

ACHA Guidelines

Drug Education and Testing of Student Athletes

Concern about illicit drug use by student athletes has resulted in an increase of drug education and testing programs both on individual campuses and by national sports regulating agencies. Surveys by the National Collegiate Athletic Association (NCAA) of its member institutions (1200 intercollegiate athletic programs) demonstrate that 81% of Division I athletic programs, 56% of Division II programs, and 18% of Division III programs have instituted some form of drug testing of their student athletes, and that well over half of all athletics departments provide drug education programs to all its student athletes.

The primary concern of any drug education and testing program should be the health and welfare of the student athlete. In addition, drug testing of student athletes for ergogenic (performance-enhancing) substances contributes to a more level playing field, and decreases the pressures on student athletes to use these substances to “stay in the game.”

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. Institutions involved in implementing or re-evaluating their drug education and testing programs may find assistance in reviewing guidelines offered by collegiate sports governing bodies.

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. Administrative policies should be consistent with this purpose. Drug education and testing programs directed towards student athletes should include education on alcohol, tobacco, other drugs, ergogenic aids, and substances banned by sports governing bodies.
2. Each institution contemplating initiating or re-evaluating a drug education and testing program should have an advisory committee in place consisting of student athletes and representatives from athletics, student health, health promotion, legal, counseling, and student affairs. 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. Staff identified by the institution to direct and supervise the drug education and testing program should have an understanding of athletic drug testing issues and compliance rules, including an understanding of informed consent for drug testing, a knowledge of substances banned for use in sports, and a relationship with the institution’s sports medicine department, if available. In addition, these individuals should possess experience with effective educational and prevention strategies; 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: student athletes and the coaches and staff of the athletics department. It is important to educate those who work with

student athletes about: the extent of alcohol, tobacco, and other drugs that may be used by student athletes; the identification of athletes at risk; campus and community resources available for intervention with student athletes at risk; the protocol to make a referral; the handling of confidential information; and the institution's general policies on alcohol, tobacco, 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 violations.
6. Drug testing should be done only when it is accomplished fairly and accurately. Student athletes should have advanced knowledge of the program and how it operates. A drug testing protocol should be established that includes: an established list of banned substances; a process by which student athletes are selected for testing; a sample collection procedure to ensure samples are not compromised; a chain of custody that maintains the integrity of the sample; and lab selection that ensure results are confirmed by acceptable laboratory processes. The protocol should include clear, consistent consequences for positive drug tests and an opportunity for student athletes to have the drug test results reviewed and/or appealed. It is essential that, other than as required by imposed sanctions, the testing component not be punitive or threatening in nature.
7. 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 and in compliance with FERPA and HIPPA regulations. Individual test results should be treated as confidential medical information. 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 and testing program for future program development.

8. Given that the goal of any drug education and 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 (or other substance) abuse problems they may be having, or similar problems of another athlete, friend, or family member.
9. Alcohol is the most abused drug on campuses today, and all institutions should include an emphasis on alcohol education in their programming.

Resources

2007 Survey of NCAA Member Institution's Drug Education and Testing Programs. Institutional Drug Testing, National Collegiate Athletic Association Drug Testing Program, NCAA, July 2008.

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