the taking or distribution of "pep pills," "diet pills," or any other drug, regardless of amount, for the purpose of enhancing performance is prohibited. Such drugs have never been shown to improve performance on the athletic field. Furthermore, their use is not without medical consequence. Significant harmful effects may involve the heart, brain, pulse, and blood pressure. Withdrawal illnesses and other problems are encountered in "coming down" from the drug. Still further medical risks result if one is injured and requires anesthesia for surgery.

If you have any questions about the use of drugs of any kind, either on or off the playing field, the team doctor will discuss them with you individually.

- 1971 NFL begins cooperative program with National Clearinghouse for Drug Abuse Information, the Justice Department's Bureau of Narcotics and Drugs, and the National Center for Voluntary Action to produce public-service announcements on NFL telecasts. Nearly 100 players ultimately participate, and the program receives many commendations, including those from the American Health Association, the American Legion, and the White House.
- 1973 With drug use among athletes increasing at all levels, the NFL begins reassessing its program and makes plans to augment it. The League also discusses the issue with the Special Subcommittee on Investigation of the House Committee on Interstate and Foreign Commerce.
- 1973 (June) NFL announces several new elements in its drug program:
- Mandatory reporting by member clubs to the League office of the purchase and supply of prescription drugs, including full inventory, all drug invoices on a monthly basis, local procedures to control inventory and handling, and spot audits by investigators under direction of League security department.
 - Prompt reporting by member clubs to the League office of any involvement in a drug incident by club personnel, players or otherwise. League's security department to investigate such incident.
 - Disciplinary action by the Commissioner, up to and including suspension from the NFL, against any club personnel involved in the improper dispensing or use of drugs, or failure to comply with the reporting requirements under the League's inventory system.
 - Augmented educational programs.
 - Caution to players to notify team physician about any prescription medication obtained from sources other than the team.
 - Intent to name before the next season a League medical consultant with pharmacological expertise.
- 1973 (July) Player Lance Rentzel of the Los Angeles Rams suspended for the 1973 season by Commissioner Rozelle for personal conduct, including illegal possession of drugs.
- 1973 (September) NFL names as consultant Dr. Walter F. Riker, Jr., chairman of the department of pharmacology at Cornell University Medical College in New York City. To act as advisor on patterns of medically-recommended drugs for team personnel and to evaluate prescription-drug data under the League's mandatory inventory system.

- 1974 (April) Commissioner Rozelle disciplines the San Diego Chargers organization, its general manager, and eight players for violations of the NFL's drug policies. The discipline consists of fines totalling \$40,000 plus probation for each of the individuals involved. General Manager Harland Svare is fined \$5,000 for failure to exercise proper supervisory controls over activities of the players and other affiliated with the football operation. The players fined for violations at the training-camp site and, in some cases, during the regular season are David Jones and Tim Rossovich, \$3,000 each; Coy Bacon, Dave Costa, and Jerry LeVias, \$2,000 each; and Rick Redman, Walt Sweeney, and Bob Thomas, \$1,000 each. The San Diego club is fined an amount equal to the aggregate of the individual fines (\$20,000) for supervisory omission by its administrative staff.
- 1974 The NFL begins long affiliation with United Way of America and its 37,000 agencies. The League stipulates that among the many television public-service announcements produced in conjunction with United Way there must be spots devoted to the dangers of drug misuse.
- 1975 (January) The 100,000 copies of the program for Super Bowl IX include a special 20-page booklet entitled "Drugs in the Game of Life...Gains and Losses." This contains information on the federal statute adopted in 1970, penalties for possession of drugs, and facts about narcotics, marijuana, stimulants, depressants, and hallucinogens. Extra copies are printed and made available to high schools, youth clubs, and other organizations.
- 1975 (July) NFL hires as assistant director of security Charles R. Jackson, a veteran in law enforcement in the New York City area, specialist in drug problems, and president of the International Narcotic Enforcement Officers Association. In addition to his NFL duties, Jackson later is made available to other sports organizations, e.g., the National Collegiate Athletic Association and the Big Ten Conference, for his advice on drug abuse prevention and education.
- 1976 The form for the NFL Player Contract is revised to include specific language on drugs [see underscored passage below]:
- INTEGRITY OF GAME. Player recognizes the detriment to the League and professional football that would result from impairment of public confidence in the honest and orderly conduct of NFL games or the integrity and good character of NFL players. Player therefore acknowledges his awareness that if he accepts a bribe or agrees to throw or fix an NFL game; fails to promptly report a bribe offer or an attempt to throw or fix an NFL game; bets on an NFL game; knowingly associates with gamblers or gambling activity; uses or provides other players with stimulants or other drugs for the purpose of attempting to enhance on-field performance; or is guilty of any other form of conduct reasonably judged by the League Commissioner to be detrimental to the League*

or professional football, the Commissioner will have the right, but only after giving Player the opportunity for a hearing at which he may be represented by counsel of his choice, to fine Player in a reasonable amount; to suspend Player for a period certain or indefinitely; and/or to terminate this contract.

- 1977 The League begins working with the Distilled Spirits Council of the United States (DISCUS) and the Education Commission of the States to produce television public-service announcements with the theme of moderation in drinking.
- 1978 (August) After one year's imprisonment for trafficking in illegal drugs, Miami Dolphin players Don Reese and Randy Crowder are ruled eligible by Commissioner Rozelle to re-sign in the NFL, provided each donates \$5,000 of his first year's salary to a drug rehabilitation facility in the state of Florida. Probation conditions similar to those imposed by the court are also applied.
- 1980 Specific mention of alcohol abuse is incorporated into the NFL Drug Program which is mandatorily inserted into each player's playbook.
- 1981 Carl Eller, former all-NFL player with the Minnesota Vikings and a reformed chemically-dependent person, begins part-time consulting work for the League. Eller meets with coaching staffs and administrative personnel to help them recognize and deal with drug problems. He also holds several private meetings with individual players.
- 1981 In a move consistent with the many employee assistance programs beginning in American business, the NFL modifies its drug program to place more emphasis on medical help and treatment. The change begins to bear fruit as a number of players come forward to take advantage of this club-financed treatment.
- 1982 (March) At the NFL's annual meeting, Commissioner Rozelle stresses to member clubs the need to affiliate themselves with a competent drug and alcohol facility in their local areas to handle evaluation and treatment of employees, or, in the event of treatment at another site, the employees' after-care. (Up to this point, many clubs had used only facilities that were nationally known but which were in other locales.) The Commissioner also asks each club to retain a physician in its area who is expert on drug and alcohol matters. At the same meeting, Dr. Walter Riker and Carl Eller (see above) address owners, front-office executives, and coaches of the member clubs on the League's concern about drug use and the assistance aspects of the NFL program. A similar session is repeated the following month at the annual meeting of NFL public relations directors.

- 1982 (June-July) The League discusses its drug program and ways to enhance it with Rep. Leo C. Zeferetti, chairman of the House Select Committee on Narcotics Abuse and Control. Commissioner Rozelle also meets with representatives of the Drug Enforcement Agency in Washington and pledges the NFL's cooperation.
- 1982 (August) The medical assistance part of the NFL Drug Program is expanded to clarify that any player who voluntarily seeks aid will not be subject to disciplinary action and that all such cases will be kept confidential by the club.
- 1982 (September) NFL hires two former Drug Enforcement Agency agents as regional representatives to bolster the NFL security network.
- 1982 (December) NFL representatives join other professional sports executives at the White House for a meeting on President Reagan's new drug and alcohol abuse program. Mrs. Reagan accepts NFL's invitation to kick off the program with an announcement during the telecast of Super Bowl XVII. One feature of the program is a speakers bureau, to which NFL Charities contributes \$40,000.
- 1982 (December) The 1982 Collective Bargaining Agreement executed between the NFL Management Council and the NFL Players Association provides for the Hazelden organization in Center City, Minnesota, to evaluate the drug facilities affiliated with each club "to assure the highest degree of care and treatment and to assure the strictest observance of confidentiality." The Agreement also provides that a player may, upon reasonable cause, be tested for chemical abuse or dependency.
- 1983 (January-February) In an effort to reach players even before their first NFL training camp, League representatives give drug-program orientation lectures at the sites of several college all-star games and at timing/testing sessions conducted by NFL scouting groups.
- 1983 (March) The NFL's head coaches attend a day-long workshop on chemical dependency at the Betty Ford Center at the Eisenhower Medical Center in Rancho Mirage, California, to help them identify and deal with the problems of drugs and alcohol use by their players and other team employees.
- 1983 (June) As part of the orientation program under the League's new relationship with Hazelden (see Dec. 1982 above), players and representatives of coaching staffs from across the NFL attend seminars at Hazelden's headquarters to enhance their leadership roles with their respective teams and help keep them drug-free.

1983

(July) Commissioner Rozelle suspends without pay four NFL players through the fourth game of the regular season for their involvement in illegal drug activities. The players are Ross Browner and Pete Johnson of the Cincinnati Bengals, who acknowledged in federal criminal court testimony that they had purchased cocaine from a drug dealer at least a dozen times; and E. J. Junior of the St. Louis Cardinals and Greg Stemrick of the New Orleans Saints, each of whom were convicted on felony drug charges for possession of cocaine.

AL

BRUCE L. BOSLEY

246 WEST SANTA INEZ
HILLSBOROUGH, CA 94010

September 1, 1983

Mr. Pete Rozelle
410 Park Avenue
New York, New York 10022

Dear Mr. Commissioner:

It appears that the "Dallas Five" situation is a direct result of an unsuccessful drug rehabilitation program initiated in the early 1970's. The ineffectiveness of this program has left Coach Landry facing the possibility of losing those super star players who are currently exposed to an out-dated philosophy and cover-up. The price to correct the situation at this stage of the game will be high, but must be paid.

However, you can prevent future incidences of this kind by acting now with a monitored "no drug policy and prevention program". You will also give support to schools nationwide - like Auburn University. Coaches would then be able to devote more time to actual coaching, and the NFL would not be embarrassed almost daily by newspaper articles like the ones I have enclosed. How many have not been caught yet??

Sincerely,

Bruce Bosley
Bruce Bosley

C.C. - NFL Teams
NFL Players
NFL Alumni
College Football Foundation
N.C.A.A.

Enclosures

BB/se

Cannon's Hall of Fame Induction Threatened

The scheduled induction of Billy Cannon into the College Football Hall of Fame may be delayed until counterfeiting charges against him are settled.

A Florida oilman was arrested last night in a widening federal investigation of at least \$7.5 million in counterfeit money that led to charges against Cannon, the former Heisman Trophy winner who played for Louisiana State and the Raiders.

Bill Glassecock, president of Magnum Oil in Pensacola, Fla., was accused of conspiring to manufacture, possess and conceal \$2.5 million in bogus bills.

"There are a lot of spinoff investigations from this," said assistant U.S. Attorney Randall Miller. "We've got smuggling, we've got drugs. But Cannon's involvement is strictly counterfeiting."

Cannon, arrested at his home in Baton Rouge, La., Saturday on a warrant accusing him of conspiring to distribute \$5 million in phony bills, had been elected by the National Football Foundation last January and was scheduled for induction in December into the Hall of Fame.

Court records revealed yesterday that Cannon had been sued for hundreds of thousands of dollars in bad debts since 1960. The records showed the latest suit against Cannon was filed in the spring claiming non-payment of \$122,000 on a condominium valued at \$150,000 near Jefferson Downs in Kenner, La. He also was under court order to pay \$246,000 on promissory notes when he was arrested.

Appeal Denied

An appeals court refused yesterday to delay an order that would throw out the NCAA's college football TV package.

The NCAA said it now would appeal to the U.S. Supreme Court. If the order is allowed to stand, college teams will be free to make their own TV arrangements instead of being bound by the NCAA's deal with ABC and CBS.

Landry Sits Pat

Dallas Cowboys coach Tom Landry said he plans to take no immediate action against five players linked to a federal cocaine investigation.

Team officials confirmed over the weekend

that federal authorities were considering charges against wide receiver Tony Hill, defensive ends Harvey Martin and Larry Bethea, and running backs Tony Dorsett and Ron Springs.

Landry said he has known of the inquiry for some time.

Diver Still Critical

Soviet diver Sergei Chalibashwili, injured while attempting a difficult dive at the World University Games, remained in critical but stable condition at the University of Alberta Hospital in Edmonton.

"He is no worse and no better," said Dr. John Read, the hospital's vice president of medical services.

Chalibashwili, 21, has been in a coma since the accident.

Odds and Ends

Baseball Hall of Famer Earl Averill, 81, was hospitalized in Everett, Wash., for pneumonia. Averill's wife said her husband had felt fine until Sunday when he developed a temperature of 101 degrees ... Julie Ridge, a 26-year-old actress from Manhattan, braved the polluted waters of the Hudson and East rivers last night to become the first person ever to swim twice around the island of Manhattan. Ridge, who performed in the long-running Broadway show "Oh! Calcutta," began her swim at 10:15 p.m. Sunday. She completed the swim at 7:50 p.m. last night.

Joe Paterno, who coached Penn State's football team to the national championship last fall, will be honored in San Francisco on Thursday. He'll receive a key to the city from Mayor Dianne Feinstein, and throw out the first ball at the Giants-Cardinals game Thursday night. Paterno will address the Commonwealth Club on Friday on the subject of ethics and college athletics, and will attend a Penn State Club dinner Saturday night at the Ferry Plaza Restaurant (information available at 864-7338 or 861-3518).

Wondering about ex-phenom Joe Charboneau, released last month by the Cleveland Indians? He now works as a bouncer at a bar in Buffalo, N.Y. Charboneau, the A.L. Rookie of the Year in 1990, has been plagued by back problems, but still believes he'll make it back to the

*Lack of responsibility
lost esteem*

DRUGS AND SPORTS

From Page 39

'60s. It seemed to many like the miracle drug. It had named that way to Sigmund Freud, and he never had to face a huge linebacker in a fury, a slightly different prospect than an irritated Carl Jung.

There is no doubt that in football the use of drugs taken as part of the job — as medication — eased the way for increased use of drugs as part of life. And just as a player denied that the drugs he was taking for treatment were harmful, so he denied that the drugs he used recreationally were harmful. And teams have turned their backs to both problems.

Drugs and professional sports will go hand in hand. Always. Anybody who tells you differently is either lying or a fool and quite possibly both. It is a widespread problem, and NFL teams have been blind to it, either purposely or through a Pollyanna outlook. For them to believe that drug use is rampant would be contrary to the image they work so hard to create.

I was out of football when cocaine hit full stride as a recreational drug, although from my perspective as a player it seemed that its effects made it a better working drug. But what did I know?

Although I wasn't playing anymore, by the late 1970s and early '80s I began to come across cocaine with increasing frequency in sports circles, and in alarming quantities. High-dollar quantities. That was a scary prospect for a player like myself who in my best season in Dallas had an annual salary of \$17,000 as the starting flanker.

During those years, total strangers would show up at my house, hang around a while, then rip off my whisky and my record albums. I shudder to think what they would have done in a crazed search for my \$40,000 cocaine stash, whether real or imaginary.

By 1980 I had enough experience in various situations to see what people would do to get cocaine and what they did after they got it. It didn't take a genius to see the danger to a high-profile professional football player with a six-figure salary and a new fur coat.

Like all adolescents, football players have heard the lectures about drugs and drug abuse promulgated by their authority figures, and they aren't about to start listening now. They are not heroes; they are survivors. As soon as they lose that quick step, no rules apply. And cocaine seems to add a step, to keep them up fighting the awful comedown. The only real fear is that of failure.

An upper-class drug epidemic in a lower-class sport full of instant millionaires in full-length mink and quarter-length self-esteem could bring us a new spectacle.

Athletics, in its pure form, is about growth and is a complete experience that leaves the participant satisfied. But professional football is spectacle and is about money, filling the seats, selling the tickets, making the money. The crowd must be pleased, satisfied, satiated. And for the athlete to try to fulfill that, he has to die a little every week. The tremendous high of performance is quickly followed at game's end by the low of coming down. For many players today the fear of coming down is overwhelming, and they have chosen cocaine in a vain attempt to stay up.

Former addicts may lecture from experience, but it is in vain, because they are barely addressing even the symptoms. They haven't touched the sickness, which pro football has yet to diagnose. Sending acknowledged addicts for rehabilitation, which looks good publicly, is a quick fix but does not address the overall problem.

The disease is massive, and its seeds are in us all; it permeates our culture. We call it greed.

Like sleep without dreams, going up while trying to avoid the necessary pain of coming down deprives the athlete of one of the vital lessons of sport: All good things come to an end.

When the athlete ceases to learn and grow from his experience, he begins to feed upon his own vitals and has soon emptied himself. He pours more drugs into his body, desperately afraid of the coming down because now he is higher than he has ever been and less prepared for the fall. But fall he will. Sooner or later.

A ballplayer doing more cocaine than he can pay for is anybody's pigeon, a high-dollar pigeon who someday may have to pay for a cocaine line by covering the betting lines.

He has slipped into a bigger game with only one rule: Do or die.

Pete Gent played for the Dallas Cowboys and the New York Giants. He is the author of "North Dallas Forty," a best seller, and a forthcoming book, "The Franchise." This article was written for The New York Times.

talks about drugs and

The issue of drugs on the 49ers surfaced during training camp when linebacker Craig Puki admitted he underwent treatment for chemical dependency and a magazine story implied that quarterback Guy Benjamin was linked with cocaine.

Two years ago the 49ers acquired, then waived linebacker Hollywood Henderson, who later admitted he was a cocaine user.

Walsh said he has been sensitive and responsive to the subject of drugs during this and previous seasons.

"I have heard there was an observation that I was from another age and do not understand drugs," Walsh said. "I think my understanding is probably as contemporary and adaptable as anybody's in football."

"I worked very hard and did everything I could with many, many people. I stood with Hollywood Henderson

for as long as I possibly could, until he lay wasted on the floor and couldn't move from cocaine. That was the day I waived him.

"I stayed with everyone in every case. I have not threatened. I've been fair. I've tried to help."

George Heddlasio, 49ers director of public relations, said that Walsh held a couple of "drug awareness sessions" with the entire team over during the preseason.

Redwood City
camp in Rock
"Beyond it
of illegal drug
any player."

Wood City;
Heddlasio
Dallas

John Niland, a former Dallas

Cowboy football star, was arrested

yesterday and charged with a variety of offenses, including narcotics possession, officials said.

Bond for Niland, a former All-Pro and Pro Bowl offensive guard, was set at \$26,000. In addition to the

investigative narcotics charge, Niland was charged with causing reckless damage, investigation of burglary and theft, and several

traffic violations.

Associated Press

Dallas Cowboy products

⊗

⊗

Auburn Starts Drug Testing

The concern about drug use among athletes has spread to the college level. Auburn University football players who returned to campus Saturday underwent mandatory blood and urine tests for drugs, confirmed coach Pat Dye.

Auburn, a preseason favorite to win the Southeastern Conference championship, was the first SEC school to require such testing. Others may also do so, a New Orleans newspaper reported yesterday.

A report by a National Football League specialist in drug rehabilitation has prompted schools in the conference to move toward stricter supervision of athletes, the newspaper said. The SEC, like most conferences, has no league policy on drug testing, leaving each member school to make its own policy.

Dye said no widespread drug problem existed at Auburn. "But even if you've got one kid, you've got a problem," he said.

"It is a very serious problem in college athletics, and it isn't a new problem," said Georgia coach Vince Dooley, whose team has won three SEC championships in a row.

NFL Policy would help

Today's sports briefs

Drug tests okayed for Olympic cagers

Olympics

SPRINGFIELD, Mass. — Dr. Edward Steitz, president of the U.S. Amateur Basketball Association, announced today that all candidates for the 1984 U.S. Olympic basketball team will be tested for drugs at the men's and women's tryouts next spring.

"The American people recognize basketball as their No. 1 sport — it was invented right here at Springfield College — and I hope those sports that have been tainted by illegal drug will follow suit," said Steitz, who is also athletic director at Springfield College.

Steitz said the drug testing equipment used at next spring's trials will be identical to that used at the Pan American games, where performances on the field were overshadowed by the biggest crackdown on illegal drug use in the history of

DIGEST:

Report NFL cocaine use now 50 percent

Cocaine is used by as many as 50 percent of the players in the National Football League, according to a copyrighted newspaper story.

Quoting unnamed sources within the league, today's New York Daily News also said that "hardcore" users make up more than 20 percent of the league's 1,372 players.

"On the average," according to a source, "there are about 10 players on a team that are hardcore. The numbers are higher than many people could ever imagine." The San Francisco 49ers were identified as one of the clubs with a particularly serious problem.

NFL Commissioner Pete Rozelle told the newspaper, "You have done your research well." He did not give any specific figures.

The Associated Press was unable to reach NFL officials for comment yesterday.

The percentages are based on league-wide figures and do not infer that all 28 NFL teams have half their players using cocaine, the Daily News reported.

"You simply wouldn't believe how much it's going on now," one league source told the newspaper. "There are only a couple of teams in the NFL that don't have some sort of problem.

"That's right, a couple. People in the NFL who know what's going on will know you're right when they hear this. Don't say 'a few teams,' don't say 'some teams.' Say 'a couple teams.' A couple, as in 'one-two.'"

The sources said that NFL security is aware of heavy cocaine use on the Dallas Cowboys and San Francisco 49ers.

"This is happening not only with the bad teams," a league source said. "The good teams have problems, too. You would be shocked at some of the 'big names' that have problems ... I know I was."

Odds and Ends

240

Washington Redskins safety Tony Peters and three other men have pleaded innocent in U.S. District Court to charges of conspiracy to distribute cocaine in the Washington, D.C., suburbs last year. Peters, accused of being the middleman in the alleged \$115,000 cocaine deal, remained free on a \$50,000 personal recognizance bond and was scheduled for trial with

8

TOM HARMON

November 1, 1983

Dear Bruce:

I hope you will forgive this late answer to your letters. I read each and admire your taking the problem right to the horses mouth. I am afraid that the "Hot Potatoe" is too hot for any and all of them. That is the main reason I thought it best to go to the NFL Alumni guys and try and use their strength in the hope the President will give us a good hearing.

I can share your concern for the situation because, like you, I too feel that too many people, who should be stronger, are trying to sweep this thing under the rug. I only hope that with the help of the guys we know and played with and against, we can shake them up enough to get some action on a sorry situation that is long overdue for a clean-up.

Rest assured that the first move has been taken. If the NFL Alumni committee does not take action, I'll have to take up the battle elsewhere. I just don't think this damn blight should be allowed in the game at any level. I will try and keep you posted when I have any news.

Thanks so much for your support. So long as we have guys like yourself on the battle line, I am sure that we'll get something going that will help clean-up the situation.

If I can help on any of your projects...give a yell. I'll try and let you know as soon as I know anything.

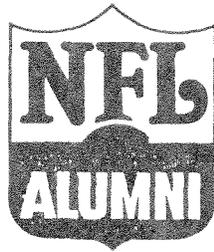
Best Regards,





#9

William M. Dudley, President
P. O. Box 23
Lynchburg, Virginia 24505



March 14, 1984

National Headquarters

The Honorable Ronald Reagan
President of the United States
Washington, D. C. 20013

Dear Mr. President:

We missed you at our Annual Awards Banquet in Tampa but truly appreciate your interest and efforts in our behalf.

During the Annual Convention of our NFL Alumni held in Reno this past October, a rather complete discussion of drugs; their use, effect not only on today's professional athlete but particularly at the high school and college level, came in for much discussion.

Recognizing the terrible effect of this problem, not only with athletes but in several segments of our society, we wish to offer the strength of our entire organization in supporting your efforts to eliminate this problem.

Should you desire to call together a conference, such organizations as the; N.C.A.A., F.C.A., N.F.L.P.A., N.H.L., N.B.A., W.B.A., etc., we stand ready, willing and able to cooperate in every way.

We do believe your office can have a terrific-impact in helping to provide a solution to this problem, and we want to help.

With deep respect for your efforts along this line,

Sincerely,

William M. Dudley
President - NFL Alumni

RECEIVED
MAR 16 1984
NATIONAL HEADQUARTERS
NFL ALUMNI

Kuhn Suspends Howe, 3 Royals

Baseball's Drug Crackdown

Dodger Star Failed Tests Last Month

New York

Commissioner Bowie Kuhn amplified baseball's get-tough policy on drug use yesterday by suspending Steve Howe, Willie Wilson, Willie Aikens and Jerry Martin for one year, the stiffest penalties for drug violations in baseball history.

Wilson, of the Kansas City Royals, and Martin, released by the Royals in October, are serving three-month terms in a Fort Worth, Tex., federal prison for attempting to purchase cocaine. Aikens, whom the Royals are trying to trade, will begin a three-month sentence when he completes a drug-treatment program in Maryland.

Those three are eligible to apply for reinstatement next May 15, Kuhn said, but the suspension of Howe, a Dodger reliever who has been treated three times for cocaine dependency, will last at least a year.

Kuhn said Howe's case would be reviewed at the end of a year, at which time the suspension could be extended. On three separate occasions last month, drug tests performed on Howe turned up evidence of cocaine use, Kuhn said, and Howe's representatives don't dispute the test results.

Assessing the penalties, Kuhn told reporters: "I think it is a message."

In a prepared statement, the commissioner said, "As a sport we have been very fortunate. The problems with illegal drugs have not been epidemic. Nonetheless, we have recognized that our players are models for young people and must behave accordingly.

"At the same time, we have continually warned everyone in baseball we cannot and will not tolerate illegal drug use, and that discipline will be imposed in non-amnesty cases or in cases of continued or renewed involvement..."

The players will not be paid during their suspensions. In Howe's case, Kuhn said, "the Dodgers, with advance approval from the commissioner's office, may, if they desire, advance funds for family necessities."

10

Kuhn took no action against former Royal Vida Blue, due to be sentenced on Monday for cocaine possession. Like Martin, Blue has been released by Kansas City.

The Major League Players Association is expected to file a grievance on the ruling, citing the jail sentences already imposed as punishment enough.

"There will be a more formal, more complete reaction tomorrow," said Don Fehr, the union's acting executive director. "I have not had an opportunity to study (the ruling). We will review the entire situation with the players and their representatives, and no final decision is going to be made until that process is complete."

Wilson, Aikens and Martin will be dealing with a new commissioner when they apply for reinstatement. Kuhn's term expires on March 1. He said he took the three Royals' jail terms into account in rendering his decision.

"In consideration... of the prison sentences imposed by the court, their private and public apologies for their action, and their cooperation in my investigation, their sus-

pensions will be reviewed by the commissioner on May 15, 1984, with reinstatement subject to his judgment," Kuhn said.

The NBA will attempt to impose lifetime bans on players who commit drug offenses after December 31. An amnesty period is in effect until then for those who come forward and seek help.

Kuhn has invoked his power to suspend players for drug involvement twice before, but in neither case was the suspension as harsh.

Ferguson Jenkins, then with the Texas Rangers, was suspended indefinitely in 1980 after cocaine, hashish and marijuana were discovered in his luggage at the Toronto airport. He appealed, and arbitrator Raymond Goetz ordered the suspension lifted after two weeks.

Jenkins was subsequently convicted of cocaine possession in Brampton, Ont., but received no sentence and his record was expunged after he completed a drug-diversion program and agreed to work with youth groups.

Allan Wiggins, of the San Diego Padres, was suspended for one month in 1982 after being arrested for possession of cocaine.

Moffett: Union Didn't Like My War on Drugs

By Thomas Boswell
Washington Post

Excellent insight article



Washington

Drug use by players is one of the most serious problems facing major league baseball today, according to Ken Moffett, the former executive director of the Major League Players Association.

"You can't believe how deeply it's taken hold in sports, including baseball," Moffett said in his first public statement on the circumstances that led to his firing last November after only 10 months on the job.

"From the first day, I started getting calls from wives, mothers, sweethearts, saying, 'What can I do for my guy? He's hooked on coke (cocaine). He's on drugs.' When I went to people in the union like Marvin Miller and Mark Belanger and asked what they did about calls like this, they said, 'Nothing. We've never addressed it.'"

Moffett said it would be difficult to determine exactly how many "users" there are in the major leagues, but he put the number at "more than 100 — say four or five per team, on the average."

He also said he believes his desire to eliminate drug use by getting tough, if necessary, led to his ouster.

"I think the thing that triggered my firing is that we (management and the union) were getting close to hammering out a tough, impartial drug policy. We knew that we could negotiate a really impartial tribunal."

Moffett believes this prospect scared a significant number of players and agents, particularly because "clubs might be able to get out of long-term, guaranteed contracts" if drug-testing turned up a "dirty" player.

Moffett said "clean" players may not even be aware of the drug problem around them.

"Reggie Jackson called me once and said, 'Nobody on the Angels uses cocaine.' I asked, 'How do you know?' He said, 'I could tell by the way they played.'"

"Well, I think Reggie's wrong. I've talked to experts in the field and they say that often you can't tell. There are players who perform just as well on cocaine and there may even be some who play better. The problem is that you get hooked on it. Your need for it, so you can feel sharp, increases. When you get past

See Page 67, Col. 2

Joe Herman Dies; Boxer, Trainer, Matchmaker

Joe Herman, a Bay Area and national boxing figure for more than half a century, died yesterday at St. Luke's Hospital, a month after he was hit by a car in San Francisco on January 20. He was 85.

A boxer, trainer, manager, promoter, matchmaker and publicist for fight promotions, Herman, together with Billy Newman, purchased the former Ryan and Taussig gymnasium on Leavenworth street in 1938, and he was involved with it until selling out to Newman in 1978.

As a fighter, Herman participated in more than 100 bouts, many of them in the "four-round days" of California ring rules, and in Australia, but also was matched earlier in 20-rounders, although, as he often said, they never went the limit. In Fresno, where he promoted as well as fought as a lightweight, Herman was known as "The Valley Champ." He would often fight the "curtain raiser" and then return to work the corners of his stable.

Born Anton Scherer in Banat, Yugoslavia, on January 28, 1899, Herman was taken to the Los Angeles area as a child and went into boxing as a newsboy, when tournaments were held for street corner hawkers. He was a founding member of the California Boxers Hall of Fame and founder of the now defunct California Society for Boxing.



MOFFETT TELLS WHY UNION FIRED HIM



From Page 61

snorting to free-basing, you're just washed up."

Moffett's memories of the players he represented aren't exactly fond. "The players don't really give a rat's a-- for anything except themselves. They don't even care much about each other. I liken them to itinerant agricultural workers who move from place to place.

"I don't mean that disparagingly. They're bounced around against their will. They're still pawns of management, except for the veterans who can veto a trade or the players with long-term contracts. They develop a veneer, a standoffishness. There aren't many Kenny Singletons who are truly likable guys. You have more Steve Carltons who barely give you the time of day, who treat everybody alike — bad.

"Even some of the cheerful ones, like Tug McGraw, you feel like they are working on an image of what Tug McGraw should be rather than just being Tug McGraw."

"I've sometimes thought that players were a lot like beautiful women who get hit on by men all the time, and are catered to and pampered and idolized. The difference with the players is that everybody treats them that way.

"That constant high of being in the public eye — being recognized in airports and bars — is probably like cocaine. It's something that's hard to come down from."

Moffett said he also believes the players' union is "set on a hard-line path" that

could result in another baseball strike in 1985

"I was trying to build a bridge to management," Moffett said. "However, the union is determined to be confrontational on every issue. They're still on a 1930s tack. They might be the last union in America that thinks that way. They'd rather fight than switch."

Moffett, a labor mediator for 21 years, was National Labor Relations Board mediator during the baseball wars of 1980 and 1981. He admits he is embittered by battles within the union. "Everything I was for, (current union director) Don Fehr and Dick Moss (agent and former union counsel) and Mark Belanger were against. They were plotting my demise.

"In addition to Fehr, Moss and Belanger, about a half-dozen players control that union. Bob Boone, Steve Rogers, Ted Simmons, Steve Renko and a couple of others. They make the decisions and everybody else just goes along.

"I think most players were as surprised to hear that I'd been fired as I was."

Moffett says Miller, the famously tough negotiator who has been instrumental in raising baseball players' salaries tenfold in 15 years, remains the real soul of the union. Miller remained as a consultant after Moffett succeeded him as executive director.

"Marvin didn't like my style of seeking accommodation. All I heard from everybody was that 'management is going to screw you. You can't trust them. You

have to fight them on every point.' Marvin and I also had words a few times, and you don't cross Marvin."

"The players felt that 'we need Marvin more than we need Moffett.' I had no constituency and Marvin did. My firing was the tackiest thing I have ever been through in my life. I was brought before a kangaroo court and told that as of that day, Miller was taking over again. It's tough to fight a rear-guard action, especially when the rear guard is in your own office."

Fehr and Miller offered rebuttals to all Moffett's major points.

As to the extent of drug abuse in baseball, Fehr said, "How would Moffett know? I've been here since 1976 and I couldn't give an estimate. Progress has continued on working out a (joint labor-management) drug program and I think we'll see something in that area before too long."

3-24-84

Bar Drug Dealers For Life — Martin

Former New York Yankee manager Billy Martin yesterday suggested a lifetime suspension and loss of pension rights for any baseball player convicted of dealing in drugs.

Martin said he was against drugs and was disturbed by the thought that "some kid out in the country is saying 'if a major league baseball player can do drugs, why can't I?'"

"I believe the commissioner should put out the warning right now that anybody caught using or pushing drugs should be suspended for life immediately and automatically lose his pension."

Martin said it scared him "that so many people are using (cocaine) and pushing it. As far as I'm concerned, anybody who uses it is showing a sign of weakness."

Cobb Acquitted

Former Boston College basketball star Ernie Cobb was found not guilty of participating in a scheme to fix games during the 1978-79 season.

"I waited a real long time to clear my name," Cobb said. "When it was reported that Boston College was being investigated, the finger was automatically pointed at Ernie Cobb."

Cobb said he believes the investigation and subsequent charges against him had cost him a chance to play in the NBA. But he said he hoped Chicago Bulls' coach Kevin Loughery will give him a tryout. Loughery was coach of the New Jersey Nets when Cobb tried out with that team in 1980, just as the FBI investigation was starting. He was quickly cut.

Hebert to NFL?

Quarterback Bobby Hebert, who

last season led Michigan to the U.S. Football League's first championship, says he may sign a contract to play for one of five NFL clubs when his pact with the Panthers expires in 1985.

Hebert said he was negotiating with the Dallas Cowboys, the New Orleans Saints, the Tampa Bay Buccaneers, the Los Angeles Raiders and the New York Giants.

"It's really been serious talks and something could happen within a couple of weeks," Hebert said.

Purdue Players Cut

Purdue football coach Leon Burtnett has cut five players charged in campus-area thefts from the squad, including tailback Lloyd Hawthorne, the team's leading returning rusher.

The other four were tailback Tim Richardson, linebacker Derrick Hoskins, defensive end Darren Pike and defensive back Warren Calhoun. Basketball player Craig Perry, a former Wilson High star, was declared academically ineligible, pleaded guilty in the dorm room thefts and drew a 60-day suspended sentence.

Odds and Ends

Former Cal linebacker Paul Najarian signed with the B.C. Lions of the Canadian Football League ... The sale of the Denver Gold of the U.S. Football League to Florida businessman Joe DiGerlando should be completed by Wednesday, according to Gold owner Ron Blanding ... Dallas Cowboys wide receiver Drew Pearson, injured in an auto accident that killed his brother, spent a "good night" and was awake and alert, although hospital officials still listed him in serious condition.

The NBA Will Expel Drug Violators

New York

The National Basketball Association and its players union yesterday announced a tough crackdown on use of illegal drugs. Players will face expulsion from the league for violations.

In taking the strongest stand by any sports league against drug usage, commissioner Larry O'Brien said, "The message we are sending out today is clear: Drugs and the NBA do not mix. If you want to get involved with drugs, you won't be involved with the NBA."

The agreement between the league and the NBA Players Association said "any player who either is convicted of, or pleads guilty to, a crime involving the use or distribution of heroin or cocaine, or is found under newly instituted procedures to have illegally used these drugs, he shall immediately be permanently dismissed . . ."

However, any banned player may appeal for reinstatement after two years. The approval of both the commissioner and the players union is necessary for reinstatement.

The agreement was signed by O'Brien and Bob Lanier of the Milwaukee Bucks, president of the players union, at a news conference.

No players will be subject to suspension prior to the "amnesty period," which ends December 31.

Warriors' first-year coach John Bach was "delighted" by the agreement, particularly since it included the support of the players.

In recent years, Golden State

has been hurt by players whose behavior became erratic, allegedly because of drug abuse. John Lucas missed several games and practices for Golden State before being traded to Washington in 1981. He underwent drug rehabilitation but was later suspended by the Bullets for missing practices and games. Lucas failed in a tryout with Cleveland this summer.

Michael Ray Richardson lasted only half a season with the Warriors after being traded by the Knicks for Bernard King last October. Richardson's disappointing play with Golden State was attributed to drug abuse.

Richardson, traded to the Nets last winter for Eric Floyd and Mickey Johnson, was released September 6 from a drug rehabilitation facility in Center City, Minn., where he spent five weeks.

Richardson did not seem enthused about the agreement. "The NBA doesn't understand it's not drugs. It's a disease. It's like cancer or something. Guys need help," Richardson said yesterday.

The Warriors, like some other NBA teams, now include drug clauses in all their players' contracts, according to Bob Bestor, the director of player personnel. Since no players have refused to sign contracts on the basis of those drug clauses, Bestor doesn't expect the new agreement to affect his negotiations.

"It could act as a deterrent among players," said Bestor, "but it's not going to salvage anybody who has a huge (drug) habit. (However) it is evidence that the NBA is

See Page 73, Col. 3

NBA DRUGS

From Page 69

leading the field in this problem."

The ramifications may surface if a team loses a key player who violates the agreement.

"If a few hostages have to be shot, then so be it," said Bach. "We're not running a social program here. Sometimes a loss must be endured for the good of the league.

"No one can say it can't happen here (at Golden State). I hope not, but a lot of fine companies have alcoholics in their midst."

Players who volunteer for drug treatment will be dealt with differently.

The first time any player voluntarily seeks treatment for a drug problem, there will be "no penalty of any kind" imposed on the player, according to the agreement. He will continue to draw his salary and the club will pay for his treatment.

If a player who previously requested and received treatment for a drug problem again volunteers for treatment, he will be suspended without pay, but receive no other penalty. "Any subsequent illegal use of drugs, even if voluntarily disclosed, shall result in immediate permanent dismissal from the NBA," said the agreement.

An independent expert in drug abuse detection and enforcement will be appointed by the league and may authorize drug testing. With NBA permission, the expert may administer tests for drug usage four times during a six-week period without the player having prior knowledge of the testing.

Associated Press

BRUCE L. BOSLEY

246 WEST SANTA INEZ
HILLSBOROUGH, CA 94010

October 3, 1983

Mr. Larry O'Brien, Commissioner
National Basketball Association
Olympic Tower
645 Fifth Avenue
New York, NY 10022

Dear Mr. Commissioner,

As a NFL Football player for 14 years, I admire and support your decision to expell drug violators in the NBA. It took courage and backbone to step forward and stand up to this serious problem.

I am embarrassed and ashamed of the NFL cover-up and slap on the wrist "action". The lack of leadership and the possibility of losing some super stars are obvious factors in the NFL's maneuvering to avoid dealing with this intolerable situation.

Thank you Mr. Commissioner for stepping forward and giving youngsters of today and tomorrow a choice: Be clean to play in the NBA or self-destruct!

Sincerely,

Bruce Bosley
Bruce Bosley

C.C. - NFL
NFLPA
NFLA
USFL
NCAA

BB/se

Drug Problems Bench Falcon

49ers C An Eye o

By Ira Miller

The reason that Atlanta wide receiver Alfred Jenkins was benched for Sunday's game against the 49ers is no longer a secret.

The Falcons announced yesterday that Jenkins would miss the rest of the season because of "personal problems." The Atlanta Journal identified the nature of those problems: drugs.

The newspaper said that Jenkins, who holds most of the team's receiving records, entered a drug treatment facility late Monday after agreeing to seek help in a Saturday meeting with coach Dan Henning.

Jenkins was on the sidelines during the Falcons' 28-24 victory over the 49ers, but he did not play and has been unavailable for comment since then.

Yesterday's announcement appears to solve the mystery over the fall-off in Jenkins' productivity the last two seasons.

After playing in the Pro Bowl following the 1980 and 1981 seasons, and averaging one touchdown every 7½ catches for the first seven years of his career, Jenkins has been in a prolonged scoring slump. He has scored only two touchdowns in his last 74 catches, dating back to December 1981.

This season, Jenkins' string of consecutive games with at least one catch ended at 103, the fourth longest in NFL history, when he failed to make a catch loss to the Rams on October 16, and his 12.7-yard average per catch was the lowest of



Jets punt returner Kirk Springs left Saints' Jim Wilks sprawling as he took off on 76-yard touchdown run with 2:11 left in game Monday. It was the winning score in Jets' 31-28 victory

Kush Strikes Again

The Baltimore Colts are the on-

about Bradsh...
shaw couldn't...
"he's not much use to us," Bradshaw

kicked out of you it's easier to come back, as long as you haven't lost your confidence," he said. "I know

By Ir

The 49ers and Rams, tied for the NFC West lead with four games remaining, will be able to do some serious score-board-watching the rest of the season.

Because of the way the schedule falls, the teams will not play at the same time on any of the remaining weekends.

Next Sunday, for example, the 49ers play first — 10 a.m. PST — against the Bears at Chicago. The Rams will know the outcome by the time they start their home game against Buffalo three hours later.

The following Sunday, December 4, both teams face the weakest opponents of their remaining schedules. The Rams go first, 10 a.m. PST, at Philadelphia. The 49ers are home three hours later against Tampa Bay.

On December 11, the 49ers play the early game, at Buffalo. The Rams are at home against New England.

And, on the season's final weekend, the Rams play Sunday, December 18, at New Orleans, and the 49ers play Dallas the following night at Candlestick Park.

Last Sunday, when both the Rams (to Washington) and 49ers (to Atlanta) lost, their games started at the same time, but any suspense about the outcome at Anaheim was gone by halftime when the Redskins led, 29-6.

Those Sunday games went a short way toward clarifying the possible play... situation within the division: If the Rams beat the Saints in...

The Drought: Higher Food Prices Ahead?

Newsweek®

August 22, 1983 / \$1.50

DRUGS ON THE JOB



34

Taking Drugs on the Job

Drugs are rife in the workplace, and the human and economic costs are enormous.

A forklift operator at a small Long Island business smokes a joint in the parking lot at lunchtime, assures the boss he's fine—and then runs his cargo into a door. A Houston pharmaceutical company throws out a huge batch of contaminated products because the quality-control inspector was stoned. A high-tech Silicon Valley company intentionally overproduces because it knows much of its output will be spoiled by spaced-out employees who snort their lines of coke from microscope slides. And a Wall Street securities trader continues to do cocaine at work—even though he's still shaking his head over the \$18 million trade he doesn't remember.

Joint by joint, line by line, pill by pill, the use of illegal drugs on the job has become a crisis for American business. Football players do it, Hollywood stars do it, doctors do it—but you knew that. The more frightening development is that drugs have moved into airline hangars and chemical plants, textile mills and construction sites, boardrooms, courtrooms, newsrooms and nuclear plants: last week the Nuclear Regulatory

Commission announced that 21 guards at the San Onofre nuclear facility in California had been suspended for suspected drug use. Companies of all sizes all around the country—General Motors in Detroit, Compu-graphic in Wilmington, Mass., Humphrey & Associates electrical contractors in Dallas—are being jolted by a dramatic amount of drug use among perfectly respectable, well-dressed people.

Morning Toot: Most of them are not addicts but executives who take a toot of cocaine in the morning, secretaries who share a joint at lunchtime and night-shift workers who swallow amphetamines to keep going. "Drug use has spread to every occupation," says Thomas Keough, superintendent of Metropolitan Police in Boston. "In the old days you had to use a hippie-type cop for undercover work with drugs. Now I can send a guy out in a three-piece suit that looks like he just stepped out of the Brooks Brothers window."

The cost to the American economy is enormous: nearly \$26 billion—including \$16.6 billion in lost productivity alone—

according to one authoritative study (chart, page 55). But others put the figure much higher. Employees who use drugs on the job are one-third less productive than straight workers, three times as likely to be injured and absent far more often. The indirect cost to the economy is impossible to measure. Stoned, strung-out and coked-up employees affect the morale in the office, scare away customers and hurt the quality of the shirts you wear, the car you drive and the building you work in. Some experts even suggest that one reason the United States is losing its industrial leadership to Japan is that America's work force is so stoned. "I can't even estimate what drug use has cost this company," said Lew Sacks, National Car Rental's personnel director, in the July issue of the company's in-house magazine. "I think it's the biggest problem in industry today. Nothing else is even in second place compared to it."

There is no mystery why: the drug-epidemic generation of 1965-78 is growing older and taking its life-style with it into the workplace. Employees are using a pharma-

Taking a snort of cocaine through a hollow pen: An explosion of on-the-job drug taking by perfectly respectable professionals

Paintings by Stan Hunter



copeia of illegal drugs like marijuana, cocaine and PCP; abused prescription drugs like Percodan, Dilaudid and Quaaludes, and look-alike drugs like over-the-counter diet pills passed off as "Black Mollies"—amphetamines. Alcohol is still the most abused drug, and its impact on industry cannot be minimized, but American business long ago recognized that problem and began taking steps to deal with it. The new explosion of illegal drugs caught industry unprepared. Many supervisors who downed a couple of martinis at lunch were hesitant to discipline an employee for smoking a joint instead. Bosses who knew how a drunk worker acted had no idea how to identify a pill-popper.

And the illegality of the drugs only made things worse: the drug-using employees were more secretive, making the problem harder to identify, and even employers who sensed that something was wrong were reluctant to admit that crime was taking place on their property. As a result, says Joseph H. Lodge, a former Drug Enforcement Administration official who now runs a consulting firm in Miami, "today drug use at the workplace is as common as the coffee break."

Expert Help: Business is finally waking up to the problem. The Department of Transportation is writing a job description for an expert in drug and alcohol abuse to help control what it calls "one of the most significant problems" facing the country's railroads. The American Society for Industrial Security will hold a conference in Washington next December called Substance Abuse in the Workplace. The lead story in the *National Law Journal* on Aug. 8 was bannered: DRUGS: CRISIS FOR THE BAR? USERS AND DEALERS ABOUND IN THE LEGAL PROFESSION. And even the *Harvard Business Review* has run an article titled simply: "Drugs in the Workplace." "The problem of drugs in industry is just beginning to surface," the author of the article, former DEA administrator Peter Bensinger, said last week. "They're just beginning to take it seriously."

And they're beginning a counteroffensive. Some, like the Boston branch of Blue Cross-Blue Shield, have requested undercover police investigations. Others, like Mobay Chemical Corp. of Baytown, Texas, use drug-sniffing dogs to search work areas or even cars in the parking lots. Sun-kist Products Group of Ontario, Calif., requires all new nonsalaried employees and any strange-acting workers to take urine tests. Humphrey & Associates, the Dallas electrical firm, gives blood tests to anyone who has an accident on the job. Thousands of companies and public agencies, from ITT to the Chicago fire department, have established employee-assistance programs—they're so common now they have their own acronym, EAP—or expanded them to include drug abuse. The



Sharing a lunchtime joint on Wall Street: An obstacle to economic growth and a drain on America's ability to compete internationally

reason is strictly bottom line. "It costs us less to rehabilitate an employee than to hire and train a new one," says Tamara Cagney, who runs the EAP for Crowley Maritime in San Francisco.

Such efforts to fight drug abuse at the workplace have their fair share of critics. They point out that most EAP's are still geared more toward alcohol abuse than drug problems, and drug detection on the job raises some serious legal questions (page

60). But the antidrug campaign already has spawned a mini-industry of its own: a growing number of drug "consultants" are running educational seminars for employees and employers, conducting searches and undercover operations and setting up treatment programs. There are free-lancers like Charles Pendleton of Midland, Texas, who found the drug-seminar business so good that he quit his law practice to travel around the country, as well as high-

BUSINESS

powered firms like Bensinger DuPont and Associates of Chicago, formed by former DEA chief Bensinger and Dr. Robert DuPont, former director of the National Institute of Drug Abuse. Mead CompuChem of Research Triangle Park, N.C., used to perform environmental tests; earlier this year it started using the same technology to test urine samples for drugs. When Syntex Corp. of Palo Alto, Calif., last year unveiled a new machine to analyze urine specimens for drugs, it was so flooded with inquiries that it formed its own drug-

consulting firm, Performance Diagnostics.

Some of these consultants' warnings about American industry nodding off on drugs should obviously be taken with a grain of salt: they make their living from scared companies. But there is no question about the validity of their basic point—drugs are costing American business in many ways. The most dramatic problems are accidents, big and small. A petrochemical plant in Louisiana exploded some years ago, killing four men and causing millions of dollars in damage. According to a toxicologist and drug consultant who worked with the company, the men had been zoom-

ing on amphetamines, and when the emergency alarm went off they did nothing but laugh.

Mark West, 29, used to shoot cocaine in his taxi until he wrecked it while wired up one night. A man named Carlos, 35, of Los Angeles, surreptitiously shot heroin twice a day in the bathroom of the chemical plant where he worked; one day he caused a big sulfur explosion that burned him horribly. Carlos sued his employer—and won \$5,000. Most of the money went to his doctors, he says, but "I spent all that was left on heroin." It could have been worse: before getting the job at the chemical plant,



Shooting Demerol in the bathroom: An occupational hazard

Nurses With Bad Habits

Susan can still remember the day she started using drugs on her job as a staff nurse at a large Boston hospital. "I had a Tubex syringe with 100 milligrams of Demerol and a patient who only needed 50 milligrams," she recalls. "I had a rotten headache, six hours to go on my shift and 50 milligrams of perfectly good Demerol in my hand." She sneaked into a bathroom, injected the Demerol into her hip and, within minutes, she felt fine. But that was the start of a problem that nearly ruined her career. Virtually every workday for the next two months, Susan, then 31, repeated the bathroom scene—occasionally twice a shift. Sometimes she would con patients into asking for more medication than they needed, then divert some to her own use. Sometimes she would refill a vial with a saline solution and replace it in the medicine cabinet or drop it on the floor and report it as an accident. Then one day she was caught taking a syringe into the bathroom. She was confronted by a supervisor and fired.

Today, nearly five years later, Susan (not her real name) is back in nursing, her drug problem behind her. But her story is all too familiar in the American nursing profession. Experts say that in hospitals, nursing homes and health-care facilities around the

country, thousands of nurses regularly steal drugs from medicine cabinets or take drugs intended for patients' use. According to Evelyn Perkins, a clinical specialist in nursing drug-abuse problems in Chicago, nearly 4 percent of doctors and nurses are dependent on narcotics, a rate that's 30 to 50 percent higher than in the general population. The higher incidence in the medical profession is largely due to the sheer accessibility of drugs in hospitals, where such commonly abused substances as morphine, methadone, Percodan and Percocet are readily available. Long hours, staggered shifts and physical and emotional stress all increase the temptation to use, abuse and steal medication.

How dangerous are these bad habits? Since teamwork is the norm in most hospitals, a nurse's errors are usually caught by co-workers before they can cause serious harm to patients. But there is a clear potential for trouble. "Hypothetically, there is no end to the kind of mistakes that can be made by an impaired nurse," says Nancy Valentine, director of nursing at Boston City Hospital, who fired nine nurses for drug abuse during her first 18 months in that post.

Reluctance: Methods for diverting drugs can be devastatingly simple or elaborately devious. Some nurses schedule themselves for wards where patients are known as chronic complainers, figuring that any protests about missed medication will be readily dismissed. In many hospitals, end-of-shift drug counts are hasty. Theoretically, two hospital employees should monitor medical cabinets when drugs are removed. "But in practice, a key is often left hanging on a hook, duplicates are floating all around the hospital and everyone on the floor has access to the cabinet—including the janitor," says Ed Cass, a retired agent of the Drug Enforcement Administration, who now works as an investigator for seven Boston-area hospitals. Nurses are often reluctant to report colleagues, knowing it can mean the end of their careers. Many hospitals, wary of bad publicity, are reticent about reporting abuses to state licensing boards. Instead, they simply fire the offending nurses, leaving them both uncured and free to seek nursing jobs elsewhere.

Hospitals and nursing associations are beginning to take steps to combat the problem. The Illinois League for Nursing has started a program to inform hospital personnel and nursing schools about the stages and symptoms of drug-abuse problems, and a new law in Illinois will force hospitals to report nursing drug-abuse cases to the state licensing board or put the nurse into a rehabilitation program. Nancy Valentine and other New England-area nurses have proposed a program—called "Project Nightingale"—to help drug-dependent nurses seek help early. One aim of Project Nightingale will be to help some nurses recognize that they may not be cut out to handle the stresses and temptations of a nursing career, particularly in hospital environments. "I would never go back to being a floor nurse in a hospital," says Susan, who now works in psychiatric nursing. "I would probably be fine—but I wouldn't want to chance it."

MELINDA BLICK with HERRY BUCKLEY in Boston

253

arlos had worked at a bomb factory.

Large construction projects seem to have more than their share of drug-related accidents. A construction worker in Houston eight stories off a building; the autopsy showed he had been smoking pot. A master welder who had worked for another Houston construction company for 10 years popped some pills for lunch, then drilled a hole through his hand. Austin Commercial Inc., one of Dallas's largest contractors, figured it had a drug problem when it began suffering a high number of accidents on its jobs. The company tightened security, hired a private investigator and, according to the Associated General Contractors, secretly photographed drug transactions at the work site. The suspects were fired—and the number of accidents dropped. "I've been on jobs where the foreman actually passes out stuff to make sure the work gets done," says John E. Neece, a building union leader in California. "Sometimes 90 percent of the crew's been doing uppers. I just leave the jobs when the guys are dopers. Would you want to work on a 14-story building knowing the guy with the blowtorch next to you is doing drugs?"

Ground Crews: Other accidents are just waiting to happen. An airline ground-crew employee and a drug consultant both said last week that some ground workers regularly use drugs on the job. Machinists-union representative Duane Schriber of Miami says he has "no way of knowing" if that's true, but added: "The only comment you can make about drug use is that whatever the percentage is in the country, it's probably the same in the airlines." The National Transportation Safety Board says it has never found drugs to be a factor in an air-carrier accident. In the nuclear power industry, a spokesman for the Nuclear Regulatory Commission in San Francisco said last week that the number of nuclear-plant workers arrested or fired because of drug abuse or trafficking had risen dramatically in the past five years. Last May a contract laborer slipped into the Rancho Seco nuclear plant in California with a quarter gram of cocaine. The spokesman said most of the cases involved employees selling marijuana in the parking lots, people carrying cocaine into a plant or security guards smoking marijuana on patrol. "You name it," he said, "we see it."

Loss of productivity and declining quality are harder to see and harder to measure, but they are every bit as real. One Denver attorney, who used to snort cocaine from his desk drawer through a hollowed-out ballpoint pen, says he was so wasted by the afternoon that he would stop his calls and either cancel his appoint-

ments or rush his clients out the door. The former vice president of a major Hollywood movie studio says he used to leave meetings two or three times for a toot of cocaine, then he might concede a major negotiating point just to get the meeting over. Steven Soriano, 25, of Alhambra, Calif., smoked PCP and sniffed cocaine while working as a sign painter. "After a while," he says, "I'd spend all day on one or two signs. I'd fall asleep every day on the job, standing up. The next morning my work from yesterday would look like I had done it with my left hand—or my feet."

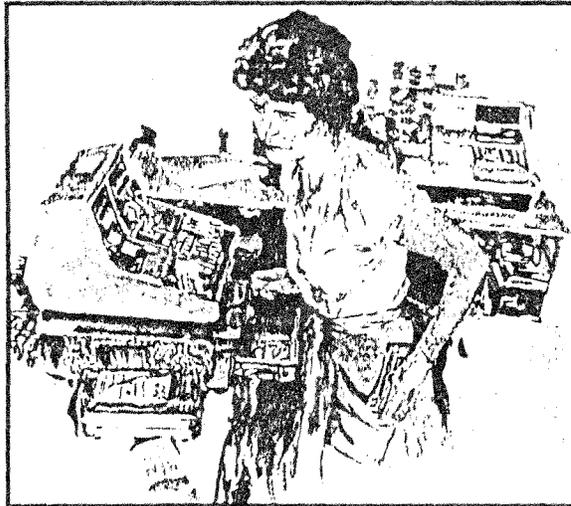
Few areas of the work force—public and

private—are untouched. Bensinger, the former DEA chief, claims that "in the '70s the cost of cars rose and the quality of the product was poor because of [drugs]." The problem, he adds, affects big companies and small equally. "It can be the small office with a bookkeeper who forgets to mail checks or enters the wrong figure on a ledger," he says. "Or the guy who works in a shirt factory who is high." It could be a postal worker: last week 10 Chicago mail handlers and clerks were arrested for selling or possessing drugs on the job; 19 others had been arrested earlier this month. Or it could be a police officer. Last week

the District of Columbia police department announced that 35 recruits had been fired and 10 veterans, all of whom had served on the force for more than five years, had been suspended for using marijuana, cocaine or PCP in the past six months. "I can't think of any business where you can say with certainty that it doesn't have drug users," says Superintendent Keough of Boston. "And I include police departments in that."

By the Ton: The high-tech industry is especially hard hit because employees on drugs can so easily cause quality-control problems. Prof. Mike Lauderdale of the University of Texas at Austin, who recently surveyed 60 top Texas firms about drug problems, found most of them concerned, but none more than the electronics businesses. Two companies told him that they would leave the United States unless they could curb the problem. In Silicon Valley, "drugs are the No. 1 problem," according to Dick Hesenflow, a drug consultant who works with companies there. "A ton of cocaine a year is consumed in the Silicon Valley," he says. "Some of the small electronics companies are going under because of drugs. I know of one president whose company had such a serious drug problem that he closed up and moved back East." Hesenflow's associate, Reggie Kama-kele, adds: "We have companies that don't allow their executives to make decisions after lunch." Jess Barba, the Sunnyvale public-safety director, agreed with the consultants about the situation, but said he has been unable to get companies in the valley to admit they have a problem. The companies refused to comment.

Barba believes that most theft in Silicon Valley is drug-related; cocaine is often the impetus and the preferred form of payment for stolen products. There is clearly a relationship between crime and serious drug use in the office. Virginia Kilker started taking a gram of cocaine a day while working at a lumber company outside Aspen, Colo., then embezzled more than \$7,000 to pay for



Stealing to support a habit: A link to crime

DRUG ABUSE: THE COST TO THE ECONOMY

A government-sponsored study by the Research Triangle Institute shows the staggering economic toll of drug use. Its 1977 findings have been adjusted for inflation to reflect the costs in 1983 dollars.

LOST PRODUCTIVITY

- Absenteeism, slowdowns, mistakes and sick leave **\$4.9 billion**
- Drug-related deaths **1.3 billion**
- Imprisonment **2.1 billion**
- Leaving jobs for criminal careers to support habits **8.3 billion**

MEDICAL EXPENSES

- Treatment in rehabilitation centers, in hospitals and by doctors **\$1.9 billion**
- Administration of treatment programs, research and training **367 million**

CRIME

- Federal, state and local expenditures for courts, police and prisons **\$5.2 billion**
- Alarm systems, locks and other preventive steps for businesses and individuals **1.6 billion**
- Property destroyed during criminal acts **113 million**

TOTAL \$25.8 billion

BUSINESS

it. Lloyd Vaughn, a Beverly Hills lawyer, took \$75,000 from one of his actor clients, late Bob Crane, half of which paid for the cocaine that was destroying his practice. Liz, 19, stole \$70 to \$80 a day from the cash register to buy heroin and PCP when she worked as a cashier at a hardware store in Los Angeles; then she got a job in the office of a trucking company, where she stole payroll checks until she was caught.

Kickbacks: But much of the theft is more discreet. ITT discovered one executive's drug problem because of his unusually high expense account. And the operations manager of a Wall Street trading firm says many traders occasionally give an overly favorable rate to the buyer or seller of securities in return for a cocaine kickback. "If you're an especially hot trader," he says, "you can always justify a few bad trades by saying you're building business."

Drug abusers also cost businesses millions in medical expenses. Even a casual user of drugs on the job is likely to use his health insurance more, because he is more likely to be involved in an accident. Serious abusers of drugs and alcohol tend to be the biggest users of a company's health plan. In addition, their families are more likely to use the employee's health benefits. "The instability that surrounds a drug user is going to trigger the family unit to be unstable as well," says John DeLuca, medical director for Equitable Life. "They are having more medical problems, and they are sicker more frequently because they are under enormous family stress."

All of the drug-related costs are hitting American business just when it can least afford them. One reason Japanese industry caught up with the United States was that American productivity rose at an average rate of only six-tenths of 1 percent from 1973 through 1981. Now, finally, productivity is rising again, at an annual rate of 4.3 percent in the private nonfarm business sector. Industry needs to continue those gains to compete internationally and to increase profit margins and real earnings without causing inflationary pressures. But drugs on the job are a serious obstacle to increased productivity. "Today, if you're going to maintain your leadership, you need clear-thinking people," says Dr. Carlton Turner, Ronald Reagan's adviser on drug abuse. Noting that employees who use drugs perform at only 67 percent of their normal ability, he added: "In order for American industry to remain competitive, you've got to get more than that out of your workers."

Craig Zabala, an economist for the Census Bureau, credits industry's belated acknowledgment of its drug problem to "competing with the successes of Japan." Whatever the reason, companies finally are trying to find the drug users in their midst—and do something about them. Pendleton, the drug consultant from Texas, tells his audience to look for things like lip-balm containers that are really cocaine vials. He also tells them to look for 47 telltale signs of drug use: "often a chain smoker, but seldom uses filter tips . . . musty odor . . . constant licking of lips." But many experts say such lists are hogwash. "We tell our people to look for job-performance problems," says Eugene R. Gaeta, director of AT&T's employee-assistance program. "We are not talking about leaky nasal passages."

Lodge, the Miami-based drug consultant, says his first step is to look through a company's personnel records to try to iden-

When the Kaiser steel plant in Fontana, Calif., was operating at full capacity, the company used to take a few urine samples a day of employees who behaved oddly. Anyone who flunked got five days off without pay while discussing treatment with the company. Sunkist immediately fires anyone who fails its urine test, although an employee who admits a drug problem before the test is administered gets a leave to seek treatment. The Dallas chapter of the Associated General Contractors, which represents 500 construction firms, plans to start blood and urine tests within a year.

War: The Navy tests 1.8 million urine samples a year. Six of the 14 sailors and Marines killed in the crash aboard the aircraft carrier *Nimitz* in 1981 had marijuana in their systems, although the Pentagon claimed that drugs were unrelated to the accident. A congressional study that same



Snorting cocaine in the factory lot: 'Drug use at the workplace is as common as the coffee break'

tify drug users. By analyzing the drug programs of a dozen major American corporations, Lodge says, he has come up with a computer profile of a "typical recreational drug user in today's work force." He or she was born between 1948 and 1965, is late three times more often than fellow employees, requests early dismissal or time off during work 2.2 times more often, has 2.5 times as many absences of eight days or more, uses three times the normal level of sick benefits, is five times more likely to file a workmen's compensation claim and is involved in accidents 3.6 times more often than other employees.

Anyone who fits that kind of profile—or is just acting strange—is increasingly likely to have to undergo a blood or urine test.

year reported that two-thirds of the sailors aboard the aircraft carrier *Forrestal* regularly used marijuana and amphetamines. Now the Navy has a \$24 million antidrug program. Its watchwords, which are posted on barracks and office walls and printed on sailors' T-shirts: "Not on my watch, not on my ship, not in my Navy." "It is a war," says Capt. Leo Cangianelli, head of the Navy's substance-abuse program. "And the enemy is drugs."

The Navy also uses drug-sniffing dogs, and so do a growing number of businesses. Bruce Wilkinson of Louisiana General Services, a New Orleans-based drug-consulting firm, says his trained Labrador retrievers can sniff out 14 kinds of drugs, including alcohol. One out of every eight

Jim Kelly, Counselor

Digital Equipment Corp. might well have been hiring a problem when it took on Jim Kelly as a computer assembler in its Westfield, Mass., plant 10 years ago. Kelly, then 40, had undergone 10 major abdominal surgeries, had taken a disability retirement from the Springfield, Mass., traffic department—and was a former drug user and a reformed alcoholic. But within a year, Kelly was turning his checkered background into an asset at DEC: he had persuaded the plant's management to let him help co-workers who were afflicted with the same troubles he had overcome. "I had been through the problems with alcohol and drugs—the stress, the medical problems," Kelly says. "I could recognize them right away in other workers. But lay people couldn't see them like I could."

Kelly's efforts were highly informal at first. He passed the word that he was available during lunch and coffee breaks to talk to anyone with a drug or drinking problem; his "counseling center" consisted of a workbench and a few stools set in an inconspicuous corner of the plant. Workers began to come

around once they realized that what they told Kelly would be kept in confidence and that Kelly and the company (which is nonunion) were out to help them, not smoke them out and fire them. With DEC paying the bills, Kelly earned state certification as an alcoholism counselor, but his job redefined one of simply talking things out with seriously troubled workers and referring them for treatment to outside agencies. Eventually, Kelly scored several "successes," and some of the reformed workers volunteered to help him with the program.

Open-Door Policy: By 1977 Kelly was devoting half his workday to the screening and referral effort, and the plant had hired a part-time clinical psychologist to help handle a growing array of drug, marital, legal and financial problems the workers were bringing Kelly's way. In 1979 Kelly's job became full time; he now has a regular office and a walk-in counseling center, and he sees an average of 10 Westfield employees a day. More important, his idea has spread. DEC, a \$4 billion computer giant with 70,000 employees, now has employee-assistance programs in 24 other locations, most of which are run by outside professionals. DEC's informal atmosphere has been a big help to the programs. "It's always been a first-name basis and open door here," says

Kelly. "I refer a janitor to the same hospital as I refer a plant manager."

Digital Equipment will not say what the programs cost, and Bruce Davidson, who manages them, says the company doesn't even bother to guess how much it gains because of happier and more efficient workers. "We don't have to come up with dollar figures every year to justify our existence," he says. "Our managers know it's a good program." Kelly insists that the company deserves any financial benefit it derives from the program. "They have always said that they were a people company, and they proved it," he says. But it took a Jim Kelly to show management the way.

DAVID PAULY with
JERRY BUCKLEY in Boston



Rick Friedman—Black Star

In his office at Digital Equipment: One man's concern grows into a companywide program

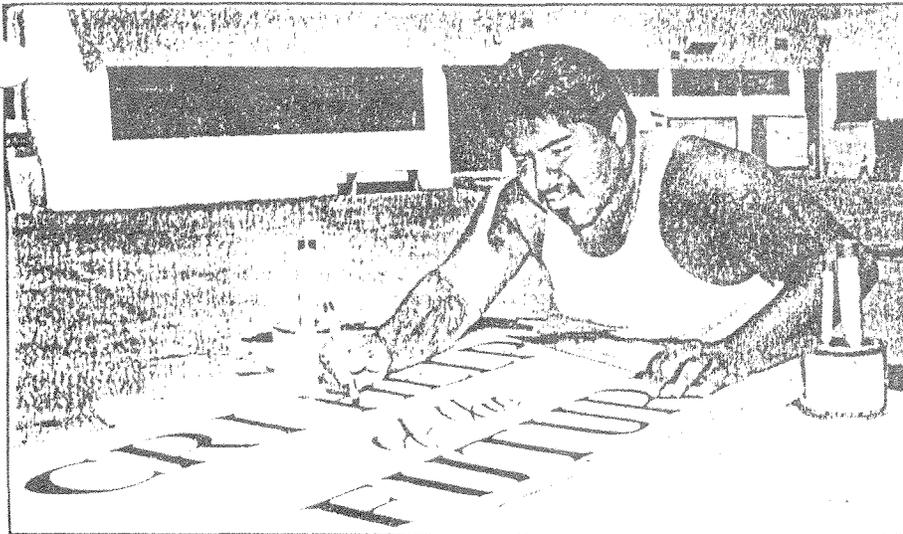
employees he searches has some kind of contraband, Wilkinson says. Dogs are used extensively on offshore oil rigs, and their use in offices is growing. At Rockwell International's plant in Palmdale, Calif., dogs were even used to sniff employees' cars in the company parking lot. "Our employees like the dogs," says Paul Franklin, personnel manager for Mobay Chemical Corp. of Baytown, Texas. "We got into this because our employees requested we use some very visible drug deterrent."

Other companies are just calling the cops. That was taboo in the business world for many years for fear of bad publicity. But now businesses feel they have no choice. "We want employees to believe Compu-graphic is a good place to work," says Vincent Kaseta, vice president of the Massachusetts company. "That's not going to happen if you permit drugs on the work

force." In 1980 Compu-graphic, like a rapidly growing number of companies, paid for undercover agents' drug purchases, travel expenses and overtime pay during a lengthy investigation that resulted in the arrest of 13 employees. In many cases, investigations are spurred by employees who complain that fellow workers are using drugs on the job. "The best police force in the world are the other workers," says Charles Housman, treasurer of Armatron International Inc. of Melrose, Mass., where six employees were arrested. "They want to be safe and comfortable. They won't put up with it." Housman says productivity increased noticeably since the arrests, although he will not reveal figures.

Many companies are still trying to avoid the problem: when Kingsley Barham, a former San Francisco stockbroker and reformed cocaine abuser, organized a basket-

ball marathon last May to raise funds for cocaine-recovery programs, very few businesses wanted to get involved. But some companies, like National Car Rental, have started big drug-awareness programs for their employees. And more than 4,500 companies, including most of the 500 biggest, have established employee-assistance programs for drug and alcohol abusers. Some run in-house programs while others contract with companies like Brownlee Dolan Stein Association of New York, which runs EAP's for about 25 corporations around the country with a total of 250,000 employees. An employee, referred by his supervisor or enrolling on his own, talks to the EAP office and works out a treatment program. His participation is kept secret. GM's program is the best known; it was set up for alcohol abuse in 1972, expanded to include other drugs in



Hart Bartholomew—Black Star



James O. Wilson—Newsweek

Sign painter Soriano and stockbroker Barham: Falling asleep on the job, an unheeded plea to corporate America for help

1975 and has spread to every GM installation in the United States and 12 in Canada. About 10,000 to 15,000 GM employees are under treatment at any time.

"An employer today in this country cannot afford not to have an employee-assistance program," says GM's Dr. Robert G. Wienciek. "Consider the impact on productivity and safety." For every \$1 invested in treatment, GM can identify \$3 in return for full-time employees who recover fully. Phillips Petroleum Co. says its EAP saves more than \$8 million a year in fewer accidents, less sick leave and higher productivity. And some program directors say recovered employees are often among their most productive workers. "When you're able to help an employee save his life," says Frankie Rice, head of Owens-Illinois's program in

Atlanta, "there's a dedication that dollars and cents can't buy."

Every effort to combat drugs on the job, including EAP's, has plenty of critics. Dog searches are more than a little intrusive, undercover investigations breed employee distrust and there is considerable controversy over the reliability of blood and urine tests. "What makes drug screens so scary is that they show traces of marijuana as much as a month after use," according to Dick Stanford, executive director of the Workers Assistance Program in Texas. "And they can pick up traces in people who might just have been in a room where marijuana was being smoked."

Bensinger, the former DEA chief, says that half of the employee-assistance programs still offer help only to alcoholics.

Many of the rest, critics charge, are run by former alcoholics who are ill equipped and poorly trained to deal with drug abusers. EAP's "are a marvelous step forward, but are only one tiny step," says DuPont, the former head of NIDA. "They identify people very late and rely too much on voluntary compliance." Others are much more critical of EAP's, claiming that they too often allow an expensive revolving-door type of treatment in which individual employees constantly return for more help while being protected from dismissal because they're in the program.

In any case, almost everyone involved with the drug issue agrees that the most important long-term solution is for American industry and labor to address the work-related problems that often lie at the root of

Bookkeeper Kilker and lawyer Vaughn: Both took thousands of dollars from the workplace—and spent it on cocaine

George F. Becker

Bart Bartholomew—Black Star

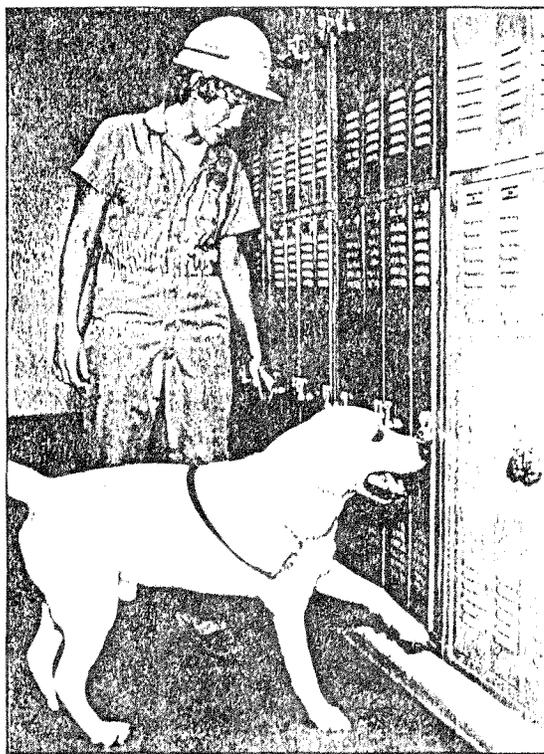


The Right to Search

What legal protections does a worker have when his employer is trying to find out whether he uses drugs on the job? Hardly any. Unless he has union backing or an employment contract to defend him, there is precious little the worker can legally do to prevent his boss from searching his locker, testing his urine, assigning dogs to sniff his lunch pail or even firing him. "Employee rights," says Washington lawyer Robert Angarola, "are very limited. In the private sector, you don't have a right to privacy and there is no right to employment."

For a generation of workers raised in a nation that is hypersensitive to individual rights, it often comes as a shock to discover that the Constitution stops at the factory gate. Restrictions put on police to stop and search a pedestrian simply don't apply to a worker walking down an assembly line—"my way or the highway" is the first amendment to the bosses' constitution. That can be a particularly bitter notion to accept when, as last week, the New Jersey Supreme Court declared that lockers of high-school children can't be routinely searched without a warrant.

Grievances: With a strong union, however, the rules are entirely different. Almost any disciplinary action by a boss, including dismissal for drug use, becomes subject to union appeals. Once tossed into the maze of routine grievance proceedings, the issue is no longer simply whether the employee was caught with cocaine in his overalls. Instead, these battles are fought on questions such as whether a urinalysis was flawed and what other demerits tarnish the worker's file. "Arbitrators know about the workplace," says Alfred Klein, an attorney for the Atlantic Richfield Co. "They understand that drugs are all over, especially marijuana, and they tend to compromise." For instance, a California arbitrator sided with 25 Lockheed workers who were fired after a police drug bust at the plant. Even though the company had a firm antidrug rule, it had to rein-



Herman J. Kokojan—Black Star

Sniffing for drugs: More than a little intrusive

state the workers and pay back wages. The reason: Lockheed's enforcement in the past had been so lax that the arbitrator thought the workers deserved a reminder that the boss really meant what he said.

While employers still hold most of the cards, there are efforts now under way to erode some of their power. Lawyers at New York's Legal Action Center have dusted off a 1973 federal law aimed at stopping discrimination against handicapped workers and argued that it also bars employers that receive federal money from discriminating against a person solely because he uses drugs. While courts have yet to define the scope of the law, the center used it to help persuade the New York police not to reject some applicants who flunked a urinalysis. In that case and a similar one in Washington, D.C., the tests were run so poorly that the administrators could not positively identify which cops the tainted urine came from. These drug screens, as they are known in the trade, are also under attack in federal courts in Texas. In two cases, oil-refinery workers whose tests proved negative have sued, claiming invasion of privacy and defamation after being pulled off their jobs and told to supply urine samples.

Fair Treatment: While these cases grind through the courts, the policing of drugs-on-the-job may be changed by an unrelated trend: the slow decay of the "employment at will" doctrine. Several recent decisions in both federal and state courts have found that bosses owe their workers fair treatment and can be held liable for "wrongful discharge" for highhanded tactics. Thus corporate lawyers are urging their clients to be clear about their disciplinary practices. Charles Pendleton, a Texas drug consultant who is also a lawyer, travels the country running workshops for industry, telling managers that anti-drug efforts must be part of a company's safety program, must be posted and must be uniformly applied. But for now employers still have the upper hand.

ARIC PRESS with DON SHIRLEY in Los Angeles and AMY WALLACE in Washington

drug abuse: many jobs are simply too boring or stressful. "I don't know if you've had the opportunity to stand in a pit and turn a screwdriver over your head hour after hour, but I have," says Dr. Douglas Talbott, president of the American Academy of Addictionology. "It's almost like torture. These people bring mind-altering drugs to ease the boredom, the tension and the stress of doing their job."

Alienation: Talbott and others say American business should emulate the Japanese, who have addressed the stress problem with tension-relieving breaks. "They have exercise breaks, they have education breaks, they have breaks with training in non-chemical coping techniques for relief of boredom," Talbott says. The Census Bureau's Zabala, a productivity expert who

once spent four years on a GM assembly line, says there was a direct relationship between drug use and an employee's feelings of alienation. The more a worker felt he was an important part of the organization—because of a strong union, an important job or activity in a worker-management committee—the less likely he was to use drugs. Zabala's prescription for curbing drug abuse is simple: "worker input."

Even beyond that, the enormous cost of drugs on the job should give American business an ever-greater incentive to help the drug generation kick the habit altogether. In his survey of Texas businesses, Professor Lauderdale found that the top complaint among their employees was loneliness, which often led to drug abuse. "Employers are going to have to involve themselves in

community and family functions to help their people cope with this loneliness without turning to drugs," he says. American industry will have to work throughout the '80s to try to cure a hangover from the '60s and '70s. The problem can be contained—although there will always be some drug abuse that is just impossible to stop. Two well-dressed young women, telephone operators for a major corporation, were spending their lunch hour one day last week smoking joints in the shadow of the Exxon building in midtown Manhattan. "We're celebrating," said one. "I have a new job. This is my first day."

JOHN BRECHER with ERIK IPSEN in New York, AMY WALLACE in Washington, BARBARA BURGOWER in Houston, HOLLY MORRIS in Atlanta, DON SHIRLEY in Los Angeles, PAMELA ABRAMSON in San Francisco and bureau reports

California Narcotic Officers' Association

P.O. BOX 227
FAIRFIELD, CALIFORNIA 94533

April 19, 1984

President
ROBERT G. HUSSEY
LASD

1st Vice President
TOM GORMAN
DOJ Fresno

2nd Vice President
STAN FURCE
DEA SD

3rd Vice President
EUGENE WILLIAMS
DOJ, San Jose

4th Vice President
JOSEPH DUBOIS
Westminister, P.D.

Sergeant at Arms
DICK VERBRUGGE
Santa Cruz, D.A.

Executive Secretary/Treasurer
S. BERT JENSEN
W.S.I.N., Sac

General Counsel
BRUCE P. WOLFE

Legislative Committee
MICHAEL GUY
LAPD

Membership Chairman
JAMES BUTZBACH
JIM BAILEY

Newsletter Committee
MICHAEL GILBERT
JOSEPH DUBOIS

Training Chairman
EUGENE RUDOLPH
LASD

Historian
JIM ANDERSON

Region I Chairman
MICHAEL WILSON
Oakland P.D.

Region II Chairman
JOHN TATARAKIS
Sacramento P.D.

Region III Chairman
EUGENE RUDOLPH
LASD

Region IV Chairman
RON SHANKLES
San Diego P.D.

Region V Chairman
WINSTON PINGREY
Riverside Co. S.D.

Region VI Chairman
LARRY BAUGHER
Ventura S.D.

IMMEDIATE PAST PRESIDENT
1983 **ROBERT S. ELSBERG**
DOJ, SF.

PAST PRESIDENTS
1982 **JOHN D. MILES**
1981 **MIKE CHOUINARD**
1980 **JAMES R. BUTZBACH**
1979 **MICHAEL GILBERT**

Senator Joseph B. Montoya
Senate Select Committee on Licensed
and Designated Sports
1100 J Street, Room 334
Sacramento, CA 95814

Dear Senator:

This letter is in response to a telephone conversation held with your committee consultant, Kathleen Somerton, on Thursday, April 5, 1984, regarding your forthcoming hearing on Drugs and Professional Sports scheduled for April 24, 1984.

During my conversation with Ms. Somerton, I explained that I had learned of the hearing from the San Diego Charger staff, who in turn suggested I contact the committee and inform the members of the California Narcotic Officers Association (CNOA) affiliation with the team.

The California Narcotic Officers Association (CNOA) is an organization comprised of approximately 1500 narcotic officers throughout the State of California. CNOA was formed as a non-profit organization in 1966 whose original purpose was to be the vehicle whereby narcotic agents could share information and experiences, receive training, and get to know one another personally. Since its inception, CNOA has grown not only in membership but also in recognition, stature, and sophistication. Members of the California State Legislature look to CNOA for endorsement of bills and research for new proposals on drug legislation. Many other states visit our annual training conference because of its unique offering of specialized narcotic workshops. As with age, also comes wisdom. CNOA, Region IV, (San Diego - Imperial Counties) has recognized that we as narcotic officers are also involved in other roles, i.e., that of spouses, parents, church members PTA participants, sports coaches, etc. We have come to realize that as part of our efforts to stop or minimize drug trafficking as law enforcement officers, perhaps we are also obligated to share that experience and knowledge with the community as another method of combating narcotic abuse and illicit sales. It was this social awareness that prompted officers of CNOA, Region IV, particularly

"FOR BETTER NARCOTIC ENFORCEMENT"

its chairman, Ron Shankles, a SDPD detective assigned to the San Diego County Integrated Narcotic Task Force, to activate a drug prevention program.

The problem was easily diagnosed. It is well known and documented that only 10% of the population generally pose a continual problem for law enforcement. Effectively, that leaves the other 90% as virtual lay persons to crime and the criminal element, but certainly not unaffected, for it is they who are the victims, and moreover, naive victims. It is this naivete coupled with the ostrich-like syndrome that concerns us. First the naivete. If asked, most San Diegans could not only not identify marijuana, cocaine, heroin, or PCP, but even more tragically, could not diagnose their symptomatology. Now in a society where at least one in ten is going to use drugs, certainly each one of us is personally going to be involved albeit in our families, work-place, or neighborhood. We are going to witness, first hand, drug use and abuse. Without a working knowledge of what is happening in our sphere of influence, how can we effectively react. The ostrich-like syndrome, i.e. seemingly putting our heads in the ground so we won't have to witness our environment, is the second problem. Many San Diegans refuse, out of fear, lack of responsibility, or other reasons, to negotiate with the reality that they have spouses, children, friends or neighbors with a drug abuse problem. To use the trite but emphatic phrase, "the bottom line is" that most people in our country either 1) know nothing about drugs or 2) don't care to learn. It is our assessment that the majority of people fall into category #1 and do care but are ill-equipped to recognize, much less deal, with a child, co-worker, spouse or friend who is using drugs. Therefore, if left stagnant, our community will continue to grovel in ignorance, allowing many of this 90% to come ill-prepared for that encounter with drugs.

Our solution was to create a vehicle whereby as many people as possible could be reached and instructed in the basics of drug abuse awareness while at the same time instilling in them the desire to learn more about this insidious problem and prompting formation of groups to prevent traffickers of narcotics from infiltrating their families, schools and neighborhoods.

A question we asked was "What will prompt 100-500 adults to forego a relaxing evening at home or some other endeavor, and come listen to a talk on Drug Awareness?" Our belief was that billing names of major sports figures as lead speakers would fill most auditoriums. For example, if a sports celebrity were to announce they were going to host such a talk, we felt that community response would be positive in all areas of San Diego, and result in good attendance.

This was the basic premise then ... to have the draw of a sports personality, along with his personal comment on the situation ... presentation of a movie depicting drug use/abuse ... finally having an informed narcotic officer from CNOA telling each particular group

what the drug problem is in their particular area, followed by a detailed explanation of each drug.

This concept of unitizing sports figures and narcotic officers was the brainchild of Mr. Sid Brooks, equipment manager of the San Diego Charger football team. His collaboration with CNOA has resulted in what we consider a unique program in "Drug Awareness".

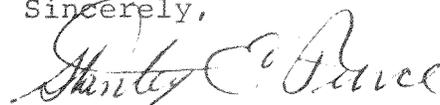
Three players, cornerback Gill Byrd, tight end Eric Sievers, and defensive lineman Billy Shields, volunteered to participate in the joint project. Utilizing their names for a pilot presentation in Coronado, California in January, 1984, resulted in over 250 attendees listening to players and narcs discussing drugs. Subsequent presentations have been similarly successful. The demand throughout the community for more talks has been overwhelming.

In order to make the players more comfortable and viable participants in the program, they agreed to attend a 16-hour drug identification and symptomology course presented by the officers and Dr. Steven Lerner, a noted toxicologist and expert in drug abuse. Interestingly, head coach Don Coryell asked if his entire coaching staff and trainers could also attend the class. Obviously, the coaches and trainers were welcomed and included in the 2-day seminar.

The course was presented from a "street" and medical perspective ... a unique feature never before encountered by the players or coaches. The success of the training session was such that Coach Coryell has asked that an abbreviated session (4 hours) be given to his entire summer camp team in May, 1984. Additionally, all three players feel sufficiently confident now that they not only are the lead speakers at the "Drug Awareness" meetings but can field most questions asked by parents and children at those sessions.

Our ambition is to incorporate more CNOA members and players into our program so that as many groups as possible can be reached in the San Diego area. We would also like to offer ours as a model to other professional teams as 1) a source of unique instruction to interested players and staff 2) a positive method of reaching the community, helping parents and youth, and perhaps overcoming the stigma of drug abuse in the ranks of professional sports.

Sincerely,



Stanley E. Furce
2nd Vice-President





PEOPLE REACHING OUT

FAMILY DRUG AND ALCOHOL COUNSELING AND INFORMATION CENTER
8862 Madison Avenue • Fair Oaks, California 95628 • (916) 966-0927

EXECUTIVE DIRECTOR
Kathy Hill
PROFESSIONAL ADVISOR
Dr. David Gordon

ATHLETE - TO - ATHLETE

BOARD OF DIRECTORS
Dr. Lloyd Bowles
Joan Cooney
Lance Corcoran
Geneva Heavin
Paul Heiser
Mike Koerner
Mark Nasarian
John Newman
Don Nottoli
Herb Rosenzweig
Barbara Scurfield
Mary Jane Sigler
Hon. John Stroud
Nicki Wampold

PROGRAM

The Problem

The problems of drug and alcohol abuse among young people have been well-documented. Over 67% of our young people report using illegal drugs, and 94% of them report drinking alcohol. Our youth are using drugs and alcohol at earlier and earlier ages, with increasing amounts and involving alarmingly high numbers. For example, the number one killer of youth is alcohol and drug related automobile accidents. Ten thousand young people die and over 50,000 are permanently disabled each year. Drugs and alcohol are also major contributors to poor school performance, family problems, violence, suicides, teenage pregnancies, drownings, and many other youth related problems.

The drug / alcohol problems of young people can be found in all segments of our society; rich-poor, urban-suburban-rural, black-white-brown, everywhere. Student athletes are not exempt from these problems. In fact, the pressures on them may be greater than on many other young people; the pressure to perform, the pressure to maintain eligibility, the pressure to maintain a certain image, the pressure to "party" or drown sorrows after the big game, as well as all the other pressures young people experience. These pressures all contribute to an athlete's use of drugs and alcohol. Whether it is to "relax me" or "pick me up," "escape" or "to feel good," many student athletes feel it necessary to use drugs and alcohol. Student athletes need accurate information about drugs and alcohol. They need to know that you don't need to "do drugs" to be successful. In fact, "doing drugs" may hinder or impede their athletic performance, as well as their physical, mental and emotional development.

Student athletes need to hear from successful professional athletes who can tell them about the importance of being "drug / alcohol free." It isn't easy! Sometimes it may seem that everyone is encouraging them to "do drugs" -- music, television, movies, advertising, adults, and friends -- but they can resist these influences.

Student athletes need special personal skills in decision making, goal setting, problem solving, coping, risk taking and communicating. They require skill training that addresses responsibility, discipline and judgment. They need help in learning how to say "no" to these situations with confidence.

ATHLETE - TO - ATHLETE
PROGRAM

The Problem (continued)

Student athletes are not the only ones that need help. Parents and coaches need help, too. They need information about drugs and alcohol, about how to help their young people, where to go when there is a serious problem, and what to do to avoid serious problems. These adults play critical roles in the development of any young athlete, and they need some special training as well.

Background

In June 1983, a group of people met to discuss how we might be able to effectively address the drug / alcohol problems of high school student athletes. This group included a former professional athlete, an educator, a law enforcement official, and representatives of a parent/family services organization. This group explored a variety of approaches and finally concluded that professional athletes, prominent amateur athletes, successful college and professional coaches, nutrition experts, and experts in drugs and alcohol must be involved if any program were to be successful and effective.

Members of the organizing committee were:

Miri Davis	Former Elementary School Teacher and Community Volunteer
Lt. Jim Hall	Youth Division, Sacramento County Sheriff's Department
Kathy Hill	Executive Director, People Reaching Out
Paul Hofer	Former San Francisco Forty-niner and currently with Camray Development Corp.
Michael Koerner	District Coordinator, Substance Abuse Prevention, San Juan Unified School District
Judi Osen	Speakers Bureau Coordinator for People Reaching Out

Program Objectives

1. To increase student athlete, coach, and parent understanding and awareness of drugs and alcohol.
2. To create healthy attitudes and encourage responsible choices related to drugs and alcohol by student athletes, their parents and coaches.

ATHLETE - TO - ATHLETE
PROGRAM

Program Objectives (continued)

3. To provide an opportunity for professional and college athletes and coaches to become involved with high school athletes, parents, and coaches.

4. To develop a program that can be duplicated in any community throughout the State and Nation.

Methodology

This project proposes to develop an expandable and duplicatable multi-component program for high school student athletes, coaches, and parents which addresses their need for drug / alcohol information, and the development of positive attitudes and individual personal skills. This will be done in a workshop/conference format which will feature four major components -- Athlete-To-Athlete, Parent-To-Parent, Coach-To-Coach, and a Panel to address all groups.

Athlete-To-Athlete

This component will utilize the services of popular professional and prominent amateur athletes who will be used to capture the attention of student athletes and emphasize the importance of being "drug free." These athletes will be available to answer questions, discuss the importance of commitment and practice, and generally motivate young participants.

Coach-To-Coach

This component will feature popular professional and college coaches who will be able to discuss coaching techniques, personal philosophies, and methods used to recognize and respond to drug and alcohol abuse by athletes they coach. The value of promoting high self-esteem among athletes will also be addressed.

Parent-To-Parent

Trained parent educators/facilitators will conduct sessions for parents of athletes. Specific parenting techniques will be discussed that will reduce the likelihood of drug involvement by their child and enable them to realize their fullest potential.

Panel

All groups (student athletes, coaches and parents) will also receive specific information on drugs / alcohol from a panel of experts to include medical and counseling

ATHLETE - TO- ATHLETE
PROGRAM

Panel (continued)

professionals who deal with these issues on a regular basis, a nutrition expert, and a law enforcement representative. In addition, specific skill development units will be presented that cover decision making, goal setting, problem solving, saying "no," communication, coping and risk taking.

The format for the workshop/conference will be structured in such a way so as to provide common information in large group settings, while maintaining smaller groups for sessions which require discussion and increased interaction between presentors and participants. The schedule will be:

6:30 - 7:00	Introductions and Welcome: Athletic Director, Principal, Guest Athlete(s) and Coach(es)
7:00 - 7:40) 7:45 - 8:25) 8:30 - 9:10)	Small group sessions, including Athletes-To-Athletes, Coaches-To-Coaches, Parents-To-Parents and Panel
9:15 - 9:30	Closing Comments and Thank You

Special educational materials on drugs and alcohol will be made available in participants' packets. Audio visuals may also be used in presentations.

A gradual phase-in of the project has been proposed, with the first workshop/conference to include all seasonal athletes at a high school, and eventually a workshop/conference for all athletes at each high school in the Sacramento metropolitan area.

Responsibilities of High Schools

Each participating high school must agree to establish a Conference Planning Committee to work with People Reaching Out and the conference organizers to provide for the following:

- facilities
- publicity and promotion
- special equipment needs
- conference opening ceremonies
- printing of materials
- refreshments

The Conference Committee will meet with conference organizers after the event to evaluate the effectiveness of the Conference and to plan appropriate follow-up activities.

If you wish to participate in the Athlete-To-Athlete Program or wish further information, please contact Miri Davis at 961-7521 or People Reaching Out at 966-0027.

PEOPLE REACHING OUT, INC.
 8862 Madison Avenue
 Fair Oaks, California 95608
 (916) 966-0927

SAMPLE SCHEDULE
 For
 ATHLETES-TO-ATHLETES
 PROGRAM

268

TIME	STUDENT ATHLETES	COACHES	PARENTS	
6:30 - 7:00	----- ONE LARGE GROUP -----			
7:00 - 7:40	ATHLETES-TO-ATHLETES	PANEL	COACHES-TO-COACHES	PARENTS-TO-PARENTS
7:45 - 8:25	COACHES	ATHLETES-TO-ATHLETES	----- ALL ONE GROUP ----- PANEL	
8:30 - 9:10	PANEL	COACHES	----- ATHLETES -----	
9:10 - 9:30	----- ONE LARGE GROUP -----			



DRUGS

In Athletics

How long do you think that drugs have been used in athletic competition to try to improve an athlete's performance? Ten years? Fifty years? Well, according to the writings of the Greek physician Galen, competitors used stimulants to try to improve their performances 2,300 years ago. They thought, for instance, asses hooves, ground and boiled in oil with roses, would improve their performance in the games.

The Aztecs used a cactus-based stimulant similar to strychnine during long races. In the 1850s, brandy plus cocaine and strychnine were used by bikers, and in 1865, Amsterdam canal swimmers were caught using caffeine. Sprinters have used nitroglycerine, French racers used caffeine, and Belgians used sugar cubes dipped in ether. The results were sometimes tragic. In the 1960 Rome Olympics, Kurt Jensen, a cyclist, died from the drugs he was using to try to improve his performance. In the 1967 Tour de France cycle race, Tom Simpson died of the effects of heat, altitude—and amphetamines.

To curb the use of drugs in the Olympics, many new rules and "dope checks" have been insti-

tuted. These checks continue to uncover the use of drugs and, sometimes, end competitors' careers. In 1974, for example, Jeff Teale was caught using metabolic steroids and was suspended from shot put competition forever. In 1981, Ben Plucknett was stripped of his world record in discus when a test of his urine revealed the presence of steroids. Several athletes are banned for drug offenses each year by the International Amateur Athletic Federation but this may be only the tip of the iceberg.

A Growing Problem

The problem of drug use among athletes touches athletes as young as Little League participants, and continues through the professional level. A survey of high school students by the Minnesota Department of Public Welfare revealed one-third of the athletes admitted to at least once-weekly use of wine or beer, one-half had used marijuana (one-fifth smoked it weekly), and their amphetamine consumption was three times greater than that of nonathletic students.

Some of the drug use is related to the search for an effortless way

to improve athletic performance: other athletes get into trouble with drugs through peer pressure or a desire to relax. A Minnesota high school football player said, "It became more important for me to go out and get stoned with my buddies than to go to a picnic with my family."

Many athletes also have *enablers*—people who try to hide their problem to "protect" them. This can allow the problem to reach great proportions, because it delays detection—and help. In professional athletics, there is also the pressure for money and glory that makes some athletes turn to drugs.

Our society also associates sports with drugs. Consider the fact that one of every 4.2 commercials during sporting events on TV is for beer. Pro athletes appear in 90 percent of the ads for low-calorie beer. Perhaps decisions by athletes to use drugs are based not on facts, but on their perceptions of the lifestyle they fall into. Only one collegiate football association, the Pac-10, has any clear-cut drug abuse resolutions spelling out the offending substance and the disciplinary measures.



A Long List

What are the substances being abused? Many are referred to as *somodelics*, body-altering substances to supposedly improve performance. Heading the list in Olympic athletes are the anabolic steroids. These substances mimic the action of testosterone a male hormone. They cause an increase in muscle strength and size. These drugs were originally developed to aid polio victims in developing strength in damaged muscles. They are illegal in the Olympics because they can be physically damaging to the liver, may cause cancer, sterility, baldness, and other problems. Yet some athletes take doses while training, then stop taking them before competition so they will pass the drug check. Jay Silvester, Olympic discus thrower, was quoted as saying that 100 percent of the international discus throwers used steroids.

Amphetamines, which are central nervous system stimulants, are not abused to increase strength as steroids are, but to decrease fatigue, especially in long-distance events. Unfortunately, they also cause a loss of control and clear thinking, paranoid behavior, cerebral hemorrhage, and nutritional problems, to say nothing of the risk of injury when muscles are pushed past the safe limit because the athlete cannot feel the fatigue.

Football is one sport that seems to have had an overabundance of stimulant drug problems with its players. Don Reese, a former NFL player, made lots of waves when he wrote an article for *Sports Illustrated* magazine about his cocaine problem. (Cocaine is also a central nervous system stimulant that is usually inhaled.) He admitted to snorting cocaine

in the locker room before games, and claimed many football pros were hooked on the drug. "You might not know for sure who's really hooked, but the heavy users are easily spotted—the big heaving chests, the sweat pouring down, the nervous energy, and most of all, the decline in effectiveness." Reese claims some use it to improve performance, while others use it after the games to try to relax, much the way alcohol is used.

Dependence on both substances by athletes is well-known, and it isn't restricted to football. Bernard King, basketball player for the New Jersey Nets—alcohol; Thomas "Hollywood" Henderson who played for the Dallas Cowboys—cocaine; Pete Rose, baseball star—amphetamines; and so on, *ad nauseum*.

Other drugs used to attempt to improve performance include vitamins and corticosteroids to relieve pain and inflammation. Many athletes swallow scores of vitamins every day hoping for magic results. Often, they get diarrhea instead.

What can be done to reduce the drug waterfall in athletics? Some suggest that urinalysis be performed on high school, college, and professional athletes before and/or after competition, as is done in the Olympics. Those athletes found to have drugs in their bodies would be banned from competition. Another approach is to educate athletes to show them that most drugs do not improve performance. Don Reese summed it up well when he wrote, "All else being equal, you line up 11 guys who don't use drugs against 11 who do and the guys who don't will win every time."

SACRAMENTO HIGH SCHOOL

ATHLETIC CODE

PREFACE

"Athletics" means more than competition between individuals representing different schools. It is rather a means of learning a way of life which exemplifies the philosophy that hard work, drive, and determination bring eventual success.

Athletics teaches understanding and appreciation of teamwork; it teaches honor, fair play, and pride. The morals of the team becomes most important to each player.

ARTICLE I REGULATIONS GOVERNING ATHLETES

Citizenship and sportsmanship: Any student representing Sacramento High School must exemplify the highest standards of moral integrity and good sportsmanship, both in and out of school.

1. The consumption of alcoholic beverages of any kind at any time during the year by a member of an athletic team representing Sacramento High School is prohibited.
2. No athlete shall use tobacco.
3. No athlete shall use illegal drugs.
4. Profane or obscene language or an act of vulgarity is positively not acceptable. Any act or oral expression that reflects a negative attitude or is given for the purpose of ridicule or defamation of character is not to be tolerated.
5. Infraction of any of the above regulations may require that a conference be held with the athlete; the athlete's parents or guardian, administrator and coach and may result in dismissal from the squad or suspension from school or both.

ARTICLE II CONDUCT OF ATHLETES

The conduct of an athlete is closely observed in many areas of life, and it is important that that behavior be above reproach. A good athlete must be a leader; therefore, the athlete has certain obligations and responsibilities that must be kept uppermost in mind. These responsibilities are divided into four major areas.

A. ON THE FIELD

A good athlete (1) has complete self command at all times (even when disappointed or being replaced by a teammate); (2) is respectful to all officials, who are assigned to conduct contests and enforce certain rules and regulations; (3) is modest in victory and gracious in defeat (4) knows that profanity, illegal tactics and clowning are inexcusable signs of poor sportsmanship; and (5) is aware of responsibilities

(An athlete is not excused from any practice session or game without prior knowledge and permission of the coach).

B. ON THE CAMPUS

A good athlete (1) is ready to accept positive leadership (The manner in which an athlete behaves before fellow students is of great importance (2) must be neat and well groomed, dressed in an appropriate manner, and not given to profanity or vulgarity; (3) is proud of the school camp and does everything possible to promote a positive attitude of unity among fellow students; (4) works for the improvement of the school and for what is right and good for fellow students; and (5) knows that fighting, provoking a fight, or any form of rowdyism is not in the best interest of proper school spirit.

C. IN THE CLASSROOM

A good athlete (1) meets the academic and citizenship standards established by each classroom teacher; (2) shows respect for teachers and fellow students; (3) must be passing in 4 subjects or be ineligible for the next quarter; (4) maintains a good attendance record; and (5) realizes that cutting classes or practice is putting selfish interests above the welfare of the school and the team.

D. ON TRIPS

A good athlete (1) is a direct representative of the team, school, and community and must behave properly at all times; (2) dresses appropriately and in good taste; and (3) does not jeopardize the chances of the school for competition at outside schools by misconduct during transportation.

ARTICLE III PHYSICAL CONDITION OF THE ATHLETE

A good athlete realizes that good physical condition is absolutely necessary and is willing to abide by the training regulations; he must have a sound diet and sufficient amount of sleep.

ARTICLE IV RESPONSIBILITIES

- A. An athlete who terminates participation in a sport before that sport's season ends will not be allowed to participate in another sport. This rule does not pertain to the athlete who is cut from a squad.
- B. The athlete is responsible for assigned equipment, and is expected to keep it in the best possible condition. Any loss or damage will be the athlete's financial obligation.
- C. In the locker room, gymnasium halls, or showers, rough-housing, throwing towels, and wearing football, soccer, track, and baseball shoes are prohibited. This regulation is important for both safety and cleanliness.

CONCLUSION

It is the purpose of the athletic program to be more than just a means for organized physical exercise. It takes more than physical ability to be a good athlete. A good athlete is willing to accept the basic philosophies that are necessary for becoming not only an admired athlete, but more important, a respected citizen with a high sense of moral integrity.

The rules and regulations of the California Inter-Scholastic Federation and the Metropolitan League, of which Sacramento High School is a member, will be strictly adhered to by both the athletes and staff of the school.

The rules and regulations of the Sacramento Athletic Code are the minimum standards of conduct for all athletes.

Sacramento High School

ATHLETIC CODE AGREEMENT

I have read and discussed with my coach and teammates the Athletic Code. I agree to conform with all the rules therein.

Athlete's Signature

Sport

Date

I have read and discussed with my son/daughter the Athletic Code.

Parent/Guardian's Signature

Date

This agreement will be kept on file in the Director of Athletics' Office.



2400 STUDENT RIGHTS AND RESPONSIBILITIES Standards of Conduct R-2441
2440 Standards of Conduct and Due Process 1 of 5

1.0 Abuses of Established Standards of Conduct

1.1 Following procedures set out herein, a student may be disciplined for one or more of the following causes, which must be District related: (E.C. 76035)

1.1.1 Violation of college rules and regulations including those concerning student organizations, the use of college facilities, or the time, place and manner of public expression and distribution of materials.

1.1.2 Obstruction or disruption of teaching, research, administrative disciplinary procedures or other college activities, including its community service activity, or of other authorized activities on college-controlled premises.

1.1.3 Physical abuse or threat of physical abuse of any person on college-owned or controlled property or at college-sponsored or supervised functions or conduct which threatens or endangers the health or safety of such person.

1.1.4 Theft of or non-accidental damage to property of the college or a member of the college community or campus visitor while on campus or at college-sponsored events.

1.1.5 Unauthorized entry to or use of college facilities.

1.1.6 Dishonesty, such as cheating, plagiarism or furnishing false information to the college, forgery, alteration or misuse of college documents, records or identifications.

1.1.7 On college property, the sale or knowing possession of dangerous drugs, restricted drugs, or narcotics, as those terms are used in California statutes, or the sale or knowing possession of alcoholic beverages, except when alcohol, drugs, or narcotics are lawfully prescribed pursuant to medical or dental care, or when lawfully permitted for the use of research, instruction or analysis.

1.1.8 Disorderly conduct or lewd, indecent or obscene conduct or expression on college-owned or controlled property or at college-sponsored events.

1.1.9 Willful disobedience of directions of college officials acting in the performance of their duties on campus or at college-sponsored events.

- 1.1.10 Knowing possession or use of explosives, dangerous chemicals or deadly weapons on college property or at a college function without prior authorization of the College President or designated representative.
- 1.1.11 Soliciting or assisting another to do any act which would subject a student to expulsion, suspension, probation, or other discipline pursuant to this policy.
- 1.1.12 Violation of any order of a College President, notice of which has been given prior to such violation, and which order is not inconsistent with any of the other provisions of this policy. This notice may be given by publication in the college newspaper, by posting on an official bulletin board designated for this purpose, or by any other means reasonably calculated to inform students of its provisions.
- 1.1.13 Any other cause identified as good cause by Education Code Section 76034, not identified above.
- 1.1.14 Attempting to do any of the causes for disciplinary action identified above.

2.0 Disciplinary Action for Conduct Violation

- 2.1 Warning - Written or oral notice to the student that continuation or repetition of specified conduct may be cause for other disciplinary action.
- 2.2 Reprimand - Written censure for violation of specified rules. A reprimand serves to place on record that a student's conduct in a specific instance does not meet the standards expected at the college. A person receiving a reprimand is notified that this is a warning that continued conduct of the type described in the reprimand may result in formal action against the student.
- 2.3 Disciplinary Probation - Exclusion from participation in privileges or extra-curricular college activities for a specified period of time (not less than one school month nor longer than one school year). The imposition of disciplinary probation involves notification in writing of the reason for disciplinary probation to the student(s). Violation of any conditions of probation, or repetition of the same act or other violation of the standards of student conduct during the probationary period shall be grounds for revocation of the student's probationary status and may be cause for suspension or expulsion.

Recreational Drugs: The Achilles Heel of Professional Athletes

Paul Good, Ph.D.

According to Greek legend, the mighty warrior Achilles was dipped in the waters of the river Styx by his mother in order to make him immortal. But the heel by which she held him remained his one vulnerable spot. During the Trojan War it was pierced by a deadly arrow, dooming Achilles.

The Achilles heel of today's athlete is alcohol and drug abuse. A consensus is growing that the problem is of significant proportion in professional sports. For example, 50% of players in the National Football League (NFL) are recreational users of cocaine while more than 20% are chemically dependent on the drug, according to a recent article in the New York Daily News. These figures roughly match those of Carl Eller, the NFL's own drug consultant, and of Charles Jackson, the league's narcotics investigator. Higher estimates are given by a leading authority in the sociology of sport, Professor Harry Edwards of the University of California, who believes nearly 75% - 80% of the NFL frequently use cocaine. Even NFL Commissioner Pete Rozelle has finally been forced to admit that drug abuse is so prevalent it poses a "definite threat to the integrity of the game."

Cocaine is used recreationally by 40% - 75% of players in the National Basketball Association (NBA), reports the Los Angeles Times. About 10% of NBA players probably "freebase," a technique in which the drug is purified and then smoked.

While estimates of cocaine use among professional baseball, soccer, and tennis players are less clear, Dr. Ted Diethrich, consultant to the

President's Council for Physical Fitness, believes 10% - 20% of all professional athletes are substance abusers. According to Julius "Dr. J" Erving, alcoholism may be an even worse problem than drug abuse in professional sports.

For many years league officials and team owners downplayed the prevalence of alcohol and drug abuse in sport, by denying there was a problem at all or by saying it was no worse than what existed in society generally. But recent data from the National Institute of Drug Abuse show that cocaine is used by about 22 million Americans, with roughly 5 million using it regularly (at least monthly), and almost 1 - 2 million having a serious dependency on the drug. A national survey by Yankelevich, Skelly and White revealed that 11% of the adult population admit having tried cocaine, a significantly lower figure than those cited for the NFL and NBA. The problem may indeed be more serious among professional athletes than in the population at large.

Understanding Abuse

Athletes use alcohol and drugs in response to many of the same stresses in our culture that cause the rest of us to turn to pills and booze. The breakdown of our major social institutions, for example, has increased the anxiety of all Americans. With the family shattered by divorce, the political system wracked by corruption in government, and organized religion under attack by the cults, people no longer have a clear set of values or a backbone of tradition on which to depend. The confusion can lead to despair and quick-fix solutions. Thus, over 12 million Americans are alcoholics, one-half million are heroin addicts, 50 million are hooked on cigarettes, and 33% of Americans are overweight.

The money and fame showered upon athletes may only serve to heighten their awareness of the inner emptiness we all experience in this age of transition.

There are other reasons why professional athletes are especially susceptible to alcohol and drug abuse. First, the hectic travel schedule of professional teams that play many games over a long season is physically and mentally grueling. Second, there is intense pressure to "make it" before injury or competition take away opportunities. The average career of an NFL player, for example, is only about four years, which for most players is between the ages of 23 and 27. Like Achilles, who turned down a long, comfortable life at home for the short, glorious life of a hero, the athlete of today may quickly find, and quickly lose, fame and fortune. Third, professional athletes who do achieve wealth and stardom at an early age may be seduced by "life in the fast lane" and make alcohol and drugs a part of their jetset lifestyle.

America's hunger for heroes is another cause of substance abuse among professional athletes. Players are burdened by the responsibility of satisfying the public's craving for heroics. With the help of the media, each sacred Sunday produces another instant hero to carry fans through the week. The pressure to live up to mythic proportions partly explains why professional athletes have been suckered into the "pills for all ills" syndrome. Despite many scientific studies showing that drugs generally do not enhance but rather impair athletic abilities, athletes have tried a variety of substances to improve their performance on the field. The book North Dallas Forty by Peter Gent revealed how football players use analgesics and anti-inflammatory agents to kill pain and continue playing before their injuries have healed. Just recently a U.S. weight lifter

was stripped of three medals in the Pan American Games for taking steroids, a drug used to beef ^{up} muscles, while twelve track and field athletes withdrew from the Games to avoid drug testing. Other Olympic contenders like shooters, archers and golfers consume tranquilizers to steady their hands. Members of the Philadelphia Phillies baseball club openly take amphetamines to lose weight and increase their energy on the field. In a competitive society like ours, "Winning isn't everything," the saying goes, "it's the only thing." Drug use, although dangerous, illegal and unethical, can be rationalized as the price one pays for victory.

Treatment Approaches

The recent disclosures of widespread substance abuse in professional sports reveal a dark side to our national pastimes. If management and players respond with a conspiracy of denial, like psychologists have observed among alcoholics and their families, it will only hasten the disrepute into which professional sports has fallen. An honest acknowledgement of the problem would, however, provide an opportunity for athletes to reestablish themselves as role models for youth and leaders of society. The first step is a commitment by owners, managers and players to a comprehensive program of prevention and rehabilitation.

Simple reprimands or fines will not solve the problem. Legal and financial deterrents are certainly a necessary part of the overall attack on alcohol and drug abuse in professional sports, but psychological research has repeatedly shown that punishment alone is unsuccessful in changing behavior. Thus, only partial effectiveness will be had for example, by the NBA's new policy of immediate, permanent dismissal of players convicted for drug-related crime. Commissioner Larry O'Brien sent a clear message

when he said, "If you want to get involved with drugs, you won't be involved with the NBA." Threats of this ^{kind} will work up to a point; further progress will require a variety of educational, social and clinical strategies.

Prevention efforts are the front line in the war on alcohol and drug abuse. First, an independent and wideranging investigation of professional athletics could identify the sources of stress that lead to substance abuse and propose solutions. Second, players need to be educated about the dangers of chemical dependency and its destructive effect on health and performance. Unfortunately, many authorities in the sports world mistakenly believe that they will eradicate the drug problem by simply spending more money for police and undercover operations, law enforcement and criminal investigations. A more significant impact may be had by increasing players' knowledge of the medical and psychological consequences of alcohol and drug abuse. It is interesting to note that some studies suggest the national decline in marijuana use is due more to the recent wave of health consciousness among Americans than it is to decreased supply or stricter penalties. Third, coaches, players, and their families should be trained to detect the early warning signs of alcohol and drug abuse. Chemical dependency only tends to worsen over time. If it is identified and treated early, the athlete may avoid serious medical problems, the need for hospitalization, and has a much better chance of kicking his habit.

Rehabilitation will be necessary for many players with more established addictions. According to a New York Times survey, at least 42 professional athletes have sought treatment for alcoholism or drug dependency since 1977. This includes 15 baseball players, 7 basketball players, 18 football players and 2 hockey players. The number seeking treatment is probably somewhat higher as most players would naturally want to avoid any publicity.

A variety of approaches are now being used to treat professional athletes. One type is the crisis-oriented, referral service. For example, in March of 1981 the NBA contracted with the Life Extension Institute to operate a round-the-clock, toll-free telephone counseling service. Professional counselors talk with players over the phone about their alcohol or drug problem or refer them to resources in their community. About 25 players have called the 2½ year^{old} hot line requesting help with drugs. A similar program was created in late 1981 by the United States Football League (USFL), which also runs a telephone crisis referral service through Project Sports, an organization founded by two former players of the San Francisco 49ers. One advantage of these programs is that athletes can call for help but remain completely^e anonymous. The problem, however, is that referral services may have less leverage in getting players who call to follow-up with more intensive treatment after their immediate crisis is handled. In addition, this type of program can have difficulty maintaining quality control of the treatment specialists to whom players are referred.

Another approach is the residential or inpatient center. Here an athlete is removed from his drug infested environment so he can begin the recovery process in seclusion and with the support of trained professionals. Such a facility is the Hazelden Foundation in Minnesota, now treating NFL players with chemical dependency problems. Hazelden is a 28 day program costing about \$2,200.00 and providing detoxification, medical treatment, daily lectures, and counseling. The residential option, because it offers constant attention and supervision, is valuable for those athletes who have very serious addictions and little or no support from families or friends to help them break free of the drug lifestyle. But residential centers are an oasis in a cruel world, and the athlete must eventually return to confront alcohol and drugs everywhere in his environment. Many players, like Los Angeles Dodger relief pitcher Steve Howe, will go back to drugs

upon returning home to their old environments. For this reason, follow-up and after-care are critical. Successfully overcoming an addiction is a life-long commitment for the large majority of alcoholics and drug abusers.

Most athletes involved with drugs do not need the residential alternative. Sufficient for most is the outpatient approach, which utilizes in-hospital detoxification when necessary, regular individual^u or group psychotherapy sessions, and community-based support groups like Alcoholics or Narcotics Anonymous. Two notable outpatient efforts are now being made by the San Diego Padres in baseball and the Cleveland Browns in football. The Padres have players, their families and their friends, meet to discuss the multiple problems that come out of the players' alcohol and drug abuse. The Browns run a weekly therapy group for eight drug abusers called the Inner Circle, which is advised by three team officials, a doctor and a clergyman. This kind of intensive psychotherapy approach involves a firm confrontation of the substance abuse while underlying psychological issues are explored. Group treatment is particularly valuable in overcoming the sense of loneliness in the athlete's fight against addiction. Sharing the struggle with others who have similar problems is therapeutic in itself. The relationships that develop in groups provide a helping network to support long-term recovery.

Currently, there is a good deal of research on the outcome of alcohol and drug abuse treatment. Studies comparing effectiveness of the various approaches show that no one treatment is clearly better than the others. Individuals have different needs and problems, which must be matched to the appropriate treatment. While there is variability among treatments, the scientific literature does indicate that any treatment is better than none at all.

The substance abusing athlete did not get into trouble by himself, nor will he get out of it by himself. The same kind of teamwork essential for success in sports is the important ingredient in beating alcoholism and drug abuse. The athlete, his family, coaches, and trained professionals, all have a job to do if progress is to be made in this difficult arena.

Paul Good and Spencer Schein are psychologists and founders of the Achilles Project, a treatment and prevention program for substance abusing athletes in high school, college and professional sports.



NATIONAL BASKETBALL ASSOCIATION

OLYMPIC TOWER • 645 FIFTH AVENUE • NEW YORK, N. Y. 10022 • 212-826-7000

OFFICE OF THE GENERAL COUNSEL

April 18, 1984

Honorable Joseph B. Montoya
Chairman
Select Committee on Licensed
and Designated Sports
State of California - Senate
1100 J. Street, Room 334
Sacramento, CA

Dear Senator Montoya:

I am in receipt of your recent letter concerning the Select Committee's hearing on Drugs and Professional Sports. On behalf of the NBA and its member teams, I am pleased to enclose copies of the following documents, which describe the NBA's recently enacted anti-drug policy:

1. Agreement dated September 28, 1983, between the NBA and the National Basketball Players Association ("Anti-Drug Agreement");
2. NBA Press Release, dated September 28, 1983, issued at the signing of the Anti-Drug Agreement;
3. NBA Memorandum describing terms of the Anti-Drug Agreement; and
4. Sampling of newspaper clippings concerning the Anti-Drug Agreement.

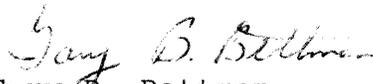
In addition to the Anti-Drug Agreement, since 1973, the NBA has retained the services of a drug consultant and has conducted, annually, educational anti-drug seminars for all NBA players. These seminars have included representatives of the Drug Enforcement Administration, the Federal Bureau of Investigation, the Life Extension Institute and the medical community. Moreover, since 1981, the NBA, in conjunction with the Players Association, has sponsored an Employee Assistance Program, which provides counselling for players and their families for drugs as well

Honorable Joseph B. Montoya
April 18, 1984
Page 2

as other problems on a confidential basis. A brief description of the program is also enclosed herewith.

We regret that the NBA's playoff activities prevent our personally testifying before the Committee. However, if you require any additional information concerning the NBA's drug programs or if we can be of any further assistance, please let me know.

Very truly yours,


Gary B. Bettman
Assistant General Counsel

GBB/dw
Enclosures

cc: Mr. John Joyce, NBA
Mr. Franklin Mieuli, G.S. Warriors
Mr. Jerry West, L.A. Lakers

EXHIBIT C TO COLLECTIVE BARGAINING AGREEMENT

AGREEMENT made this ____ day of October, 1983, by and between the National Basketball Association ("NBA") and the National Basketball Players Association ("Players Association

WHEREAS, the NBA and the Players Association recognize that the illegal use and abuse of drugs has become a serious problem in our society and in professional sports, in particular; and

WHEREAS, the illegal use of drugs can adversely affect the performance of NBA players and threatens the image of and public confidence in NBA basketball; and

WHEREAS, the NBA and the Players Association have agreed that the illegal use of drugs is inconsistent with competing in the NBA and that anyone found to have engaged in the use of the substances set forth in Exhibit 1, annexed hereto, ought properly to forfeit any opportunity to play in the NBA;

NOW, THEREFORE, the NBA and the Players Association have agreed upon the following program, the purpose of which is to eliminate the illegal use of drugs in the NBA:

1. Dismissal and Permanent Disqualification. Any player who has been convicted of or has pled guilty to a crime involving the use, possession, or distribution of any of the substances set forth in Exhibit 1, annexed hereto (the "prohibited substances") or has been found through the procedures set forth in Paragraphs 6 or 7 below to have used, possessed, or distributed any of the prohibited substances, shall, without exception, immediately be dismissed and permanently disqualified from any further association with the NBA or any of its teams. Such dismissal and permanent disqualification shall be mandatory and may not be rescinded or reduced by the player's club or the NBA.

2. Amnesty. (a) From the date hereof through December 31, 1983 (the "Amnesty Period"), no player will be subject to the penalty set forth in Paragraph 1 hereof. During the Amnesty Period, the NBA and the Players Association will use their best efforts to inform all players, in writing and in person at team and/or individual meetings, of the details of this Agreement, including the procedures to be utilized and the penalties provided.

In addition, the parties may notify certain player(s) that one or both of the parties has reason to believe that such player(s) may have used, possessed, or distributed a prohibited substance.

(b) During the term of this Agreement, any player, except a player referred to in Paragraph 10 below, who

comes forward voluntarily to seek treatment of a problem involving the use of drugs, will be provided with appropriate counselling and medical assistance, at the expense of his club. No penalty of any kind will be imposed on such a player and, provided he complies with the terms of his prescribed treatment, he will continue to receive his salary during the term of his treatment, for a period of up to 3 months of in-patient care in a facility approved by the Life Extension Institute and such out-patient care as is required in a program approved by the Life Extension Institute.

3. Appointment of Independent Expert. The NBA and the Players Association shall jointly appoint an Independent Expert (the "Expert") who shall be a person experienced in the field of drug abuse detection and enforcement. The Expert shall serve for the duration of the Collective Bargaining Agreement, dated October 10, 1980, between the NBA and the Players Association, as amended by the Memorandum of Understanding, dated April 18, 1983 (the "Collective Bargaining Agreement"); provided, however, that as of each September 1, either the NBA or the Players Association may discharge the Expert by serving 30 days' prior written notice upon him and upon the other party. In the event the parties do not reach an agreement, within 45 days, as to who shall serve as the Expert, each party shall appoint a person who shall have no relationship to or be affiliated with that party. Such persons shall then have fifteen days to agree on

the appointment of an Expert. The Expert's fees shall be paid in equal shares by the NBA and the Players Association.

4. Authorization for Testing. In the event that either the NBA or the Players Association has information which gives it reasonable cause to believe that a player may have been engaged in the use, possession, or distribution of a prohibited substance at a time after the conclusion of the Amnesty Period, such party shall request a conference with the other party and the Expert, which shall be held within 24 hours or as soon thereafter as the Expert is available. Upon hearing the information presented, the Expert shall immediately decide whether there is reasonable cause to believe that the player in question may have been engaged in the use, possession, or distribution of a prohibited substance. If the Expert decides that such reasonable cause to believe exists, the Expert shall thereupon issue an Authorization for Testing with respect to such player in the form annexed hereto as Exhibit 2.

5. Sources of Information. In evaluating the information presented to him, the Expert shall be entitled to use his independent judgment based upon his experience in drug abuse detection and enforcement. The parties acknowledge that the type of information to be presented to the Expert is likely to consist of reports of conversations with third parties of the type generally considered by law enforcement authorities to be reliable sources, and that such sources might not otherwise come forward if their

identities were to become known. Accordingly, neither the NBA nor the Players Association shall be required to divulge to each other or to the Expert the names of their sources of information regarding the use, possession, or distribution of a prohibited substance, and the absence of such identification of sources shall not be considered by the Expert in determining whether to issue an Authorization for Testing with respect to a player. In conferences with the Expert, the player involved shall not be identified by name until such time as the Expert has determined to issue an Authorization for Testing with respect to such player.

6. Testing. Immediately upon the Expert's issuance of an Authorization for Testing with respect to a particular player, the NBA shall arrange for such player to undergo the testing procedures, as set forth in Exhibit 3, annexed hereto, no more than four times during the six-week period commencing with the issuance of the Authorization for Testing. Such testing procedures may be administered at any time, in the discretion of the NBA, without prior notice to the player. In the event that any of the testing procedures produces a positive result, the player shall be deemed to have used a prohibited substance and shall suffer the penalty set forth in Paragraph 1, above, and shall be so notified by the Commissioner. Any player refusing to submit to a testing procedure, pursuant to an Authorization for Testing, at the time set by the NBA, shall be deemed to

have produced a positive result for such testing procedure and shall suffer the penalty set forth in Paragraph 1, above.

7. Dismissal Without Testing. In the event that either the NBA or the Players Association determines that there is sufficient evidence to demonstrate that a player has engaged in the use, possession, or distribution of a prohibited substance at a time after the conclusion of the Amnesty Period, it may, in lieu of requesting the testing procedure set forth in Paragraphs 4 through 6, request a hearing on the matter before the Impartial Arbitrator under the Collective Bargaining Agreement. If the Impartial Arbitrator concludes that the player has used, possessed, or distributed a prohibited substance at a time after the conclusion of the Amnesty Period, the player shall suffer the penalty set forth in Paragraph 1, above, notwithstanding the fact that the player has not undergone the testing procedure set forth in Paragraph 6.

8. Confidentiality. The NBA and the Players Association agree that neither of them will divulge to any other party, including their respective members and the player and team involved (other than as required by the Testing Procedure set forth in Paragraph 6 above):

i) that it has received information regarding the use, possession, or distribution of a prohibited substance by a player;

ii) that it is considering requesting has requested, or has had a conference with the Expert;

iii) any information disclosed to the Expert; and

iv) the results of any conference with the Expert.

9. Amendment to Uniform Player Contract. All forms of the Uniform Player Contract attached to the Collective Bargaining Agreement as exhibits and, in cases where a player and a Member are parties to a currently effective Uniform Player Contract each such contract, shall, upon execution of this Agreement, be deemed amended to include a new Paragraph 6(d), which shall provide as follows:

"The Player acknowledges that, in the event he is found, in accordance with the terms of the Agreement between the Association and the National Basketball Players Association, dated October _____, 1983 to have engaged in the use, possession, or distribution of a "prohibited substance" as defined therein, it will result in the termination of this contract and the Player's immediate dismissal and permanent disqualification from any employment by the Association and any of its teams. Notwithstanding any terms or provisions of this contract (including any amendments hereto) in the event of such termination, all obligations of the Club, including obligations to pay compensation, shall cease, except the obligation of the Club to pay the Player's earned compensation (either current or deferred) to the date of termination.

The Player hereby releases and waives every claim he may have against the Club, the Association, the National Basketball Players Association, and each of their respective members, directors, governors, officers, stockholders, trustees, partners, and employees, arising out of or in connection with the testing procedures or the imposition of any penalties set forth in the Agreement between the Association and the National Basketball Players Association dated as of October ____, 1983.

10. Second Treatment. Any player who, after previously requesting and receiving treatment for a drug problem, again comes forward voluntarily to seek such treatment, shall be suspended without pay during the period of such treatment, but shall not suffer the penalty set forth in Paragraph 1, above. Any subsequent use, possession, or distribution of a prohibited substance, even if voluntarily disclosed, shall result in the imposition of the penalty set forth in Paragraph 1, above.

11. Application for Reinstatement. Notwithstanding the provisions of Paragraph 1 above, after a period of at least two years from the time of a player's dismissal and permanent disqualification, such player may apply for reinstatement as a player in the NBA. However, such player shall have no right to reinstatement under any circumstance and the reinstatement shall be granted only with the prior approval of both the Commissioner and Players Association. The approval of the Commissioner and the Players Association shall rest in their

absolute and sole discretion, and their decision shall be final, binding and unappealable. Among the factors which may be considered by the Commissioner and the Players Association in determining whether to grant reinstatement are (without limitation): the circumstances surrounding the player's dismissal and permanent disqualification, whether the player has satisfactorily completed a treatment and rehabilitation program, the player's conduct since his dismissal, including the extent to which the player has since comported himself as a suitable role model for youth, and whether the player is judged to possess the requisite qualities of good character and morality. The granting of an application for reinstatement may be conditioned upon periodic testing of the player or such other terms as may be agreed upon by the NBA and the Players Association. A player who has been reinstated pursuant to this paragraph shall, immediately upon such reinstatement, notify the Club for which he last played. Such Club shall have 30 days to notify the player that it is prepared to accept his playing services under the terms and conditions of that portion of the term of the player's last player contract, for which services were not rendered because of such player's dismissal and permanent disqualification. If the Club notifies the player that it is prepared to accept his employment under such terms and conditions, the Club and the player shall immediately enter into a new Uniform Player Contract in accordance with those terms and conditions. If the Club does not so notify the player, the player shall be deemed to have complete

the services called for under his last player contract and shall immediately be free to negotiate and sign an Offer Sheet with any NBA team, subject to the Right of First Refusal set forth in Article XXII, Section 1(d) of the Collective Bargaining Agreement.

12. Incorporation in Collective Bargaining Agreement. This Agreement shall be incorporated in and extend through the term of the Collective Bargaining Agreement.

13. Limitation on Other Testing. Except as expressly provided in Paragraph 6, above, there shall be no other screening or testing for the prohibited substances conducted by the NBA or NBA clubs, and no player shall be required to undergo such screening or testing. Notwithstanding the foregoing, any player who has acknowledged the use of a prohibited substance by entering a treatment program, shall be subject to such screening or testing as may be determined by the Life Extension Institute. The frequency and duration of any screening or testing, as determined by the Life Extension Institute hereunder, shall not exceed 3 times a week or a period of more than one year following in-patient treatment. Any player refusing to submit to a screen or test pursuant to this paragraph or for whom such screen or test produces a positive result, shall be subject to the provisions of Paragraph 10, above, as a player who "again comes forward voluntarily."

IN WITNESS WHEREOF, the parties have entered into
this Agreement as of the day and year first written above.

NATIONAL BASKETBALL ASSOCIATION

By _____
Commissioner

NATIONAL BASKETBALL PLAYERS ASSOCIATION

By _____
President

LIST OF PROHIBITED DRUGS

Cocaine

Heroin

AUTHORIZATION FOR TESTING

TO: _____
(Player)

Please be advised that on _____, you were the subject of a conference held pursuant to the Agreement between the NBA and Players Association, dated _____ ("Agreement"). Following the conference, I authorized the NBA to conduct the testing procedures set forth in the Agreement, and you are hereby directed to submit to those testing procedures, on demand, no more than 4 times during the next six weeks.

Please be advised that your failure to submit to these procedures, will result in your dismissal and permanent disqualification from the NBA.

Independent Expert

Dated:

EXHIBIT 3

TESTING PROCEDURES

Urinalysis. To be screened and tested through scientifically accepted analytical techniques, such as chromatography (gas and/or thin-layer), spectrophotometry, fluorometry, EMIT, and/or TLC.

ADMINISTRATIVE OFFICES
(714) 937-6700 • (213) 625-1123

CALIFORNIA Angels

TICKET OFFICE
(714) 634-2000 • (213) 625-1123

April 17, 1984

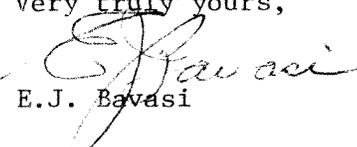
Senator Joseph B. Montoya
Select Committee On
Licensed & Designated Sports
1100 J Street, Room 334
Sacramento, California 95814

Dear Senator Montoya:

Regarding your memo of April 6, addressed to Mr. Gene Autry concerning the hearing on Drugs and Professional Sports.

We, the Angels, carry a big stick and will not tolerate any nonsense regarding the trafficking of illegal drugs or use of same. We have one rule - and one rule only - which applies to drugs, a copy of which is enclosed.

Very truly yours,


E.J. Bavasi

EJB:lw
Encl.

TO: All Playing Personnel

FROM: E.J. Bavasi

DATE: February 14, 1984

This Club, as always, has three simple rules. Violation of any of these rules will be subject to a fine, suspension or both.

1. Players are not, under any circumstances, to take stimulating drugs of any sort without the express approval of the team physicians. By drugs I mean such stimulants as Dexedrine, Amphetamines, Dexyamy, "Greenies", "Uppers", "Speed", Cocaine, Heroin, Marijuana, or any controlled substance.

There are a number of therapeutic drugs that are used in the treatment of the after-effects of injuries and illness rehabilitation. These drugs include Hydrocortizone, Butazolidin, Anti-inflammatory Agents or Analgesics, and all types of Myacins. These drugs are to be administered only under the supervision of a physician and, in particular, our team physicians, Dr. Jules Rasinski and Dr. Lewis Yocum.

2. As in the past, no player on this Club will be permitted in the batting cage without a helmet at any time. League Rules, of course, make it mandatory that a player wear a helmet of some kind while at bat during a game.
3. I expect all players to respect the flag of the United States during the playing of the National Anthem.

Regards,


E.J. Bavasi

EJB:lw

UNIVERSITY OF CALIFORNIA, BERKELEY

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF SOCIOLOGY
BERKELEY, CALIFORNIA 94720

April 16, 1984

Senator Joseph B. Montoya, Chair
Select Committee on Licensed
and Designated Sports
Senate: California State Legislature
1100 "J" Street, Room 334
Sacramento, CA 95814

Dear Senator Montoya:

I deeply regret that I will be unable to follow through with my intention to participate in the extremely important hearings that your committee has scheduled for April 24, 1984. I have, unfortunately, been called out of the country on some urgent business and so I am sending along a summary overview of my disposition on the subject of "drugs in sport." I wish that I could attend the hearings personally since there are several areas of the paper which should be developed beyond the scope of the article itself, and several other aspects of the work (e.g. America's use of caffeine, alcohol, and nicotine) which should be understood as germane solely within a broad social-behavioral context.

In any event, I hope that you find these remarks helpful in clarifying the issues involved. I would deeply appreciate transcripts of the hearings and would be happy to review these and point up any promising or "less than promising" analyses, ideas, or suggestions that might catch my professional eye.

Sincerely,

Harry Edwards

HE:jgm
Enclosures

At least since the late 1970s, there have been warnings of widespread recreational and performance-related drug use among both professional and amateur athletes. Such warnings were typically dismissed as vindictive rumors and inflammatory distortions circulated by journalistic jackals and anti-sports subversives. No longer. A bewildering spate of media exposés and drug use investigations combined with a seemingly endless series of athlete interrogations, confessions, suspensions, disqualifications, detoxifications, indictments, arrests, and incarcerations have left little doubt that today American sport has some major drug problems.

But sport inevitably recapitulates society--and few today would be startled at the assertion that, America is a drug using society. In the United States, we consume more drugs in greater variety than any other nation on earth. Each year, Americans collectively gobble down hundreds of millions of pills--including 20 tons of aspirin a day--and tens of thousands of pints of opiate-laden and chemical-laced elixirs. In the guise of the "coffee break" and the "three martini lunch", we have institutionalized drug use into our work routines. Many of us as a matter of course begin each morning with a little caffeine, move the day along with a little nicotine and alcohol, and rely on a sedative or sleeping pill to blot the day out at bedtime. Beyond such "acceptable" drug use, in 1982 the American public by conservative estimate smoked 26 million pounds of marijuana and free-based, snorted and injected a minimum of 50 metric tons of cocaine at a street value of 2500 dollars to 3000 dollars an ounce--a price roughly seven to eight times the current market value of gold.

When we further consider the use of heroin, P.C.P. (or "angel dust"), hallucinogens such as L.S.D. and an ever expanding list of other legal and illicit chemicals, the inescapable image emerges of a nation so consumed in drug taking that people who truly use no drugs could well be considered an extremely deviant minority. In short, America is in large part a high society.

One reason for this is that Americans are socialized to rely upon the quick drug fix and the pharmaceutical gimmick. For example, through television broadcasts alone, the average American child is exposed to approximately 150,000 commercials for over-the-counter drugs by the age of twenty. Further, ours is an extraordinary risk-oriented, high anxiety society. Until recently the leading prescription drug used in the United States was Valium--a tranquilizer. In 1982, owing to some bad side effects that generated some even worse publicity, Valium was bumped from first place--and replaced by Tagamet, an ulcer medicine.

Beyond these societal factors for athletes, the rich rewards of athletic success and the emphasis upon physical--even combative competition in sports--provide yet other incentives to drug use. One inducement is a dream much older than organized sport--the human longing for a "wonder potion" that aids physical performance. The search for such a substance rivals the search for the fountain of youth in antiquity, and the dream itself is probably as old as hunting and war. Indeed the drug used most frequently in the belief that it aids athletic performance, amphetamines, first came into general use during World War II in response to a perceived

need for hyperactive, aggressive and even paranoid types on the battle field. Another family of widely used performance drugs--androgenic-anabolic steroids--were developed as restorative aids for geriatric patients, the chronically ill and people recovering from debilitating accidents or infirmities. Athletes down through the high school level frequently use steroids to speed development of strength and muscle mass. This use is so widespread in some sports--football, field events, and weight lifting for instance--that athletes who do not use steroids are believed to be at a competitive disadvantage, while at advanced levels of competition steroid use has virtually reduced the "natural athlete" to an anachronism. Focusing upon football, it was sports writer Bil Gilbert who stated fully a decade ago that, "if an absolute 'no-drug' rule were rigidly enforced in professional football, two-thirds of the way through the season there would not be a professional football team that could field a complete offensive or defensive unit."

Many athletes' reliance upon what can only be termed a "sports pharmacopoeia" frequently has been tolerated, if not abetted, by coaches, trainers and team doctors. Thus a 1982 National Collegiate Athletic Association report on a survey of 167 coaches, trainers and team physicians at institutions belonging to the Big Ten conference revealed that thirty-five percent of these athletic personnel regarded steroids as "helpful to their athletes."

Today, despite denials from the sports establishment, the pill, the capsule, the vial and the needle are commonplace in many locker rooms.

Institutional dependence upon pharmaceuticals to get athletes back into the game quickly, to get them up quickly, to bring them down quickly, to get them big quickly, to get them strong quickly, and much more at least rivals athletes' recreational drug use as legitimate cause for concern. Thus sports organizations may have contributed to creating a social climate for drug use among athletes by indulging, if not fostering what amounts to a "pharmaceutical haven" in the locker room. It is simply an operating axiom of the big time sport business--as with any other business--that the quicker a production unit can be developed or repaired and "put on line", the greater its potential contribution relative to its cost. Confronted with intense pressures to win, with limited player rosters, with escalating costs, and with competitions in which injury is less a risk than a certainty, major collegiate and professional sports organizations have woven modern pharmaceutical science into athlete personnel decisions and game plans. In our modern "Winning-isn't-everything,-its-the-only-thing!" sports world, then, there is likely more truth than cynicism reflected in the view that, "Whether you win or lose is determined less by how well you play the game than by who your pharmacist is."

While performance-related drug use ^{is} hastened to be rationalized as if it were first another innocent aid to occupational achievement, America's disposition towards athletes' recreational use of drugs has been quite different.

Despite its affinity for drugs, American society generally still profess^{es} a deeply rooted, almost Puritanical moral aversion to drug use

as a pastime pleasure. Even were the same drugs that are used in the locker room as aids to performance (amphetamines or speed, or example) to be consumed as routinely by athletes outside of the locker room for recreational purposes, their use quite probably would be much more vociferously denounced. Not surprisingly, then, athletes' recreational use of exotic drugs--such as marijuana, cocaine, and heroin--evokes shock and condemnation.

Among all categories of recreational drug users, athletes are most likely to generate extraordinary media attention and public consternation. This is partly owing to the fact that they exist in the constant glow of publicity as an unavoidable aspect of their trade. But there is also another consideration: the traditional role and status of the athlete in society. Admired and praised, they are the central figures in a realm traditionally believed to belong to the toy department of human affairs, a realm regarded as immune and invulnerable to real life pressures and concerns. While political upheavals, strikes, and--at the collegiate level in particular--scandals have somewhat shaken this perspective over the years, until recently the public's image of the athlete was still that of the Saturday afternoon hero whose achievements on the field validated clean living, discipline, good character, honest competition and the like as indispensable ingredients of success in sports and, by extension, in life.

Sports participation, it intuitively followed, had an inherent, all but magical capacity to shield the serious athlete from the temptations of vogue vices and *anti-social* behavior. Only now is there some general appreciation of the fact that the pedestals upon which we place athletes do not automatically elevate them above the cultural tides characteristic

of the social environments that, for better and for worse, we all share.

An ongoing University of Michigan study which samples the recreational drug use of 17,000 high school seniors from across the nation each year reveals that in 1982, 9 out of 10 high school seniors used alcohol recreationally; 7 out of 10 smoked marijuana; and 3 out of 10 used cocaine. Not surprisingly, athletes are not entirely immune from these trends in social behavior. Thus, a National Collegiate Athletic Association survey of first year collegiate athletes reported that 60 percent used alcohol, 13 per cent admitted using marijuana and 2 percent used cocaine. Among all athletes participating in the study, 62 percent used alcohol, 20 percent used marijuana and 7 percent said they used cocaine.

Already established drug use behavior may well be exacerbated in the professional ranks by intensified competitive pressures, grueling game and travel schedules, injuries, increased spendable income combined with a "faster" lifestyle, and the emotional "roller coaster" epitomized by swings from the thrill of victory to the agony of defeat, from the deafening cheers of admiring throngs to the crushing silence of the losers' locker room.

Efforts to eradicate drug problems in sport have generally been initiated from the top down--by sports governing bodies and the front office personnel of individual teams. The fact that most such efforts have targeted illicit recreational drug use indicates the extent to which official concern about the image and perceived integrity of the

sports and organizations involved has taken precedence over principle and a primary concern for the health and well-being of the athletes. As in the general population where 76 percent of reported drug overdoses in 1982 were from legally obtained over-the-counter and prescription drugs, most of the real drug dangers facing athletes involve performance-related rather than recreational drug use. The litany of medical horrors demonstrably associated with steroids alone--among them bone, tendon, and liver damage, atherosclerosis (a coronary artery disease), and degeneration of pituitary gland and sex organ functions--are at the very least comparable to the toxic side effects most commonly associated with the ~~two~~^{two} most widely used recreational drugs-- marijuana and cocaine.

In any event, debate over the specific focus of official concern about drug problems in sports might well be moot. Because of its vested interests in keeping players "on line" and its longstanding duplicity relative to the matter of drug use, to charge the sports establishment with judiciously policing athletes' performance-related drug use is the equivalent of leaving Dracula in charge of the blood bank.

On the other hand, the sports establishment seems no less disinclined and is probably far less able to effectively police athletes' recreational drug use. First, few of the athletic personnel at any level of sports competition are competent to identify the symptoms of recreational drug use or the drugs involved. This and the fact that there exists a kind of unspoken "code" among athletes which makes their lives and activities off the field as strictly private, the front office is highly unlikely to

find out about recreational drug use on the team until someone is either caught or develops an obvious drug problem.

Also, given what is now acknowledged as a widespread drug problem among athletes in the three major professional team sports, the sports organizations involved are not likely to decimate their rosters, further degrade their public images, and undermine the morale of their athlete personnel through a hard crackdown on recreational drug use. Under the circumstances, drug testing is likely to continue to be employed primarily as a threat and actually imposed only upon those athletes already acknowledged to be or whose behavior raises widespread suspicions of them being "recreational substance abusers".

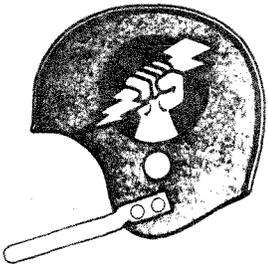
At best, drug use in sport will be a difficult and complex problem to resolve. Nonetheless, one thing that is becoming ever more evident is that its resolution must begin with not just focus upon the athlete. If athletes continue to regard recreational drug use as a purely private and innocent pleasure and to accept the use of performance-related drugs as merely another occupational and or professional prerogative, sports' drug problems will continue to spiral out of control. Any hope that athletes will reshape their perspectives on drug use and collectively pressure sports organizations to do likewise will probably be realized most readily through organized education and peer pressure among athletes themselves. Attempts by external forces to discourage drug use by resorting to threats, drug abuse "horror stories", or moral condemnation simply ignore reality. There is a substantial

and apparently growing body of opinion within sport that is morally accepting of athletes "doing their own thing", drugwise.

Threats of punishment ranging from fines and suspension to long-term incarceration are similarly futile--because in the minds of far too many drug users, "getting hooked" or "getting caught" always happens to "the other guy." And a recently reported study of 100 young California athletes puts the reform potential of "scared straight," "drug horror story" tactics into clear perspective. These athletes were asked whether they would take a drug that would guarantee them an Olympic Championship but had a 50 percent chance of killing them within one year. Fifty-five percent of them admitted that they would take the drug. Without strong athlete peer pressure and active athlete organization and educational outreach, drug eradication efforts by any other parties are probably doomed to failure.

Regrettably, then, for the immediate future we can expect athletes to continue to risk their reputations, their livelihoods, and, in increasing numbers, prison through their involvement with recreational drugs, while risking their health and their careers through their use of performance-related drugs. The most reasonable perspective by the public on this situation would probably be one of "informed assessment." This attitude acknowledges the fact of personal and institutionalized drug use in sports and seeks to understand its origins and consequences. The aim should be to educate ourselves and to contribute toward educating others--particularly the young--about drug use and the fact that in neither sport nor society is drug use a viable substitute for sober

living or intelligent problem solving. Finally, we must face the reality that the drug problems now afflicting American sport reflect to a substantial degree where we as a society have arrived relative to the drug use issue.



OAKLAND
InvadersTM

7850 EDGEWATER DRIVE
OAKLAND, CA 94621
Administrative Office
(415) 638-6900
Ticket Office
(415) 638-7800

3/29/84

Honorable Joseph Montoya
Select Committee on Licensed and Designated Sports
California Legislature

Dear Mr. Montoya:

Thank you for your letter of March 19, 1984.

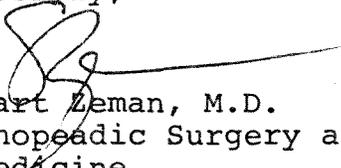
You bring up a subject that I have been concerned about for several years. Briefly, I am a certified Orthopedic Surgery in the East Bay. I was an Orthopedic Consultant to the Oakland Raiders from 1977-1979 and am currently the Team Physician for the Oakland Invaders of the United States Football League.

Although it is basically up to each team to set policy, the United States Football League and the Oakland Invaders recognize the drug problem and for this reason and others, formed a Medical Advisory Board in its first year- something the N.F.L. is yet to accomplish. I am the Chairman of this committee and we have set standards for pre-season physical exams and monitoring during the season. The contracts for the U.S.F.L. players entitles each club to give information on each player and to perform drug screens- without their permission.

Furthermore, we have a contract with Project Sports to educate, treat, and rehabilitate players with or without established problems.

If I can be of service to you on April 24th, 1984, please let me know at least two weeks in advance.

Sincerely,


Stuart Zeman, M.D.
Orthopedic Surgery and Sports
Medicine
Team Physician, Oakland Invaders
Chairman, Medical Advisory Board
United States Football League

USFL

UNITED STATES FOOTBALL LEAGUE

319

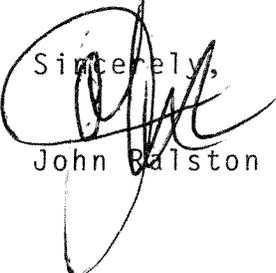
STATEMENT FROM JOHN RALSTON
OAKLAND INVADERS

As a member of the Oakland Invaders Administrative Staff and with the responsibility of expressing the posture of our entire organization, we truly support you in your endeavor. Last year, we worked closely with PROJECT SPORTS in an effort to bring about an active program of education for the squads in the United States Football League. A former player, Delvin Williams, has spearheaded this movement and understand that he will be at the hearing. I'm quite sure that Delvin has certain insights into this area which will be extremely valuable.

Our posture has been one of "preventive education" and we believe that a program of this type is the only solution. A recognition of the pitfalls that characterize professional sports, administered at the time the athlete embarks on his career, is the only answer.

If I can be of further assistance to you, please do not hesitate to call.

Sincerely,


John Ralston

FINE, PERZIK & FRIEDMAN
A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS
ATTORNEYS AT LAW
10960 WILSHIRE BOULEVARD, SUITE 1900
LOS ANGELES, CA 90024
TELEPHONE: (213) 879-3300

JERRY FINE

REF: C0800-259

April 12, 1984

The Honorable Joseph B. Montoya
State Senator and Chairman of
Select Committee on Licensed
and Designated Sports
1100 J Street, Room 334
Sacramento, California 95814

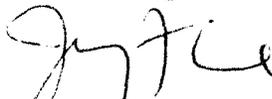
Dear Senator Montoya:

Thank you for your invitation to your Committee Hearing on drugs and professional sports scheduled for April 24, 1984. The letter you have received from Dr. Buss dated April 2, 1984, parallels my views. I appreciate your invitation to attend the hearing, but I will be unable to do so.

The National Basketball Association and the National Basketball Players Association are working together closely in connection with drug abuse.

Last Friday, In New York, the Team Counsel for the various NBA teams met to discuss league matters, including drug abuse. We were informed that Lawrence Fleisher, General Counsel for the NBPA, had met with every basketball player in the NBA to go over the agreement between the NBA and the NBPA and to encourage the players to seek help, if any is needed. The various other details of the program were discussed at some length. I mention this as an example of the direct and continuing attention to drug abuse that is being given at this time by the NBA.

Sincerely,


JERRY FINE

JF/NM





One Bala Cynwyd Plaza • Suite 415 • Bala Cynwyd, Pennsylvania 19004 • Telephone (215) 667-8020 • TWX (510) 662-4290

COMMISSIONER'S BULLETIN NO. 17-83

TO: Directors, General Managers and Coaches
DATE: September 6, 1983
SUBJECT: League Drug Policy

In conjunction with the formulation and development of a program by the League relating to the prevention of the use of drugs by players of the Major Indoor Soccer League, I have concluded that it is essential that the League adopt a public position concerning situations which may arise from the use, sale or distribution of drugs by players (as well as all other League or Club personnel). I have reviewed this matter with individual clubs of other major sports leagues as well as officials of such leagues and there is a unanimous belief held by them, which I share, that the players in our League must be completely aware of the fact that any involvement by them in respect of drugs will be dealt with without hesitation and in a most forceful manner. The keystone of any drug preventative program instituted by the League should be an awareness by the players that their involvement in drugs will jeopardize their future employment in the League and their very careers.

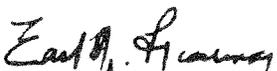
In view of the above, be advised that any player who is found guilty by appropriate judicial process of using, dealing, or distributing drugs will be suspended by the League, without pay, for an indefinite period of time. In addition, we are in the process of developing a preventative program on a League-wide basis which will provide for implementation at the Club level with the expectation that the program will be in place and functioning during the training camps of our Clubs commencing in October.

Walter Chyzowych will head this program up out of the League office and will be responsible for coordinating this program with the individual Clubs. It is essential that he have the

fullest and complete cooperation of all Clubs in regard to his efforts. The Major Indoor Soccer League has been most fortunate, to date, that it has not encountered the severe drug problems that have occurred in other professional sports leagues; however, it would be most unrealistic if we believe that our League will be totally unscathed by this problem. Therefore, both the League and all Clubs must face this reality to expend their efforts to minimize the effect of the same.

You will note that the League's policy above set forth relating to drug usage excludes the situation where a player voluntarily advises the Club that he has an ongoing drug use problem and is, in effect, seeking assistance. This type of occurrence relates to rehabilitation rather than prevention and poses a more difficult problem insofar as uniformity of approach by the Clubs is concerned. The League does not contemplate instituting a League-wide rehabilitation program and it will be the responsibility of the Clubs to determine how to handle the so-called rehabilitation program. I am of the belief that the better approach to be utilized by all of our Clubs in regard to such a situation is for the Club to suspend the player but to mutually work with him in attempting to rehabilitate him. Such rehabilitation program will vary from city to city depending upon the facilities and drug rehabilitation programs available.

Any questions concerning the matter of the League's policy in respect of drugs, the forthcoming drug preventative program to be established by the League, or the question of a Club's individual rehabilitation program should be directed to Walter Chyzowych.



Earl M. Foreman
Commissioner



April 6, 1984

To: California Legislature Select Committee on Licensed And Designated Sports

Attached are several items that provide the Committee with pertinent information and background on the three principal elements of the National Football League's drug program: education, treatment, and discipline.

1. An example of the material inserted into each player's training-camp playbook.
2. An excerpt from the 1982 Collective Bargaining Agreement between the NFL Management Council and the NFL Players Association outlining the chemical-dependency program currently in the League's labor contract.
3. A chronology listing many of the milestones and turning points in the League's experience with drug problems over the past 14 years.
4. A news release on Commissioner Rozelle's disciplinary action against four players last year for violation of League policy on cocaine.
5. A news release on Commissioner Rozelle's disciplinary action against a player for his involvement in cocaine trafficking.
6. An explanation of the League's procedures for monitoring prescription-drug use by its teams.
7. A notice to NFL players on anabolic steroids.

I will be happy to answer questions on this material.

Sincerely,

A handwritten signature in cursive script that reads "Charles R. Jackson, Jr.".

Charles R. Jackson, Jr.
Assistant Director of Security

Attachments (7)
CRJ/lgd

IMPORTANT INFORMATION FOR PLAYERS CONCERNING THE NFL DRUG PROGRAM

This club is an active participant in the National Football League's Drug Program, which is aimed at keeping all players and other personnel free from drug and alcohol problems. The parts of the program which directly concern you are as follows:

Medical Assistance

Chemical dependency is an illness. If you believe you have a problem involving drugs or alcohol, you can obtain immediate help. To get this help, contact any one of the following:

- [List name and number of club's drug physician.]
- [List name and number of club's regular physician.]
- Hazelden, toll-free 800-328-5000.
- NFL Medical Advisor, Dr. Walter F. Riker, Jr., 212-472-6028.
- NFL Drug Consultant, Mr. Carl Eller, 612-529-7279 or 529-8177.
- NFL representatives:
 Mr. Warren R. Welsh, 212-758-1500 (office), 201-768-7768 (home).
 Mr. Charles R. Jackson, 212-758-1500 (office), 914-476-7809 (home).
- Your general manager, other club executive, or member of coaching staff.

Confidentiality

This club and the NFL recognize that problems of chemical dependency should be handled confidentially (see ART. XXXI, Section 8, page 61 of the 1982 Collective Bargaining Agreement).

Health Risks

Drug abuse carries with it the threat of serious health hazards. For example, each year in the United States only heart disease and cancer cause more deaths than alcohol. Illegal drugs, including cocaine, can become

severely addictive and may even lead to death. As for the use of drugs in an attempt to improve athletic performance, it has been proven that reaction time and motor skills are impaired by stimulants and depressants.

Player Responsibilities

- Re-read Paragraph 15 of your contract, and the text of the lockerroom notice regarding improper use or distribution of drugs. You have agreed as a condition of your employment not to use or distribute drugs.
- Also re-read Paragraph 8 of your contract. You have agreed to maintain yourself in excellent physical condition, to undergo complete physical examinations, and to disclose to the club physician any physical or mental condition which might impair your performance -- including use of drugs.
- Your Collective Bargaining Agreement requires that you submit to testing for chemical abuse or dependency when directed to do so, upon reasonable cause, by the club physician or drug clinician.
- For your own protection -- for example, if you undergo surgery -- you must notify the club physician promptly of any medication or drugs obtained from other than club sources.

Possible Penalties

Players who do not adhere to the responsibilities outlined above are subject to disciplinary action. Such measures could include mandatory chemical-dependency evaluation and treatment, fines, suspension, or termination of your contract. Please keep in mind that your immunity from disciplinary action exists only so long as you comply with the League's policies.

This club and the League cannot, of course, protect you from criminal prosecution for drug-related offenses. If you are convicted of any such offense -- including, for example, possession or distribution of illegal drugs -- you are subject to severe disciplinary action by the Commissioner.

Club President

General Manager

Head Coach

May, 1983

329

Excerpt from 1982 Collective Bargaining Agreement between the National Football League Management Council and the National Football League Players Association.

Section 6. Chemical Dependency Program: The parties agree that it is the responsibility of everyone in the industry to treat, care for and eliminate chemical dependency problems of players. Accordingly, the parties agree to jointly designate Hazelden Foundation, Center City, Minnesota or its successor if such becomes necessary, to evaluate existing facilities to assure the highest degree of care and treatment and to assure the strictest observance of confidentiality. Any treatment facility which does not meet standards of adequacy will be eliminated and a successor facility in the same metropolitan area chosen solely by Hazelden. Hazelden will be responsible for conducting an ongoing educational program for all players and Club personnel regarding the detection, treatment and after-care of chemically dependent persons. The cost of retaining Hazelden will be paid by the clubs.

Section 7. Testing: The club physician may, upon reasonable cause, direct a player to Hazelden for testing for chemical abuse or dependency problems. There will not be any spot checking for chemical abuse or dependency by the club or club physician.

Section 8. Confidentiality: All medical bills incurred by any player at a local treatment facility will be processed exclusively through Hazelden which will eliminate all information identifying the patient before forwarding the bills to any insurance carrier for payment. Details concerning treatment any player receives will remain confidential within Hazelden and the local chemical dependency facility. After consultation with Hazelden and the player, the facility will advise the club of the player's treatment and such advice will not in and of itself be the basis for any disciplinary action. No information regarding a player's treatment will be publicly disclosed by Hazelden, the facility or the club.

IMPORTANT EVENTS IN NFL'S EFFORT TO COMBAT DRUG PROBLEMS

1971

Consistent with the federal government's new regulations on the dispensing of amphetamines, the NFL adopts a League-wide policy to ensure that such substances are not abused. Following are the steps of that policy:

- Re-emphasis that the sole authority among club personnel for the dispensing of any medication is the team physician. (This had been the traditional position throughout the 1960s.)
- Establishment of educational program for players regarding amphetamines.
- Emphasis on drug misuse and its consequences during annual security lectures by NFL representatives at training camps. Clubs urged to invite drug experts to supplement such lectures.
- Clubs urged to insert information on dangers of drug misuse into players' playbooks.
- Mandatory signs on drug usage posted prominently in each NFL training room. The text of the sign currently in use (1983 season) reads:

NOTICE

It is League policy and the policy of this club that the use at any time by NFL players of any drugs not specifically prescribed by your team doctor or personal physician is not in your interest, the interest of your team, or the interest of the National Football League. Disciplinary action, up to and including fines and/or suspension from the NFL, will be taken for improper distribution or use of drugs by team personnel.

In particular, the taking or distribution of "pep pills," "diet pills," or any other drug, regardless of amount, for the purpose of enhancing performance is prohibited. Such drugs have never been shown to improve performance on the athletic field. Furthermore, their use is not without medical consequence. Significant harmful effects may involve the heart, brain, pulse, and blood pressure. Withdrawal illnesses and other problems are encountered in "coming down" from the drug. Still further medical risks result if one is injured and requires anesthesia for surgery.

If you have any questions about the use of drugs of any kind, either on or off the playing field, the team doctor will discuss them with you individually.

- 1971 NFL begins cooperative program with National Clearinghouse for Drug Abuse Information, the Justice Department's Bureau of Narcotics and Drugs, and the National Center for Voluntary Action to produce public-service announcements on NFL telecasts. Nearly 100 players ultimately participate, and the program receives many commendations, including those from the American Health Association, the American Legion, and the White House.
- 1973 With drug use among athletes increasing at all levels, the NFL begins reassessing its program and makes plans to augment it. The League also discusses the issue with the Special Subcommittee on Investigation of the House Committee on Interstate and Foreign Commerce.
- 1973 (June) NFL announces several new elements in its drug program:
- Mandatory reporting by member clubs to the League office of the purchase and supply of prescription drugs, including full inventory, all drug invoices on a monthly basis, local procedures to control inventory and handling, and spot audits by investigators under direction of League security department.
 - Prompt reporting by member clubs to the League office of any involvement in a drug incident by club personnel, players or otherwise. League's security department to investigate such incident.
 - Disciplinary action by the Commissioner, up to and including suspension from the NFL, against any club personnel involved in the improper dispensing or use of drugs, or failure to comply with the reporting requirements under the League's inventory system.
 - Augmented educational programs.
 - Caution to players to notify team physician about any prescription medication obtained from sources other than the team.
 - Intent to name before the next season a League medical consultant with pharmacological expertise.
- 1973 (July) Player Lance Rentzel of the Los Angeles Rams suspended for the 1973 season by Commissioner Rozelle for personal conduct, including illegal possession of drugs.
- 1973 (September) NFL names as consultant Dr. Walter F. Riker, Jr., chairman of the department of pharmacology at Cornell University Medical College in New York City. To act as advisor on patterns of medically-recommended drugs for team personnel and to evaluate prescription-drug data under the League's mandatory inventory system.

1974 (April) Commissioner Rozelle disciplines the San Diego Chargers organization, its general manager, and eight players for violations of the NFL's drug policies. The discipline consists of fines totalling \$40,000 plus probation for each of the individuals involved. General Manager Harland Svare is fined \$5,000 for failure to exercise proper supervisory controls over activities of the players and other affiliated with the football operation. The players fined for violations at the training-camp site and, in some cases, during the regular season are David Jones and Tim Rossovich, \$3,000 each; Coy Bacon, Dave Costa, and Jerry LeVias, \$2,000 each; and Rick Redman, Walt Sweeney, and Bob Thomas, \$1,000 each. The San Diego club is fined an amount equal to the aggregate of the individual fines (\$20,000) for supervisory omission by its administrative staff.

1974 The NFL begins long affiliation with United Way of America and its 37,000 agencies. The League stipulates that among the many television public-service announcements produced in conjunction with United Way there must be spots devoted to the dangers of drug misuse.

1975 (January) The 100,000 copies of the program for Super Bowl IX include a special 20-page booklet entitled "Drugs in the Game of Life...Gains and Losses." This contains information on the federal statute adopted in 1970, penalties for possession of drugs, and facts about narcotics, marijuana, stimulants, depressants, and hallucinogens. Extra copies are printed and made available to high schools, youth clubs, and other organizations.

1975 (July) NFL hires as assistant director of security Charles R. Jackson, a veteran in law enforcement in the New York City area, specialist in drug problems, and president of the International Narcotic Enforcement Officers Association. In addition to his NFL duties, Jackson later is made available to other sports organizations, e.g., the National Collegiate Athletic Association and the Big Ten Conference, for his advice on drug abuse prevention and education.

1976 The form for the NFL Player Contract is revised to include specific language on drugs [see underscored passage below]:

INTEGRITY OF GAME. Player recognizes the detriment to the League and professional football that would result from impairment of public confidence in the honest and orderly conduct of NFL games or the integrity and good character of NFL players. Player therefore acknowledges his awareness that if he accepts a bribe or agrees to throw or fix an NFL game; fails to promptly report a bribe offer or an attempt to throw or fix an NFL game; bets on an NFL game; knowingly associates with gamblers or gambling activity; uses or provides other players with stimulants or other drugs for the purpose of attempting to enhance on-field performance; or is guilty of any other form of conduct reasonably judged by the League Commissioner to be detrimental to the League

or professional football, the Commissioner will have the right, but only after giving Player the opportunity for a hearing at which he may be represented by counsel of his choice, to fine Player in a reasonable amount; to suspend Player for a period certain or indefinitely; and/or to terminate this contract.

- 1977 The League begins working with the Distilled Spirits Council of the United States (DISCUS) and the Education Commission of the States to produce television public-service announcements with the theme of moderation in drinking.
- 1978 (August) After one year's imprisonment for trafficking in illegal drugs, Miami Dolphin players Don Reese and Randy Crowder are ruled eligible by Commissioner Rozelle to re-sign in the NFL, provided each donates \$5,000 of his first year's salary to a drug rehabilitation facility in the state of Florida. Probation conditions similar to those imposed by the court are also applied.
- 1980 Specific mention of alcohol abuse is incorporated into the NFL Drug Program which is mandatorily inserted into each player's playbook.
- 1981 Carl Eller, former all-NFL player with the Minnesota Vikings and a reformed chemically-dependent person, begins part-time consulting work for the League. Eller meets with coaching staffs and administrative personnel to help them recognize and deal with drug problems. He also holds several private meetings with individual players.
- 1981 In a move consistent with the many employee assistance programs beginning in American business, the NFL modifies its drug program to place more emphasis on medical help and treatment. The change begins to bear fruit as a number of players come forward to take advantage of this club-financed treatment.
- 1982 (March) At the NFL's annual meeting, Commissioner Rozelle stresses to member clubs the need to affiliate themselves with a competent drug and alcohol facility in their local areas to handle evaluation and treatment of employees, or, in the event of treatment at another site, the employees' after-care. (Up to this point, many clubs had used only facilities that were nationally known but which were in other locales.) The Commissioner also asks each club to retain a physician in its area who is expert on drug and alcohol matters. At the same meeting, Dr. Walter Riker and Carl Eller (see above) address owners, front-office executives, and coaches of the member clubs on the League's concern about drug use and the assistance aspects of the NFL program. A similar session is repeated the following month at the annual meeting of NFL public relations directors.

- 1982 (June-July) The League discusses its drug program and ways to enhance it with Rep. Leo C. Zeferetti, chairman of the House Select Committee on Narcotics Abuse and Control. Commissioner Rozelle also meets with representatives of the Drug Enforcement Agency in Washington and pledges the NFL's cooperation.
- 1982 (August) The medical assistance part of the NFL Drug Program is expanded to clarify that any player who voluntarily seeks aid will not be subject to disciplinary action and that all such cases will be kept confidential by the club.
- 1982 (September) NFL hires two former Drug Enforcement Agency agents as regional representatives to bolster the NFL security network.
- 1982 (December) NFL representatives join other professional sports executives at the White House for a meeting on President Reagan's new drug and alcohol abuse program. Mrs. Reagan accepts NFL's invitation to kick off the program with an announcement during the telecast of Super Bowl XVII. One feature of the program is a speakers bureau, to which NFL Charities contributes \$40,000.
- 1982 (December) The 1982 Collective Bargaining Agreement executed between the NFL Management Council and the NFL Players Association provides for the Hazelden organization in Center City, Minnesota, to evaluate the drug facilities affiliated with each club "to assure the highest degree of care and treatment and to assure the strictest observance of confidentiality." The Agreement also provides that a player may, upon reasonable cause, be tested for chemical abuse or dependency.
- 1983 (January-February) In an effort to reach players even before their first NFL training camp, League representatives give drug-program orientation lectures at the sites of several college all-star games and at timing/testing sessions conducted by NFL scouting groups.
- 1983 (March) The NFL's head coaches attend a day-long workshop on chemical dependency at the Betty Ford Center at the Eisenhower Medical Center in Rancho Mirage, California, to help them identify and deal with the problems of drugs and alcohol use by their players and other team employees.
- 1983 (June) As part of the orientation program under the League's new relationship with Hazelden (see Dec. 1982 above), players and representatives of coaching staffs from across the NFL attend seminars at Hazelden's headquarters to enhance their leadership roles with their respective teams and help keep them drug-free.

- 1983 (July) Commissioner Rozelle suspends without pay four NFL players through the fourth game of the regular season for their involvement in illegal drug activities. The players are Ross Browner and Pete Johnson of the Cincinnati Bengals, who acknowledged in federal criminal court testimony that they had purchased cocaine from a drug dealer at least a dozen times; and E. J. Junior of the St. Louis Cardinals and Greg Stemrick of the New Orleans Saints, each of whom were convicted on felony drug charges for possession of cocaine.
- 1983 (July-August) Agents for the Federal Bureau of Investigation and the Drug Enforcement Agency visit NFL training camps to inform players about the government's campaign against illegal drugs.
- 1983 (July-August) Representatives of the NFL's security department and League drug consultants continue their presentations to various college athletic conferences and individual colleges to educate coaches and players about drug use.
- 1983 (August) Commissioner Rozelle suspends from all games for the remainder of the season and levies a \$5,000 fine on Los Angeles Rams linebacker Mike Reilly, who was serving a jail sentence for vehicular manslaughter. It was determined that, at the time of the accident in which a person in another automobile was killed, Reilly was under the influence of alcohol.
- 1983 (November) Commissioner Rozelle suspends Washington Redskins defensive back Tony Peters after his conviction for involvement in a conspiracy to distribute cocaine. Peters is suspended for the remainder of the 1983 season and all of 1984, subject to possible reinstatement after June 1, 1984.

American Football Conference / National Football Conference

Jim Heffernan, Director of Public Relations

Joe Browne, Director of Information

Fran Connors

AFC Information Director

Dick Maxwell

NFC Information Director

410 Park Avenue, New York, N.Y. 10022

(212) 758-1500



STATEMENT FROM COMMISSIONER ROZELLE

November 16, 1983

Tony Peters of the Washington Redskins was notified today that his September 2, 1983 suspension without pay from the National Football League has been extended to include the remainder of the 1983 season and the entire 1984 regular season and postseason period. He has been told, however, that he may petition for reinstatement on or after June 1, 1984, and that his possible reinstatement for the 1984 season would be conditioned on several factors, including:

- Satisfactory adherence to the terms and conditions of his court-imposed probation, including completion of his community-service requirement;
- Total severance of any knowing relationship or association with any person(s) involved in drug-related misconduct; and
- Total avoidance of any further drug-related involvement and of any other conduct detrimental to the integrity of professional football or to public confidence in it.

On August 10, 1983 a federal Grand Jury returned an indictment charging Peters and seven other persons in connection with a conspiracy to distribute cocaine. Peters introduced a possible cocaine supplier to an individual who, as it developed, was a government agent. On September 2, two days before the start of the regular season, Peters pled guilty to two charges, including conspiracy to distribute cocaine and use of a telephone to facilitate a conspiracy, and was suspended by the NFL. On October 7, he was sentenced to two concurrent four-year terms, but this sentence was suspended and he was placed on probation, fined \$10,000 and ordered to perform 500 hours of community service.

This office recently conducted a hearing at which Peters and his counsel were given a full opportunity to present all considerations and factors pertinent to my determination. Today's decision and notification was the result of a thorough review of all factors involved in this case.

THE NATIONAL FOOTBALL LEAGUE

American Football Conference / National Football Conference

Jim Heffernan, Director of Public Relations

Joe Browne, Director of Information

Fran Connors

AFC Information Director

Dick Maxwell

NFC Information Director



FOR IMMEDIATE RELEASE

NFL-14 7/25/83

410 Park Avenue, New York, N.Y. 10022

(212) 758-1500

The following statement was issued today, July 25, 1983, by NFL Commissioner Pete Rozelle:

Disciplinary suspensions, effective immediately, have been imposed on four National Football League players for violations of League drug policies. They are Ross Browner and Pete Johnson of the Cincinnati Bengals, E.J. Junior of the St. Louis Cardinals, and Greg Stenrick of the New Orleans Saints.

After thoroughly reviewing the respective cases and meeting with the players and their representatives, I have determined that each player, due to his participation in illegal activities involving cocaine, will be suspended without pay through the fourth game of the 1983 regular season. None of the four players is permitted to attend training camp, practice sessions, meetings, or otherwise use club facilities. All four will be eligible to petition for reinstatement following the fourth game of the '83 regular season.

Junior and Stenrick were arrested on cocaine felony charges in separate incidents. Each pleaded guilty or no contest to the charges and each was convicted earlier this year of a felony offense. Since both were granted probation, it is the first time in the League's history that players convicted on felony drug charges were not incarcerated by court action for a significant period of time.

Browner and Johnson acknowledged in recent federal criminal court testimony that they had purchased cocaine from a drug dealer many times. Browner admitted making 12 to 15 purchases; Johnson approximately 15.

NFL players occupy a unique position in the eyes of the public. They are objects of admiration and emulation by countless fans, particularly young people. Involvement with illegal drugs poses numerous risks to the integrity of professional football and the public's confidence in it. Thus every player must adhere to certain standards of personal conduct both on and off the field. Every player agrees by his employment contract not to engage in activities detrimental to the sport.

For many years the League's disapproval of drug misuse has been emphasized to players in team playbooks, locker room notices, player contracts, and annual visits to every squad by league security representatives. These measures were intensified in 1974 when the League fined the San Diego Chargers team, its general manager and eight of its players for drug violations. As drug misuse increased in sports, and in society in general, the NFL refined its policies to strike a balance between discipline, where necessary, and medical assistance for those players who voluntarily come forward to receive treatment.

This balance has meant that players who have sought rehabilitative treatment and whose drug problems have not entangled them in the criminal justice system have enjoyed limited amnesty despite their avowed past use of illegal substances. The NFL cannot, however, afford to condone--or convey any indication that it condones--illegal drug involvement.

Regardless of whether a player's prosecution on drug charges results in probation, as it did for Junior and Stemrick, and regardless of the reasons for withholding prosecution and granting immunity to others, as was the case with Browner and Johnson, the NFL's priorities often are and must be different in degree from those of the authorities who enforce federal and state narcotic laws. The game itself can be honored--or dishonored--by its own participants. The obligations of personal conduct are not just owed to the League. They are owed as well to the player's team, to every other National Football League player, and to the public on whose approval and support the game and the livelihood of all those associated with it ultimately depend.

Drug involvement may entail personal injury and health risks for players themselves and diminish the performance levels of players as well as their teams. Such involvement may also give rise to pressures on players to alter their performance on the field in the interest of illegal gamblers, as FBI officials recently noted.

Many knowledgeable authorities recognize that penalties may deter novice drug users from further use and deter confirmed users from increasing their use or participating in sales or distribution to others. It is also recognized that penalties may decrease the severity of an individual drug problem by encouraging frequent users to seek treatment and discouraging casual users from becoming heavier users or dependent.

In taking these actions today, I am no less determined to follow through on the policy of the League and its 28 clubs of guaranteeing treatment and rehabilitation for those who seek it through the established channels. But this medical assistance program is not intended to relieve all NFL players of personal responsibility for illegal drug involvement.

####

THE NATIONAL  **FOOTBALL LEAGUE**

410 PARK AVENUE,

NEW YORK, N. Y. 10022 • PLaza 8-1500

MONITORING PRESCRIPTION DRUGS IN THE NFL

In addition to the other elements of its program against chemical dependency, the National Football League has had for over 10 years a system to monitor the dispensing of prescription drugs by team medical staffs. All personnel -- non-players as well as players -- are covered by this system.

It is mandatory that a detailed inventory of each team's drug supplies be taken before and after the playing season. Such inventories are performed under the direction of the Security Department of the NFL, and the results, along with copies of all invoices for medications, are forwarded to the Commissioner's office. It is also mandatory that all prescriptions written by the team physician be submitted to the Commissioner's office on a quarterly basis. Through these procedures the League is able to verify the unit amount purchased and unit dose dispensed of all prescription substances handled by its teams.

The entire program is administered by the NFL's drug advisor, Dr. Walter F. Riker, Jr., head of the department of pharmacology at Cornell University Medical College in New York City. In order to guard against misuse or abuse of medications, Riker compiles data on each team and compares it with the national norm.



THE NATIONAL



FOOTBALL LEAGUE

410 PARK AVENUE,

NEW YORK, N.Y. 10022 • PLaza 8-1500

November 28, 1983

Dear NFL Player:

This letter is a reminder to you that in addition to the NFL's prohibitions on the use of illicit drugs such as cocaine, the League also has had for many years a specific policy against misuse of prescription drugs that are legal.

The disqualifications of athletes for improper drug use at this summer's Pan American Games have renewed the focus throughout the sports world on the substances known medically as anabolic steroids. You should be aware that anabolic steroids are among the thousands of prescription drugs which can be obtained legally but which must not be misused by players in the NFL.

Misuse is defined here as any use by a player of substances not specifically prescribed for him for legitimate medical purposes by the team physician or his personal physician. The League recognizes that in certain circumstances physicians may prescribe anabolic steroids for valid medical reasons. However, if these drugs or similar compounds are taken by otherwise healthy players -- either during the season or in the off-season -- with the intent merely to achieve increased body bulk, strength, stamina, or similar physical and athletic attributes, such actions will be deemed by this office as misuse and will be dealt with under the provision in each player's contract which prohibits "stimulants or other drugs for the purpose or attempting to enhance on-field performance."

For violations of this policy, appropriate disciplinary action will be taken against any involved players and/or club personnel.

In formulating its policy, this office consulted with several persons both inside and outside the League who are experts in the fields of pharmacology and sports medicine, including members of the NFL Physicians Society.

Medical tests so far have failed to establish that anabolic steroids create the athletic benefits and other desired results ascribed to them by their advocates. Moreover, the benefit-to-risk ratio is heavily weighted toward risk because well-documented scientific evidence reveals harmful side effects in many cases, including damage to the liver and other internal organs.

You should be aware that for certain drugs once thought relatively safe, grave toxic effects have surfaced with long-term continued use. A striking and possibly relevant example of this are the malignant cancers, stroke, coronary artery disease, and hypertension that have been associated with the long-term use of estrogen, the female steroid hormone. Estrogens and

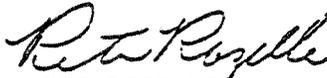
Page Two
November 21, 1983

the anabolic steroids (male hormones) are very closely related chemicals. There are reasons to suspect that similar consequences may result from the intensive use of anabolic steroids.

As you can see, if you use anabolic steroids improperly, you have a very good chance of injuring your health, which may not be apparent until long after you have left the NFL. For your own sake, and for the sake of those who depend on and care about you, I hope you will remember this message and keep it in your playbook.

Best of luck to you for a healthy and successful remainder of the 1983 season.

Sincerely,


PETE ROZELLE
Commissioner



The USFL has pioneered the first substance abuse prevention program in the history of major league sports. This unique concept was developed by ex-professional football players, Larry Schrieber and Delvin Williams, in cooperation with Dr. Ted Diethrich, Director of the Arizona Heart Institute and Chairman of the USFL Substance Abuse Committee.

Project SPORTS, the prevention program, was designed under the leadership of Byron N. Kunisawa, a nationally recognized drug prevention consultant, to provide education, information, and support services to all of the USFL players and their families regarding the personal, social, financial, and career pressures associated with a professional football career.

The major project goal is to provide assistance and support to the players and their families before there is a significant problem with substance abuse. The program design is for primary prevention and early intervention services and for treatment service referrals.

During the first year of development and implementation, the project, under the guidance of the League, concentrated on producing products and services which would benefit not only the USFL, but also the general public. Some of these products and services include:

- . A League-wide players' needs assessment.
- . The first nationwide toll-free prevention hotline for players and their families.
- . A national directory of resource referrals for counseling, financial management, legal assistance, and career development.
- . USFL Players' Handbook containing information on the League's substance abuse policy, drug laws in each state, full pharmacology section, and personal prevention tips.
- . Educational seminars on degree completion, financial assistance, and off-season employment.
- . USFL prevention posters for youth, schools, and community organizations.
- . Sportsline, a family prevention column in Kick-Off magazine.
- . USFL public service announcements on prevention.

The USFL has made a significant contribution to the field of professional athletics and society in general, by providing the leadership in preventing one of this country's greatest problems, substance abuse.

Project SPORTS has received the support and endorsement of the National Institute on Drug Abuse, and the White House's Drug Abuse Policy Office.



UNIVERSITY AVENUE ORTHOPAEDIC MEDICAL GROUP, Inc.

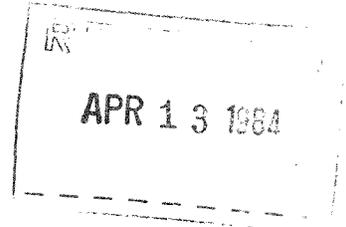
ROBERT W. STRAUMFJORD, M.D., F.A.C.S.
JAMES E. SCHULTZ, M.D., F.A.C.S.
EDWARD H. KREUSSER, M.D., F.A.C.S.
PETER B. WILE, M.D.



301 UNIVERSITY AVENUE
SAN DIEGO, CALIFORNIA 92103
619 / 291-8930

ORTHOPAEDIC SURGERY

April 5, 1984



The Honorable Joseph B. Montoya
State Capitol
Sacramento, California 95814

Re: COMMITTEE ON LICENSED AND DESIGNATED SPORTS

Dear Senator Montoya:

Thank you for your inquiry of March 20, 1984.

I have been team physician for the San Diego Sockers since the franchise came to San Diego in 1976. Illicit drug use in athletes has never been a problem with any of our players. We are indeed fortunate that we have not yet had to confront this issue. Consequently, no specific team policies have evolved in this regard.

With regard to handling appropriate medicinal drugs for valid medical reasons, Dr. Robert Button, the team's internist, and I do all of the prescribing. Occasionally at our direction the trainer will dispense drugs that do not have any potential for abuse.

If I may be of any further help in this significant matter, please do not hesitate to contact me.

Sincerely,

Edward H. Kreusser, M.D.

EHK:smj

CHICAGO CUBS
FOUNDED 1876



TELEPHONE (312) 281-5050

CHICAGO NATIONAL LEAGUE BALL CLUB, INC.
WRIGLEY FIELD • 1060 W. ADDISON ST. • CHICAGO, ILLINOIS 60613

April 4, 1984

Joseph B. Montoya, Chairman
Select Committee on Licensed
and Designated Sports
California Legislature
1100 J Street
Room 334
Sacramento, California 95814

Dear Senator Montoya:

I am writing in response to your inquiry of March 20 on behalf of the Select Committee on Licensed and Designated Sports. As a physician and more specifically a team physician, I share your concern about the reports of substance abuse by professional athletes. It is indeed unfortunate that individuals who serve as role models for our youth should become involved with drugs or alcohol.

The Chicago Cubs established a formal employee assistance program for its administrative and field personnel in 1981. This program is operated under the provisions of a contract between the Chicago Cubs and the Chemical Dependence Unit of Northwestern Memorial Hospital. Dr. Sidney Schnoll, Director of the Chemical Dependence Unit, conducts an educational program for major and minor league players and coaches during spring training.

The formal policy of the Chicago Cubs has been published and distributed to every employee of our organization. For your information, I enclose a copy of our brochure which contains the policy on substance abuse (page 1).

Please be assured of my support in your efforts to resolve this most difficult problem.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Jacob R. Suker M.D.'

Jacob R. Suker, M.D.
Team Physician

/mh

cc: Dallas Green
Jim Finks

348

HIGHLIGHTS

1. Possession of drugs or reporting under the influence of drugs or alcohol is prohibited on the Club premises.
2. Seeking help for a problem with alcohol or drugs is not a discipline issue.
3. The Employee Assistance Program has been established to assist employees. It is just as simple as that!
4. All employees, spouses and children over twelve are covered.
5. The Employee Assistance Program is free to employees and families; there may be costs associated with referrals.
6. THE CONFIDENTIALITY OF THE CLIENT IS STRICTLY PROTECTED.



EMPLOYEE
ASSISTANCE
PROGRAM



*The motto of the
Employee Assistance Program
is:*

OUR NAME IS OUR GAME

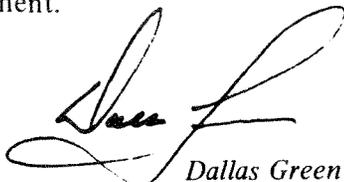


For: CONFIDENTIAL ASSISTANCE
Additional Information
Call Dr. Sidney Schnoll COLLECT
(312) 649-8715

CHICAGO CUBS POLICY ON DRUGS AND ALCOHOL

Possession of illegal drugs by Employees is strictly prohibited.

1. Anyone involved in the possession, use and/or trafficking of drugs of any sort or who is detected to be involved with dangerous narcotics, will be subject to severe discipline, including suspension or dismissal, if appropriate.
2. The prohibition applies to all illegal drugs, including prescription drugs. A Club may dispense prescription drugs only under the direction of the Team Physician and appropriate records of use are to be maintained. All drugs on Club premises must be kept under lock and key.
3. Anyone with a drug problem who voluntarily comes forth for treatment will not be subject to discipline, nor will he have job security or promotional opportunities jeopardized by his decision to accept treatment.
4. Reporting under the influence of alcohol will be subject to severe discipline, including suspension or dismissal, if appropriate.
5. Anyone with an alcohol problem who voluntarily comes forth for treatment will not be subject to discipline, nor will he have job security or promotional opportunities jeopardized by his decision to accept treatment.



Dallas Green
Executive Vice President

GOALS OF THE PROGRAM

In a very real way, the name of the program is its GOAL:

***TO ASSIST EMPLOYEES AND
MEMBERS OF THEIR FAMILY.***

OBJECTIVES OF THE PROGRAM:

1. To assist any member of the Club with any problem which may be interfering with their life, on or off the job.
2. To provide the Club with access to a counselor when an employee's performance is not up to par, and doesn't seem to improve.
3. To provide all information and assistance in an accurate and helpful way. ASSISTANCE IS PROMPT AND CONFIDENTIAL.

The members of the Chicago National League Ball Club *are* its basic assets. In every way, the Employee Assistance Program will respect the integrity of the people who use it, no matter the problem or the means of referral.

COVERAGE AND COSTS

The Employee Assistance program works on the premise that family problems may have adverse effects on job performance. For this reason, all family members over 12 are covered.

The Club assumes all costs of administering the Employee Assistance Program; there will probably be some costs associated with referrals, though these are normally covered by insurance.

HOW TO CONTACT THE PROGRAM

You may make contact with the Employee Assistance Program (EAP) on your own, that is, voluntarily. If you wish your privacy safeguarded, merely call Dr. Sidney Schnoll COLLECT, at (312) 649-8715, and identify yourself as a "CUB E-A-P" call.

In an emergency, if you don't want to go through the *team*, ask that Dr. Sidney Schnoll be paged, if he isn't in the office. A 24-hour pager service is available.

If your superiors note something in your behavior or performance to concern them, you may be asked to make an appointment with Dr. Sidney Schnoll as a part of Club efforts to correct the situation.

HOW TO RECOGNIZE A PROBLEM IN YOURSELF OR A FRIEND

Some simple guidelines for recognizing serious problems in yourself, a teammate or fellow employee:

1. Is he (or she) different when he drinks, or smokes, or whatever?
2. Has Mr. Nice become Joe Nasty lately?
3. Are you missing time from work, are you late for practice, do you feel sick in the mornings?
4. Does your friend lie about his behavior? Do YOU?
5. Are you always making excuses for yourself or a friend for some kind of goof?
6. How's your batting? Fielding? Do you sometimes find yourself in a slump with no good reason?

Maybe you should call if you answer YES.



CALIFORNIA SPORTS THE FORUM BOX 10 INGLEWOOD CAL 90306 (213) 674-6000

April 2, 1984

Senator Joseph B. Montoya
Chairman, Select Committee on
Licensed and Designated Sports
1100 J Street, Room 334
Sacramento, California 95814

Dear Senator Montoya:

Thank you for your invitation to testify before the Senate Select Committee on Licensed and Designated Sports at the educational and informational hearing on "Drugs and Professional Sports" being held on April 24, 1984. The subject concerns a very sensitive problem that could adversely affect all of professional sports. Unfortunately, due to very firm prior commitments, I will not be able to appear.

The ownership and management of all professional sports teams are very conscious of the problem and have made formal statements in a solid stance against the use of drugs. The National Basketball Association has recently enacted very dramatic internal legislation that would suspend a player from the NBA forever for a single infraction. The professional sports leagues are all presently in the process of instituting similar policies. Internal policing has immeasurable advantages over general legislation in that it can be custom designed to accommodate individual requirements.

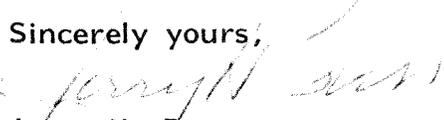
Monitoring of the progress of the internal policing practices of the various sports entities by state committees such as your select senate committee is certainly a worthwhile project. The special interest on drug use displayed by your committee in itself will surely have significant deterrent value. However, it is a national problem and I feel that general statewide legislation governing drug use in sports would be ineffective and would tend to hinder and restrict internal legislative policing actions by the Leagues and the individual sports entities.

Senator Joseph B. Montoya
Chairman, Select Committee on
Licensed and Designated Sports

April 2, 1984
Page 2

Thank you again for inviting my comments and I wish to express my appreciation for the thoroughness being displayed by you and your committee in addressing this problem.

Sincerely yours,


Jerry H. Buss
Owner, Los Angeles Lakers and Los Angeles Kings

JHB:KD:cjk



COREY BUSCH
EXECUTIVE VICE PRESIDENT • ADMINISTRATION

March 29, 1984

Senator Joseph B. Montoya, Chairman
Select Committee on Licensed and Designated Sports
1100 J Street, Room 334
Sacramento, CA 95814

Dear Senator Montoya:

Your letter of March 20, 1984 to Mr. Robert Lurie has been referred to me for response as Mr. Lurie is currently with the ball club at our spring training site in Scottsdale, Arizona.

Unfortunately, neither Mr. Lurie nor any appropriate representative of the ball club will be available to testify before the Senate Select Committee on Licensed and Designated Sports at your hearing scheduled for April 24 in San Francisco.

I am enclosing with this letter, pursuant to your request, a copy of our club rules relative to possession of illegal drugs along with a copy of a letter which has been sent to all employees, including players, relative to our club policies. You will note that the Giants do maintain an Employee Assistance Program which provides for confidential assistance for all employees, including players, and their families at no cost to the employee.

The Giants believe very strongly in our responsibility to our employees to strongly enforce our policies and to provide assistance to those who need it.

The Giants are fortunate that as of this date we have not been faced with the necessity of invoking any disciplinary action against any member of our organization for violation of any of these rules.

Thank you for seeking our input and if you have any further questions please do not hesitate to contact me.

Sincerely,


Corey Busch
Executive Vice President
Administration

CB/fm

Enclosures

cc: Robert A. Lurie



March 31, 1984

TO: ALL EMPLOYEES OF THE SAN FRANCISCO GIANTS

Attached you will find a copy of a set of Club rules prohibiting the possession and use of illegal drugs. This is a uniform set of rules which, pursuant to a directive by the Commissioner, will be applicable throughout the Major Leagues and the National Association. As in prior years, a copy of these rules will be posted in our spring training and regular season clubhouses and administrative offices.

Please study these rules carefully. A violation of them could subject you to disciplinary action by the Commissioner, this Club or both. If you have any questions regarding these rules, please contact me.

Before closing let me remind all employees that the San Francisco Giants has an employee assistance program which will provide confidential assistance for any drug problem which you or any of your family members may have.

Sincerely,

Robert A. Lurie
President

Attachment



POSSESSION OF ILLEGAL DRUGS BY EMPLOYEES IS STRICTLY PROHIBITED

1. Anyone involved in the illegal possession or use of drugs or illegal trafficking with drugs of any sort will be subject to discipline. In serious cases, the discipline may include suspension or dismissal and termination of contract guarantees.
2. The prohibition applies to all illegal drugs, including illegally obtained prescription drugs. This Club will dispense prescription drugs only under the direction of the team physician and appropriate records of use will be maintained. All drugs on Club premises will be kept under lock and key. During spring training or the championship season (including any League Championship or World Series), any player who is taking any prescription drug under the direction of any physician other than the team physician must notify the team physician of this fact and of the drug(s) prescribed.
3. Anyone with a drug use or addiction problem, who voluntarily comes forth and cooperates with the Club's program for treatment and rehabilitation, will not be subject to discipline. Appropriate disciplinary action may, however, be considered in cases of continued or renewed involvement with illegal drugs after undertaking rehabilitation treatment.

A handwritten signature in cursive script, appearing to read "Bob Lurie".

Robert A. Lurie
President

March 1984



OFFICE OF
THE CHIEF OF POLICE

23 March 1984

RECEIVED
MAR 28 1984



James Datzman
CHIEF OF POLICE

Senator Joseph B. Montoya,
State Capitol
Sacramento, CA 95814

RE: Hearing on Drug Abuse and Organized Sports - 4/24/84

Dear Senator Montoya:

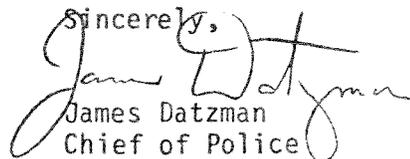
Delvin Williams, Executive Director of National Sports Career Management, advised me that you are conducting a hearing on drug abuse and its relationship to organized sports, on April 24, 1984 in San Francisco.

Although I cannot attend in person to offer testimony on this important subject, I do feel that as a Police Officer for 24 years in South San Francisco, and as a Police Chief for the past ten years, I offer the following for your consideration:

1. Substance abuse is a widespread problem in most communities (some are quicker than others to admit it).
2. Young people, including young athletes, become exposed to the potential use of drugs as a direct result of this availability.
3. Law enforcement is concerned about exploring any programs that might alleviate or remedy this situation.
4. Delvin Williams and others associated with the National Sports Career Management Program are trying to be responsive to this problem by contacting young people before addiction occurs.
5. Anything we can do, in working with programs such as National Sports Career Management, represents, at least, some significant steps in a positive direction to recognize and address this issue.

Thanks for affording me the opportunity to offer some comments on this issue. I hope that your hearing on this matter will result in additional momentum in this effort.

Sincerely,


James Datzman
Chief of Police

JD:zv

cc: Hon. Tom Lantos, Congress
Hon. John Foran,
Hon. Louis Papan
SSF City Mgr., Info
Sgt. Moss, Info
Delvin Williams, NSCM