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HERALD-LEADER

OLYMPICS

U.S. leagues say IOC drug rules don't apply

By Dave Goldberg
ASSOCIATED PRESS

NEW YORK - The four major pro sports leagues have a message for Olympic officials who want them to adhere to international drug rules: Let us run our own shows.

"We're very comfortable with the rules we have," NBA deputy commissioner Russ Granik said Friday. "The IOC has dozens of different sports. I don't think it has any relevance to the NBA."

Letters arrived last week at the offices of the NBA, NFL, NHL and major-league baseball from Dick Pound, head of the World Anti-Doping Agency, an offshoot of the International Olympic Committee.

The letters urged the leagues to conform with a global strategy on drug testing adopted in Copenhagen, Denmark, a month ago. Those rules include a two-year ban for any athlete testing positive for steroids -- compared to a four-game ban under the NFL's anti-steroid policy and a five-game ban in the NBA.

"I think we have one of the strongest policies around," Gene Upshaw, executive director of the NFL Players Association, said. "I don't see why we have to apply the Olympic standards. Besides, this is subject to collective bargaining."

All four North American leagues have unions and all four have drug policies that have to be approved in collective bargaining. Because of U.S. labor laws, the pro leagues cannot unilaterally make changes to their drug-testing rules.

Pound, a Canadian lawyer and IOC member, suggested that the labor contracts were being used as a crutch by the pro leagues.

Of the four major sports leagues, the NFL has the most stringent drug policies, with random testing of players and possible suspensions for many of the substances banned by the IOC.

The NBA has random testing for amphetamines and steroids but not for supplements like ephedra or other items on the international list.

Baseball's new labor contract bans illegal steroids and drugs of abuse such as cocaine, but it allows many substances prohibited by the IOC. The NHL bans steroids but doesn't do random testing.

NBA and NHL players adhere to IOC standards during the Olympics, but if they test positive for steroids, the two-year suspension would apply only to international play. They would not be banned from playing for their league teams.

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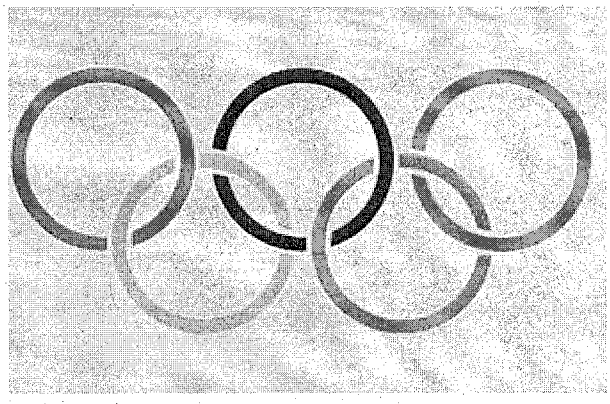
World Anti-Doping Code Explained

Russell Langley 20/03/2003

"The single most important step ever taken against the misuse of drugs in sport."

That was UK Sport Chief Executive Richard Callicott's description of the World Anti-Doping Code, which was agreed two weeks ago at the World Conference on Doping in Sport in Copenhagen. But what is the Code, and what impact will it have on the UK's anti-doping policy?



The Code will be in place for the Athens Olympics
Photo/Getty Images

As part of its follow up from the Conference, UK Sport – the organisation responsible for promoting ethically fair and drug-free sport in the UK – looks at the key points of the Code:

• The Code upholds sport's 'strict liability' policy whereby athletes are responsible for any banned substance found in their body, regardless of how it got there. The issue of sabotage and the athlete's responsibilities in relation to medical personnel is clarified.

• The burden of proof is placed on athletes to contest positive drug findings.

• Any anti-doping violations during competition will lead to an automatic disqualification, including the loss of any medals won. In the UK, this would have an impact on the performance target of the sport, and could affect funding via the World Class Performance Programme.

• For a first serious violation, athletes in all sports will receive a two-year suspension, with a life ban imposed for a second offence. The punishment will be reduced or waived if athletes can prove that 'no fault' or 'no significant fault'. However, the offence would remain on the record.

• The trafficking of banned substances carries a minimum of four-year ban. Significant penalties are in place for athlete support personnel, including a life ban.

• A single list of banned substances will be created – this will be revised at least once a year. Substances meeting two out of three criteria will be placed on the list: performance enhancement; health risk; or violation of the 'spirit of sport'. Exemptions will be granted for therapeutic reasons such as asthma, the treatment of which may necessitate the use of a banned substance.

• Sports federations and national bodies will carry out unannounced, out-of-competition tests from a registered pool of athletes at both national and international level.

• Sample analysis can only take place at laboratories accredited by the World Anti-Doping Agency (WADA).

• Athletes have the right to a fair hearing in appeals against doping rulings.

• WADA will act as a clearing house for testing data and results. Each national anti-doping organisation (such as UK Sport) will be responsible for the collation of data and the management of athlete registers.

WADA expects countries to have the Code in place by the start of the 2004 Olympics in Athens. Next week, UK Sport will reveal its plans for implementation of the Code in the UK.

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NEWS RELEASE

Thursday, October 23, 2003
For immediate release

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STEROIDS THREATEN HEALTH OF ATHLETES AND INTEGRITY OF SPORTS PERFORMANCE

American College of Sports Medicine Calls for Increased Vigilance in Identifying and Era Steroid Use

INDIANAPOLIS - The American College of Sports Medicine (ACSM) today condemned the development and use of new "designer" steroids. ACSM considers chemicals, such as the identified Tetrahydrogestrinone, or THG, developed and cloaked to avoid detection by dopi as serious threats to the health and safety of athletes, as well as detriments to the principle play in sports. Any effort to veil or disguise steroid use in sports through stealth, designer, c precursor means, puts elite, amateur and even recreational athletes at risk.

The health risks associated with steroid use are severe. Anabolic steroid use has been imp early heart disease, including sudden death, the increase of bad cholesterol profiles (increa LDL, lower HDL), an increase in tendon injuries, liver tumors, testicular atrophy, gynecoma (abnormal enlargement of breasts in males), male pattern baldness, severe acne, prematu closure of growth plates in adolescents, emotional disturbances and other significant healt The health risks of designer steroids compared to or beyond symptoms of anabolic steroid currently unknown.

"No one knows the extent of this yet," said Gary I. Wadler, M.D., FACSM. "If there is one gr concern that THG has exposed, it's the potential that other non-detectable anabolic steroid in the pipeline. The scientific and public health implications of this issue are quite disconcer Wadler, an ACSM sports medicine physician who serves on the Health, Medical and Resea Committee of the World Anti-Doping Agency (WADA) and is a leading international authorit doping in sports, says the appearance of these new drugs and their use models dangerous behavior, potentially causing physical and psychological damage to young athletes.

ACSM calls for national compliance with the United States Anti-Doping Agency (USADA) regulations and to the World Anti-doping Code. Further, the College stresses the need for " athletes, those not taking performance-enhancing drugs or supplements, to publicly deplor of steroids among their teammates and peers. ACSM underscores the critical leadership ro athletes can take in disavowing performance-enhancing drug use and advocating fair play t the integrity of sports competition. Other individuals who influence young athletes, such as and coaches, should establish a no-tolerance policy for performance-enhancing substance intervene whenever necessary.

In the past 20 years, sports governing bodies have made substantial efforts to eradicate ste Drug testing implemented by the National Collegiate Athletic Association, for example, has instrumental in decreasing the use of steroids among college athletes. Last year, ACSM ca mandatory testing for steroid use in Major League Baseball. (ACSM's Position Stand, "The Anabolic-Androgenic Steroids in Sports," ACSM condemns the use of these drugs among a To read a copy of this Position Stand, please visit http://www.acsm-msse.org). Yet, informa gathered very recently, over just the past few years, indicates an upward trend in steroid us amateur athletes at the college and even high school levels.

The American College of Sports Medicine is the largest sports medicine and exercise scien organization in the world. More than 20,000 International, National, and Regional members dedicated to advancing and integrating scientific research to provide educational and practi applications of exercise science and sports medicine.

-30-

Sunday Herald - 16 November 2003

The bitterest pill

Football: Paul Gains finds football's governing body going head to head with the International Olympic Committee in a drugs testing row that threatens to exclude the sport from the games

A confrontation of epic proportions is brewing in the sports world, one that could see football, cycling and perhaps a few other less glamorous sports, omitted from the 2004 Summer Olympic Games in Athens.

At its congress last July in Prague the International Olympic Committee adjusted the Olympic charter to include, as a condition of participation in the games, a clause by which all international sport governing bodies must be signatories to the World Anti-Doping Agency's (Wada) code. As of this week both the Federation of International Football Associations (Fifa) and the International Cycling Union (UCI) stand opposed to certain parameters contained within the document.

The code has been drafted and revised four times over the past two years to reflect the concerns of all 35 Olympic sports and its purpose is to harmonise doping controls across geographic boundaries as well as from sport to sport. But as Wada president Dick Pound pushes forward in the quest to finalise the document there is a groundswell of discontent.

The principle area of friction appears to be the length of suspensions applied to drug cheats. Currently a first-time offence can be anywhere from a public warning for the use of a banned stimulant to a full two-year ban for using a steroid or blood- boosting agent such as epo.

The code includes a two-year ban across the board although Wada is investigating early reinstatement terms. Fifa and UCI both fear that if any of their professional athletes are convicted of doping and banned for two years they risk losing millions of dollars and will therefore take the matter to the courts.

Another concern is that a professional basketball player, for instance, who tests positive at the Olympics would still be able to participate in the NBA while under suspension from Olympic competition. A cyclist or football player would not have that luxury and a two-year suspension could spell the end of a career and loss of income. Both Fifa and UCI insist that each positive case be regarded individually.

"I have spoken with Jacques Rogge [IOC president]. In the end they [Fifa and UCI] are both going to adopt the code," says Dick Pound, a Montreal lawyer and a former IOC vice- president.

"You can't be Sepp Blatter and explain to the world that football will not be in the Olympic Games because 'we are not willing to adopt an anti-doping code adopted by the entire Olympic movement and the governments of all five continents.' It's just inconceivable.

"We addressed all of Fifa's concerns about individual case management. That's built into the code. So there is no technical reason, there are no legal reasons why there should be any problem.

"I understand that in cycling, where you have got an entire professional road racing section, they are not much interested in a two-year sanction. And if you are dealing with the big professional soccer teams in Europe and elsewhere the owners of these teams are not interested in having two-year suspensions for players who take drugs.

"I mean they don't really care what players have to do to get ready to play and be on the field for 60 or 70 games or whatever it is a year."

The outspoken Canadian, whose term as IOC vice-president ended with the Sydney Olympics three years ago, believes there was a consensus at the World Conference on Doping in Sport in Copenhagen in March, and reacts testily to the news that Fifa and UCI appear to be outspoken critics.

"It sometimes makes it sound like these folks are desperate to find some way to get somebody who has cheated back into the game," he says.

Last week Fifa met medical and anti-doping representatives of other international team sports governing bodies including the International Ice Hockey Federation, International Team Handball Federation, International Rugby Board, Federation of

International Basketball Associations and the International Volleyball Federation in Basel, Switzerland.

The IOC was also represented by its medical director, Patrick Schamasch. Among the topics discussed was the controversial Wada code. Represent-atives of the UCI were invited to attend as "observers".

"In football alone there are somewhere between 15,000 and 25,000 doping controls peformed annually around the world," says Dr Jiri Dvorak, Fifa's chief medical officer, who chaired the meeting. "We just have individual cases, its not a huge number. There are maybe 10 or 15 positives a year among 25,000 controls.

"We have performed, over 10 years, in Fifa competitions, 2,390 controls during final rounds of Fifa competitions and none of the samples have been positive.

"That's why when we have a positive case we have to deal with it very carefully and be very neutral and objective"

Dr Dvorak met Fifa president Sepp Blatter earlier this week to update him on what transpired at the Basel meeting. Blatter, he says, fully supports Dvorak's recommendations as the chairman of Fifa's medical assessment and research centre. Dvorak says the matter is now a political fireball. From a medical and legal position he cannot support the code as it is currently written. He says the next step is for legal experts from Fifa and outside the organisation to meet Wada's legal experts to clarify the contentious passages.

"Once it is put into operation and it is effective there shouldn't be any discussion about the code later on," Dvorak says. "So the more we invest now the less we have problems later."

If Fifa has been adamant in its position on this matter, the UCI has been downright antagonistic, going so far as barring Wada's independent observers from UCI sanctioned events last summer. That was in reaction to the leak of an independent observers' report from the Tour de France. Earlier this week UCI president Hein Verbruggen had some harsh words for Pound.

"A number of countries are out to show off. It's unfortunate that Dick Pound only thinks about sanctions just to show off," he said last week. "We want to make sure that cyclists are on the same footing as other athletes. I mean Lance Armstrong goes to doping control 50 times a year. I'd like to compare cycling to athletics and swimming.

"All three do doping control and have the same number of positive cases. Sanctions are not the most deterring things, controls are.

"I don't know where we go. We cannot accept automatic two-year suspensions. It will not stand up in court. If Dick Pound would say in the code 'apply the two-year sanction and if any court cases arise then we would pay the costs' but he doesn't say this.

"Our athletes have a 10-year career. It is their jobs. A shooter has a 40-year career. If you take Romario, for example, and take him out of the sport for two years he could lose $30 million. Take a shooter out and it costs him nothing."

Another serious issue that doesn't sit well between the opposing forces is the manner in which various sports are dealing with the latest crisis in doping the so-called designer steroid Tetrahydrogestrinone or THG. As sports such as athletics and swimming begin the process of retroactively analysing urine samples kept from recent championship events for THG, football's governing body has refused to comply.

"According to our regulations once the 'A' sample has been declared negative then the 'B' sample is going to be destroyed," Dvorak says.

"To assess retrospectively you only have one sample so you make analysis of the one sample and you don't have the counter sample. So according to the regulations you immediately open the door for legal queries.

"Also, you cannot do two assessments from the same sample. This has been clearly declared also by the accredited laboratories. So this is the problem.

"Now there is the question how long should you keep the sample, 30 days? 60 days? One year? 10 years? Of course for the next championships in two weeks we will test for THG."

With less than a year before the Athens Olympics it is a toss up as to which will occur first - a consensus on the Wada code or the completion of the Olympic facilities. Clearly the posturing of both sides in this dispute will not be easily assuaged.

It is a conflict that will test Dick Pound's resolve like no other and could either make or break the organisation he leads, despite its good and honest intent.

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Feeble testing, penalties won't stop steroid scourge

When outfielder Barry Bonds broke into major league baseball 17 years ago, he was a svelte and speedy 185 pounds. Now at age 39, the single-season home-run king displays a muscular, 230-pound physique that has prompted questions about whether he uses performance-enhancing steroids. This past Thursday, Bonds testified before a federal grand jury in California investigating a newly formulated illegal steroid.

Bonds denies using banned chemicals, attributing his late-career power surge to good nutrition and intense training. But he is the latest in a parade of baseball, football, swimming and track and field athletes to testify in the probe of a diet-supplement company accused of supplying the designer steroid tetrahydrogestrinone (THG) by the U.S. Anti-Doping Agency, which oversees drug testing for Olympic athletes.

The substance couldn't be detected in anti steroid tests until an anonymous track and field coach disclosed its existence this past summer. Several other big-name grand jury witnesses are among those accused of violating their sports' bans on using performance-enhancing drugs.

The grand jury is looking into whether the company sold illegal steroids and violated tax laws. Regardless of the outcome of this particular probe, the investigation focuses new attention on the growing threat that the use of steroids poses to the integrity of all sports. It also reveals how ineffective Major League Baseball has been in addressing the scourge.

Policies for steroids vary

In order of toughness, how major sports test and punish for steroid use:

- **Olympics:** Regular testing year-round. A violation brings a two-year ban.
- **NFL:** Year-round testing. A first violation brings a four-game suspension.
- **NCAA:** Year-round testing in football and track and field, and testing at post-season championships for all sports. Violators lose a year of eligibility.
- **NBA:** Periodic testing. A first violation brings a five-game suspension.
- **MLB:** A new regime of random testing starts next season. A first violation triggers treatment, education and more testing. A fifth violation brings a one-year suspension.
- **NHL:** No testing program.

The Olympics, pro football and basketball and NCAA sports have rigorous testing for steroid abuse. But baseball's owners, while mouthing support for the idea, long have been loath to push the issue in fractious labor negotiations with the players union. The union has resisted tougher testing on principle. Under laughable new rules, a steroid user can be caught five times before facing a one-year ban from the sport.

Such ambivalence carries a high price:

•In addition to distorting the playing field and putting the credibility of sports records in doubt, steroid use is dangerous for users. Heart and liver damage, psychological dependence and aggressive behavior are among well-established effects.

•Sports stars' blatant use of steroids encourages teenage wannabes to do likewise.

•Baseball's lack of will to stay on top of the problem discourages athletes from reporting new steroids that can foil testing. Just such a tip about THG allowed scientists to develop a new test that now can detect it.

In Major League Baseball, officials finally admitted last month that between 5% and 7% of the tests in its first anti-steroid survey this year came back positive. That may sound small, but it is the equivalent of two teams on steroids.

Olympic doping experts, who've been combating steroid cheats for decades, say the baseball figure is four times the usual average across all sports.

Giving the issue the seriousness it deserves, Olympic sports now impose a two-year ban on anyone caught using steroids. And on Sunday, the governing body for track and field competition in the USA approved a lifetime ban for steroid cheaters.

To some, that may sound draconian. But meaningful testing and penalties are long overdue. Without both, the health of athletes and the integrity of sports competition are at risk.

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USA TODAY

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FIFA president raises possibility of lifetime doping bans

LONDON (AP) — World soccer's governing body may consider lifetime bans for players caught using banned drugs, FIFA president Sepp Blatter said Wednesday.

Blatter said FIFA may also consider penalizing the players' club by dropping the team to a lower division.

In a first-person column in the *Financial Times*, Blatter also accused Europe's rich clubs of engaging in "social and economic rape" by buying up young players from developing countries.

Citing the Rio Ferdinand case in England, Blatter said it is FIFA's "duty" to intervene when it feels anti-doping rules aren't being applied.

"If this type of behavior persists we may well consider promulgating a law to impose a lifetime ban on any player caught taking performance-enhancing drugs and relegation on his club," he said. "If clubs can't control their players, who can?"

The suggestion of a lifetime ban marks a major policy shift for FIFA, which has repeatedly opposed automatic two-year suspensions for doping offenses.

FIFA has insisted that doping cases should be dealt with on an individual basis, allowing for flexibility in sanctions. FIFA has yet to formally adopt the World Anti-Doping Code, but has indicated it will sign.

Ferdinand, the Manchester United and England defender, failed to show up for a random drug test on Sept. 23, a serious doping violation. He has continued to play for his club while the case has dragged on for nearly three months.

Find this article at:
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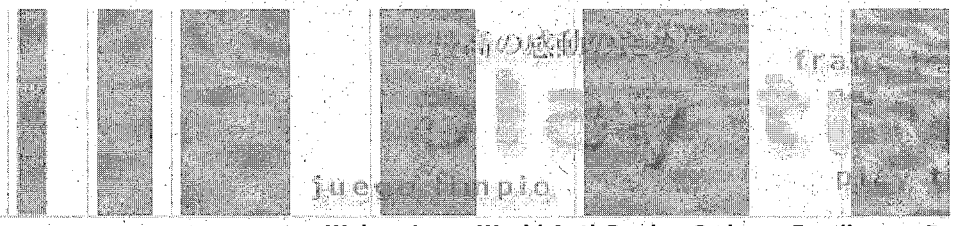

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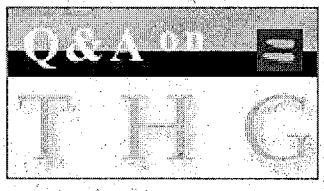

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:: WADA Calendar

06/21/2004 - WADA Foundation Board meeting

06/20/2004 - WADA Executive Committee meeting

More than 14,000 Copies of Final Anti-Doping Code Downloaded from WADA Web

Code downloads in preparation for World Anti-Doping Conference next week.

Montreal, February 25, 2003 – The World Anti-Doping Agency (WADA) announced today t than 14,000 copies of the World Anti-Doping Code have been downloaded from its website final version of the Code was posted five days ago. The document will be presented for ac the upcoming World Conference on Doping in Sport March 3-5 in Copenhagen, Denmark.

"These numbers reflect the tremendous interest in the Code and in finding a solution to th of doping in sport," said Richard W. Pound, WADA's president. "It is clear that there will b attention focused on what will happen at next week's conference. This interest makes it al imperative for sports organizations and governments to accept the Code and to implemen quickly as possible."

Nearly 1,000 delegates, observers, and media are expected to attend the conference in C During the conference, WADA's Foundation Board will meet and formally adopt the Code. accepting the Code as the basis for the fight against doping in sport will then be presente conference delegates for adoption. Governments and sports organizations will be responsi adopting and implementing the Code prior to the Summer Olympic Games in Athens in 20

Those interested in registering for the conference can still do so at WADA's website. The h the conference, including the main sessions, the WADA Foundation Board meeting and the conference will also be broadcast live on WADA's website. A schedule of the webcasts can on the website.

WADA's Executive Committee will meet in Copenhagen one day prior to the conference to number of topics, including the Code. The meeting is not open to the press or public. How press conference will be held immediately following the meeting. The information on the E Committee meeting is as follows:

Date: Sunday, March 2, 2003
Place: EIGTVEDS PAKHUS, Asiatisk Plads 2 G, 1448 Copenhagen
Time: 9 a.m. to 1 p.m. approximately

The press conference will begin immediately following the meeting. Press should be at the no later than 12:30 p.m.

Point of Contact for the media:

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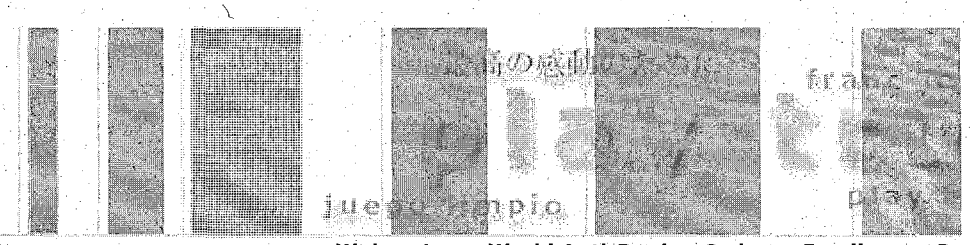

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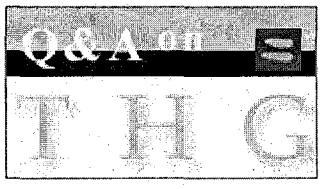

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:: WADA Calendar

06/21/2004 - WADA Foundation Board meeting

06/20/2004 - WADA Executive Committee meeting

Governments, Sports Federations Endorse Anti-Doping Code

The Copenhagen conference ends with a resolution accepting the Code as a basis for the f doping; 50 governments sign a Declaration in support of the Code.

Copenhagen, March 5, 2003 – All major sports federations and nearly 80 governments ga approval today to the first World Anti-Doping Code by backing a Resolution that accepts tl the basis for the fight against doping in sport. The Resolution was adopted at the final ses three-day Conference and lays out the responsibilities of both the Olympic Movement and governments to adopt and implement the Code in a timely manner. The Code is the first i instrument to harmonize rules regarding doping across all sports and all nations.

"This Conference has truly been a historic event," said Richard W. Pound, WADA's preside of the Conference. "I congratulate both the governments and the Olympic Movement for p good of the athletes above any other interests and making sure that we waste no more tir the fight against doping to a new level."

Prior to the adoption of the Resolution, WADA's Foundation Board met and unanimously a Code. In addition, 50 governments signed the Government Declaration on Doping in Sport outlines the governments' commitment to the adoption and implementation of the Code. governments present at the Conference have said they will sign at a later date.

The acceptance of the Resolution and signing of the Declaration capped three days during governments, the sports movement and athletes had opportunities to express their views Code. All governments and sports organizations who spoke during the sessions expressed approval of the Code. In addition, athletes made it clear during a session set aside for the they feel the Code is needed and should be accepted and implemented as soon as possibl

"It's great that we have been able to make the strides we have made at this Conference," O'Neill, Olympic champion, IOC Athletes' Commission member and WADA Board Member. have to remember this is only the first step. Now everybody needs to look ahead and mak Code is implemented."

During the Conference's opening ceremony, Dr. Jacques Rogge, president of the Internati Olympic Committee, said that the IOC will accept the Code. He added that there would be the Olympic Games for any government or International Federations that do not accept th

Sports organizations are expected to accept and implement the Code before the 2004 Oly in Athens. Governments will have an additional two years, until the Olympic Games in Tur to put into place legislation accepting the Code.

More than 1,000 people attended the Conference in Copenhagen.

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NFL General Counsel Adolpho Birch *speaks* on the NFL's Drug Policy

Adolpho Birch currently serves as Counsel for Labor Relations for the National Football League, which is headquartered in New York, New York. In that capacity, his primary responsibility is the enforcement of the League's Collective Bargaining Agreement, which encompasses issues ranging from player grievances to salary cap disputes to the League's policies on conduct and performance-enhancing drugs.

Prior to joining the NFL, Mr. Birch was in private practice in Houston, Texas, initially with Fulbright & Jaworski's Antitrust/Complex Litigation group and later with a boutique firm specializing in labor, insurance defense and municipal finance. Preceding his firm affiliations, he served as judicial law clerk to the Honorable Thomas A. Wiseman, Jr., Chief Judge of the U.S. District Court for the Middle District of Tennessee.

Mr. Birch attended Vanderbilt University Law School as a Patricia Roberts Harris Scholar, serving on the Editorial Board of the Vanderbilt Law Review and earning his juris doctorate in 1991. He did his undergraduate work at Harvard University, where he graduated with honors in Government and was a member of the lacrosse and basketball teams, Kappa Alpha Psi Fraternity and several student organizations. On a personal note, Mr. Birch was raised in Nashville, is 35 years old, and is actively involved in a number of professional and philanthropic organizations. JELP spoke with Mr. Birch on August 20, 2002.

***JELP**: What are the main facets of the league's substance abuse program?*

BIRCH: First of all we have two different programs. We have a program for substances of abuse, which are generally street drugs like cocaine and marijuana. Alcohol is included in that. And we also have a policy on performance-enhancing substances, which involve anabolic steroids, masking agents, stimulants, diuretics and similar substances. Nutritional supplements. Things along those lines. Under the substance abuse program, the primary goal is intervention and treatment. That is reflected both in how we test and the types of discipline that we mete out for violations of that policy. Under the policy on anabolic steroids, the first goal is to ensure the competitive integrity of the game; the second goal is to prevent the adverse health effects related the use of those types of substances; and the third would be to protect the league in terms of its role-model obligations with respect to the youth who are particularly vulnerable to things that they see NFL players doing.

***JELP**: The current policy is a revision of part of the CBA from 1993, correct?*

BIRCH: Steroid testing began in '89. We went to random testing in '91 and once we signed onto the new CBA, the formal policy that we now have really began in '93.

***JELP**: What are the players' concerns and how are they addressed in the policy?*

BIRCH: Historically, the Players Association was as interested in establishing a policy as we were because they understood, rightly, that first and foremost it affects the integrity of the game and ultimately the game itself will suffer if there are not sufficient checks in place to prevent even the perception that the game is not fair. The second thing is that they also saw the

negative health effects and it was very important to them to put in a policy so that players who did not want to use those kinds of substances didn't feel like they were pressured to use them in order to keep pace with someone else. So it was to prevent those coercive effects that they were certainly as agreeable to the policy as we were. Their chief concern is probably the confidentiality of the process and proceedings. And they are certainly concerned with making sure that the discipline is fair and the requirements are not necessarily so onerous that they make it too difficult for a player to comply. Fortunately, we have settled on what we think works and it has been very effective so far.

UNDER the substance abuse program, the primary goal is intervention and treatment. That is reflected both in how we test and the types of discipline that we mete out for violations of that policy.

***JELP**: It seems that the NFL has disciplinary standards that are automatic and more uniform, compared to some leagues where the commissioner is given more discretion. Is that perception correct? If so, what do you think are the advantages of the way you are doing it as compared to Major League Baseball or the NBA?*

BIRCH: Our standards are set in stone and frankly I think that's the best way to do it. The Commissioner obviously has discretion to alter the discipline, but it is not the type of discretion that is used lightly. It is better in our view to have a defined system with delineated consequences that occur from the use of a prohibited substance. For example, a positive test for a performance-enhancing substance nets a four-game suspension without pay. That is the rule for a first violation and everybody knows it. And when it happens to you, you will be treated the same way as other players were. So the players, I think, while they may not necessarily want it to be that severe, are appreciative of the fact that it doesn't matter whether you are the last guy on the bench or whether you are an All-Pro. If it happens, that's the punishment and you have to accept it and move on. When you have a great deal of discretion, it at least opens the door for a perception that some players are treated differently based on their status or other factors that are not germane to the issue. So from our standpoint, I think it is a more workable system but I certainly understand how different leagues come to different conclusions.

***JELP**: Given those parameters, is there any way that the NFL would face a situation like Major League Baseball did when Steve Howe's suspension went to independent arbitration and then was overruled?*

BIRCH: No. We've had a few players over time attempt to go outside of our process, but that method has been rejected by the courts. I believe *Clayton Holmes* was the most well-known case. In that instance the courts summarily held that our substance abuse policies were part of our collective bargaining agreement and under our constitution and bylaws he had to fit within that system rather than attempt to go outside of it.

***JELP**: There have been suggestions in the media and in legal journals that professional sports leagues are protecting their players from harsher punishment because of their policies on drug use. How do you respond to that?*

BIRCH: Well, I think that's incorrect because ordinarily is if there is a violation of criminal law, we take action in addition to what the court does. So, for example, if you have a player that has a Driving While Intoxicated charge, he's going to face whatever he faces in court *plus* he's going to face League discipline (a fine and/or suspension without pay, as well as entry into the substance abuse testing and treatment program) for a violation of a law involving alcohol. Moreover, under League policy, discipline will accrue not simply upon conviction but upon any disposition or plea arrangement other than outright dismissal. I think that for the most part our policies and programs go beyond the vast majority of companies out there, particularly those with unionized workforces. We do more in terms of our testing. We do more in terms of treatment, we do more in terms of getting treatment and we do more in terms of discipline than would happen to the average Joe on the street whose company had some sort of testing program.

***JELP**: How do the National Labor Relations Act and the collective bargaining process effect and shape the way that you approach these kinds of policies? What can you do and what can't you do because of that relationship?*

BIRCH: Well, for us, we're in a period of labor peace, so we're operating under our CBA which we've just extended again. So, primarily, we're not in a position in which we have to review the Act on a daily basis. We understand the parameters of our policies and our Collective Bargaining Agreement and we're in a position now in which we can work with the Union when issues come up and address them within the confines of our world, so to speak. It makes it a lot easier. Now it's more of a negotiation process that usually leads a collective decision, or at least a collective process to figure out what's best for the game. An example is our decision to ban ephedrine last year. That was the product of a joint effort to uncover what the issues were with respect to that substance and to generate information. That information led us to the conclusion that we needed to ban that particular substance and some others, and move on. It didn't require an abundance of legal work. It really was just a decision regarding what was in the best interest of the game.

***JELP**: What do you do as far as the drug policy in a situation like Korey Stringer's death?*

BIRCH: Well, obviously Korey's situation was a tragedy for the League, but it certainly had an effect on us in terms of reviewing a lot of our procedures particularly in terms of our training camp procedures. And it also, frankly, had some bearing on our decision to ban those stimulants because we know that a lot of players, and I'm certainly not speaking about Korey in particular, were using supplements containing things like ephedrine in order to lose weight before training camp, and that those supplements likely contributed to some potentially serious medical risks. As part of that comprehensive review, one of the things we thought we needed to do was to make sure that those types of substances were effectively removed from the game.

***JELP**: What would a player have to do to be reinstated after having been suspended indefinitely?*

BIRCH: Under the substance abuse program, once a player has been suspended indefinitely, he is eligible to apply for reinstatement after a given period of time. And the determination is ultimately the Commissioner's as to whether or not to accept that reinstatement. That decision is based on a number of factors including the player's treatment history during the period of suspension, etc. Our medical advisors review the pertinent information and advise on the propriety of that particular player returning to the League and being able to avoid further trouble.

***JELP**: What effect does a player's suspension have on the team's roster and their salary cap figures?*

BIRCH: When a player is suspended, he is essentially completely removed from the team. He can't go to the facilities. He can't watch film. He can't talk to the coaches. He can't do anything. Most importantly from his perspective, he does not get paid. For example, if it is a one-week suspension, then he is barred from the facility for that week and does not receive a paycheck for that week's game. (NFL Players are paid by the game based on a 16-game schedule.) Because of that, clubs are not penalized from a salary cap standpoint when a player is suspended. That player's salary cap number attributable to the period of his suspension drops off the team's cap count. He goes into another category so that the club can fill his roster spot with another player. The point is not to make the team go short-handed. It is to remove that particular player from play.

WE also have various initiatives with the NCAA and some of the coaches' associations to try to make sure that the NFL's position is very clear because we do think that college athletes and even high school and junior high school athletes look to the League as the leader in the athletic sphere.

***JELP**: How does the League work with colleges and high schools to promote its policies?*

BIRCH: Well, we do a number of things. We speak to colleges. We speak to high schools. We have set up programs involving high school coaches that get them to begin teaching the principles that we think are important from our standpoint. We also have various initiatives with the NCAA and some of the coaches' associations to try to make sure that the NFL's position is very clear because we do think that college athletes and even high school and junior high school athletes look to the League as the leader in the athletic sphere. So it is very important to make sure that our message is very clearly heard. We do everything we can to ensure that, if there are any questions or any issues that arise, we address them as far down the chain as we can.

***JELP**: So when a player comes from college is he going to have to make any adjustment to abide by your policy or will he already know the ropes?*

BIRCH: Well, the NCAA's testing policy is very similar to ours. So in terms of substances, they should be fairly familiar with the types of things that will cause problems from a testing standpoint. However, there are differences in the amount of testing that we do verses the NCAA and there are certainly differences from the standpoint that you are now not simply dealing with the removal from play. You're dealing with the loss of income. We certainly let them know that it is a different situation now and that they need to be careful. The cornerstone of our policy is that you are responsible for what goes into your body.

***JELP**: How about agents or attorneys? What kind of education do you provide for them?*

BIRCH: We do numerous things throughout the year. We have health alerts that we send out when we get information about particular substances or other health-related issues. Obviously we communicate with the agents as best we can. As a general rule, everything we send goes to the union as well; they then send it to the agents. Obviously, we both recognize that agents have a critical role in helping to educate the players and need to be kept in the loop. So we try to get them involved. We also speak at the agent's meeting every year at our scouting combine and update them on issues that have arisen under our policies.

***JELP**: Do you have any working relationship with criminal law enforcement, and if so, what is that relationship?*

BIRCH: Yes, in a way. One of the things I handle is the League's conduct policy. When issues arise, I interact with law enforcement as appropriate. We have a highly-trained security department that deals with these matters on a day-to-day basis and they'll report things that I need to know to me and then I'll handle them from the disciplinary standpoint. We also have an evaluation and treatment component under that policy. Depending on the circumstances, there are several people who work on different areas and we coordinate with law enforcement and others to keep the policy on track.

***JELP**: Is there any civil recourse for a player affected by the discipline within the collective bargaining agreement?*

BIRCH: As they used to say, $120 and a signature will get you a lawsuit, but in real terms we operate under a collective bargaining agreement. The players have signed off on it. It's part of the NFL player contract. We've all agreed to operate within that system for a reason. It would be a fairly ineffective system if you were able to pick and choose when to be within it and when to be outside of it. Our position certainly is that the CBA was drafted through intense negotiation and that the players as a bargaining unit agreed on how to handle these issues.

***JELP**: So that's really their legal world?*

BIRCH: Right.

***JELP**: What are the key things that have enable the NFL's policies to evolve as they have?*

BIRCH: I think it's our history. I think we were faced with a situation in which the players and League were able to come together and agree that the abuse of drugs and performance-enhancing substances was a problem that needed to be addressed. And once we arrived at that collective thought, the details of it were not very difficult.

A copy of the NFL's press release regarding their drug policys is on the following page.

NEWS

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NFL-22 [illegible]

NFL BANS EPHEDRINE AND OTHER HIGH-RISK STIMULANTS

The NFL notified its clubs today that the league's prohibition on the use of anabolic steroids and related substances has been strengthened to include supplements containing ephedrine and other high-risk stimulants. These substances present significant health issues for athletes and others engaged in strenuous physical activity, the NFL said.

In a memo to NFL teams, Commissioner PAUL TAGLIABUE said that, effective immediately, the use or distribution by players or teams of products containing ephedrine or similar substances is prohibited. He said the [illegible] policies and procedures were based on consultation with both internal and external specialists and the NFL Players Association.

Testing and discipline for violations of the expanded policy will begin following further discussions internally and with the NFLPA, Commissioner Tagliabue said.

"This strengthening of our policy responds to the recent introduction of new substances, as well as new evidence [illegible] the risks associated with certain products already on the market," Commissioner Tagliabue said.

The strengthened policy includes three key provisions:

1. The use or distribution of products containing the following high-risk stimulants is prohibited:

   - Ephedrine alkaloids, including ephedra and ephedrine (also known as Ma Huang, [illegible] Tea, and [illegible] Powder), methylephedrine, norephedrine (also known as phenylpropanolamine), pseudoephedrine, and norpseudoephedrine.
   - Phentermine
   - Fenfluramine/dexfenfluramine

   Club employees are prohibited from distributing to players, or having on club premises, any products containing these substances. Players are prohibited from using such substances unless prescribed for medical use by a team physician.

2. NFL clubs and players are prohibited from participation in any unauthorized endorsement arrangements with supplement manufacturers or distributors. Approval will not be granted for an endorsement involving any company that produces or distributes a product containing a substance that is on the NFL's banned list. Players or teams that have an existing arrangement with a supplement manufacturer or distributor must take immediate steps to determine whether it complies with NFL policy.

3. All clubs must communicate these policies and procedures to all club employees and representatives, including players.

Commissioner Tagliabue noted that there has been a dramatic increase in recent years in the production and distribution of products claiming to enhance athletic performance or physical fitness.

Until [illegible], he said, manufacturers can market so-called "dietary supplements" without any prior governmental review for safety, efficacy or purity. In other words, there is no way to be certain that these types of products are safe and effective or that they contain the exact ingredients listed on their labels, the Commissioner said. "Some of

these products, he added, contain prohibited substances and present significant health risks to athletes.

"One example is the proliferation of products containing ephedrine," Commissioner Tagliabue said. "This stimulant, which is often found in products advertised for weight loss and enhanced energy, has become increasingly popular among both professional and amateur athletes. Last December, players and clubs were alerted to the risks of ephedrine in a notice from **DR. JOHN LOMBARDO**—NFL Advisor on Anabolic Steroids. He advised that, particularly with regard to athletes, there is growing evidence linking ephedrine to fatal heart rhythm difficulties, strokes, thermo-regulatory problems, seizures and other serious conditions. Organizations such as the NCAA and IOC have already added ephedrine and other stimulants to their banned lists."

Prior to the opening of NFL training camps in July, the NFL and NFL Players Association set up the NFL Dietary Supplement Hotline to provide information to players and teams on these substances and dietary supplements in general. The Hotline makes available to NFL personnel up-to-date information on the ingredients, effects and adverse reactions associated with particular supplements.

NBA Work on NBA.

NFL Very thorough on steroids. Under re recreational drugs.

NFL COLLECTIVE BARGAINING AGREEMENT

ARTICLE XLIV -- PLAYERS' RIGHTS TO MEDICAL CARE AND TREATMENT

Section 1. Club Physician: Each Club will have a board-certified orthopedic surgeon as one of its Club physicians. The cost of medical services rendered by Club physicians will be the responsibility of the respective Clubs. If a Club physician advises a coach or other Club representative of a player's physical condition which adversely affects the player's performance or health, the physician will also advise the player. If such condition could be significantly aggravated by continued performance, the physician will advise the player of such fact in writing before the player is again allowed to perform on- field activity.

Section 2. Club Trainers: All full- time head trainers and assistant trainers hired after the date of execution of this Agreement will be certified by the National Athletic Trainers Association. All part- time trainers must work under the direct supervision of a certified trainer.

Section 3. Players' Right to a Second Medical Opinion: A player will have the opportunity to obtain a second medical opinion. As a condition of the responsibility of the Club for the costs of medical services rendered by the physician furnishing the second opinion, the player must (a) consult with the Club physician in advance concerning the other physician; and (b) the Club physician must be furnished promptly with a report concerning the diagnosis, examination and course of treatment recommended by the other physician.

Section 4. Players' Right to a Surgeon of His Choice: A player will have the right to choose the surgeon who will perform surgery provided that: (a) the player will consult unless impossible (e.g., emergency surgery) with the Club physician as to his recommendation as to the need for, the timing of and who should perform the surgery; and (b) the player will give due consideration to the Club physician's recommendations. Any such surgery will be at Club expense; provided, however, that the Club, the Club physician, trainers and any other representative of the Club will not be responsible for or incur any liability (other than the cost of the surgery) for or relating to the adequacy or competency of such surgery or other related medical services rendered in connection with such surgery.

Section 5. Standard Minimum Pre- Season Physical: Each player will undergo a standardized minimum pre- season physical examination, outlined in Appendix I attached hereto, which will be conducted by the Club physician. In addition, the League may conduct mandatory urinalysis testing of all players at the beginning of the pre- season in the same manner as past

seasons. The League may also conduct random testing for steroids as in the past seasons, but with limits on the number of times any given player can be tested to be negotiated between the Commissioner and the NFLPA.

Section 6. Substance Abuse:

(a) General Policy. The parties agree that substance abuse and the use of anabolic steroids are unacceptable within the NFL, and that it is the responsibility of the parties to deter and detect substance abuse and steroid use and to offer programs of intervention, rehabilitation, and support to players who have substance abuse problems.

(b) Anabolic Steroids and Related Substances. The League's existing Policy and Procedure with respect to Anabolic Steroids and Related Substances will remain in effect, except as it may be modified in the future due to scientific advances with respect to testing techniques or other matters. The parties will establish a joint Advisory Committee, consisting of the League's Advisor for Anabolic Steroids and Related Substances and an equal number of members appointed by the NFLPA and by the Management Council, to study pertinent scientific and medical issues and to advise the parties on such matters.

(c) Drugs of Abuse and Alcohol. The League's existing Policy and Procedure with respect to Drugs of Abuse and Alcohol will remain in effect, including annual pre- season testing of all players; provided that the parties will promptly make their best efforts jointly to formulate and implement a modified program with respect to Drugs of Abuse and Alcohol to become effective for the 1993 NFL season.

Standard NFL Contract:

15. 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.

Steroid Policy - Full

1. General Statement of Policy

The National Football League prohibits the use by NFL players of anabolic/androgenic steroids (including exogenous testosterone), certain stimulants, human or animal growth hormones, whether natural or synthetic, and related or similar substances. (See Appendix A). For convenience, these substances, as well as masking agents or diuretics used to hide their presence, will be referred to as "Prohibited Substances"[1]. These substances have no legitimate place in professional football. This policy specifically means that:

Prohibited substances.

-- **PLAYERS** may not, under any circumstances, have Prohibited Substances in their systems.

-- **COACHES, TRAINERS, OR OTHER CLUB PERSONNEL** may not condone, encourage, supply, or otherwise facilitate in any way the use of Prohibited Substances.

-- **TEAM PHYSICIANS** may not prescribe, supply, or otherwise facilitate a player's use of Prohibited Substances.

-- **All PERSONS**, including players, are subject to discipline by the Commissioner for violation of this Policy or of laws relating to possession and/or distribution of Prohibited Substances, or conspiracy to do so.

The League's concern with the use of Prohibited Substances is based on three primary factors. First, these substances threaten the fairness and integrity of the athletic competition on the playing field. Players use steroids for the purpose of becoming bigger, stronger, and faster than they otherwise would be. As a result, steroids and related substances threaten to distort the results of games and League standings. Moreover, players who do not wish to use these substances may feel forced to do so in order to compete effectively with those who do. This is obviously unfair to those players and provides sufficient reason to prohibit their use.

Second, the League is concerned with the adverse health effects of steroid use. Although research is continuing, steroid use has been linked to a number of physiological, psychological, orthopedic, reproductive, and other serious health problems.

Third, the use of Prohibited Substances by NFL players sends the wrong message to young people who may be tempted to use them. High school and college students are using these substances with increasing frequency, and NFL players should not by their own conduct suggest that such use is either acceptable or safe, whether in the context of sports or otherwise.

The NFL Player Contract specifically prohibits the use of drugs in an effort to alter or enhance performance. The NFL Player Contract and the League's Constitution and Bylaws require each player to avoid conduct detrimental to the NFL and professional football or to public confidence in the game or its players. Steroid use

violates both these provisions. In addition, the Commissioner is authorized to protect the integrity of and public confidence in the game. This authorization includes the authority to forbid use of the substances prohibited by this Policy.

2. Administration of the Policy

As agreed in the 1993 Collective Bargaining Agreement, the program is conducted under the auspices of the NFL Management Council. The program will be directed by the NFL Advisor on Anabolic Steroids and Related Substances ("Advisor"). The Advisor shall have the sole discretion to make determinations regarding steroid-related matters, including medical evaluations and testing. He will also make himself available for consultation with players and team physicians; oversee the development of educational materials; participate in research on steroids; confer with the Consulting Toxicologist[2]; and serve on the League's Advisory Committee on Anabolic Steroids and Related Substances. (The Advisory Committee on Anabolic Steroids and Related Substances is appointed by the Commissioner and chaired by the Advisor.)

3. Testing for Prohibited Substances
A. Types of Testing

All testing of NFL players for Prohibited Substances, including any pre-employment testing, is to be conducted pursuant to this Policy. All urine samples will be collected by a Drug Programs Agent (DPA) and tested at the appropriate laboratory (see Paragraph 3(D) below). As is the case in the employment setting, players testing positive in a pre-employment setting will be subject to medical evaluation and clinical monitoring as set forth in Paragraphs 3A, 4C and 11, and to the disciplinary steps outlined in Paragraph 6.

Testing will take place under the following circumstances:

Pre-Employment: Pre-employment tests may be administered to free agent players (whether rookies or veterans). In addition, the League will conduct tests at its annual timing and testing sessions for draft-eligible football players.

Annual/Preseason: All players will be tested for Prohibited Substances at least once per League Year. Such testing will occur at training camp or whenever the player reports thereafter, and will be deemed a part of his preseason physical. In addition, random testing will be conducted during the weeks in which preseason games are played.

Regular Season: Each week during the regular season, players on every team will be tested. By means of a computer program, the Advisor will randomly select the players to be tested from the club's active roster, practice squad list, and reserve list who are not otherwise subject to ongoing reasonable cause testing for steroids. The number of players selected for testing will be determined in advance on a uniform basis. Players will be required to test whenever they are selected, without regard to the number of times they have previously been tested.

Postseason: Players on teams qualifying for the playoffs will be tested periodically so long as their club remains active in the postseason. Players to be tested during the postseason will be selected on the same basis as during the regular season.

Off-Season: Players under contract as of January 31 or thereafter who are not otherwise subject to reasonable cause testing may be tested twice during the off-season months. Players to be tested in the off-season will be selected on the same basis as during the regular season, irrespective of their off-season location. Any player selected for testing during the off-season will be required to furnish a urine specimen at a convenient location acceptable to the Advisor. Only players who advise in writing that they have retired from the NFL will be removed from the pool of players who may be tested. If, however, a player thereafter signs a contract with a club, he will be placed back in the testing pool.

Reasonable Cause Testing For Players With Prior Positive Tests Or Under Other Circumstances: Any player testing positive for steroids, including players testing positive in college or at a scouting combine session, or with otherwise documented prior steroid involvement, will be subject to on-going reasonable cause testing at a frequency determined by the Advisor. Such players will be subject to on-going reasonable cause testing both in-season and during the offseason. Reasonable cause testing may also be required when, in the opinion of the Advisor, it is warranted by available medical and/or behavioral evidence. (See Paragraph 11.)

3. Testing for Prohibited Substances
B. Testing Procedures

In-season tests will ordinarily be conducted on two days each week, and each player to be tested will be notified on the day of the test. On the day of his test, the player will furnish a urine specimen to a DPA who will be present at the team facility.

To prevent evasive techniques, all specimens will be collected under observation by the DPA. Specimens will be shipped in collection bottles with tamper-resistant seals. Each bottle will be identified by a control identification number, not by the player's name. The player will be given an opportunity to witness the procedure and to sign the chain-of-custody form. For more detailed information, see Appendix C ("Collection Procedures").

3. Testing for Prohibited Substances
C. Failure or Refusal to Test

A failure or refusal to appear for required testing, or to cooperate fully in the testing or evaluation process, will warrant disciplinary action. Any effort to substitute, dilute, or adulterate a specimen or to alter a test result may subject a player to more severe discipline than would have been imposed for a positive test.

3. Testing for Prohibited Substances
D. Testing Laboratories

The Advisor will determine the most appropriate laboratory or laboratories to perform testing under the Policy. Currently, the UCLA Olympic Analytical Laboratory in Los Angeles will analyze each specimen collected for Prohibited Substances in a player's urine.

The UCLA laboratory currently is accredited by the International Olympic Committee for anti-doping analysis and conducts testing for the NCAA, the United States Anti-Doping Agency and other sports bodies.

Screening and confirmatory tests will be done on state-of-the-art equipment and will principally involve use of GC/MS equipment. In addition, testing will be done for masking agents (including diuretics) as appropriate.

3. Testing for Prohibited Substances
E. Unknowing Administration of Prohibited Substances

Players are responsible for what is in their bodies, and a positive test result will not be excused because a player was unaware that he was taking a Prohibited Substance. If you have questions or concerns about a particular supplement, you should contact Dr. John Lombardo at (614) 442-0106. As the NFL Advisor on Anabolic Steroids, only Dr. Lombardo is authorized to respond to players' questions regarding specific supplements.

Having your Club's medical or training staff approve a supplement will *not* excuse a positive test result.

4. Procedures In Response to Positive Tests or Other Evaluation (See also Appendix D)
A. Notification

Once a positive result is confirmed, the Advisor will notify the player and the League Office. See Appendix D for a full outline of procedures normally followed after a positive test result.

4. Procedures In Response to Positive Tests or Other Evaluation
B. Re-test of Split Sample

Unless waived, any player testing positive from the first or "A" bottle will be afforded a test of the other portion of his specimen from the second or "B" bottle. The "B" bottle test must be performed within seven (7) business days of the player's notification of the positive result unless the player requests to have a qualified toxicologist observe the re-test or the Advisor otherwise confirms in writing.

The player may not be present for the re-test; however, at the player's request and at his expense, the re-test may be observed by a qualified toxicologist not affiliated with a commercial laboratory. The re-test will be performed at the same laboratory that did the original test according to the procedures used for the original test and by a technician other than the one performing the original confirmation test on the "A" bottle. The player will be notified of the results in writing as soon as practicable.

4. Procedures In Response to Positive Tests or Other Evaluation
C. Medical Evaluation

A medical examination such as outlined in Appendix E may be required of any player who tests positive. The Advisor will arrange for the evaluation, and the results of this evaluation will be reported to the player, the Advisor, and the team physician. If medical treatment (including counseling or psychological treatment) is deemed appropriate, it will be offered to the player. Players with a confirmed positive test result will also be placed on reasonable cause testing at a frequency to be determined by the Advisor.

The player is responsible for seeing that he complies with the arrangements of the Advisor for an evaluation as soon as practicable after notification of a positive test. This requirement is in effect throughout the year.

5. Discipline for Violation of Law

Players or other persons within the NFL who are convicted of or admit to a violation of law (including within the context of a diversionary program, deferred adjudication, disposition of supervision, or similar arrangement) relating to use, possession, acquisition, sale, or distribution of steroids, growth hormones, stimulants or related substances, or conspiring to do so, are subject to discipline by the Commissioner, including suspension or, if appropriate, termination of the individual's affiliation with an NFL club. Any suspension shall be without pay and served as set forth below. Longer suspensions may be imposed for repeat offenders. In addition, players violating this policy by a violation of law will be appropriately placed or advanced within the three-step program. In this respect, players are reminded of federal legislation which criminalizes possession and distribution of steroids. (See Appendix H.)

6. Suspension and Related Discipline

Players with a confirmed positive test result will be subject to discipline by the Commissioner. Before a player is reinstated following a suspension, he must test negative for steroids and must be approved as fit for play by his team physician.

Step One:

The first time a player violates this Policy by testing positive, or by violation of law (see Paragraph 5), he will be suspended without pay for a minimum of four regular and/or postseason games. The suspension will begin on the date set in the League's notification to the player of his suspension, subject to any appeal (see Paragraph 10). If fewer than four games remain in the season, including any postseason games for which the club qualifies, the suspension will carry over to the next regular season, until a total of four regular and/or postseason games have been missed.

If a player's suspension occurs during the preseason, the player will also be suspended for a two-week preseason period, effective on the date set in the League's notification of his suspension, subject to any appeal (see Paragraph 10). If

the player continues to test positive after his two-week preseason suspension, he may be suspended for additional two-week periods. Otherwise, at the end of his two-week preseason suspension he will be permitted to resume preseason practice and play. In any event, he will also be suspended for four regular season games.

In addition, the player will be subject to evaluation and counseling if, in the opinion of the Advisor, such assistance is warranted.

Step Two:

The second time a player violates this Policy by testing positive, or by violation of law (see Paragraph 5), he will be suspended without pay for a minimum of six regular and/or postseason games. The suspension will begin on the date set in the League's notification to the player of his suspension, subject to any appeal (See Paragraph 10). If there are fewer than six regular and/or postseason games remaining in the season, including any postseason games for which the club qualifies, the suspension will continue into the next regular season until a total of six regular and/or postseason games have been missed. If the second violation occurs in the preseason, the player will be suspended for two preseason games and six regular season games, subject to any appeal (See Paragraph 10).

Step Three:

If, after completing Step Two, a player violates this Policy by testing positive, or by a violation of law (see Paragraph 5), he will be suspended without pay for a period of at least 12 months, subject to any appeal (See Paragraph 10). Such a player may petition the Commissioner for reinstatement after 12 months. Reinstatement, and any terms and conditions thereof, shall be matters solely within the Commissioner's sound discretion.

Players who are suspended under this Policy will be placed on Reserve/Commissioner Suspension. During the period that he is on Reserve/Commissioner Suspension, the player will not be paid, nor may he participate in team activities, use the club's facilities or have contact with any Club officials except to arrange off-site medical treatment.

7. Procedures In Response to Positive Tests for Testosterone

If the introduction of testosterone or the use or manipulation of any other substance results in increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine to greater than 6:1, the test will be considered presumptively positive. Tests showing a ratio greater than 10:1 will be considered conclusively positive. In cases where initial tests reveal a testosterone:epitestosterone ratio that is elevated but not conclusive of steroid use, the Advisor may require the player to submit to ongoing reasonable cause testing and other medical procedures including Carbon Isotope Ratio Testing or other diagnostic tests. In addition, the Advisor will be entitled to review any available past and/or current medical or testing records.

In addition, the use of epitestosterone to lower a player's T:E ratio is prohibited. When such use is detected or reasonably suspected by the Advisor, additional diagnostic tests may be required if the Advisor deems it necessary. If a player's epitestosterone level exceeds 300 ng/mL, it will be considered a positive test result regardless of the player's T:E ratio.

If on the basis of such follow-up tests, records, prior or subsequent test results, discussions with the player, or other studies, the Advisor subsequently concludes that the test results do in fact reflect the player's use of steroids, the player will be subject to discipline according to the terms of the policy. Such discipline may be imposed within the season of the year in which the positive test occurred, or, if the Advisor prescribes follow-up measures that entail delay in the final determination, in a subsequent season.

8. Masking Agents and Supplements

The use of so-called "blocking" or "masking" agents is prohibited by this Policy. These include diuretics or water pills, which have been used in the past by some players to reach an assigned weight.

In addition, a positive test will not be excused because it results from the use of a dietary supplement, rather than from the direct use of steroids. Players are responsible for what is in their bodies. For more information concerning dietary supplements, see Appendix F.

9. Examination in Connection with Reinstatement

Prior to reinstatement from any suspension imposed under this Policy, a player must be examined by the team physician before he may participate in contact drills or in a game.

10. Appeal Rights

As is more fully outlined in Appendix D, any player who is notified by the League Office that he is subject to discipline for a violation of this Policy is entitled to an appeal.

The League will designate a time and place for a hearing, at which either the Commissioner or his designee will preside. The player may be accompanied by counsel and may present relevant evidence or testimony in support of his appeal. Additionally, the NFL Players Association may attend and participate notwithstanding the player's use of other representation.

After the record has been closed, the Commissioner or his designee will issue a written decision, which will constitute a full, final, and complete disposition of the appeal and which will be binding on all parties. (If appropriate, a summary ruling may be issued followed by a formal written decision as time permits.) Pending completion of this appeal, the suspension or other discipline will not take effect.

11. Reasonable Cause Testing

Players who are not presently within the three-step program may nonetheless be tested for cause. A player in this pre-disciplinary status is (1) any player who has tested positive for a Prohibited Substance either at a timing-and-testing session or before entering the NFL; (2) any player who has been arrested for a violation of law relating to a Prohibited Substance, or who has had other documented prior involvement with a Prohibited Substance; or (3) any player who, in the medical judgment of the Advisor (after consultation with the team physician, if appropriate), exhibits behavioral, physical, or psychological symptoms consistent with use of Prohibited Substances. No club may require any player to submit to reasonable cause testing without the agreement of both the team physician and the Advisor.

Players in this status may be removed from their club's active roster and placed in the category of Reserve/Non-Football Illness if, after consultation with the team physician, it is the Advisor's opinion that such a step is medically necessary.

12. Confidentiality
A. Scope

The confidentiality of players' medical conditions and test results will be protected to the maximum extent possible, recognizing that players who are disciplined for violating this Policy will come to the attention of the public and the media.

12. Confidentiality
B. Discipline for Breach of Confidentiality

Any club or club employee that publicly divulges, directly or indirectly, information concerning positive drug tests or other violations of this Policy (including numerical summaries or specific names of persons) or otherwise breaches the confidentiality provisions of this Policy is subject to a fine of up to $500,000 by the Commissioner.

APPENDIX A - List of Prohibited Substances

The following substances and methods are prohibited by the National Football League:

I. ANABOLIC AGENTS
A. ANABOLIC/ANDROGENIC STEROIDS:

Generic Name	**Brand Names (Examples)**
Androstenediol	Androstederm
Androstenedione	Androstan, Androtex
Bolasterone	Myagen
Boldenone	Equipoise, Parenabol
Clostebol	Turinabol, Steranabol

Danazol	Cyclomen, Danatrol
Dehydrochlormethyltestosterone	Oral-Turinabol
Dehydroepiandrosterone	DHEA
Dihydrotestosterone	DHT, Stanolone
Dromostanolone	Drolban
Ethylestrenol	Maxibolin, Orabolin
Fluoxymesterone	Halotestin
Formebulone	Esiclene, Hubernol
Furazabol	Miotolon
Gestrinone	Tridomose
17-Hydroxypregnenedione	---
17-Hydroxyprogesterone	---
Mesterolone	Proviron
Methandienone	Danabol, Dianabol
Methandriol	Androdiol
Methandrostenolone	Dianabol
Methenolone	Primobolan
Methyltestosterone	Metandren
Mibolerone	Testorex
19-Norandrostenediol	19-Diol
19-Norandrostenedione	19 Nora Force
Norethandrolone	Nilevar
19-Nortestosterone (Nandrolone)	Deca-Durabolin
Oxandrolone	Anavar, Lonovar
Oxymesterone	Oranabol
Oxymetholone	Anadrol
Progesterone	---
Stanozolol	Stromba, Winstrol

Testosterone	Androna te
Trenbolone	Finaject

B. HUMAN OR ANIMAL GROWTH HORMONE
C. BETA-2-AGONISTS (CLENBUTEROL, ETC.)
D. HUMAN CHORIONIC GONADATROPIN

II. MASKING AGENTS
A. DIURETICS

Generic Name	**Brand Names (Examples)**
Acetazolamide	Amilco
Amiloride	Midamor
Bendroflumethiazide	Aprinox
Benzthiazide	Aquatag
Bumetanide	Burine
Chlorothiazide	Diuril
Cyclothiazide	Anhydron
Ethacrynic Acid	Edecrin
Flumethiazide	---
Furosemide	Lasix
Hydrochlorothiazide	Aprozide
Hydroflumethiazide	Leodrine
Methyclothiazide	Aquatensen
Metolazone	Zaroxolyn
Polythiazide	Renese
Probenecid	Benemid
Quinethazone	Hydromox
Spironolactone	Aldactone
Triamterene	Jatropur, Dytac
Trichlormethiazide	Anatran

And related substances

B. EPITESTOSTERONE
C. PROBENECID

III. CERTAIN STIMULANTS

Generic Name	Brand Names (Examples)

Ephedrine	Ma Huang, Chi Powder
Methylephedrine	---
Pseudoephedrine *	Sudafed, Actifed
Fenfluramine	Phen-Fen, Redux
Norfenfluramine	---
Phentermine	Fastin, Adipex, Ionamin

* Except as properly prescribed by Club medical personnel

IV. DOPING METHODS:

Introduction of Prohibited Substance into the body by any means, including but not limited to ingestion or injection, or of supplements or other products containing Prohibited Substances.

Pharmacological, chemical or physical manipulation by, for example, catheterization, urine substitution, tampering, or inhibition of renal excretion by, for example, probenecid and related compounds.

APPENDIX B - Personnel

The NFL Advisor on Anabolic Steroids and Related Substances is Dr. John Lombardo. Dr. Lombardo is presently a Professor in the Department of Family Medicine and Medical Director of the Sports Medicine Center at the Ohio State Medical School in Columbus, Ohio. He is also Head Team Physician for the OSU Athletic Department. Before assuming his current position, he was a member of the faculty at the Sports Medicine Center of the Cleveland Clinic. Dr. Lombardo has served as team physician to the Cleveland Cavaliers of the NBA and as an adviser on steroid issues to both the NCAA and the Olympic Committee.

The Consulting Toxicologist on Anabolic Steroids and Related Substances is Dr. Bryan Finkle, Board-certified forensic toxicologist and Research Professor of Pharmacology-Toxicology in the College of Pharmacy and Department of Pathology in the College of Medicine at the University of Utah Health Sciences Center. He also serves as a consultant to the International Olympic Committee Medical Commission, World Anti-Doping Agency and United States Anti-Doping Agency.

APPENDIX C - Collection Procedures

Upon reporting to the collection site, a player will be asked to select a sealed urine specimen cup. The player will furnish a urine specimen under observation by a DPA. Thereafter, the player will be given the opportunity to select a sealed collection kit which will be used to store and ship his urine specimen. In the player's presence, the specimen will be split between an "A" bottle and a "B" bottle and resealed with security seals. The DPA will note any irregularities concerning the specimen on the chain-of-custody form, following which the player will be given the opportunity to sign the chain-of-custody form.

Once the bottles have been sealed and the chain-of-custody form has been completed, the bottles will be inserted into containers and placed back into the kit. The kit will then be sealed and sent by Federal Express or similar carrier to the testing laboratories.

All bottles will be identified by a control identification number. The number on the bottles will be the same as the number on the chain-of-custody form. The testing laboratories themselves will be unable to associate any specimen with an individual player.

APPENDIX D - Procedures Following Positive or Presumptively Positive Tests

The following will outline the procedures to be used following the testing laboratory's notification to the Advisor of a positive test:

1. The Advisor will telephone the laboratory for verification.

2. After verifying the result with the laboratory, the Advisor will match the control identification number with the player's name, and will then notify the player in writing of the positive result and request that the player call him to discuss the result.

3. If the player wishes to have the "B" sample test observed by a qualified toxicologist, he will notify the Advisor within five (5) business days of receiving notification of the positive test result.

a. If observation is requested, the Advisor and toxicologist will schedule the test for the first mutually available date. Otherwise, in the absence of a reasonable basis for delay, the "B" sample test will be conducted either seven (7) business days following written notification to the player of the positive test or as soon as possible following written notification by the player that he does not wish the test to be observed, whichever is sooner.

b. The laboratory will report the "B" sample test result to the Advisor, who will in turn report it to the player, the team physician, and the League Office.

4. The Advisor will review the case with the Consulting Toxicologist and the laboratory director.

5. The Advisor will report his findings to the League Office.

6. If the player is subject to disciplinary action, the League Office will notify him in writing.

7. If the player decides to appeal, he must so indicate in writing to the Commissioner within five (5) business days after receiving from the League Office the notice referred to in Paragraph 6 above. He should state in his notice of appeal whether or not he desires a hearing.

8. If a hearing is requested, the League will schedule it within twenty (20) calendar days of the request absent mutual agreement or extenuating circumstances. The hearing may be conducted either in person or by conference call upon agreement of the parties.

9. Prior to the hearing, the League will provide the player and NFL Players Association with a laboratory documentation package prepared in accordance with Appendix I. In the absence of clear evidence to the contrary, such package will be deemed full and complete for the purpose of evaluating the integrity of the chain-of-custody and test results. Once the player has had sufficient opportunity to review the documentation package, he will provide to the League a brief statement of the basis of his appeal. Additionally, no later than two (2) business days prior to the hearing the parties will exchange copies of any documents or other evidence on which they intend to rely and a list of witnesses expected to provide testimony. Following the exchange, the parties may provide further supplementation as appropriate.

10. Once the record is closed, the Commissioner or his designee will evaluate the evidence and render a written decision with respect to disciplinary action within five (5) calendar days. (If appropriate, a summary ruling may be rendered, followed by a formal decision as time permits.)

The League will endeavor to conduct and conclude these procedures expeditiously, with appropriate regard to the possible need for follow-up tests or other measures required in the Advisor's judgment, or other extenuating circumstances.

APPENDIX E - Example of Medical Evaluation Following a Positive Test

Initial Positive Test

History and Physical

Emphasize: Cardiovascular
Abdominal
Genitourinary (testicle, prostate, impotence, sterility)
Psychological (aggressiveness, paranoia, dependency, mental status)
Immune system (masses, infections, lymphadenopathy)

Testing
CBC with Differential
General chemistry panel

- Electrolytes, BUN/Creatinine, Glucose, Liver enzymes

Lipid Assay

- Triglycerides/cholesterol, HDL-C, LDL-C

Urinalysis
Cardiovascular

- EKG
- Chest X-ray

- Stress test
- Echocardiogram

Semen analysis
Endocrine Profile
- TSH, LH, FSH, T4, TBG, Testosterone, SHBG (TBG)

Liver scan (either MRI or CT or Ultrasound or liver/spleen Scan)

Repeat Positive Test Evaluation

History and physical - as above
Testing - Lab as above
CV } As indicated by time since last test and
Liver scan } by history and physical

APPENDIX F - POLICY ON ANABOLIC STEROIDS AND RELATED SUBSTANCES

-Use of Supplements-

Over the past several years, we have made a special effort to educate and warn players about the risks involved in the use of "nutritional supplements." Despite these efforts, several players have been suspended even though their positive test result may have been due to the use of a supplement. Subject to your right of appeal, if you test positive or otherwise violate the Policy, you will be suspended. You and you alone are responsible for what goes into your body. Claiming that you used only legally available nutritional supplements will not help you in an appeal.

As the Policy clearly warns, supplements are not regulated or monitored by the government. This means that, even if they are bought over-the-counter from a known establishment, there is currently no way to be sure that they:

(a) contain the ingredients listed on the packaging;
(b) have not been tainted with prohibited substances; or
(c) have the properties or effects claimed by the manufacturer or salesperson.

Therefore, if you take these products, you do so AT YOUR OWN RISK! For your own health and success in the League, we strongly encourage you to avoid the use of supplements altogether, or at the very least to be extremely careful about what you choose to take.

Take care and good luck this season.

Sincerely,

HAROLD HENDERSON
Executive Vice President, Labor Relations
National Football League

GENE UPSHAW
Executive Director
NFL Players Association

APPENDIX G - Letter from NFL Advisor on the Supplement Act

To: All NFL Players
From: Dr. John Lombardo

Subject: Supplements
Date: November 10, 1998

Gene Upshaw and representatives from the NFLPA along with Harold Henderson and representatives from the NFL Management Council recently met with me and a number of my colleagues to discuss dietary supplements and their interrelationship with the NFL Policy and Procedures for Anabolic Steroids and Related Substances.

Upon the conclusion of the meeting all participants felt that I should advise you of both health and policy violation risks you may be faced with by adding over-the-counter supplements to your diet.

In 1994, the U.S government passed a law entitled "The Dietary Supplement Health and Education Act". As a result of this law, the supplement manufacturers and distributors do not have to prove the effectiveness or the safety of their products. Also, the ingredients of the supplements are not checked by any independent agency, such as the Food and Drug Administration (FDA), to certify the contents of the supplements. Therefore, the effectiveness, side effects, risks and purity of many products you can buy at the health food store are unknown.

This law also permits over-the-counter sale of products that violate the NFL Steroid policy. For example, androstenedione, a steroidal hormone that serves as a direct precursor for the synthesis of testosterone, is widely advertised. However, since this substance is found in some plants and animals, manufacturers are allowed to market it as a dietary supplement. This product, like many other supplements that contain substances that violate the policy, can be purchased at your local health food store and, when ingested, is no different than taking illegal anabolic steroids or related substances.

If you take a supplement that contains a substance that violates the policy it will subject you to discipline. More importantly, you run the risk of harmful health effects associated with steroid use.

I will continue to provide you with information on the subject throughout the year. In the meantime, if you have any questions about supplements or the steroid policy, please contact me.

JOHN A. LOMBARDO, M.D.
NFL Advisor for Anabolic/Androgenic
Steroids and Related Substances

APPENDIX H - Letter from U.S. Department of Justice, Drug Enforcement Administration

U.S. Department of Justice
Drug Enforcement Administration
Washington, D.C. 20537
September 4, 2001

Mr. Paul Tagliabue
Commissioner
National Football League
410 Park Avenue
New York, New York 10022

Dear Commissioner Tagliabue:

Thank you for your concern regarding the policies of the Drug Enforcement Administration (DEA) in enforcing the Anabolic Steroids Control Act of 1990 and the National Football League's (NFL) policies to eliminate the use of anabolic steroids in the NFL.

Your program of random and reasonable cause testing for steroids reinforces the provisions of the Anabolic Steroids Control Act of 1990. Under this law, DEA has the responsibility to regulate all aspects of the legitimate steroid industry, including doctors and pharmacists.

To those who use anabolic steroids, including professional athletes, I should emphasize that under the Act, possession of even personal use quantities not validly prescribed by a doctor is a federal crime. The maximum penalty for simple possession (possession not for sale), is one year in a federal prison and a minimum $1,000 fine.

DEA will also investigate and prosecute violations involving the unlawful manufacture, distribution, and importation of anabolic steroids. Doctors who prescribe anabolic steroids for other than legitimate purposes will be prosecuted. Pharmacists who dispense anabolic steroids without a doctor's prescription or with one that they know is bogus, will also be prosecuted.

While DEA's primary focus is law enforcement, we also recognize the importance of public education on matters such as these. I would thus appreciate it if you would make this letter directly available to each NFL team, its players, physicians, trainers, and other personnel.

Sincerely,

Asa Hutchinson
Administrator

NBA COLLECTIVE BARGAINING AGREEMENT

ARTICLE XXXIII -- ANTI-DRUG PROGRAM

Section 1. Definitions

As used in this Article XXXIII, the following terms shall have the following meanings:

(a) "Authorization for Testing" shall mean a notice issued by the Independent Expert pursuant to the provisions of Section 5 in the form annexed hereto as Exhibit I-1 to this Agreement.

(b) "Come Forward Voluntarily" shall mean that a player has directly communicated to the NBA, the Players Association, or the Medical Director his desire to enter the Program and seek treatment for a problem involving the use of a Prohibited Substance.

(c) "Counselors" or "Anti-Drug Counselors" shall mean the persons selected by the Medical Director to provide counseling and other treatment to players in the Program.

(d) "Drugs of Abuse" shall mean any of the substances listed as drugs of abuse on Exhibit I-2 to this Agreement.

(e) "Drugs of Abuse Program" shall mean the education, treatment, and counseling program for Drugs of Abuse established by the Medical Director (after consultation with the NBA and the Players Association), which program may contain such elements–including, but not limited to,

urine, blood, breath, or other testing for Prohibited Substances other than Steroids–as may be determined by the Medical Director in his or her professional judgment.

(f) "First-Year Player" shall mean a player under Contract to an NBA Team who, prior to the then-current Season, has not been on the roster of an NBA Team following the first game of a Regular Season.

(g) "In-Patient Facility" shall mean such treatment center or other facility as may be selected by the Medical Director and agreed upon by the NBA and the Players Association.

(h) "Independent Expert" or "Expert" shall mean the person selected by the NBA and the Players Association in accordance with Section 2(b) below.

(i) "Marijuana Program" shall mean the education, treatment, and counseling program for marijuana established by the Medical Director (after consultation with the NBA and the Players Association), which program may contain such elements–including, but not limited to, urine, blood, breath, or other testing for Prohibited Substances other than Steroids–as may be determined by the Medical Director in his or her professional judgment.

(j) "Medical Director" shall mean the person selected by the NBA and the Players Association in accordance with Section 2(a).

(k) "Prohibited Substance" shall mean any of the substances listed on Exhibit I-2 to this Agreement and any other substance added to such Exhibit under the provisions of Section 16 below.

(l) "Program" shall mean this Anti-Drug Program, and shall include the Drugs of Abuse Program, the Marijuana Program, and the Steroids Program.

(m) "Prohibited Substances Committee" shall mean the committee selected by the NBA and the Players Association in accordance with Section 2(d) below.

(n) "Steroids" shall mean the performance-enhancing substances listed on Exhibit I-2 to this Agreement.

(o) "Steroids Program" shall mean the education, treatment, and counseling program for Steroids established by the Medical Director (after consultation with the NBA and the Players Association), which program may contain such elements–including, but not limited to, urine, blood, breath or other testing for Steroids (but not for any other Prohibited Substance)–as may be determined by the Medical Director in his or her professional judgment.

(p) "Tender" shall mean an offer of a Uniform Player Contract, signed by the Team, that is either personally delivered to the player or his representative or sent by prepaid certified, registered, or overnight mail to the last known address of the player or his representative.

(q) "Veteran Player" shall mean any player who is not a First-Year Player.

Section 2. Administration.

(a) The NBA and the Players Association shall jointly select a Medical Director who shall be a person experienced in the field of testing and treatment for substance abuse. The Medical Director shall have the responsibility, among other duties, for selecting and supervising the Counselors and other personnel necessary for the effective implementation of the Program, for evaluating and treating players subject to the Program, and for otherwise managing and overseeing the Program, subject to the control of the NBA and the Players Association. To the extent practicable, the Medical Director shall select qualified retired NBA players to serve as Counselors.

(b) The NBA and the Players Association shall jointly select an Independent Expert who shall be a person experienced in the field of substance abuse detection and enforcement and shall have the responsibility for issuing Authorizations for Testing in accordance with Section 5 below.

(c) The Medical Director and the Independent Expert shall each serve for the duration of this Agreement, unless either the NBA or the Players Association has, by September 1 of any year covered by this Agreement, served written notice of discharge upon the other party and, as appropriate, the Medical Director and/or the Independent Expert. Such notice of discharge shall be effective as of the immediately following September 30; provided, however, that if the parties do not reach agreement by such September 30 as to who shall serve thereafter as the Medical Director and/or the Independent Expert, as the case may be, each party shall, by the immediately following October 10, appoint a person who shall have no relationship to or affiliation with that party. Such persons shall then have until the immediately following November 1 to agree on the appointment of a new Medical Director and/or Independent Expert. Until a new Medical Director and/or Independent Expert has been appointed, the previous Medical Director and/or Independent Expert shall continue to serve.

(d) The NBA and the Players Association shall form a Prohibited Substances Committee, which shall be comprised of one representative from the NBA, one representative from the Players Association, and three individuals jointly selected by the NBA and the Players Association who shall be experts in the field of testing and treatment for drugs of abuse and performance-enhancing substances. The members of this Committee shall serve for the duration of the Agreement.

(e) Unless specifically stated otherwise in this Article XXXIII, all costs of the Program in excess of those covered by the NBA Players Group Health Plan, including the fees and expenses of the Medical Director, the Independent Expert, and the Prohibited Substances Committee, but not including fees and expenses incurred by the NBA in conducting testing pursuant to Sections 5, 6, or 7 below, shall be shared equally by the NBA and Players Association. The Players

Association's share shall be paid by the NBA and included in Player Benefits under Article IV, Section 1(k) of this Agreement.

(f) Any and all disputes arising under this Article XXXIII shall be resolved in accordance with Article XXXI, Sections 2-6 and 14 of this Agreement, provided, however, that in any challenge to a decision, recommendation, or other conduct of the Medical Director or Independent Expert, or in any challenge to an action or process over which the Medical Director has supervision, the Grievance Arbitrator shall apply an "arbitrary and capricious" standard of review; provided further that nothing in this Section 2(f) shall limit or otherwise affect paragraph 19 of the Uniform Player Contract.

Section 3. Confidentiality.

(a) Other than as reasonably required in connection with the suspension or disqualification of a player, the NBA, the Teams, and the Players Association, and all of their members, affiliates, agents, consultants, and employees, are prohibited from publicly disclosing information about the diagnosis, treatment, prognosis, test results, compliance, or the fact of participation of a player in the Program ("Program Information").

(b) The Medical Director and the Counselors, and all of their affiliates, agents, consultants, and employees, are prohibited from publicly disclosing Program Information; provided, however, that the Medical Director shall not be prohibited from disclosing such information to the NBA and the Players Association.

(c) The Independent Expert is prohibited from publicly disclosing any information supplied to him by the NBA or the Players Association pursuant to Section 5 below.

(d) Any Program Information that is publicly disclosed (i) under subsection (a) above, (ii) by the player, (iii) with the player's authorization, or (iv) through release by sources other than the NBA, NBA Teams, the Players Association, the Medical Director, the Counselors, or the Independent Expert, or any of their members, affiliates, agents, consultants, and employees, will, after such disclosure, no longer be subject to the confidentiality provisions of this Section.

(e) Other than as reasonably required by the Reasonable Cause Testing procedure set forth in Section 5 below, neither the NBA nor the Players Association shall divulge to any other person or entity (including their respective members, affiliates, agents, consultants, employees, and the player and Team involved):

(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 Independent Expert concerning the suspected use, possession, or distribution of a Prohibited Substance by a player;

(iii) Any information disclosed to the Independent Expert; or
(iv)the results of any conference with the Independent Expert.

(f) Notwithstanding anything to the contrary contained in subsections (a)-(e) above, the NBA and the Players Association shall promptly advise and make available to each other all information either of them may have in their possession, custody, or control that provides cause to believe that a player is engaged in the use, possession, or distribution of a Prohibited Substance.

(g) Nothing contained in this Section 3 shall prohibit a Team from providing to the NBA information concerning whether a player is engaged in the use, possession, or distribution of a Prohibited Substance.

Section 4. Testing.

(a) Testing conducted pursuant to this Article XXXIII, whether by the NBA or the Medical Director, shall be conducted in compliance with the analytical techniques described in Exhibit I-3 to this Agreement. Such testing shall also comply with the collection procedures described in Exhibit I-4 to this Agreement and such additional procedures and protocols as may be established by the NBA (after consultation with the Players Association) or the Medical Director (after consultation with the NBA and the Players Association). The NBA (after consultation with the Players Association) and the Medical Director (after consultation with the NBA and the Players Association) are authorized to retain such consultants and support services as are necessary and appropriate to administer and conduct such testing.

(b) All tests conducted pursuant to this Article XXXIII shall be analyzed by laboratories selected by the Medical Director, approved by the NBA and the Players Association, and certified by the Substance Abuse and Mental Health Services Administration (in the case of testing for Prohibited Substances other than Steroids) or the International Olympic Committee and/or the College of American Pathologists (in the case of testing for Steroids).

(c) Any test conducted pursuant to this Article XXXIII will be considered "positive" for a Prohibited Substance under the following circumstances:

(i) If the test is for a Prohibited Substance other than Steroids and it is confirmed by laboratory analysis at the levels established at the time of the test by the National Institute for Drug Abuse (NIDA); provided, however, if there is no confirmatory level established by NIDA for one or more of such Prohibited Substances at the time of the test, then the level for such Prohibited

Substance shall be: amphetamines and their analogs–500 ng/ml; cocaine metabolites–150 ng/ml; LSD–200 pg/ml; marijuana metabolites–15 ng/ml; MDMA–500 ng/ml; opiate metabolites–300 ng/ml; phencyclidine–25 ng/ml.

(ii) If the test is for Steroids, and it is confirmed by laboratory analysis at levels to be established by the Prohibited Substances Committee.

(iii) If the player fails or refuses to submit to a scheduled test, or refuses to cooperate fully with the testing process, without a reasonable explanation satisfactory to the Medical Director.

(iv)If the player attempts to substitute, dilute, mask, or adulterate a specimen sample or in any other manner alter a test result.
(d) The NBA shall promptly notify the Players Association of any positive test conducted by the NBA, and shall thereafter notify the player. The Medical Director shall promptly notify the NBA and the Players Association of any positive test conducted by the Medical Director, and (i) if the positive test will result in a penalty to be imposed on the player, the NBA shall thereafter notify the player of such test result and such penalty, or (ii) if the positive test will not result in a penalty to be imposed on the player, the Medical Director shall thereafter notify the player of such test result.

(e) Any player who is notified of a positive test pursuant to Section 4(d) above may, within two (2) business days of such notification, inform the NBA and the Players Association that he requests testing of the split or "B" sample of his specimen. Any such test shall be subject to the provisions of this Section 4 and shall be performed within ten (10) business days of the player's request. The test of the "B" sample will be performed at a laboratory other than the laboratory that performed the test on the original or "A" sample.

Section 5. Reasonable Cause Testing or Hearing.

(a) In the event that either the NBA or the Players Association has information that gives it reasonable cause to believe that a player is engaged in the use, possession, or distribution of a Prohibited Substance, including information that a First-Year Player may have been engaged in such conduct during the period beginning three (3) months prior to his entry into the NBA, such party shall request a conference with the other party and the Independent Expert, which shall be held within twenty-four (24) hours or as soon thereafter as the Expert is available. Upon hearing the information presented, the Independent Expert shall immediately decide whether there is reasonable cause to believe that the player in question has been engaged in the use, possession, or distribution of a Prohibited Substance. If the Independent Expert decides that such reasonable cause exists, the Expert shall thereupon issue an Authorization for Testing with respect to such player.

(b) In evaluating the information presented to him, the Independent Expert shall use his independent judgment based upon his experience in substance abuse detection and enforcement. The parties acknowledge that the type of information to be presented to the Independent 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 Independent Expert the names (or other identifying characteristics) of their sources of information regarding the use, possession, or distribution of a Prohibited Substance, and the absence of such identification of sources, standing alone, shall not constitute a basis for the Expert to refuse to issue an Authorization for Testing with respect to a player. In conferences with the Independent 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.

(c) Immediately upon the Independent Expert's issuance of an Authorization for Testing with respect to a particular player, the NBA shall arrange for such player to undergo testing for Drugs of Abuse (if the Authorization for Testing was based on information regarding the use, possession, or distribution of a Drug of Abuse), for marijuana (if the authorization for Testing was based on information regarding the player's use, possession, or distribution of marijuana), or for Steroids (if the Authorization for Testing was based on information regarding the player's use, possession, or distribution of Steroids) no more than four (4) times during the six-week period commencing with the issuance of the Authorization for Testing. Such testing may be administered at any time, in the discretion of the NBA, without prior notice to the player.

(d) In the event that the player tests positive for a Drug of Abuse pursuant to this Section 5, he shall immediately be dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a). If the player tests positive for marijuana or Steroids pursuant to this Section 5, he shall enter the Program and suffer the applicable consequences set forth in Sections 9 or 10 below, as the case may be.

(e) In the event that either the NBA or the Players Association determines that there is sufficient evidence to demonstrate that, within the previous year, a player has engaged in the use, possession, or distribution of a Prohibited Substance, or has received treatment for use of a Prohibited Substance other than in accordance with the terms of this Article XXXIII, it may, in lieu of requesting the testing procedure set forth in subsections (a)-(d) above, request a hearing on the matter before the Grievance Arbitrator. If the Grievance Arbitrator concludes that, within the previous year, the player has used, possessed, or distributed a Prohibited Substance, or has received treatment other than in accordance with the terms of this Article XXXIII, the player shall immediately be dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a) below, notwithstanding the fact that the player has not undergone the testing procedure set forth in this Section 5; provided, however, that if the Grievance Arbitrator concludes that the player has used or possessed only marijuana or Steroids, he shall enter the Program and only suffer the applicable consequences set forth in Sections 9 or 10 below, as the case may be.

Section 6.Testing of First-Year Players.

(a) In addition to the testing procedures set forth in Section 5 above, a First-Year Player may be required to undergo testing for Prohibited Substances at any time, in the sole discretion of the NBA and without prior notice to the player, during the following periods and subject to the following restrictions:

(i)No more than one (1) time during regular training camp, or, in the case of a First-Year Player who joins a Team with fewer than fifteen (15) days remaining in regular training camp or who joins a Team during the Regular Season, no more than one (1) time during the first fifteen (15) days after such player reports to his Team; and

(ii)No more than three (3) times during the then-current Regular Season, or, in the case of a First-Year Player who signs a Player Contract after March 1 of an NBA Season, no more than three (3) times during such Season and/or the Season immediately following such Season.
(b) Any First-Year Player who tests positive for a Drug of Abuse pursuant to this Section 6 shall immediately be dismissed and disqualified from any association with the NBA or its Teams for a period of one (1) year, his Player Contract shall be rendered null and void and of no further force or effect (subject to the provisions of Paragraph 8 of the Uniform Player Contract), and he shall enter Stage 1 of the Drugs of Abuse Program. Such dismissal and disqualification shall be mandatory and may not be rescinded or reduced by the Player's Team or the NBA. If the player tests positive for marijuana or Steroids pursuant to this Section 6, he shall suffer the applicable consequences set forth in Sections 9 or 10 below, as the case may be.

(c) During the period while such First-Year Player is dismissed and disqualified from the NBA and in compliance with his in-patient or aftercare obligations under the Program (as determined by the Medical Director), he shall receive from his Team a reasonable and necessary living expense stipend to be agreed upon by the NBA and the Players Association which (i) shall not exceed twenty-five percent (25%) of the Salary that the player would otherwise have been entitled to earn for the period of his dismissal and disqualification and (ii) shall not be payable for more than one (1) year from the date of such dismissal and disqualification.

(d) After a period of no less than one (1) year from the date of a First-Year Player's dismissal and disqualification pursuant to Section 6(b), 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 NBA and the Players Association. The NBA and the Players Association will consider applications for reinstatement only if the player has, in the opinion of the Medical Director, successfully completed any in-patient treatment and/or aftercare prescribed by the Medical Director. The approval of the NBA and the Players Association shall rest in their absolute and sole discretion, and their decision shall be final, binding, and unappealable. The granting of an application for reinstatement may be conditioned upon random testing of the player or such other terms as may

be agreed upon by the NBA and the Players Association, whether or not such terms are contemplated by this Article XXXIII.

(e) In the event that the application for reinstatement of a First-Year Player dismissed and disqualified pursuant to Section 6(b) above is approved, such player, by reason of his Player Contract having been rendered null and void pursuant to Section 6(b) above, shall be deemed not to have completed his Player Contract by rendering the playing services called for thereunder. Accordingly, such player shall not be a Free Agent and shall not be entitled to negotiate or sign a Player Contract with any NBA Team, except as specifically provided in Section 6(f).

(f)

(i)A First-Year Player who has been reinstated pursuant to this Section 6 shall, immediately upon such reinstatement, notify the Team to which he was under contract at the time of his dismissal and disqualification (the "previous Team"). Upon receipt of such notification, and subject to Section 6(f)(ii) below, the previous Team shall then have thirty (30) days in which to make a Tender to the player with a stated term of at least one (1) full NBA Season (or, in the event that the Tender is made during a Season, of at least the remainder of that Season) and calling for at least the Minimum Player Salary then applicable to that player but not more than the Salary provided for in Section 6(f)(iii) below. If the previous Team makes such a Tender, it shall, for a period of one (1) year from the date of the Tender, be the only NBA Team with which the player may negotiate and sign a Player Contract. If the player does not sign a Player Contract with the previous Team within the year following such Tender, the player shall thereupon be deemed a Restricted Free Agent, subject to a Right of First Refusal. If the previous Team fails to make a Tender, the player shall become an Unrestricted Free Agent.

(ii)Notwithstanding anything to the contrary in Section 6(f)(i) above, the 30-day period for the previous Team to make a Tender shall be tolled if (x) on the date the player serves the notice required by Section 6(f)(i), he is under contract to a professional basketball team not in the NBA, or (y) the player signs a contract with a professional basketball team not in the NBA at any point after the date on which the player serves the notice required by Section 6(f)(i) and before the date on which the previous Team makes a Tender. If the 30-day period for making a Tender is tolled pursuant to the preceding sentence, the period shall remain tolled until the date on which the player notifies the Team that he is immediately available to sign and begin rendering playing services under a Player Contract with such Team, provided that such notice will not be effective until the player is under no contractual or other legal impediment to sign with and begin rendering playing services for such Team.

(iii) A player who is reinstated pursuant to this Section 6 may enter into a Player Contract with his previous Team that provides for a Salary and Unlikely Bonuses for the first Season of up to the player's Salary and Unlikely Bonuses, respectively, for the Salary Cap Year in which he was dismissed and disqualified (reduced on a pro rata basis if the first Season of the new Contract is a partial Season), even if the Team has a Team Salary at or above the Salary Cap or such Player Contract causes the Team to have a Team Salary above the Salary Cap. If the player and the previous Team enter into such Player Contract and such Contract covers more than one Season,

increases and decreases in Salary for Seasons following the first Season shall be governed by Article VII, Section 5(c)(1); provided, however, that if the player who is reinstated was dismissed and disqualified during the term of his Rookie Scale Contract, then (x) the number of Seasons in the player's new Contract may not exceed three (3) Seasons plus a Team Option Year and the Salary and Unlikely Bonuses called for in any Season of the player's new Contract, including the Option Year, may not exceed the Salary and Unlikely Bonuses called for during the corresponding Season of his Rookie Scale Contract, and (y) if the new Contract contains terms identical to those contained in the remaining Seasons of the player's Rookie Scale Contract at the time he was dismissed and disqualified, and the Team ultimately exercises the Option following the third Season of the new Contract, then the player's Team shall retain the same rights with respect to such new Contract as it would have retained under Article XI following the completion of the player's Rookie Scale Contract.

Section 7. Testing of Veteran Players.

(a) In addition to the testing procedures set forth in Section 5 above, a Veteran Player may be required to undergo testing for Prohibited Substances by the NBA no more than one (1) time each Season (i) during regular training camp, or, (ii) in the case of a Veteran Player who joins a Team with fewer than fifteen (15) days remaining in regular training camp or who joins a Team during the Regular Season (and provided such Veteran Player had not previously been tested during such training camp or Season), during the first fifteen (15) days after such player reports to his Team.

(b) In the event that a Veteran Player tests positive for a Drug of Abuse pursuant to this Section 7, he shall immediately be dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a). If the player tests positive for marijuana or Steroids pursuant to this Section 7, he shall enter the Program and suffer the applicable consequences set forth in Sections 9 or 10 below, as the case may be.

Section 8. Drugs of Abuse Program.

(a)Voluntary Entry.

(i) A player may enter the Drugs of Abuse Program voluntarily at any time by Coming Forward Voluntarily for a problem involving the use of a Drug of Abuse; provided, however, that a player may not Come Forward Voluntarily (A) until he has been selected in an NBA Draft or invited to an NBA training camp; (B) during any period in which an Authorization for Testing as to that

player remains in effect pursuant to Section 5 above; (C) during any period in which he remains subject to in-patient or aftercare treatment in Stage 1 of the Drugs of Abuse Program; or (D) after he has reached Stage 2 of the Drugs of Abuse Program.

(ii) If a player who has not previously entered the Drugs of Abuse Program Comes Forward Voluntarily for a problem involving the use of a Drug of Abuse, he shall enter Stage 1 of the Drugs of Abuse Program.

(iii) If a player who has not previously entered Stage 2 of the Drugs of Abuse Program, but who has been notified by the Medical Director that he has successfully completed Stage 1 of that Program, Comes Forward Voluntarily for a problem involving the use of a Drug of Abuse, he shall enter Stage 2 of the Drugs of Abuse Program.

(iv) No penalty of any kind will be imposed on a player as a result of having Come Forward Voluntarily for a problem involving the use of a Drug of Abuse. The foregoing sentence shall not preclude the imposition of a penalty under Section 8(c)(iv) below as a result of the player's entering Stage 2 of the Drugs of Abuse Program, or any penalty called for by this Article XXXIII as a result of conduct by the player that occurs after he has Come Forward Voluntarily.
(b) Stage 1.

(i) Any player who has entered Stage 1 of the Drugs of Abuse Program shall be required to submit to an evaluation by the Medical Director, provide (or cause to be provided) to the Medical Director such relevant medical and treatment records as the Medical Director may request, and commence the treatment and testing program prescribed by the Medical Director.

(ii) If a player, within ten (10) days of the date on which he was notified that he had entered Stage 1 of the Drugs of Abuse Program and without a reasonable excuse, fails to comply (in the professional judgment of the Medical Director) with any of the obligations set forth in Section 8(b)(i) above, he shall be suspended until such time as the Medical Director determines that he has fully complied with Section 8(b)(i). If such noncompliance continues without a reasonable excuse (in the professional judgment of the Medical Director) for thirty (30) days from the date on which the player was notified that he had entered Stage 1 of the Drugs of Abuse Program, the player shall (A) advance to Stage 2 of the Drugs of Abuse Program, or (B) the player's Team may, notwithstanding any term or provision in or amendment to the player's Uniform Player Contract, terminate such Contract without any further obligation to pay Compensation, except to pay the Compensation (either Current or Deferred) that may have been earned by the player to the date of termination.

(iii) Except as provided in this Article XXXIII, no penalty of any kind will be imposed on a player while he is in Stage 1 of the Drugs of Abuse Program and, provided he complies with the terms of his prescribed treatment, he will continue to receive his Compensation during the term of his treatment for a period of up to three (3) months of care in an In-Patient Facility and such aftercare as may be required by the Medical Director.
(c) Stage 2.

(i) Any player who has entered Stage 2 of the Drugs of Abuse Program shall be required to submit to an evaluation by the Medical Director, provide (or cause to be provided) to the Medical Director such relevant medical and treatment records as the Medical Director may request, and commence the treatment and testing program prescribed by the Medical Director.

(ii) If a player, within thirty (30) days of the date on which he was notified that he had entered Stage 2 of the Drugs of Abuse Program and without a reasonable excuse, fails to comply (in the professional judgment of the Medical Director) with any of the obligations set forth in Section 8(c)(i) above, he shall immediately be dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a) below.

(iii) A player in Stage 2 of the Drugs of Abuse Program shall be suspended during the period of his in-patient treatment and for at least the first six (6) months of his aftercare treatment. The player shall remain suspended during any subsequent period in which he is undergoing treatment that, in the professional judgment of the Medical Director, prevents him from rendering the playing services called for by his Uniform Player Contract.

(iv) Any subsequent use, possession, or distribution of a Drug of Abuse by a player in Stage 2, even if voluntarily disclosed, or any conduct by a player in Stage 2 that results in his advancing one Stage in the Drugs of Abuse Program, shall result in the player being immediately dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a) below.
(d)Treatment and Testing Program.

A player who enters the Drugs of Abuse Program shall be required to comply with such in-patient and aftercare program as may be prescribed and supplemented from time to time by the Medical Director. Such program may include random testing for Prohibited Substances other than Steroids, and for alcohol, and such non-testing elements as may be determined in the professional judgment of the Medical Director.

Section 9.Marijuana Program.

(a) Voluntary Entry.

(i) A player may enter the Marijuana Program voluntarily at any time by Coming Forward Voluntarily; provided, however, that a player may not Come Forward Voluntarily for a problem involving the use of marijuana (A) until he has been selected in an NBA Draft or invited to an NBA training camp; (B) during any period in which an Authorization for Testing as to that player remains in effect pursuant to Section 5 above; or (C) during any period in which he remains subject to in-patient or aftercare treatment in the Marijuana Program.

(ii) If a player who has not previously entered the Marijuana Program, or a player who has been notified by the Medical Director that he has successfully completed that Program, Comes Forward Voluntarily for a problem involving the use of marijuana, he shall enter the Marijuana Program.

(iii) No penalty of any kind will be imposed on a player as a result of having Come Forward Voluntarily for a problem involving the use of marijuana. The foregoing sentence shall not preclude the imposition of any penalty called for by this Article XXXIII as a result of conduct by the player that occurs after he has Come Forward Voluntarily.

(b) Treatment.

(i) A player who enters the Marijuana Program shall be required to submit to an evaluation by the Medical Director, provide (or cause to be provided) to the Medical Director such relevant medical and treatment records as the Medical Director may request, and commence the treatment and testing program prescribed by the Medical Director. Such program may include random testing for Prohibited Substances other than Steroids, and for alcohol, and such non-testing elements as may be determined in the professional judgment of the Medical Director.

(ii) If a player, within five (5) days of the date on which he was notified that he had entered the Marijuana Program and without a reasonable excuse, fails to comply (in the professional judgment of the Medical Director) with any of the obligations set forth in the first sentence of Section 9(b)(i) above, he shall be fined $10,000; if the player thereafter fails to comply, without a reasonable excuse, with such obligations (in the professional judgment of the Medical Director) within eight (8) days of such notification, he shall be fined an additional $10,000; and for each additional day beyond the 8th day that the player, without a reasonable excuse, fails to comply with such obligations (in the professional judgment of the Medical Director), he shall be fined an additional $10,000. The total amount of such fines may not exceed the player's total Compensation.

(c) Penalties.

Any player who (i) tests positive for marijuana pursuant to Section 5 (Reasonable Cause Testing), Section 6 (Testing of First-Year Players), or Section 7 (Testing of Veteran Players), (ii) is adjudged by the Grievance Arbitrator pursuant to Section 6(e) to have used or possessed marijuana, or (iii) has been convicted of (including a plea of guilty, no contest or nolo contendere to) the use or possession of marijuana in violation of the law, shall suffer the following penalties:

(A)For the first such violation, the player shall be required to enter the Marijuana Program;

(B)For the second such violation, the player shall be fined $15,000 and required to enter the Marijuana Program;

(C)For the third and any subsequent such violation, the player shall be suspended for five (5) games and required to enter the Marijuana Program.

Section 10.Use or Possession of Steroids.

(a) Voluntary Entry.

(i) A player may enter the Steroids Program voluntarily at any time by Coming Forward Voluntarily; provided, however, that a player may not Come Forward Voluntarily for a problem involving the use of Steroids (i) until he has been selected in an NBA Draft or invited to an NBA training camp; (ii) during any period in which an Authorization for testing as to that player remains in effect pursuant to Section 5 above; or (iii) during any period in which he remains subject to in-patient or aftercare treatment in the Steroids Program.

(ii) If a player who has not previously entered the Steroids Program Comes Forward Voluntarily for a problem involving the use of Steroids, he shall enter the Steroids Program.

(iii) No penalty of any kind will be imposed on a player as a result of having Come Forward Voluntarily for a problem involving the use of Steroids. The foregoing sentence shall not preclude the imposition of any penalty called for by this Article XXXIII as a result of conduct by the player that occurs after he has Come Forward Voluntarily.

(b) Treatment.

(i) A player who enters the Steroids Program shall be required to submit to an evaluation by the Medical Director, provide (or cause to be provided) to the Medical Director such relevant medical and treatment records as the Medical Director may request, and commence the treatment and testing program prescribed by the Medical Director. Such program may include random testing for Steroids and such non-testing elements as may be determined in the professional judgment of the Medical Director.

(ii) If a player, within five (5) days of the date on which he was notified that he had entered the Steroids Program and without a reasonable excuse, fails to comply (in the professional judgment of the Medical Director) with any of the obligations set forth in the first sentence of Section 10(b)(i) above, he shall be fined $10,000; if the player, without a reasonable excuse, thereafter fails to comply with such obligations (in the professional judgment of the Medical Director) within eight (8) days of such notification, he shall be fined an additional $10,000; and for each additional day beyond the 8th day that the player, without a reasonable excuse, fails to comply with such obligations (in the professional judgment of the Medical Director), he shall be fined an additional $10,000. The total amount of such fines shall not exceed the player's total Compensation.

(c) Penalties.

Any player who (i) tests positive for Steroids pursuant to Section 5 (Reasonable Cause Testing), Section 6 (Testing of First-Year Players), or Section 7 (Testing of Veteran Players), or (ii) is adjudged by the Grievance Arbitrator pursuant to Section 5(e) to have used or possessed Steroids, shall suffer the following penalties:

(A) for the first such violation, the player shall be suspended for five (5) games and required to enter the Steroids Program;

(B) for the second such violation, the player shall be suspended for ten (10) games and required to enter the Steroids Program;

(C) for the third and any subsequent violation, the player shall be suspended for twenty-five (25) games and required to enter the Steroids Program.

Section 11.Noncompliance with Treatment.

(a) Drugs of Abuse.

(i) Any player who, after entering Stage 1 or Stage 2 of the Drugs of Abuse Program, fails to comply with his treatment or his aftercare program as prescribed and determined by the Medical Director, shall be suspended. Such suspension shall continue until the player has, in the professional judgment of the Medical Director, resumed full compliance with his treatment program.

(ii) Notwithstanding Section 11(a) above, any player who in the professional judgment of the Medical Director, after entering Stage 1 or Stage 2 of the Drugs of Abuse Program, fails to comply with his treatment program through (A) a pattern of behavior that demonstrates a mindful disregard for his treatment responsibilities, or (B) a positive test for a Prohibited Substance other than Steroids that is not clinically expected by the Medical Director, shall suffer the following penalties:

(1) if the player is in Stage 1 of the Drugs of Abuse Program, he shall advance to Stage 2 and be suspended until, in the professional judgment of the Medical Director, he has resumed full compliance with his treatment program; or

(2) if the player already is in Stage 2 of the Drugs of Abuse Program, he shall immediately be dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a) below.
(b)Marijuana.

(i) Any player who, after entering the Marijuana Program, fails to comply (without a reasonable excuse) with his treatment program as prescribed and determined by the Medical Director, shall be fined $1,000 for each day that he fails to comply. Such fines shall continue until the player has, in the professional judgment of the Medical Director, resumed full compliance with his treatment program. The total amount of such fines shall not exceed the player's total Compensation.

(ii)Notwithstanding Section 11(b)(i) above, any player who, after entering the Marijuana Program, fails to comply with his treatment program through (A) a pattern of behavior that demonstrates a mindful disregard for his treatment responsibilities, or (B) a positive test for marijuana that is not clinically expected by the Medical Director, shall suffer the following penalties:

(1) if the player has not previously been fined $15,000 under Section 9(c) above or this Section 11(b)(ii), a fine of $15,000;

(2) if the player has previously been fined $15,000 under Section 9(c) above or this Section 11(b)(ii), a suspension of five (5) games; or

(3) if the player has previously been suspended for five (5) games under Section 9(c) above or this Section 11(b)(ii), an indefinite number of five-game (5) suspensions that shall continue until, in the professional judgment of the Medical Director, the player resumes full compliance with his treatment program.

(iii) In addition to any consequence to the player under Section 11(b)(ii) above, any player who has entered the Marijuana Program but not the Drugs of Abuse Program, and tests positive for a Drug of Abuse in any test conducted by the Medical Director, shall enter Stage 1 of the Drugs of Abuse Program.
(c) Steroids.

(i) Any player who, after entering the Steroids Program, fails to comply (without a reasonable excuse) with his treatment program as prescribed and determined by the Medical Director, shall be fined $5,000 per day for each day that he fails to comply. Such fines shall continue until the player has, in the professional judgment of the Medical Director, resumed full compliance with his treatment program. The total amount of such fines shall not exceed the player's total Compensation.

(ii)Notwithstanding Section 11(c)(i) above, any player who, after entering the Steroids Program, fails to comply with his treatment program as prescribed and determined by the Medical Director through (A) a pattern of behavior that demonstrates a mindful disregard of his treatment responsibilities, or (B) a positive test for Steroids that was not clinically expected by the Medical Director, shall suffer the following penalties:

(1) if the player has not previously been suspended for five (5) games under Section 10(c) above or this Section 11(c)(ii), a suspension of five (5) games;

(2) if the player has previously been suspended for five (5) games under Section 10(c) above or this Section 11(c)(ii), a suspension of ten (10) games;

(3) if the player has previously been suspended for ten (10) games under Section 10(c) above or this Section 11(c)(ii), a suspension of twenty-five (25) games; or

(4) if the player has previously been suspended for twenty-five (25) games under Section 10(c) above or this Section 11(c)(ii), an indefinite suspension that shall continue until, in the professional judgment of the Medical Director, the player resumes full compliance with his treatment program.

(d) Directed Testing.

Any player who, after entering the Program, and without a reasonable explanation satisfactory to the Medical Director, (i) fails to appear for any of his Team's scheduled games, or (ii) misses, during any consecutive seven-day (7) period, any two (2) airplane flights on which his team is scheduled to travel, any two (2) Team practices, or a combination of any one (1) practice and any one (1) Team flight, shall appear at his Team's office and submit to a urine test, to be conducted by the NBA, within twenty-four (24) hours of the game for which the player failed to appear or within twenty-four (24) hours of the second missed flight or practice or combination of one missed flight and one (1) missed practice, as the case may be. If such player is "on the road" with his Team, the player shall be required to telephone the Medical Director within the required 24-hour period, advise the Medical Director of his location, and comply with the Medical Director's instructions as to where and when he will be tested. If any test conducted pursuant to this Section 11(d) is positive: (x) for a Drug of Abuse (for a player in the Drugs of Abuse Program), then the player shall suffer the applicable consequences set forth in Section 11(a)(ii) above; (y) for marijuana (for a player in the Marijuana Program), then the player shall suffer the applicable consequences set forth in Section 11(b)(ii) above; (z) for Steroids (for a player in the Steroids Program), then the player will suffer the applicable consequences set forth in Section 11(c)(ii) above.

Section 12. Dismissal and Disqualification.

(a) A player who, under the terms of this Agreement, is "dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a)" shall, without exception, immediately be so dismissed and disqualified for a period of not less than two (2) years, and such player's Player Contract shall be rendered null and void and of no further force or effect (subject to the provisions of paragraph 8 of the Uniform Player Contract). Such dismissal and disqualification shall be mandatory and may not be rescinded or reduced by the player's Team or the NBA.

(b) In addition to any other provision of this Agreement requiring that a player be dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a) above, a player will also be dismissed and disqualified under Section 12(a) if he is convicted of (including a plea of guilty, no contest, or nolo contendere to) a crime involving the use or possession of a Prohibited Substance other than marijuana.

Section 13. Reinstatement.

(a) After a period of at least two (2) years from the time of a player's dismissal and disqualification under Section 12(a) above, 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 NBA and the Players Association. The approval of the NBA and the Players Association shall rest in their absolute and sole discretion, and their decision shall be final, binding, and unappealable. Among the factors that may be considered by the NBA and the Players Association in determining whether to grant reinstatement are (without limitation): the circumstances surrounding the player's dismissal and 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.

(b) A player will not be reinstated unless he can demonstrate, by proof of random urine testing acceptable to the Medical Director (conducted on at least a weekly basis), that he has not tested positive (i) for a Prohibited Substance within the twelve (12) months prior to the submission of his application for reinstatement and during any period while his application is being reviewed, and (ii) if the Medical Director deems it necessary in his or her professional judgment, for alcohol for the six (6) months prior to the submission of his application for reinstatement and during any period while his application is being reviewed.

(c) The granting of an application for reinstatement may be conditioned upon random testing of the player or such other terms as may be agreed upon by the NBA and the Players Association, whether or not such terms are contemplated by the terms of this Article XXXIII.

(d)

(i) A player who has been reinstated pursuant to this Section 13 shall, immediately upon such reinstatement, notify the Team to which he was under contract at the time of his dismissal and disqualification (the "previous Team"). Upon receipt of such notification, and subject to Section 13(d)(ii) below, the previous Team shall then have thirty (30) days in which to make a Tender to the player with a stated term of at least one (1) full NBA Season (or, in the event the Tender is made during a Season, of at least the rest of that Season) and calling for a Salary in the first

Season covered by the Tender at least equal to the lesser of (x) the player's Salary for the Salary Cap Year in which he was dismissed and disqualified, or (y) the Estimated Average Player Salary during the then-current Season, in either case reduced on a pro rata basis if the first Season covered by the Tender is a partial Season, but not greater than the Salary provided in Section 13(d)(iii) below. If the previous Team makes such a Tender, it shall, for a period of one (1) year from the date of the Tender, be the only NBA Team with which the player may negotiate and sign a Player Contract. If the player does not sign a Player Contract with the previous Team within the year following such Tender, then the player shall thereupon be deemed a Restricted or an Unrestricted Free Agent, in accordance with the provisions of Article XI. If the previous Team fails to make a Required Tender, the player shall become an Unrestricted Free Agent.

(ii) Notwithstanding anything to the contrary in Section 13(d)(i) above, the 30-day period for the previous Team to make a Tender shall be tolled if (x) on the date the player serves the notice required by Section 13(d)(i), he is under contract to a professional basketball team not in the NBA, or (y) the player signs a contract with a professional basketball team not in the NBA at any point after the date on which he serves the notice required by Section 13(d)(i) and before the date on which the previous Team makes a Tender. If the 30-day period for making a Tender is tolled pursuant to the preceding sentence, the period shall remain tolled until the date on which the player notifies the Team that he is available to sign a Player Contract with and begin rendering playing services for such Team immediately, provided that such notice will not be effective until the player is under no contractual or other legal impediment to sign with and begin rendering playing services for such Team.

(iii) A player who is reinstated pursuant to this Section 13 may enter into a Player Contract with his previous Team that provides for a Salary and Unlikely Bonuses for the first Season of up to the player's Salary and Unlikely Bonuses, respectively, for the Salary Cap Year in which he was dismissed and disqualified (reduced on a pro rata basis if the first Season of the new Contract is a partial Season), even if the Team has a Team Salary at or above the Salary Cap or such Player Contract causes the Team to have a Team Salary above the Salary Cap. If the player and the previous Team enter into such Player Contract and such Contract covers more than one Season, increases and decreases in Salary for Seasons following the first Season shall be governed by Article VII, Section 5(c)(i); provided, however, that if the player who is reinstated was dismissed and disqualified during the term of his Rookie Scale Contract, then (x) the number of Seasons in the player's new Contract may not exceed the number of Seasons (including the Team Option Year) that remained under the player's Rookie Scale Contract at the time he was dismissed and disqualified, and the Salary called for in any Season of the player's new Contract (including any Option Year), may not exceed the Salary called for during the corresponding Season of his Rookie Scale Contract, and (y) if the new Contract contains terms identical to those contained in the remaining Seasons of the player's Rookie Scale Contract at the time he was dismissed and disqualified, and the player's Team ultimately exercises its Option, then such Team shall retain the same rights with respect to such new Contract as it would have retained under Article XI following the completion of the player's Rookie Scale Contract.

Section 14. Exclusivity of the Program.

(a) Except as expressly provided in this Article XXXIII, there shall be no other screening or testing for Prohibited Substances conducted by the NBA or any Team, and no player shall be required to undergo such screening or testing. If any Team is found to have tested a player surreptitiously, the NBA will impose a substantial fine not to exceed $500,000 upon such Team pursuant to the NBA's Constitution and By-Laws.

(b) The penalties set forth in this Article XXXIII shall be the exclusive penalties to be imposed upon a player for the use, possession or distribution of a Prohibited Substance.

(c) No Uniform Player Contract entered into after the date hereof shall include any term or provision that modifies, contradicts, changes, or is inconsistent with paragraph 8 of such Contract or provides for the testing of a player for illegal substances. Any term or provision of a currently effective Uniform Player Contract that is inconsistent with paragraph 8 of such Contract shall be deemed null and void only to the extent of the inconsistency.

Section 15. Additional Bases for Testing.

(a) Any player who seeks treatment outside the Program for a problem involving a Prohibited Substance shall, as directed by the NBA (after notice to the Players Association), submit himself to an evaluation by the Medical Director and provide (or cause to be provided) to the Medical Director such medical and treatment records as the Medical Director may request. The Medical Director may, in his or her professional judgment, also require such a player, without prior notice, to submit to testing for Prohibited Substances, provided that the frequency of such testing shall not exceed three (3) times per week and the duration of such testing shall not exceed one (1) year from the date of the player's initial evaluation by the Medical Director.

(b) If, pursuant to Section 15(a) above, a player (i) tests positive for a Drug of Abuse; (ii) refuses or fails to submit to an evaluation or provide (or cause to be provided) the information requested by the Medical Director; or (iii) submits to treatment outside the Program for a substance abuse problem involving a Prohibited Substance, but does not Come Forward Voluntarily within 60 days of being requested to do so by the NBA (with notice to the Players Association), the player shall advance two stages in the Drugs of Abuse Program–i.e., the player shall enter Stage 2 of the Drugs of Abuse Program (if the player had not previously entered Stage 1 of such Program), and the player shall be dismissed and disqualified from any association with the NBA or any of its Teams in accordance with the provisions of Section 12(a) above (if the player had previously entered Stage 1 or Stage 2 of such Program).

(c) If, pursuant to Section 15(a) above, a player tests positive for marijuana, he shall suffer the consequences set forth in Section 9(c)(B) above or, if the player had previously been penalized under Section 9(c)(B), the consequences set forth in Section 9(c)(C) above.

(d) If, pursuant to Section 15(a) above, a player tests positive for Steroids, he shall suffer the consequences set forth in Section 10(c)(B) above or, if the player had previously been penalized under Section 10(c)(B), the consequences set forth in Section 10(c)(C) above.

(e) Nothing in this Section 15 shall limit or otherwise affect any of the provisions of Section 5 (Reasonable Cause Testing).

Section 16. Additional Prohibited Substances.

(a) At any time during the term of this Agreement, either the NBA or the Players Association may convene a meeting of the Prohibited Substances Committee to request that a substance or substances be added to the list of Prohibited Substances set forth on Exhibit I-2 to this Agreement. Any such addition may only include (i) a substance that is illegal or (ii) a substance that is physically harmful to players and improperly performance-enhancing. The determination of the Committee to add to the list of Prohibited Substances shall be made by a majority vote of all five Committee members, and shall be final, binding, and unappealable. Players will receive notice of any addition to the list of Prohibited Substances six (6) months prior to the date on which such addition becomes effective under this Article XXXIII.

(b) Prior to the commencement of the 1999-2000 NBA Season, the Prohibited Substances Committee shall establish a list of Steroids that will be considered Prohibited Substances under this Article XXXIII. The determination of this list by the Committee shall be made by a majority vote of all five Committee members, and shall be final, binding, and unappealable.