

Drug Education/Testing of Student Athletes

Over the past decade, continuing concern about illicit drug use by student athletes has resulted in an increase of drug education/testing programs both on individual campuses and by national sports-regulating agencies. Surveys by the National Collegiate Athletic Association of existing programs show no clear consensus on core curriculum; whether to do urine testing; who, how, and how often to test; or what actions/sanctions should follow confirmed positive drug tests.

The primary concern of any drug education/testing program should be the health and welfare of the student athlete. College and university health and athletic officials are justly distressed about the influence of drugs on injury rates, academic performance, and the physical and emotional health of their student athletes. Many campuses are involved in implementing or re-evaluating their drug education/testing programs, but are doing so in the absence of national standards.

In reaction to this void, the American College Health Association (ACHA) recommends that colleges and universities respond effectively to the issue of drugs on our campuses by developing sound educational programs (see the following guidelines), emphasizing that drug testing should be done only as a component of this educational process.

1. A drug education program (with or without testing) should reflect the institution's overall commitment to eliminating drug abuse among its students, faculty, and staff. Other administrative policies should be consistent with this purpose. Drug education/testing programs should not be limited to those directed solely toward student athletes.
2. Each institution contemplating initiating or re-evaluating a drug education/testing program should have an advisory committee in place consisting of student athletes and representatives of the athletics department, student health service, counseling center, and student affairs office. The committee should establish the policies and procedures of the program before any education or testing is done, and review those policies and procedures on a regular basis.
3. A single individual, identified by the institution, should direct and supervise the drug education/testing program. This person should have strong educational skills; credibility with students (especially student athletes), faculty, and staff; and the ability to represent the institution effectively in contacts with the media.
4. Educational programs in athletic contexts should have two target audiences: the athletes themselves and the coaches and staff of the athletics department. It is important to educate those who work with student athletes not only about drugs, but also about the identification of athletes at risk, the handling of confidential information, the effective confrontation of drug issues with students, and the institution's general policies on alcohol and other drugs.
5. No institution should initiate a drug-testing component without the advice of legal counsel. The structure of this component should reflect consideration of the rights of the individual student, as well as concern for the goals of the institution. The component should provide for informed consent in advance by all students

required to participate, and for due process in the event of the imposition of sanctions for alleged violations.

6. Drug testing should be done only when it is accomplished fairly and accurately. Because of the possibility of false positive results, confirmation should be required by more specific procedures, such as a gas chromatography/mass spectrometry. Samples should be collected in a manner to prevent deception, and should be handled according to the legal requirement of a "chain of custody." Results should be quickly available.
7. Careful consideration should be given to which drugs are to be identified, which student athletes will be tested and how often, and what sanctions will be imposed for confirmed, positive test results. It is essential that, other than as required by officially imposed sanctions, the testing component not be punitive or threatening in nature.
8. The institution should guarantee that the test results and any related records will be handled in a strictly confidential manner, in accordance with established university procedures. Further, test data should be included in medical or counseling records only, and not in athletic or academic

records. Grouped anonymous data should be shared on a regular basis with the advisory committee and athletic department for the purpose of monitoring the drug education/testing program for future development or change.

9. Given that the goal of any drug education/testing program is to maximize the health of the student, it is important that evaluation and counseling for those who test positive, or otherwise identify themselves as needing assistance, be readily available in the institution or by referral. Confidential counseling without risk of sanctions should also be available to those individuals wishing to discuss drug abuse problems they may be having, or similar problems of another athlete, friend, or family member.
10. Alcohol is the most abused drug on campuses today, and all institutions should include an emphasis on alcohol education in their programming.

Resources

Institutional Drug Testing, 1993-94 National Collegiate Athletic Association Drug-Testing Education Programs, NCAA, July 1993.