

ATA article for December 2018

Greetings from Ontario, Canada and Merry Christmas to all.

It is now official – Canada has now legalized marijuana (Cannabis) for recreational use. Small quantities may be possessed. Strict regulations apply. I personally have concerns about the potential for this “weed” being used as a “gateway “ drug and the challenge in detecting and sanctioning “impairment” in the workplace, on our roads and elsewhere – even the trapline. How should the ATA deal with the marijuana issue?

WADA (World Anti-Doping Agency) maintains a list of Prohibited Substances and Methods. Its objective is to ensure that there is a consistent approach world-wide to detect and sanction use of performance-enhancing drugs in sports that fall within its jurisdiction. And, thankfully, more and more sports insist that all of their athletes comply.

People are often surprised to learn that there are many, many items on the prohibited list that are used regularly for colds, sore throats, or routine medications prescribed by a doctor or even over the counter products.

Athletes need to know what is on the prohibited list for their sport and comply. Non-compliance can have drastic consequences – individuals and teams can be banned from their sport for up to life, lose medals and face other sanctions.

When I competed for Canada shooting international trap and double trap, I, like most other shooters, got drug tested from time to time. As inconvenient as it may appear, you had to make your whereabouts known and be prepared to have random testing done. I recall one evening several weeks before a major championship when a knock came on the door. My wife, Beverley, and I had no idea who would be visiting at that hour. There were two people (one male and one female) from the anti-doping agency wanting a “supervised” urine sample. I apologized and told them they had just missed a routine sample and it may take some time to “replenish”. No problem – they waited patiently, gave me bottled water to drink and eventually left with their sample (a “clean” sample). WADA compliance is important. It eliminates “cheating” by athletes. It also sends a few more messages – society wants athletes to compete on a level playing field without the use of performance enhancing drugs. This also promotes healthy lifestyle choices and gives better credibility to sport “role models”. How many young athletes over the years compromised their future health by taking drugs?

WADA sets out a list of substances and methods that are

- Prohibited at all times;
- Some substances that are prohibited in competition only; and
- Some substances that are prohibited in some sports but not in others (e.g. beta blockers are a no-no in shooting sports).

The cost to a sport organization such as the ATA to be WADA compliant would be prohibitive.

To be effective, WADA representatives would have to probably test all significant trophy winners at all major events and do random testing as well. One test can cost hundreds of dollars. Many ATA shooters

are on meds and a lot of these could be on the sport prohibited list of banned substances. A “Therapeutic Use Exemption” can be applied for and usually granted if the person’s doctor fills out all the prescribed forms and WADA is satisfied that the exemption criteria is met. A “TUE” is usually time limited but can be extended.

How does WADA deal with marijuana, cannabis, hashish, etc.? These drugs are prohibited “in competition”. (If traces are found in urine samples, it may not be a disqualifier.)

So, why am I writing about WADA? There are several reasons. The ATA, like any international sport organization, should strive to achieve a “drug-free” sport. High performance athletes and more and more professional athletes already must comply with strict substance controls.

- What if anything can the ATA do on this issue?
- Should the ATA do anything?
- The ATA already has at least two rules that address this issue.

Section IV J 8 states: *“Alcohol and drugs impair judgment and the ATA Rules pertaining to the usage of alcohol and/or drugs must be enforced by Shoot Management. This Rule shall be strictly complied with and shall apply to practice shooting as well as registered and tournament events.”*

Section XII B 2(a) reads as follows:

*It is the responsibility and the required duty of Shoot Management to immediately remove and disqualify any contestant at any time during an ATA sanctioned tournament:*

*(a) Who is under the obvious influence of alcohol or drugs before starting or during any event, sub-event, shoot-off or practice, or who consumes any alcoholic beverage or drugs during participation in any event, sub event or between events or sub events held on the same day including shoot-offs and practice. For purposes of this rule, “drugs” shall mean any illegal drug, and shall also mean any prescription medication if that prescription medication affects the judgment or conduct of the contestant to a degree that renders the contestant incapable of safely participating in the sport of trapshooting, whether during a registered event and/or tournament or practice;*

- The question is – in jurisdictions where marijuana is legal, does this later rule apply? Weed is not (in such cases) “illegal” and is not a prescription medication.  
The CHC and EC and the Rules Committee may have to revisit and update our rules.  
In Ontario, we are told that anywhere it is legal to smoke cigarettes, it is apparently now legal to smoke pot.

In my opinion, whether legal or not, pot should probably be dealt with the same way we deal with alcohol.

Keep you posted.

Paul Shaw,  
Ontario Delegate