

THE CANADIAN CENTRE FOR ETHICS IN SPORT AND DOPING CONTROL IN CANADA

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ABSTRACT: The Canadian Centre for Ethics in Sport was created by the federal government of Canada to be responsible for prevention of doping in amateur sport in Canada. The CCES is responsible for all aspects of doping control from athlete education to testing and implementation of sanctions for doping infractions.

KEY WORDS: Doping control; Drug testing; Urine drug analysis.

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INTRODUCTION

The Canadian Centre for Ethics in Sport (CCES) is an organization created by the federal government of Canada in 1996. The mission of the CCES is to promote ethics in all aspects of sport in Canada. CCES strives to create an environment that encourages fair play, ethical conduct and a rewarding sport experience for all Canadians.

The CCES was formed as a result of a merger between the Canadian Centre for Drug Free Sport and Fair Play Canada. The newly merged organization receives revenue from several sources but the majority of operating funds is received from Sport Canada.

Although doping control is a major focus of the CCES today, other educational and research activities such as programmes on discrimination, violence, harassment and tobacco company sponsorship of sporting events (in addition to drug use in amateur sport).

Doping control by the CCES extends beyond specimen collection and urine drug testing. Within the CCES, doping control involves many activities including educational programmes for athletes and coaches, athlete notification about reporting for testing, a forensically acceptable urine specimen collection and transportation system, drug analysis in a certified laboratory, test result management, an appeal process and a disciplinary programme including sanctions, re-instatement, etc. Unlike other national sport organizations, the CCES collaborates with but operates independently from > 50 national sport organizations whose athletes are subject to doping control measures.

Structure of the CCES

The administrative structure of the CCES includes a national council, an ethical issues review panel, a medical scientific expert committee, and a doping control review panel. The CCES has a contractual relationship for athlete drug testing with the IOC accredited INRS-Santé Laboratory in Montreal, Quebec.

CCES activities in 1997–1998

Highlights of 1997–98 CCES activities include the following:

1. Signing an agreement with the Australian Sports Drug Agency and the US National Olympics Committee.
2. Expansion of the national policy on drug free sport with 60 national sport organizations.
3. Response to over 900 medications inquiries by athletes.
4. Involvement with drug free sport programmes in Bermuda, Jamaica, and other Caribbean countries.
5. Performance of over 2,000 urine drug tests on athletes.
6. Expansion of CCES certified doping control officers into the USA.
7. Participation in a workshop on laboratory accreditation at the IATDMCT Congress in Vancouver (November 1997).
8. Participation in over 350 media interviews about drug use, tobacco companies sponsorship, fair play, violence and harassment in sport.

Doping control review panel

The purpose of the doping control review panel is to provide a scientific/medical body to expeditiously review contentious doping control matters and to take appropriate action(s). Currently, there are three members of the panel in addition to support staff from the CCES head office. The chairman is a physician with expertise in sports medicine, one member is a physician with a specialty in endocrinology and the other member is a clinical and forensic toxicologist. The objectives of the panel are as follows:

1. Review of positive doping tests.
2. Review of all refusals to be testes.
3. Review of protests about urine specimen security, ownership and integrity.
4. To recommend random unannounced “target” testing of specific athletes or programmes.
5. To recommend administrative investigations into possible doping infractions.

In 1997–1998, the doping control review panel were involved in the following aspects of doping control:

1. Review of refusals to comply with doping control procedures.
2. Review of physician requests for athletes to use IOC restricted substances based on medical need.
3. Review of positive doping tests.

4. Case review of anabolic steroid use on a football team.
5. Review of athlete protests concerning urine specimen integrity or ownership.
6. Review of testosterone/epitestosterone ratios.
7. Involvement in media communications about doping in sport.
8. Recommendation for unannounced “target” testing of specific athletes or programmes.

Urine drug testing

All drug testing of athletes by the CCES is performed at the IOC accredited INRS-Santé Laboratory in Montreal, Quebec. This laboratory was formed prior to the 1976 summer Olympics held in Montreal. The number of urine specimens analyzed in the past 10 years ranged from 750 in 1987 to a high of 2,500 in 1993. Testing is performed in over 50 amateur sport programmes in Canada.

The number of doping control drug tests performed from 1987–1997 is found in Figure 1.

From 1991 to 1997, the proportion of unannounced (random) drug tests increased from 45% to 78% of the total number of tests in 1997. Unannounced testing is recognized as the most effective deterrent to inappropriate drug use in sports today. The increase in unannounced urine collections from 1991 to 1997 is found in Figure 2.

Over the past 10 years (1987–1997), anabolic steroid detection accounted for 74% of all doping infractions. Refusal to submit a urine specimen for testing was second (13% of the time), followed by stimulant use (9%) and diuretic use (4%).

The summary of banned substances and other doping infractions from 1987–1997 is found in Figure 3.

In 1997–1998, the doping control review panel investigated 9 cases of refusal to comply with doping control procedures and positive doping cases including detection of β HCG in a male athlete, methyltestosterone, pindolol and dehydroepiandrosterone

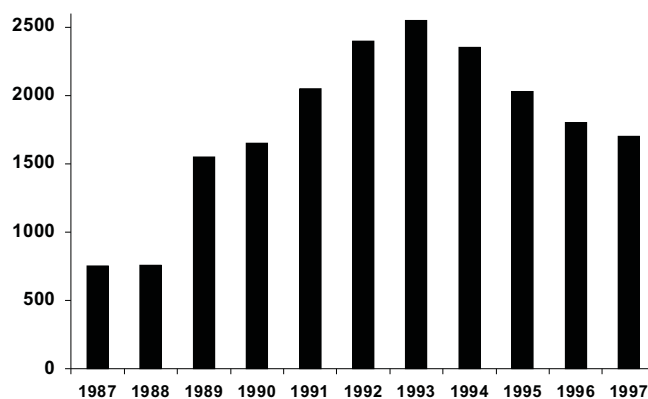


Fig. 1. Total number of urine drug analyses from 1987–1997.

(DHEA). Review of physician requests to prescribe an IOC restricted drug to an athlete accounted for a large proportion of the panel activities in 1997–1998. The majority of medical requests were for permission to prescribe drug(s) for treatment of attention deficit disorder (methylphenidate or pemoline). The summary of 1997 major doping infractions is found in Figure 4.

SUMMARY

The CCES was created to foster high ethical standards for all amateur athletes in Canada. Although the primary focus of CCES activities is doping control, other initiatives are important aspects of the CCES mandate. This organization continues to serve independently as the doping control agency for sport in Canada. Major new

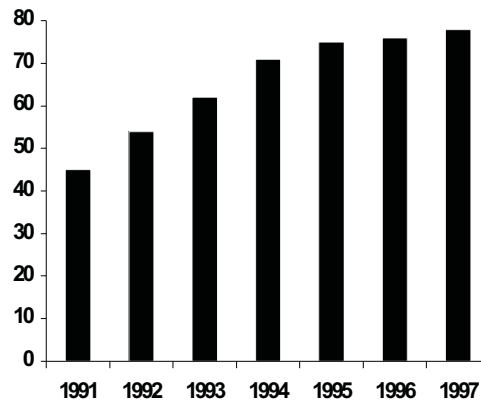


Fig. 2. Percentage of unannounced urine collections 1991–1997.

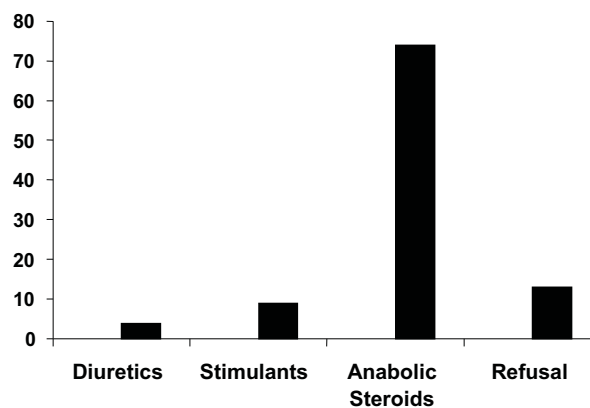


Fig. 3. Percent distribution of doping infractions 1987–1997.

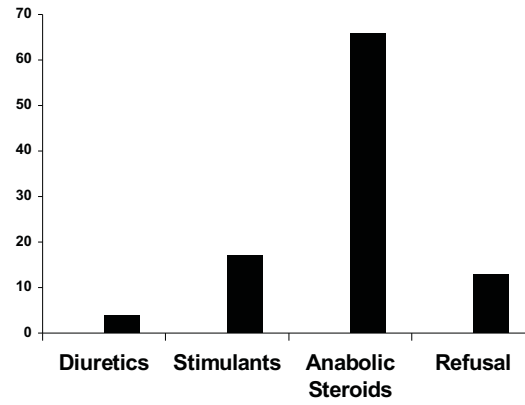


Fig. 4. Percent distribution of doping infractions in 1997.

initiatives include forming alliances with similar organizations in other countries and to assist development of drug free sport educational programmes in Canada and in other countries.