

LOUISIANA INTERSCHOLASTIC ASSOCIATION, INC.

**LIA POSITION STATEMENT: SUPPLEMENTS, DRUGS, AND
PERFORMANCE-ENHANCING SUBSTANCES**

PURPOSE OF FORM (#14.13): All LIA Member schools are required to ANNUALLY communicate this LIA Position Statement on the use of supplements, drugs, and performance-enhancing substances to every participant in interscholastic activities. (See Article 14, Section 14, 13, 2)

The Louisiana Interscholastic Association (LIA) supports clean living and clean playing. A student athlete's participation in sports enhances his/her well-being by providing an environment that promotes growth and development along a healthy and ethically based path.

It is essential that every student athlete eat a balanced diet which supports an active lifestyle and provides sufficient calories to meet his/her nutritional needs. Use of recreational drugs, alcohol, or tobacco have no place in the life of a student athlete, and the LIA supports all legal consequences associated with using these substances.

LIA strongly discourages its student athletes from using supplements – nutritional or otherwise – unless medically necessary.

LIA is strongly opposed to “doping” and discourages all student athletes from using any substance listed on the World Anti-Doping Society's Prohibited List (www.wads/prohibitedlist.org). LIA encourages all member schools to take a similar position.

In pursuit of Victory with Honor, the LIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is the position of the LIA that the student athlete who consumes a balanced diet and practices his sport frequently and consistently and perseveres in the face of challenges can meet these goals.

NAME OF STUDENT ATHLETE: Jordan Gautreaux

SIGNATURE OF STUDENT-ATHLETE: _____

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14.13.1 Communication of position statement. At least annually, each member school shall communicate the LIA Position Statement on the use of supplements, drugs, and performance-enhancing substances to all students participating in interscholastic activities. (*See Form 14.13*)

14.13.2 Use of banned substance during competition. Any coach or competitor using tobacco, alcohol, or drugs, including performance-enhancing substances, while participating in interscholastic competition shall be disqualified from the contest or tournament.

**LOUISIANA CHILD FATALITY AUTOPSY
DATA FORM**

EXHIBIT 3

1. Code #05-1729 2. Gender: ☐ Male ☐ Female ☐ Unknown 3. Date of Death: 05/06/2011
4. Race: ☐ Asian/PAC Islander ☐ Black ☐ White ☐ Other ☐ American Indian – Tribe: _____
5. Ethnicity: ☐ Hispanic ☐ Non-Hispanic
6. Place of Death (6a-c on Death Certificate): City/State: Chicory, LA Parish: Creole
Hospital / Institution Address: _____
Did the death occur on a reservation? ☐ Yes ☒ No ☐ Unknown. If yes, identify the reservation: _____.
7. Date of Birth: 02/02/1994
8. Residence: State: LA Parish: Creole City: Chicory
Census Tract: 1036.09
Type of residence at time of death: ☒ Parent's home ☐ Relative's home ☐ Foster home
☐ Residential/group care ☐ Correctional institution ☐ Shelter ☐ Acquaintance
☐ Homeless/runaway ☐ Other: _____
9. Death Certificate Registration No.: 1274315
10. Cause of death as listed on the death certificate:
Immediate cause: Heart attack
As a consequence of: Drug overdose
Other significant conditions: _____
11. Place of Injury (line 56 of death certificate): Home
12. Location of injury (line 57 of death certificate): 623 East Crawfish Rd., Chicory, LA
13. Was the death certificate adequately prepared? ☒ Yes ☐ No.
If no, specify: Problem with demographics: _____
Problem with cause of death: _____
14. Does the cause of death on the death certificate agree with the medical record? ☒ Yes ☐ No ☐ N/A
If no, specify: _____
15. Did the team agree with the cause of death? ☒ Yes ☐ No
If no, team's assessment of the underlying cause of death: _____
16. Were there one or more chronic medical problems(s)? ☐ Yes ☐ No ☒ Unknown
If yes, specify _____
Did they contribute to the cause of death? ☐ Yes ☐ No ☒ Unknown
17. Were there significant developmental delays? ☐ Yes ☐ No ☒ Unknown
If yes, specify: _____
Did they contribute to the cause of death? ☐ Yes ☐ No ☒ Unknown
18. If the case was not referred to the Medical Examiner for exam, should it have been? (**Answer only if this was not referred to the ME**).
☐ Yes ☐ No ☐ Unknown
19. What was the manner of death on the death certificate?
☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Not answered on death certificate

20. Was an autopsy done? ☒ Yes ☐ No ☐ Unknown
 If yes: ☒ Done by the Medical Examiner's Office ☐ Done elsewhere
 If no: ☐ Was not necessary ☐ Should have been done
21. Was toxicology done? ☒ Yes ☐ No ☐ Unknown
 If yes: ☒ Positive Findings/Comments: Extremely high level of erythropoietin
☐ Negative ☐ Unknown
 If no: ☐ Should have been done ☐ Not indicated
22. For children under 2 years of age, were x-rays done just prior to/or after death? ☐ Yes ☐ No ☐ Unknown
 If yes, what were the results? _____
 If no: ☐ Should have been done ☐ Not indicated
23. **Answer for all accidental, homicide, suicide, or undetermined manners of death. Do not answer for natural deaths, unless circumstances warrant review of CPS involvement.** Was there prior CPS involvement with the family? ☐ Yes ☒ No
 If yes: ☐ Open at the time of death ☐ Closed prior to death Prior Reports: ☐ One ☐ Multiple
24. Family medical coverage: ☐ AHCCCS ☐ IHS ☒ Private Insurance ☐ Self-Pay ☐ Unknown

ANSWER FOR ALL CHILDREN UNDER AGE 12 MONTHS, REGARDLESS OF CAUSE

25. Infant Death: Birth Certificate Registration #: _____
 Multiple Birth: ☐ Yes ☐ No ☐ Unknown
 Maternal Age: _____
 Gestational age at first prenatal visit (months): _____
 Number of prenatal visits: _____
 Birth weight (grams): _____
 Gestational age at birth (weeks): _____
 Smoking during pregnancy: ☐ Yes ☐ No ☐ Unknown
 Alcohol use during pregnancy: ☐ Yes ☐ No ☐ Unknown
 Substance use during pregnancy: ☐ Yes ☐ No ☐ Unknown. If yes, specify: _____

If a natural or medical death, complete #26, then skip to #38. if not a natural/medical death, skip to #27 (all non-natural and unknown causes).

26. Was this a natural/medical death? ☐ Yes ☐ No
 (If yes, check all that contributed to death. If there are multiple causes for the death, please place #1 next to the principle cause).

- _____ ☐ Infectious disease specify: _____
 _____ ☐ Metabolic/Genetic, specify: _____
 _____ ☐ Prematurity, specify weeks gestation: _____
 _____ ☐ Neoplastic disease, specify: _____
 _____ ☐ Congenital condition, specify: _____
 _____ ☐ Cardiac disease, specify: _____
 _____ ☐ Respiratory disease, specify: _____
 _____ ☐ Renal/Urinary, specify: _____
 _____ ☐ Neurologic disease, specify: _____
 _____ ☐ Endocrine disease, specify: _____
 _____ ☐ Gastrointestinal disease, specify: _____
 _____ ☐ Hematologic disease, specify: _____
 _____ ☐ Perinatal condition, specify: _____
 _____ ☐ Other natural/medical causes, specify: _____
 _____ ☐ SIDS – Put to sleep on: ☐ Back ☐ Side ☐ Stomach ☐ Unknown
 Setting: ☐ In-home ☐ Child care facility ☐ Family childcare (5 years or less) ☐ Other: _____
 Caretaker: ☐ Parent ☐ Relative ☐ Non-Relative

Answer for all natural deaths:

Was environmental tobacco exposure a risk factor in this death? ☐ Yes ☐ No ☐ Unknown

If yes, explain: _____

Questions 27-37 pertain to all non-natural causes of death such as accidents, homicides, suicides, motor vehicle crashes, and violence; and unknown causes.

27. Was this death the result of drowning? ☐ Yes ☒ No (If yes, answer remainder of question #27).
List type of drowning: ☐ Bathtub ☐ Bucket ☐ Canal ☐ Lake/River ☐ Multi-family private pool
(i.e., apartment, condo) ☐ Private Residence Pool ☐ Public Pool ☐ toilet ☐ Other: _____
If drowning occurred in a pool: Was the pool fenced? ☐ Yes ☐ No ☐ Unknown
Was the lock secure? ☐ Yes ☐ No ☐ Unknown
Was the yard fenced? ☐ Yes ☐ No ☐ Unknown
Was the lock secure? ☐ Yes ☐ No ☐ Unknown
Other fencing issues: _____

28. Was this death the result of fire or burns? ☐ Yes ☒ No (If yes, answer remainder of question #28).
Describe the type of burn: ☐ Fire ☐ Chemical ☐ Hot Liquid
If this was the result of a fire:
What was the type of fire? ☐ Residential ☐ Business ☐ Motor Vehicle ☐ Other: _____
Were fire/smoke alarms present? ☐ Yes ☐ No ☐ Unknown ☐ N/A
If yes, were they functional? ☐ Yes ☐ No ☐ Unknown
Was this death the result of smoke inhalation? ☐ Yes ☐ No

29. Was this death the result of gunshot wound? ☐ Yes ☒ No (If yes, answer remainder of question #29).
Who shot the child? ☐ Self ☐ Parent ☐ Stepparent ☐ Relative ☐ Acquaintance ☐ Stranger
☐ Law Enforcement ☐ Other ☐ Unknown
Who owned the gun? ☐ Self ☐ Parent ☐ Stepparent ☐ Relative ☐ Acquaintance ☐ Stranger
☐ Law Enforcement ☐ Other ☐ Unknown
Was the gun locked? ☐ Yes ☐ No ☐ Unknown Where was the gun kept? _____
How did the child get the gun? _____
Type of gun: ☐ Hand gun ☐ Semi-automatic ☐ Shotgun ☐ Rifle ☐ Other: _____
What was the location of the shooting? ☐ Residence ☐ School ☐ Public Place ☐ Other: _____

30. Was this death the result of motorized vehicle crash? ☐ Yes ☒ No (If yes, answer remainder of question #30).
Type of vehicle: ☐ Automobile/Truck ☐ Motorcycle ☐ ATV ☐ Boat ☐ Airplane ☐ Jet ski ☐ Motorized
Scooter ☐ Train ☐ Other: _____
Time of incident: _____ ☐ A.M. ☐ P.M.
What was the position of the child in the vehicle? (Circle one: 1 = Driver; 10 = Back of pickup):
☐ Unknown ☐ N/A. If N/A, was victim ☐ Pedestrian ☐
Bicyclist ☐ Other: _____

	07	04	01	
10	08	05	02	
	09	06	03	

- Did the vehicle have restraints? ☐ Yes ☐ No ☐ N/A
If yes, were restraints used appropriately? ☐ Yes ☐ No ☐ Unknown
Did the vehicle have air bags? ☐ Yes ☐ No ☐ Unknown ☐ N/A
If yes, did air bags deploy ☐ Yes ☐ No ☐ Unknown
If yes, did the air bag cause or contribute to the death? ☐ Yes ☐ No ☐ Unknown
If no deployment, was the air bag switch on? ☐ Yes ☐ No ☐ Unknown
Was there in-utero trauma? ☐ Yes ☐ No ☐ Unknown ☐ N/A
Was age of driver a factor? ☐ Yes ☐ No ☐ Unknown ☐ N/A
If yes, specify age: _____
Was any driver under the influence? ☐ Yes ☐ No ☐ Unknown ☐ N/A
If yes, specify substance(s): ☐ Alcohol ☐ Marijuana ☐ Cocaine ☐ Sedative ☐ Methamphetamine
☐ Other: _____
Was the child a pedestrian in a crosswalk? ☐ Yes ☐ No ☐ Unknown ☐ N/A
Was the child a pedestrian in a driveway? ☐ Yes ☐ No ☐ Unknown ☐ N/A
Were there adverse environmental conditions? ☐ Yes ☐ No ☐ Unknown

31. Was this death the result of **non-motorized vehicle crash** (Crash that did not involve a motorized vehicle)?
☐ Yes ☒ No If yes, answer remainder of question #31.
 If yes, what type of vehicle? ☐ Bicycle ☐ Skateboard ☐ Roller-Skates (Roller Blades)
☐ Scooters (Non-Motor) ☐ Snow board ☐ Skis ☐ Other: _____
32. If death was the result of #30 or #31, was a helmet worn? ☐ Yes ☐ No ☐ Unknown
33. Was this death the result of any of the following? **Answer question #33 only if questions #27-31 were answered "no". If there are multiple causes for the death, please place #1 next to the principle cause.**
- ☐ Animal/insect/reptile bites, stings or other injury. Describe: _____
 - ☐ Choking. If yes, identify item child choked upon: _____
 - ☐ Blunt force trauma ☐ Abdominal ☐ Head ☐ Other: _____ Describe: _____
 - ☐ Exposure. If yes, was this due to: ☐ Border crossing ☐ Child in car
☐ Other outdoor exposure: _____
 - ☐ Electrocution. Describe incident: _____
 - ☐ Fall. Describe incident: _____
 - ☐ Hanging. Describe incident: _____
 - ☐ Head injury. Describe incident: _____
 - ☐ Overlying. Describe incident: _____
 - ☐ Poisoning due to inhalation or ingestion. Identify substance: _____
 - ☐ Shaken Infant. Describe incident: _____
 - ☐ Stabbing/laceration. Describe incident: _____
 - ☐ Strangulation. Describe incident: _____
 - ☐ Suffocation. Describe incident: _____
 - ☐ Starvation/malnutrition. _____
 - ☒ Other (not previously identified in #27-31 or #33): Heart attack due to accidental drug overdose
34. Was product safety an issue? ☐ Yes ☒ No If yes, specify: _____
35. Family/household member circumstances (check all that apply):
☐ Domestic Violence ☐ Physical handicap ☐ Substance Abuse ☐ Life crisis
☐ Recent suicide (friend/acquaintance) ☐ Criminal Behavior
☐ Previous mental health problem. If yes, was this problem treated? ☐ Yes ☐ No ☐ Unknown
36. Child's circumstances (check all that apply):
☐ Runaway ☐ Physical handicap ☒ Substance Abuse ☐ Life crisis
☐ Recent suicide (friend/acquaintance) ☐ Previously known suicidal ideation ☐ Criminal Behavior
☐ Previous mental health problem If yes, was this problem treated? ☐ Yes ☐ No ☐ Unknown
37. Gang related? ☐ Yes ☒ No ☐ Unknown

ANSWER THE REMAINING QUESTIONS FOR ALL DEATHS

38. Did medical error (such as misdiagnosis, surgical error, medication error) contribute to the death?
☐ Yes ☒ No ☐ Unknown If yes, describe: _____
39. Did lack of medical care contribute to death? ☐ Yes ☒ No ☐ Unknown If yes, describe: _____
40. Was this an unexpected death? (No prior knowledge of any medical condition that would have lead to this death)
☒ Yes ☐ No ☐ Unknown
41. Was a law enforcement investigation done? ☒ Yes ☐ No ☐ N/A ☐ Unknown
 If yes, specify jurisdiction: Chicory Police Department
 Was the Infant Death Checklist received? ☐ Yes ☐ No ☒ N/A ☐ Unknown
 Were charges filed? ☐ Yes ☒ No ☐ N/A ☐ Unknown

42. **SUPERVISION:**

Did lack of appropriate supervision contribute to the child's death?

☐ Yes ☐ No ☐ N/A ☒ Unknown (If yes, answer the remainder of #42; if no, skip to #43).

Who was the caretaker? ☐ Parent ☐ Stepparent ☐ Sibling ☐ Other relative ☐ Child Care ☐ None
☐ Other: _____

Did the age of the caretaker contribute to the death? ☐ Yes ☒ No ☐ N/A ☐ Unknown

If yes, identify age: _____

Did substance impairment of the caretaker contribute to the death? ☐ Yes ☐ No ☐ Unknown

If yes, identify substance(s): ☐ Alcohol ☐ Marijuana ☐ Cocaine ☐ Sedative

☐ Methamphetamine ☐ Other: _____

List other supervision issues: ☐ Child left alone ☐ Caretaker sleeping ☐ Mental illness

☐ Mental retardation ☐ Physical disability ☐ Other: _____

43. **CHILD MALTREATMENT:** (Refer to guidelines* at bottom of page).

Was this death the result of child maltreatment? ☐ Yes ☒ No ☐ Unknown. If yes, please complete the "Child Maltreatment Referral Form". Describe maltreatment issues: _____

44. **If death was a homicide or result of child maltreatment, who was (were) the alleged perpetrator(s)?** Check all that apply:

☐ Boyfriend ☐ Father ☐ Girlfriend ☐ Mother ☐ Stepmother ☐ Other relative
☐ Other ☐ Child care ☐ Friend/acquaintance ☐ Institutional staff ☐ Stepfather
☐ Stranger ☐ Unknown: _____

Were any of the following factors present with the perpetrator? ☐ Substance abuse ☐ Mental illness

☐ Domestic violence ☐ Mental retardation ☐ Physical disability ☐ Lack of resources ☐ Other: _____

45. What was the team's determination of manner of death? ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide

☐ Undetermined If undetermined, describe reason for difficulty in determining manner: _____

46. To what degree was this death preventable?

☐ Not at all ☐ Probably not ☐ Probably ☒ Definitely ☐ Unknown

Circle preventable issues or factors that apply: Describe other factors not included in list.

- | | | |
|-------------------------------|----------------------------------|---|
| 01 = Lack of prenatal care | 12 = Child alone in/around water | <u>23</u> = Lack of medical treatment |
| 02 = Criminal behavior | 13 = Smoke alarms | 24 = Curfew violation |
| 03 = Lack of immunization | 14 = Vehicle restraints | 25 = Failure to report abuse |
| 04 = Exposure to smoking | 15 = Inexperienced driver | 26 = Illegal border crossing |
| 05 = Medical error | 16 = Excessive speed | 27 = Lack of mental health treatment |
| 06 = Prenatal substance abuse | <u>17</u> = Drugs/alcohol | 28 = Maltreatment history |
| 07 = Infant sleep position | 18 = Driver fatigue | 29 = Domestic violence |
| 08 = Co-sleeping | 19 = Passenger in back of truck | 30 = Public awareness-suicide |
| 09 = Unsafe bedding | 20 = Helmet usage | 31 = lack of substance abuse treatment |
| 10 = Parental supervision | 21 = Access to guns/weapons | 32 = Failure to recognize depressive symptoms |
| 11 = Barriers to pool | 22 = Gang involvement | |
- Other: _____

47. Comments/Recommendations: _____

48. Person completing this form:

Print Name: Dale M. Lucas Date 6/15/2011 Signature /s/ Dale M. Lucas

?? **MALTREATMENT:**

A "yes" answer to question #43 indicates that the following criteria have been met:

- The U.S. Department of Health and Human Services defines maltreatment as "An act or failure to act by a parent, caregiver, or other person as defined under State law which results in physical abuse, neglect medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child." This applies to the circumstances surrounding the death.
- The relationship of the individual accused of committing the maltreatment to the child must be the child's parent, guardian or caretaker.
- A team member, who is a mandated reporter, would feel obligated to report a similar incident to CPS (Child Protective Services).

49. Members in Attendance: Alejandro Martinez, Amy Decker, Richard Matheson and Keshawna Turner

50. Documents Reviewed:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Death Certificate | <input type="checkbox"/> Supplemental Death Certificate | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> CPS Report | <input checked="" type="checkbox"/> Medical Examiner Report | <input type="checkbox"/> Hospital Records |
| <input type="checkbox"/> Behavioral Health Records | <input type="checkbox"/> Law Enforcement Records | <input type="checkbox"/> Department of Education |
| <input type="checkbox"/> Public Health Records | <input type="checkbox"/> Probation Records | <input checked="" type="checkbox"/> Other: <u>Toxicology Report</u> |

51. Signature of Team Chairperson: /s/ Alejandro Martinez

**CREOLE PARISH OFFICE OF THE MEDICAL EXAMINER
PRELIMINARY TOXICOLOGY REPORT**

REPORT NO.: 2011-01030

DATE OF REPORT: May 11, 2011

NAME OF DECEASED: Jordan Gautreaux

DATE OF DEATH: May 6, 2011

PREPARED BY: R.C. Snyder, M.D.

SPECIMEN TYPE: Blood serum

I tested the specimen for the following substances, and my findings are set forth below:

<u>Suspected Substance</u>	<u>Level</u>
CNS Depressants	Negative
CNS Stimulants	Negative
Hallucinogens	Negative
PCP	Negative
Narcotic Analgesics	Negative
Inhalants	Negative
Cannabis	Negative
Alcohol	Negative
Erythropoietin	10,000 mIU/ml

By comparison, in normal patients, serum levels of erythropoietin range from 10 to 30 mIU/ml (milliunits per milliliter). These levels may increase 100- to 1000-fold during hypoxia or anemia.

CHOICE ISN'T ALWAYS EASY. As an athlete, you make choices everyday that can determine if you succeed or fail.

Split-second decisions made during competition can immediately affect whether you win or lose. Other choices like how hard you practice, what you eat, and how much you sleep you get will influence how well you perform on any given day.

Another choice athletes must make involves the use of drugs to enhance athletic performance or appearance. And, like all other choices, the decision to use drugs like steroids will have both immediate and long-term consequences. All choices have consequences, but those that affect your health are more serious than others.

STERIODS

Steroids are hormones used by some athletes to increase muscle mass and strength. Most steroids are synthetic forms of the male hormone testosterone, but some, like Erythropoietin ("EPO"), are both synthetic and produced naturally by the kidneys. And, what most steroid users don't realize is that steroids won't lead to muscle growth without also leading to other unintended, undesirable side effects.

The temptation to use steroids is understandable. Young people are under a lot of pressure to excel in athletics or to have a certain type of body. Research shows that athletes use steroids for one of two reasons: (1) to gain strength or (2) to recover more quickly from injury.

Athletes who are caught using steroids embarrass themselves, their parents, their coaches, and their schools.
Sponsored by: Association of High School Athletics

Po Box 690 /Ft. Dale, Indiana 46206
317-972-6900/fax: 317-822-5700

SIDE EFFECTS FROM USE OF STEROIDS

All professional and amateur sports organizations ban the use of steroids because of their dangerous side effects and because steroids give competitors an unfair advantage.

GET THE FACTS:

If you're thinking about using steroids because you want to be a better athlete or you want to change how you look, here are a few things you should know:

- Steroids are powerful drugs. Doctors prescribe them only for specific diseases.
- It is illegal to possess or sell steroids without a prescription in the United States.
- The vast majority of high school and college athletes compete steroid-free.
- High School athletes who use injectable steroids have tested positive in collegiate drug tests, sometimes months after they stop injecting steroids.
- Drug users who inject steroids are at greater risk for infections, including HIV and hepatitis.
- The use of steroids by young people whose bones are still growing will result in stunted growth.
- Girls who use steroids can grow body and facial hair and experience permanent voice lowering.
- Boys who use steroids may begin to lose their hair.
- Boys and girls who use steroids can have thick, oily skin which often leads to severe acne on the face and body.
- Steroid users report an initial feeling of well-being that is later replaced by mood swings, loss of sleep, and paranoia. Reports of depression are common in people who stop using steroids.
- Some athletes have died from steroid use either because of the effects of the steroids on their body or the effects of discontinuing steroid use without a doctor's help.



Making the Steroid-Free Choice

STEROIDS & Students

Given all of the negative aspects of steroid use, it just doesn't make sense to risk your health and your reputation. You have all sorts of great options when it comes to enhancing your sports performance or your appearance. Consider these:

- *Talk with your coach, parent, teacher or counselor about any frustrations you might have about how you are performing in your sport.*
- *Set short-term and long-term goals that will help you excel.*
- *Be well-hydrated while you compete. This will give you a natural advantage over your competition.*
- *Focus on eating a proper diet and getting plenty of rest.*
- *Don't trust gimmicks or quick-fix approaches.*
- *Support your friends' decisions to be steroid-free. Talk to a trusted adult if you suspect a friend or teammate is using steroids.*
- *Ask your coaches to lead a team discussion about steroid abuse.*
- *Work with a registered dietician to develop a plan for weight gain or fat loss.*

Additional Help to Make the Right Choice:

There are many resources available to you to help you achieve your athletic and personal goals – resources geared specifically to athletes like you who want to succeed without using steroids. A list of excellent online resources is available at www.ahsa.org.

References:

"Hormone Abuse." The Hormone Foundation

"Steroid Abuse by School-Aged Children." U.S. Department of Justice, Drug Enforcement Administration

"Use of Performance-Enhancing Substances." American Academy of Pediatrics

*This brochure, in a pdf format, can be downloaded from the AHSa website at www.ahsa.org.



ASSOCIATION OF
HIGH SCHOOL ATHLETICS
Po Box 690 /Ft. Dale, Indiana 46206
Tele: 317-972-6900/Fax: 317-822-5700

MAKE THE RIGHT CHOICE

It's not really winning if you cheat.

GET THE FACTS!

STEROIDS DO A LOT MORE THAN MAKE YOU FASTER. DID YOU KNOW STEROIDS CAN:

- Cause severe acne
- Cause you to have bad breath
- Give girls a deep voice
- Give girls facial hair and cause boys to lose their hair
- Cause nosebleeds
- Cause liver problems
- Decrease your immune system

STEROIDS ALSO AFFECT YOUR MENTAL HEALTH AND CAN CAUSE:

- Depression and thoughts of suicide
- Aggressive behavior
- Mood swings

EXHIBIT 7



MAKE THE SMART CHOICE.
DON'T USE STEROIDS.

WORK HARD AND RESULTS
WILL COME NATURALLY.



ASSOCIATION OF HIGH SCHOOL ATHLETICS

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Tele: 317-972-6900/Fax: 317-822-5700

www.ahsa.org

**COACH'S TALLY
GULFSIDE HIGH SCHOOL**

100 m INDIVIDUAL BESTS (through April) 2010-2011

STUDENT	TIME	CLASS YEAR
Gautreaux, Jordan	11.50	Senior
Pierce, Morgan	11.86	Senior
Hale, Trippe	11.92	Senior
Gonzales, Giani	12.40	Senior
Patel, Shar	12.18	Junior
Himmel, Sam	12.52	Sophomore
Young, Kris	12.63	Freshman
Lee, Kim	12.79	Sophomore
Jones, Aberon	12.80	Freshman
Sanders, Eli	13.14	Freshman

100 m FINAL MEET INDIVIDUAL TIMES 2009-2010

STUDENT	TIME	CLASS YEAR
Oswald, Jessie	11.72	Senior
Rosenstein, Andi	11.96	Senior
Hale, Trippe	12.08	Junior
Gautreaux, Jordan	12.21	Junior
Pierce, Morgan	12.21	Junior
Patel, Shar	12.43	Sophomore
Himmel, Sam	12.58	Freshman
Lee, Kim	12.86	Freshman
Lindros, Sid	12.02	Senior

100 m FINAL MEET INDIVIDUAL TIMES 2008-2009

STUDENT	TIME	CLASS YEAR
Rueles, Angel	11.68	Senior
Lewelan, Rory	11.84	Senior
Oswald, Jessie	11.92	Junior
Rosenstein, Andi	12.18	Junior
Gautreaux, Jordan	12.19	Sophomore
Lindros, Sid	12.28	Junior
Pierce, Morgan	12.32	Sophomore
Gonzales, Giani	12.57	Sophomore
Patel, Shar	12.8	Freshman
Hale, Trippe	12.25	Sophomore

100 m FINAL MEET INDIVIDUAL TIMES 2007-2008

STUDENT	TIME	CLASS YEAR
Andrews, Pat	11.77	Senior
Rueles, Angel	11.90	Junior
Lewelan, Rory	12.08	Junior
Oswald, Jessie	12.09	Sophomore
Rosenstein, Andi	12.34	Sophomore
Gautreaux, Jordan	12.34	Freshman
Lindros, Sid	12.49	Sophomore
Hale, Trippe	12.50	Freshman
Pierce, Morgan	12.55	Freshman
Gonzales, Giani	12.97	Freshman

First Chicory Bank
"Trust First Chicory Bank"
WITHDRAWAL SLIP

Date 12/17/2010Trust ☒ Savings ☐Account holder: Jordan GautreauxAccount No. 1966-0802Amount \$ 8,500.00Teller ID H47

Jordan Gautreaux
Authorized Signature

First Chicory Bank
"Trust First Chicory Bank"
WITHDRAWAL SLIP

Date 2/1/2011Trust ☒ Savings ☐Account holder: Jordan GautreauxAccount No. 1966-0802Amount \$ 8,500.00Teller ID A14

Jordan Gautreaux
Authorized Signature

First Chicory Bank
"Trust First Chicory Bank"
WITHDRAWAL SLIP

Date 3/18/2011Trust ☒ Savings ☐Account holder: Jordan GautreauxAccount No. 1966-0802Amount \$ 8,500.00Teller ID C23

Jordan Gautreaux
Authorized Signature

Gulfside High School Internet Printing Summary Report

Date/Time of Request:	Monday, April 10, 2011
Student Name:	JORDAN GAUTREAUX
Student ID No.:	05-6357
Documents:	1
Pages:	2



Enhancing Your Performance the Unnatural Way: *A Look at the Banned Substance EPO*

By Chris Tull
B.T.com contributing writer

Everyone's talking about performance-enhancing drugs (PEDs) now thanks to Congressional hearings held this past March which highlighted steroid use in Major League Baseball. No sport is immune from this inquiry's hot seat. Even the sport of triathlon, a competitive yet under the radar sport for years, has the bright lights of shame shining on it. The biggest PED story in triathlon broke last fall when Nina James won the 2010 Triathlon World Championship then tested positive for the banned substance Erythropoietin or EPO.

So, what exactly is EPO? What does it do? Why is it banned? And, why would someone as talented as Nina James use it in the biggest triathlon competition in the world?

The Miracle Drug

EPO first appeared on the market as a medical drug. The drug, when injected into the body, increased production of the oxygen-carrying red blood cells. It's still used today to treat several medical conditions.

EPO benefits cancer patients with blood weakened by chemotherapy treatments. It's also given to patients suffering with kidney disease and helps repair blood damaged by kidney dialysis. When provided under strict medical supervision, EPO can be administered safely. But, the focus on EPO began in the late 1980s when the sports community discovered EPO can significantly heighten athletic performance.

Magic Shoes

In 1989, seven athletes underwent an EPO experiment in Sweden. Swedish scientist, Dr. Bjorn Ekblom of the Stockholm Institute of Gymnastics and Sports, injected the athletes with EPO then measured their endurance levels on a treadmill. All subjects outperformed their previous endurance levels after being injected with EPO. Dr. Ekblom reported that, on average, EPO cut up to 30 seconds off a 20-minute running time. The benefits of EPO for athletes competing in world-class events – where fractions of a second separate winners from losers – are huge. So, why does EPO work so well for endurance athletes?

Muscles need oxygen to perform. Red blood cells in the blood carry oxygen to the muscles. More red blood cells in the blood mean more oxygen can be carried to the muscles. This continual boost of oxygen allows muscles to perform longer. Thus, for endurance athletes, more oxygen in their blood is like growing wings on their feet. With EPO a grueling uphill marathon suddenly feels like a walk in the park.

Of course, there's a catch. A medical doctor can safely supply EPO to patients. However, an EPO overdose (a big problem with athletes and their "more is better" attitudes) results in thickened blood. When a person who has overdosed on EPO rests, their slowing heart tries to pump this thickened blood through their body. The result is heart failure and usually death and, hence, one of the major reasons for banning EPO from professional sports. Many athletes found this out the hard way.

The Lore of Athletic Glory

In February 1990, 27-year old Dutch professional cyclist, Johannes Draaijer, died suddenly of a heart attack. This occurred roughly six months after he placed 20th in the month-long 3,500-km Tour de France. At the time, cycling authorities credited his death to "cardiovascular abnormalities" agitated by the rigors of his sport. However, Draaijer's wife later told the German news magazine, *Der Spiegel*, that her husband became sick after using EPO.

Overall, doctors credit EPO overdose to the deaths of over 20 professional cyclists from Europe to Central America during the late 1980s to early 1990s. Of course, the lore of athletic glory isn't only limited to cyclists. In his book, *Drugs in Sports*, Edward F. Dolan recounts a survey where 100 runners were asked if they would take a drug that would make them Olympic champions, but kill them in a year. More than one half of the runners surveyed replied yes.

I don't think many would disagree that athletes have become competitive in all the wrong ways. I'm not sure when the change happened. I'm guessing sometime within the second half of the 20th century, when commercials and television started blending with sports. Sporting participants are obsessed with victory. And, I'm not just talking about sports on the professional level. Amateur and masters athletes are just as crazy-competitive as the pros.

With this "victory at any cost" mindset, it's easy to see how getting any edge (even if it means using an illegal PED) is tempting. Meanwhile, PED-free athletes watch in frustration as their competitors illegally achieve record performances in competition.

So What's a Beginning Triathlete To Do?

If you are competing, check the rules of your sport. If the sport considers a substance illegal, don't use it. Chances are the substance is banned for a reason.

As of this writing, the World Anti-Doping Society and the International Olympic Committee have begun toughening testing standards. The National Football League and other professional leagues have proposed toughening the same testing standards. In other words, it's only going to be harder to get away with using banned substances in sports. Don't take a chance. Besides, there's no victory worth ruining your health by taking drugs.

In addition to the health risks, using illegal substances can lead to criminal charges, being banned from your sport, and possibly losing the titles you risked your life for in the first place. Using illegal substances will tarnish your reputation and bring shame to your sport.

Consider this, as Nina James cycled to the finish of her bike leg in the 2010 Triathlon World Championship, she hung her head low. In first place, observers thought she was either being modest or focused. James said she was simply ashamed. She knew she cheated. Maybe for someone as talented as Nina James that's punishment enough.