



# INTERNATIONAL FLOORBALL FEDERATION (IFF)

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APPENDIX 20

## WADA TUE Symposium 2014

October 23-24

### 1. Therapeutic Use Exemption: Principles and Practices

Presenter: Dr. Alan Vernec, WADA Medical Director

- Need to have sufficient medical information with TUEs, need to convince physicians to follow the rules of sport
- TUE recognition will be available on ADAMS and ADAMS is now being developed for automatic recognition
- In 2009 the TUEs for Beta-2 agonists were 70%, now 5 % due to the changes

### 2. The Realities of TUE Policy Implementation within a Diverse Athlete Population

Presenter: Mr. Matt Fedoruk, Science Director, USADA

- Should be concerned with the amount of TUEs for glucocorticoids
- Stimulants increased in smaller sports – why?
- On-line help from USADA: [www.globaldro.org](http://www.globaldro.org) & [www.supplement411.org/supplement411](http://www.supplement411.org/supplement411)
- Testosterone an issue in USA (many clinics available and open for all)

### 3. Challenges and Lessons from Anti-Doping Organisations

Presenters: Dr. Peter Harcourt, AFL Medical Director; Dr. Richard Budgett; Mr. Marc Vouillamoz, Head of Anti-Doping and Medical Unit, UEFA, Ms. Anne Sargent, Medical Education Officer, UK Anti-Doping

- UEFA TUE Committee: 5 members with A-D knowledge, broad medical expertise, need to be available at any time, picking candidates.
- UEFA: Two different TUE processes
  - TUEs dealt by in the past: only one member to review
  - Complicated case: more members chosen by specialty
  - Standard confidentiality document for TUE Committee members
- UEFA: All teams must have team doctors with the team all of the time (on bench) and UEFA has a close link to them

### 4. Challenging Medical Issues & presenters

- ADHD: Dr. Susan White, Chair, ASDMAC; Dr. Sandra Kooij, Founder and Chair, European Network Adult ADHD
  - a. Two main diagnostic criteria, ICD 9/10 & DSM 4/5
  - b. Clinical diagnosis only
  - c. Diagnostic criteria now require evidence of onset of symptoms in childhood < 12
  - d. Diagnosis of specialist in ADHD management
  - e. TUE max 4 years
  - f. WADA ADHD medical information useful
- Use of Glucocorticoids: Dr. Chin Sim Teoh, Director and Senior Consultant (Sports Medicine), Khoo Teck Puat Hospital, Singapore; Dr. Mario Zorzoli, UCI Doctor and Scientific Adviser
  - a. Doping agent? (discussions ongoing)
  - b. IC: oral, intravenous, intramuscular, rectal prohibited & intra-articular, inhalation, topic permitted
  - c. Problems with objective evidence (eg. Allergy reaction, UCI: photos as evidence)
  - d. Only TUEs granted for in competition needed
  - e. Permitted and prohibited administration of use are impossible to differentiate?



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- Intravenous Fluids: Dr. Ola Rønsen, Vice President and Chief Medical Officer, Aker Solutions ASA
  - a. IV more than 50 mL per 6 hour period are prohibited (less is permitted, eg. glucose, saline, liquid iron supplements permitted) except for those legitimately received in hospital like setting, when also more than 50 mL/6h is permitted. Hospital like setting?
- Asthma: Dr. Margo Mountjoy; Dr. Audrey Kinahan, Member, WADA Prohibited List Expert Group
  - a. Not enough medical evidence differentiation (based on route) for all Beta-2 agonists, therefore for example terbutaline is still prohibited. More scientific data needed.
  - b. Still prohibited: terbutaline, fenoterol, reproterol, procaterol + ultra-long acting Beta-2 agonists: indacaterol, vilaneterol, olodaterol'
  - c. Asthma TUE process change for inhaled Beta-2 agonists:
    - i. 2004: Abbreviated TUE
    - ii. 2004 -> Objective proof needed
    - iii. 2010 -> Salbutamol permitted
    - iv. 2012-> Formoterol permitted
    - v. 2014 -> Still TUE needed, but permitted options available
  - d. TUE. 4 years
  - e. Emergency situation: Retrospective TUE
  - f. Dr. Alan Verneq: Flexibility in explaining why not permitted Beta-2 agonist option used

### 5. The Hazards of Supplement

Presenter: Prof. Ron Maughan, School of Sport, Exercise and Health Sciences, Loughborough University

- Supplements may include substances not listed and can even be toxic
- Some include doping agents that are not declared, weightloss product (sibutramine), muscle building products (anabolic steroids), Tonics (ephedrine)
- [www.consumerlab.com](http://www.consumerlab.com) & [www.informed-sport.com](http://www.informed-sport.com) (but nothing 100%)
- 1999-2000 a large number of athletes tested positive for nandrolone, clenbuterol in contaminated meat
- When 634 supplements were analysed, 94 were positive (11 different anabolic steroids, 23 nandrolone)
- Creatine products, amino acids, proteins, vitamins, minerals can all include doping agents
- Cross-contamination possible (same equipment & storage) & Deliberate adulteration lead to failed doping tests
- Manufacturers guarantee 99% pure, but about 20 % contaminated
- Huge individual differences how different substances show in tests -> lottery for athletes
- *"If it works, it's probably banned – If it's not banned, then it probably doesn't work"*

### 6. Key Changes to the Code and the International Standard for TUEs

Presenter: Mr. Jonathan Taylor, Partner, Bird & Bird

- No changes to granting & application process
- Broader discretion to grant retroactive TUE
- Each NADO, IF & MEO has its own TUE jurisdiction
- Each NADO, IF & MEO must recognize TUE granted by other ADO if it meets ISTUE criteria (in ADAMS)
- More athlete friendly 2015->



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- All TUEs must be reported through ADAMS (or other system approved by WADA, but WADA doesn't like any other system) as the system only works if ADOs use ADAMS
- Retroactive TUE
  - Emergency treatment requires
  - Exceptionally because insufficient time
  - Where rules require/permit app for retroactive TUEs (more for NADOs)
  - Where WADA & Relevant ADO agree that fairness requires grant of retroactive TUE (not wanted situation, but important addition for athletes)

#### 7. ADO Cooperation for TUE Recognition

Presenter: Mr. Joseph de Pencier, Chief Executive Officer, INADO

- ADOs can pre-recognise TUEs (if WADA can review them = ADAMS) or can require athlete to apply for a recognition of TUE granted by others
- Help to athletes:
  - IFs must publish TUE information on website so that is clear to athletes
  - Information to which ADO they should apply, how to apply, when an IF will recognise another ADO TUE automatically. IFs must make clear when athletes become international level athletes
  - ADOs need to prepare process of recognition, establish relationships with the main ADOs, review WADA resources for medical conditions, translations of TUE summaries help
  - If there is a dispute of which ADO shall handle a TUE, WADA will decide

#### TO DOs

- To prepare new IFF Event Anti-Doping guidelines with information on TUEs (1<sup>st</sup> event WFCQ 2015)
- To update the IFF webpage Anti-Doping section
- To update TUE application form