

Drugs in Sport

Revised 2018

Preamble

The use of prohibited substances in sport is a world-wide problem.

The pressures and expectations to win, or to perform at the elite level, can lead some athletes to use prohibited substances and/or prohibited methods.

Prohibited substances and methods are used in sport to enhance performance, promote recovery, to improve body appearance, and to create an unfair advantage over other competitors. However, the AMA also recognises that the use of performance- and image-enhancing drugs (PEIDs) is not isolated to elite athletes, but also seen in developing and sub-elite athletes, as well as school students and body builders.

In Australia, ASADA (Australian Sports Anti-Doping Authority) oversees a comprehensive anti-doping program, including education, deterrence, detection, and enforcement. ASADA also collaborates with WADA (World Anti-Doping Agency), which is responsible for producing the annually updated Prohibited List, to ensure consistent anti-doping practices and policies. The AMA supports compliance with world anti-doping policies to ensure Australian sport is 'clean', and the health and integrity of our athletes and sporting codes are maintained.

Recreational drugs commonly used in Australia are also prohibited under anti-doping codes. These include stimulants (amphetamines, methamphetamine, cocaine, and ecstasy like drugs including MDMA, MDA and MDEA), narcotic analgesics, and opiates (heroin, morphine, pethidine).

The AMA Position Statement on *Harmful substance use, dependence, and behavioural addiction (Addiction) – 2017* addresses substance dependencies and behavioural addictions that can be detrimental to individuals and the community. The AMA recognises substance use in the general community as a serious health condition, and argues that those who are affected should be treated like other patients with serious illness, and be offered the best available treatments and supports to aid recovery. This may include innovative policy models and trials, in a controlled manner, funded and evaluated appropriately, that might reduce harms and improve outcomes for users and society at large.

There are also distinct health risks involved in using many of the prohibited substance and methods in sport, which is one of the reasons they are banned by sports governing bodies.

Some prohibited substances are contained in commonly used prescription medications (e.g. insulin), or in over the counter medication (e.g. pseudoephedrine) due to their performance enhancing effects.

Some dietary supplements also contain prohibited substances. These have extra risks because the Therapeutic Goods Administration (TGA) regulations are less stringent, and supplements may contain substances that are not written on their labels. This results in a potential health risk, as well as an anti-doping risk, as athletes cannot always be sure that the supplement they are taking is "safe". ASADA recommends athletes perform a series of checks, which includes having independent batch testing of any supplements before they are used.¹

¹ For further information: see Australasian College of Sports Physicians Statement <http://www.acsep.org.au/content/Document/ACSEP%20Supplement%20Position%20Statement%20final%20171117.pdf> and ASADA supplement statement <https://www.asada.gov.au/substances/supplements>.

Any sportsperson taking medications, supplements, or alternative medicines of any kind should be aware that some of these preparations may contain prohibited substances, or be a prohibited method, which could result in positive anti-doping tests and, ultimately, sanctions.

Medical practitioners have an important role in not only helping to deter any patient from using drugs – both legal and prohibited by anti-doping agencies – for non-medical purposes, but also ensuring that they do not prescribe prohibited drugs to athletes who may be drug tested. The doctor's role should also extend to advice to participants at all levels on illicit drug use.

Australia has very high rates of sporting participation and attendance, and an enviable record of sporting achievement. Every effort must be made to ensure Australian athletes and sport are 'clean'.

The AMA Position:

1. Using performance-enhancing substances and methods tarnishes the health, reputations, and records of athletes and sporting teams, and every appropriate effort must be made to eliminate the use of banned substances and methods.
2. The systematic detection and enforcement of anti-doping policies must be maintained at the elite level, with education an important part of the process, and must extend to lower level and community athletes.
3. Medical practitioners have a very important role in helping prevent the use of performance-enhancing and banned substances and methods.
4. Medical practitioners should advise all patients who participate in competitive sport to check all medications they take against the WADA Prohibited List – the international standard identifying substances and methods prohibited in sport, prepared and updated by the World Anti-Doping Agency (WADA.) The checking tool is: www.globaldro.com.
5. Medical practitioners should also check the medications they prescribe (Globaldro and/or MIMS) to elite athletes to avoid prescribing medications that are prohibited.
6. Medical practitioners should be aware that there is a process in place to allow them to prescribe WADA Prohibited medications to athletes if there are no alternatives. This is called a Therapeutic Use Exemption (TUE), and is administered by ASDMAC (Australian Sports Drug Medical Advisory Committee), an independent panel of medical practitioners² who assess and decide on these applications.
7. Medical practitioners must be aware that conflicts of interest may arise between the health of individual athletes and those of teams, as well as possible conflicts between the privacy of athletes and the sharing of individual health records, diagnosis, and treatment. However, medical practitioners have a duty of care to individual athletes, and should never assist any athlete to engage in doping practices or any other unethical performance-enhancing methods.
8. Medical practitioners should be informed about the appropriate medical prescribing rules for steroids, human growth hormones, stimulants and other substances that may be used inappropriately by athletes.
9. The prescription or administration of medically unnecessary substances, or the employment of medically inappropriate practices, including those intended to enhance performance in sport or body image, is unethical and cannot be condoned.

² See: www.asdmac.gov.au.

10. Athletes, coaches, administrators and sports physicians are bound to make correct ethical and legal choices, and adhere to the rules regarding the use of prohibited substances and methods. The WADA Code has provisions for sanctions against medical professionals who knowingly prescribe or provide performance enhancing drugs to athletes.³
11. On-going research is needed into the use, availability, and effects of drugs in sport.
12. The Federal Government, along with agencies such as ASADA and the TGA, should regularly distribute relevant information and updated information about drugs in sport to all Australian medical practitioners, pharmacists, legislators, sporting organisations, educators and sporting organisations.

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³ See <https://www.asada.gov.au/rules-and-violations/anti-doping-rule-violations>