

# Block Party

## Getting Away With It

While the spotlight trailing the recent tragedies of three once prominent NHL tough guys has focused on the debate of fighting in the game, there is a far greater concern both the league and its talking pundits have curiously ignored.

It's easy to glance at the deaths of Derek Boogaard, Rick Rypien and Wade Belak and point to a career as hockey goons. The evidence, however, is circumstantial.

Boogaard was addicted to pain pills and rouletted his addiction with a toxic blend of alcohol. Rypien took his own life and was reportedly a troubled soul long before he became a pro hockey player. You could just as easily hypothesize that hockey delayed his demise.

It is safe to assume Boogaard's dependency on painkillers was at least in part fueled by a career, which began seven years before he reached the NHL, as a hockey enforcer. But no one can deny it's a life and career Boogaard chose. Since its inception, fighting has played an active role in the NHL, both on the ice and in spinning the turnstiles.

If there is a fight tonight, take a gander at the surrounding sections. You won't find anyone with their backs turned or clicking away on their iPhones. No one, not the players, fans or league is clamoring to eliminate fighting from the game. It's the only thing John Scott does at an acceptable level and you don't see him turning down a half million per year to be the Hawks resident pugilist.

Still, if fighting is to remain a fixture in the National Hockey League presentation, it's incumbent upon Gary Bettman and the league to do everything in its power to protect the safety and long-term health of its athletes. From Sid the Kid to John Scott.

The NHL has already failed the Boogeyman.

As many of you know, the NHL has a drug testing policy. Some would sneer, "in theory," however, the league and its partner, the National Hockey League Players Association, actually has a binding agreement to test the players and, theoretically, keep its athletes healthy - the games clean and fair.

Article 47 of 2005's Collective Bargaining Agreement, otherwise known as the Performance Enhancing Substances Program, checks in at a whopping 3 pages. It's practically hidden inside the 472 page document. And there's a reason.

The NHL/NHLPA program says it adheres to the World Anti Doping Agency's (WADA) Out-Of-Competition prohibited substance lists. You know, because NHL hockey isn't actually a sporting competition.

Testing goes like this: Ten teams are tested once; Ten teams are tested twice and the remaining ten teams are tested three times. All supposedly at random. The testing period runs from the start of training camp until the end of the regular season. Players can only be tested on a prescheduled practice day at the team's facility; no game day testing - which is stupid. Boxers piss in a cup immediately after their fight. There is no testing during the playoffs or off-season.

The fact that the league doesn't bother to test during the every-other-day grind of the postseason disproves any notion that this isn't a cosmetic policy or the league is serious about catching offenders and keeping performance enhancing aids out of its game and their players on the straight and narrow.

Pills are a way of existence in hockey locker rooms, and the league has done next to nothing to regulate usage.

In the wake of the deaths of Boogaard, Rypien and Belak - Montreal Canadiens forward Mike Cammalleri spoke out in late August about drug usage amongst NHL players.

"Guys have taken either sleeping pills or things that will help them sleep - some dangerous substances to come down at night," Cammalleri told Toronto sports radio station Fan590.

"Then, what ends up happening inevitably is they're somewhat drowsy before the game so then they might take some artificial stimulant as an 'upper' to get them up for the game and then once again here comes the cycle. And then it takes more and more to get them how they want to feel. And it brings in another whole plethora of psychological issues that can be created from this."

The key to that on the record statement is Cammalleri's claim that players use artificial stimulants, which are banned substances in the NHL. But the league has drug testing procedures, you say.

Try asking Gary Bettman or Deputy commissioner Bill Daly how its possible that Derek Boogaard spent two stints in the NHL/NHLPA Substance Abuse program without ever having failed one of the league's drug tests. Or, how in a game in which its multi-million dollar athletes admittedly get bigger, stronger and faster each passing season, there has been only one steroid test failure in seven years.

In the epic three-part profile done on the late Boogaard earlier this month by John Branch for the NY Times, we learned Len Boogaard, Derek's father, discovered that over a three-month stretch during the 2008-09 season, his son had managed to get 11 different prescriptions for painkillers from 8 separate doctors, including one from NHL affiliated doctor not employed by the Wild. While with the Rangers, team doctors there knowingly subscribed painkillers to Boogaard in spite of their prior knowledge of his addiction and ongoing status in

the NHL's substance abuse aftercare program. On top of that, Boogaard's dependency was deep enough that he was allegedly buying even bigger stashes of oxycodone illegally on the street. Yet, Boogaard never failed a drug test. In fact, while in the program, Boogaard once received 4-day notice of a test, according to the NY Times piece.

Oxycodone is a narcotic commonly found in painkillers. It is listed on the banned substance list.

Human Growth Hormone (HGH) is the synthetic steroid of choice among high-paid athletes both because of its increased effectiveness and because it's more difficult to detect in testing. Though HGH is on the WADA list, the NHL does not test for this performance enhancing drug, nor is it in a hurry to.

Which brings us to the NHL's dirty little secret. A giant-sized loophole in its drug testing policy you could drive Victor Conte's pharmaceutical semi-trailer through.

It's a little, never-talked about, footnote in the policy, article 47.9, on page 135 of the CBA if you'd like to check it out - the Therapeutic Use Exemption.

As per the appeal procedure, in the event a player tests positive for a banned substance, he can avoid a suspension by simply getting a therapeutic use note from a doctor for whatever he's tested positive for. And there it is. The testing results are kept confidential, there is no disciplinary action and the player can thus continue using the prohibited substance.

Sound fair and on the level? Protecting player safety?

The overwhelming issue with Article 47.9 is that it renders the drug policy useless if the intent is for it to be a deterrent.

From the first week of April until the end of August, NHL players can do all the PED's they want without repercussion. Only the stupid ones, like Sean Hill, who put horse steroids (which stay in the system and detectable for up to 6-9 months) into their bodies, ever run the risk of getting caught.

If a player wants to take steroids, for example, the system is simple. We've all heard of players putting on "15 pounds of muscle" in the three months of off season. Do all the steroids you wish over the summer. Since you know you won't be tested until mid-September, you stop using around the last week of August. During this time, your body will need time to adjust and begin producing the correct levels of natural testosterone within your system. Roiders often experience lethargy and their worst mood swings during this time because the body had reduced the amount of testosterone it charges during the time you've been putting artificial testosterone, or steroids, into the body. So the body will need time to adjust.

At this point, the fashionable thing for athletes now in sports like boxing and mixed martial arts, where steroid use is rampant, is to visit the doctor.

As you're cycling off and the body is still adjusting to bring its natural levels back to normal, it's likely that a steroid user will experience periods of depression, slower recovery time, difficulty concentrating and lethargy, all signs of low testosterone levels. Tell your doctor you're having trouble getting it up in the bedroom as well, and you'll be on your way home with a prescription for testosterone replacement therapy.

And that's all you need to get away with taking steroids in Gary Bettman's NHL.

Now the simple fact that NHL players are bigger, stronger and faster than they've ever been before shouldn't necessarily indict a segment of players, big or small, as PED users. However, it should raise enough suspicion to warrant stricter testing. Especially since the size and speed of players most certainly has a direct correlation to the increase in concussions today.

On Thursday, Bill Daly shot down any idea the NHL is currently suffering from a concussion epidemic.

"I don't believe it's a crisis," Daly told The Hockey News. "I don't believe it's an epidemic.

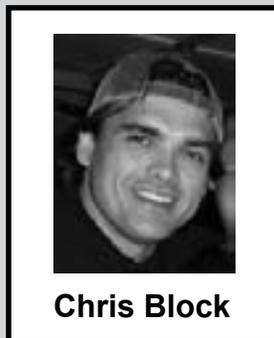
"There's nothing we can do that doesn't change the game fundamentally that's going to eliminate concussions in our game," Daly concluded.

On Thursday, Chris Pronger announced his season over (with five-plus months left to play) due to post-concussion symptoms. Sydney Crosby is again out after missing 11 months with a concussion. Claude Giroux, recently the league's leading scorer, is out now with a concussion too.

Epidemic or not, this is hurting the game. Any and every step aimed at slowing the trend should be explored.

The NHL's drug testing system failed Boogaard and it's failing many others. For players, the stakes have never been higher. Neither have the risks and effects.

What are Gary Bettman and Bill Daly doing about it? Not enough.



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