

AFL Illicit Drug Policy Test Results Released

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The AFL and the AFL Players' Association today said the AFL Illicit Drugs Policy (IDP) continued to be effective in identifying players for ongoing treatment and monitoring at the release of the IDP player testing results for 2013.

Out-of-competition player tests for illicit substance use in 2013 resulted in 15 detections – down from 26 detections in 2012.

The 2013 results followed changes last year to the IDP designed to strengthen its detection and deterrence elements in the wake of industry concerns and the ongoing increase in the availability and use of illicit substances across the wider community.

AFL General Manager, Football Operations, Mark Evans will be available to interested media at 12.30pm today, Friday June 6, at AFL House.

Mr Evans said that with the support of all AFL players, the IDP was delivering on its objective to treat the use of illicit substances as primarily a health issue.

“The detections last year mean that 15 players have been subject to early intervention in the form of expert counselling, treatment and ongoing monitoring under this medical and welfare-based policy approach,” Mr Evans said.

“Illicit drug use is a significant issue across the broader community and the AFL playing group largely falls within the high risk 18-30 male age group. Individual players are not immune to peer group pressure and poor decision-making, but under this policy they have ready access to expert support and treatment to overcome the potential health impacts.

“Significantly, our advice is that the rate of illicit drug use within the AFL playing group remains substantially lower compared with the same age group of young men in the wider community.”

The entire AFL playing group, via the AFL Players' Association, volunteers to participate in the Illicit Drugs Policy and agrees to the release of results each year. The policy is based on the best medical advice from experts in the field and is a health and welfare model designed to assist players and change their behaviour.

AFL Medical Director, Dr Peter Harcourt said that in 2013 a total of 1998 tests were conducted, with no match day positives recorded and 15 out-of-competition detections. This represented a 0.75 per cent detection rate. There are four current players on two detections who are subject to intense target testing as part of their treatment programs.

“A number of AFL clubs continue to assist the AFL Medical Directors to identify and target test ‘at risk’ individuals at their clubs so we can intervene to address issues such as susceptibility to mental illness and drug addiction. Players are also identified for target testing through hair testing during the high risk off-season,” Dr Harcourt said.

“Most players detected in 2013 reported they accessed illicit substances opportunistically while socialising with friendship groups outside their clubs and the wider AFL community, and almost always after significant alcohol consumption.”

Dr Harcourt said that under changes to the IDP agreed to last year, the Medical Directors had been providing greater de-identified feedback to club administrators and boards as well as specific illicit drug and mental health education to player leadership groups so they can more easily identify players who may need support and who should be target tested.

AFLPA acting CEO, Ian Prendergast said: "This is the most developed illicit drug policy in world sport and we strongly believe the medical approach to drug use is the best way to protect players' health."

AFLPA President, Luke Ball said: "AFL players have voluntarily agreed to this additional testing process because they understand that drugs are a very real issue within society, and that players are not immune to this.

“As such, we will continue working with clubs and the AFL to ensure our education and testing system remains a best practice policy.”

AFL ILLICIT DRUG POLICY RESULTS – YEAR BY YEAR

Year	Total Tests	Total Failed	2 nd Failed	3 rd Failed	Failed Tests %
2005	472	19	3	0	4.03
2006	486	9	0	0	1.85
2007	1152	14	3	0	1.2
2008	1220	12	2	0	0.98
2009	1568	14	2	0	0.89
2010	1654	6	1	1	0.36
2011	1489	6	0	0	0.40
2012	1979	26	2	0	1.31
2013	1998	15	1	0	0.75

The breakdown by type is as follows:

	2005	2006	2007	2008	2009	2010	2011	2012
Cannabinoids	6	0	4	3	1	1	0	0
Stimulants	12	8	10	8	13	5	6	25
Mixed	1	1	0	1	0	0	0	1

Mr Evans praised the voluntary cooperation of the AFL playing group plus the backing of the AFLPA and the clubs, and thanked AFL Medical Directors Dr Peter Harcourt and Dr Harry Unglik as well as the AFL Medical Officers Association and the club doctors for their work in making the IDP effective.

BACKGROUND

The AFL Illicit Drugs Policy runs in parallel with the WADA (World Anti-Doping Authority) compliant AFL Anti-Doping Code, overseen by ASADA, which primarily targets performance enhancing drugs and illicit substances through match day testing.

Detections from IDP testing are managed by the AFL Medical Directors who oversee the medical management of players for the first two detections. This management includes input from the relevant club doctor and an external drug expert. A third detection will result in direct referral to the AFL General Counsel. A positive for illicit drugs in game day testing (managed by ASADA) results in an immediate referral to the AFL Tribunal for open hearing under the AFL Anti-Doping Code.

AFL football, with the agreement and support of the entire AFL playing group, remains the only sport in Australia to publicly release its testing figures for illicit drugs. The NRL, ARU and Cricket Australia are the only other Australian sports which test for illicit substances outside of the competition period.

The Anti-Doping Code, established in 1990, tests on match days under protocols established by the World Anti-Doping Authority (WADA), and primarily targets performance-enhancing drugs. These tests are conducted by the Australian Sports Anti-Doping Authority (ASADA). Under the WADA Code, if a player tests positive for performance enhancing drugs on match day they face a ban of up to two years.

The Illicit Drugs Policy, operational since 2005, is over and above the ASADA match day testing and tests out-of-competition for illicit drugs. It is a voluntary policy developed in conjunction with the AFL Players’ Association and is based on a medical model – one that focuses on education, counselling and treatment.

The threefold aims of the AFL Illicit Drugs Policy are:

1. To educate players about the serious dangers of using illicit drugs;
2. To identify any player who has made the poor choice to use drugs and to direct them immediately into appropriate counselling and treatment programs; and

3. To provide the necessary intervention and support to change the behaviour of those identified.

Any player who does not respond to counselling and treatment programs – and who has failed a test for the third time – is subject to a financial sanction of \$5000 and a suspension of up to 18 matches. A player suspended in such circumstances will continue to receive treatment and counselling to ensure the best chances of changing their behaviour.

Under changes to the IDP introduced in 2013:

- A player is permitted to self-report illicit drug use only once during his AFL career;
- Clubs, based on their own observations, are able to request the AFL Medical Directors to conduct additional target testing of a player or players;
- A continued move to more targeted testing at more targeted times;
- Increased level of hair testing during the high risk off season;
- Players identified by the AFL Medical Directors of acting or displaying an attitude contrary to the objectives and spirit of the IDP are directed to undergo a more intense education and counselling program and will be named to their Club CEO if there is no change in behaviour;
- The AFL Medical Directors regularly provide greater de-identified feedback to clubs on IDP testing results and trends across the competition;
- Appropriate training provided to Club CEOs and player leadership groups in mental health 'first aid' to assist dealing with players coping with mental health issues; and
- Continued enhancement of the regular drug education program delivered to players.

Ends