

ATHLETICS OMNIBUS - ILLEGAL SUBSTANCES IN SPORT

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THE USE OF PROHIBITED SUBSTANCES IN SPORT

A PROHIBITED CLASSES OF SUBSTANCES

The International Association of Athletics Federations (IAAF) rule 144 states clearly that any method used to enhance performance artificially is illegal.

Using prohibited substances knowingly or unknowingly is against the law and will be penalised severely. The excuse of not knowing that it was illegal will not be accepted as an excuse.

An athlete using any form of medication must confirm with his doctor whether it is legal. All doctors and pharmacists have a list of drugs that contain illegal substances.

The list of illegal substances is updated on a daily basis. The most recent list can be found on the Drug Free Sport Web Site: drugfreesport.org.za or The International Association Of Athletics Federations (IAAF) website: iaaf.org

The following drugs and methods are illegal:

1 CLASS A: STIMULANTS

1.1 DESCRIPTION

Stimulants are substances, which have a direct stimulating effect on the central nervous system, because they increase the excitation of brain and spinal cord, the cardiac output and rate of metabolism. The four most notorious examples of stimulants that are used in sport are amphetamine, cocaine, ephedrine and caffeine.

Stimulants may be used to attain the same effect as adrenalin, which is secreted naturally in our body. They may produce alertness, wakefulness and an increased ability to concentrate. In addition, they may improve the faculty to exercise strenuously or produce a decreased sensitivity to pain.

1.2 SIDE EFFECTS

Stimulants have caused the death of several athletes. If an athlete has to perform under severe circumstances, e.g. long periods of time and/or in the heat, the body heats up very easily and intensively. The use of stimulants will make it difficult for the body to cool down. The heat and other vital organs may stop working properly, which may lead to death of the athlete. Other potential harmful side effects include:

- 1.2.1 Loss of appetite
- 1.2.2 Loss of sleep (insomnia)
- 1.2.3 Reduction of fatigue resulting in exhaustion
- 1.2.4 Euphoria
- 1.2.5 Hallucinations (psychosis)
- 1.2.6 Trembling
- 1.2.7 Restlessness, agitation, tenseness
- 1.2.8 High blood pressure (hypertension)
- 1.2.9 Palpitation and heart rhythm disorders
- 1.2.10 Diminished coordination, judgmental ability and self-criticism
- 1.2.11 Addiction
- 1.2.12 Increased body temperature (hypothermia)

1.3 IMPORTANT NOTE:

The use of stimulants in sports is forbidden. Many cough and cold medications contain stimulants. One group of stimulants is the sympathomimetic amines of which ephedrine are an example. In lower doses the amines are often present in cold and hay fever preparations. They can be purchased in pharmacies and sometimes other retail outlets without the need of a

medical prescription. Thus no product for use in colds, flu or hay fever purchased by a competitor or given to him should be used without first checking with a doctor or pharmacist that the product does not contain a drug of the banned stimulants class.

1.3.1 AMPHETAMINES

Therapeutic use of **Amphetamines** has included treatment for obesity, narcolepsy, minimal brain dysfunction and depression. In some of these conditions the use has been decreased or ceased and has been replaced by other medications with less potential for abuse. Amphetamines and related compounds have the most notorious reputation in producing problems in sport. Some deaths of sportsmen have resulted, even when normal doses have been used under conditions of maximal physical activity. There is no medical justification for the use of Amphetamines in sport.

1.3.2 COCAINE

Cocaine occurs naturally in the leaf of the coca plant, which grows in a wide area of central and South America. The original use of Cocaine was to help against indigestion and to reduce fatigue amongst soldiers and workers. Later on it was used as an antidepressant and as a local anaesthetic. The biggest problem of Cocaine is the addiction that most users get. In sport Cocaine-use has led to several deaths because of heart problems. The most dramatic and life-threatening effect is coronary occlusion.

1.3.3 EPHEDRINE, PHENYLPROPANOLAMINE AND LOOK-ALIKES

Ephedrine is similar in mechanism to the amphetamines. Its clinical uses have included the non-emergency treatment of allergic reactions, asthma and hypotension during spinal anaesthesia, atrioventricular block and nasal congestion. The major use today is a nasal decongestant. In sport several cases are known of athletes who have been disqualified because they used Ephedrine, not knowing that it was forbidden, or used medication not knowing that it contained Ephedrine or a look-alike, specially in cold tablets and cough mixtures.

1.3.4 CAFFEINE

Caffeine is a drug that occurs naturally in coca, coffee beans and tea leaves. The amount of caffeine obtained from every source depends on the particle size of the extracts. Caffeine is added to soft drinks such as the many types of colas and is also presented in a number of over the counter medicines. Because of the presence of Caffeine in every day products, the WADA considers Caffeine as doping if the concentration in urine exceeds 12 micrograms/ml. The build up of Caffeine in your body is largely unpredictable due to the individual difference in the rate of metabolism. One should therefore be careful when using products containing Caffeine.

The use of Caffeine can be habit forming

2 CLASS B: NARCOTICS

2.1 DESCRIPTION

These narcotic analgesics, which are banned in sports, are represented by morphine and its chemical and pharmacological analogues. They are derived from opium, which in turn is derived from the poppy plant (*papaver somniferum*). They act on the central nervous system and reduce feelings of pain. Narcotic analgesics may be used to mask the sensation of pain. Besides reducing pain, narcotic analgesics are used to suppress coughs.

2.2 SIDE EFFECTS

Use of narcotics may cause a health problem. A false sense of security may cause an athlete to ignore a potentially serious injury, risking further damage. Other potential dangerous side effects are:

- 2.2.1 Addiction
- 2.2.2 Loss of balance and coordination
- 2.2.3 Nausea and vomiting
- 2.2.4 Loss of sleep and depression
- 2.2.5 Breathing becomes slower
- 2.2.6 Decreased heart rate
- 2.2.7 Decreased ability to concentrate
- 2.2.8 Constipation

2.3 IMPORTANT NOTE

The use of narcotic analgesics in sport is forbidden. Codeine is an example of a narcotic analgesic that has been banned for several years. It is used in many cough medicines and mixtures.

3 CLASS C: ANABOLIC AGENTS

3.1 DESCRIPTION

Androgenic anabolic steroids are derivatives of the natural male hormone testosterone.

'Anabolic' means 'tissue building' and 'androgenic' means 'masculinizing'. They can be taken orally or by injection. After administering particularly the formation of protein in the genital organs, the skin, the skeleton and the skeleton muscles is promoted. In medicine androgenic anabolic steroids are sometimes used for the treatment of anaemia, osteoporosis, gynaecological disorders and growth problems.

Androgenic anabolic steroids are sometimes taken (in very large doses) by athletes who are involved in weight lifting, throwing and many other sports involving strength. They seem to increase muscle size and strength when the individual taking them is experienced in strength training, is performing strenuous strength training concurrently and is well nourished.

Side effects associated with androgenic anabolic steroids are extremely serious. They can be divided into general, male-specific and female specific.

3.2 SIDE EFFECTS

3.2.1 GENERAL SIDE EFFECTS

- 3.2.1.1 Greasy skin and acne
- 3.2.1.2 Damage to the reproductive system resulting in infertility
- 3.2.1.3 High blood pressure (hypertension)
- 3.2.1.4 Liver and kidney abnormalities
- 3.2.1.5 Violent and aggressive behaviour towards other people
- 3.2.1.6 Promotion of growth of tumours

3.2.2 MALE-SPECIFIC SIDE EFFECTS

- 3.2.2.1 Breast development
- 3.2.2.2 Infertility
- 3.2.2.3 Testicular atrophy
- 3.2.2.4 Diminished male hormone production
- 3.2.2.5 Impotence
- 3.2.2.6 Hair loss
- 3.2.2.7 Prostate cancer

3.2.3 FEMALE-SPECIFIC SIDE EFFECTS

- 3.2.3.1 Male pattern hair growth and boldness
- 3.2.3.2 Menstruation disturbances
- 3.2.3.3 Decreased size of breasts
- 3.2.3.4 Deeper voice (hoarseness)

3.3 IMPORTANT NOTICE

The use of androgenic anabolic steroids in sports is forbidden. The use of these substances is very dangerous and may cause the death or severe health problems.

3.4 OTHER ANABOLIC AGENTS

Other anabolic agents are substances which are pharmacologically not related to the androgenic anabolic steroids, but which might have a similar anabolic effect. This doping class has been established because of the abuse of the B₂-agonist clenbuterol. In veterinary medicine clenbuterol is used to treat calves for colds and coughs. B₂-agonists or B₂-adrenoreceptor agonists actually belong to the class of stimulants and have been developed for the treatment of chronic bronchitis, emphysema and asthma.

People discovered that when using clenbuterol in large quantities with calves the percentage of fat reduced and the muscular tissue increased. It is assumed that athletes also started to use clenbuterol on the basis of these findings. Scientifically the alleged anabolic effect on humans is dubious.

3.4.1 OTHER ANABOLIC AGENTS

- 3.4.1.1 Trembling
- 3.4.1.2 Restlessness, agitation
- 3.4.1.3 Feelings of anxiety
- 3.4.1.4 Heart rhythm abnormalities (arrhythmias)
- 3.4.1.5 Muscle cramps

3.4.2 IMPORTANT NOTICE

Not only clenbuterol has been banned, but also all other substances that belong to the class of B₂-agonists.

4 CLASS D: DIURETICS

4.1 DIURETICS MAY PRIMARILY BE USED FOR TWO REASONS:

- 4.1.1 To try to achieve rapid weight loss in sports where weight categories are involved. Boxing, judo, weightlifting and rowing are examples of these sports. In bodybuilding diuretics may be used to 'dry up' so muscles show better.
- 4.1.2 To try to reduce the concentration of drugs in the urine through rapid diuresis so the chance of detecting the drug at a doping control is decreased, thus using as masking agents.

4.2 SIDE EFFECTS

Diuretics are drugs that increase the rate of urine formation and excretion. In general, the diuretics act directly on the kidney tubules to produce the desired effects. Clinically, diuretics are used to control hypertension, to reduce edema and as an adjunct in treating congestive heart failure.

- 4.2.1 Dehydration
- 4.2.2 Decreased circulation of blood volume (hypovolemia)
- 4.2.3 Muscle cramps
- 4.2.4 Renal disorders
- 4.2.5 Dizziness when standing up (orthostatic hypo tension)
- 4.2.6 Heart rhythm abnormalities (arrhythmias)

4.3 IMPORTANT NOTE

The use of diuretics in sports is forbidden. Non-medical use of diuretics can be very dangerous. Because of dehydration athlete will not be able to perform at his/her best. Losing too much water along with sodium may cause heart and kidney failure, which has led to the death of several athletes.

5 CLASS E: PEPTIDE HORMONES, MIMETICS AND ANALOGUES

5.1 DESCRIPTION

Peptide and glycoprotein hormones are natural substances that act as 'messengers' within the body and cause the production of other endogenous hormones like testosterone and (cortico) steroids. The effect is that growth increases and/or pain are reduced.

5.2 SIDE EFFECTS

Analogues are man-made synthetic drugs, which have similar effects to peptide hormones. The following hormones belong to this class:

5.2.1 HUMAN CHRONIC GONADOTROPHIN (HCG)

The hormone increases production of endogenous steroids and the effect is similar to using testosterone. HCG is used by athletes, because it seems to increase muscle size and strength. It enables them to do strenuous strength training. The side effects are:

- 5.2.1.1 Breast development (in males) (gynaecomastia)
- 5.2.1.2 Menstrual disorders (in women)

5.2.2 HUMAN GROWTH HORMONE (HGH)

This hormone increases linear growth until puberty (when the epiphyses of bones fuse, thus permitted no further growth). HGH is used by athletes to try and build muscles. Adult athletes risk enormous health problems by using HGH and the side effects are:

- 5.2.2.1 Abnormal growth of hands, feet and face (acromegaly)
- 5.2.2.2 Abnormal growth of internal organs, e.g. liver
- 5.2.2.3 Joint disorders (arthropathies)
- 5.2.2.4 Diabetes mellitus
- 5.2.2.5 Cardiovascular diseases, e.g. high blood pressure (hypertension)

5.2.3 ADRENO CORTICO TROPHIN HORMONE (ACTH)

This hormone increases the level of endogenous corticosteroids. ACTH is used by athletes to repair damaged tissues and muscles. If used for long periods of time it would cause muscle wasting. Other side effects are:

- 5.2.3.1 Sleeping problems (insomnia)
- 5.2.3.2 High blood pressure (hypertension)
- 5.2.3.3 Diabetes mellitus
- 5.2.3.4 Stomach ulcer
- 5.2.3.5 Poor healing of wounds
- 5.2.3.6 Loss of bone mass (osteoporosis)

5.2.4 ERYTHROPOIETIN (EPO)

This hormone increases the number of red blood cells (erythrocytes) in the blood. EPO are used by athletes to perform better in endurance events. Because of EPO the viscosity of blood increases which heightens the risk of blood clotting and may lead to a stroke. Other side effects are:

- 5.2.4.1 Increased viscosity, 'thickness', of the blood
- 5.2.4.2 High blood pressure (hypertension)
- 5.2.4.3 Myocardial infarction
- 5.2.4.4 Cerebral infarction &
- 5.2.4.5 Blood clots in the lungs (pulmonary embolism)
- 5.2.4.6 Convulsions

5.3 IMPORTANT NOTE

The use of peptides and glycoprotein hormones and analogues in sports is forbidden.

6 CLASS F: AGENTS WITH ANTI-OESTROGENIC ACTIVITY

6.1 Aromatase inhibitors, clomiphene, cyclofenil, tamoxifen are prohibited only in males.

7 CLASS G: MASKING AGENTS

7.1 Masking agents are prohibited. They are products that have the potential to impair the excretion of prohibited substances or to conceal their presence in urine or other samples used in doping control.

7.2 The presence of a urinary concentration of epitestosterone greater than 200mg / ml constitutes an anti-doping violation unless there is evidence that it is due to a physiological condition. Isotopic ratio mass spectrometry (IRMS) may be used to draw definitive conclusions. If the results of the IRMS are inconclusive, the relevant medical authority shall conduct an investigation before the sample is declared positive.

B PROHIBITED METHODS

The following procedures are prohibited:

1 ENHANCEMENT OF OXYGEN TRANSFER

1.1 DESCRIPTION

Blood doping is the administration of blood or related red blood products to an athlete other than legitimate medical treatment. The procedures may be autologous (one's own blood withdrawn from an athlete several weeks before a competition) or homologous (donated blood).

Research has shown that blood doping increases the aerobic capacity and therefore may increase endurance performances. Therefore athletes involved in endurance activities such as long distance running, cycling, skiing or swimming might benefit from using blood doping.

1.2 SIDE EFFECTS

- 1.2.1 Blood clots which cause strokes (embolism)
- 1.2.2 Life threatening hypersensitivity reaction (anaphylactic shock) and other transfusion reactions, such as increased breakdown of transfused blood if incompatible blood is transfused
- 1.2.3 Infections (hepatitis, AIDS) from donor blood, which has not been screened for viruses, or from sharing needles
- 1.2.4 Allergic reactions (fever, rash, etc.)

1.3 IMPORTANT NOTE

Blood doping is forbidden as a method of doping in sports, as is Erythropoietin (EPO).

The administration of products that enhances the uptake, transport or delivery of oxygen, e.g. modified haemoglobin products including but not limited to bovine and cross linked haemoglobins, microencapsulated haemoglobin products, perfluorochemicals, and RSR13.

2 PHARMACOLOGICAL, CHEMICAL AND PHYSICAL MANIPULATION

2.1 DESCRIPTION

Pharmacological, chemical and physical manipulation consists of the use of substances and/or methods, which may alter the integrity and validity of urine samples obtained in doping controls. Catheterisation, urine-substitutions and /or tampering, inhibition of renal excretion, e.g. probenecid and related compounds, and epitestosterone application belong to this category.

Urine samples can be manipulated to cover up the use of banned substances. Athletes knowing that they have used a banned substance could attempt to cover this use.

2.2 SIDE EFFECTS

2.2.1 PROBENECID

- 2.2.1.1 Headache
- 2.2.1.2 Intestinal problems
- 2.2.1.3 Dizziness and hot flushes
- 2.2.1.4 Kidney stones

2.2.2 CATHETERISATION

- 2.2.2.1 Cystitis (bladder infection)
- 2.2.2.2 Inflammation of lower urinary track

2.3 IMPORTANT NOTE

Manipulation is forbidden and punishable if used as a method of doping in sports.

3 GENE DOPING

Gene or cell doping is defined as the non-therapeutic use of genes, genetic elements and/or cells that have the capacity to enhance athletic performance.

3.1 IMPORTANT NOTE

Gene or cell doping is forbidden and punishable if used as a method of doping in sports.

C CLASSES OF PROHIBITED SUBSTANCES IN CERTAIN SPORTS

1 ALCOHOL

Where the rules of the governing body so provide, tests will be conducted for ethanol.

3.2 DESCRIPTION

Alcohols are a group of chemicals, most of which is toxic. The most common is ethanol or ethyl alcohol, which is obtained by the fermentation of sugar. It is non-toxic except in large and chronic doses and has been enjoyed as a beverage for many centuries. Alcohol is a central nervous system depressant. Following ingestion alcohol is rapidly distributed to all parts of the body including the brain.

Alcohol can be used in small quantities to reduce trembling, to improve self-confidence, and to relax. Especially in sports, which require coolness, e.g. like pool, darts, archery and shooting, athletes might have an advantage if they use some alcohol.

3.3 SIDE EFFECTS

- 1.1.1 Depending on the amount, alcohol can have an adverse effect on performance in sports.
- 1.1.2 Long term use of alcohol may be addictive.
- 1.1.3 Alcohol decreases balance, reaction-time, hand-eye-coordination and complex coordination of gross motor skills.
- 1.1.4 Alcohol may also make an athlete violent and aggressive which may be dangerous to the opponent and/ or team-mates.
- 1.1.5 Excessive long-term use of alcohol may cause liver problem.

1.2 IMPORTANT NOTE

Alcohol is prohibited in some sports. If required by an (Inter) national sports governing body, breath or blood alcohol levels can be ordered and determined.

2 CANNABINOIDS

Where the rules of the governing body so provide, tests will be conducted for cannabinoids (e.g. Marijuana, Hashish). At the Olympic Games tests will be conducted for cannabinoids.

3 LOCAL ANAESTHETICS

3.1 DESCRIPTION

Local anaesthetics are sustained that prevent the initiation and/or the transmission of nerve impulses. The synthetic substances with local anaesthetic effects are in structures more or less related to the alkaloid cocaine. Administration of local anaesthetics aims to make parts of the body insensitive to pain but to leave the central nervous system functions unaffected. Local anaesthetics can be used either topically (e.g. creams, sprays, eye-drops and ear drops) or by injection.

Local anaesthetics can be used to repress pain so athletes don't have to stop competing or training despite an injury.

3.4 SIDE EFFECTS

Use of local anaesthetics may aggravate an injury if the person involved goes on loading the injured parts of his body.

3.1.1 IN CASE OF HYPERSENSITIVITY OR AN OVERDOSE

- 3.1.1.1 Fear
- 3.1.1.2 Confusion
- 3.1.1.3 Disturbed speech
- 3.1.1.4 Visual and hearing problems
- 3.1.1.5 Muscle spasms in the face

3.1.2 IN CASE OF ACCIDENTAL INTRAVASCULAR INJECTION

- 3.1.2.1 Tremors
- 3.1.2.2 Muscle cramps
- 3.1.2.3 Convulsions
- 3.1.2.4 Heart failure
- 3.1.2.5 Apnoea because of respiratory depression

3.2 IMPORTANT NOTE

Local anaesthetics for topical use (creams, sprays, eye-drops and ear drops) are not banned. Local anaesthetics given by injection, with the exception of cocaine, are not banned substances provided they are administered either locally or intra-articularly. Then appropriate details of the diagnosis dose and route of administration must be submitted in writing.

4 GLUCOCORTICOSTEROIDS

4.1 DESCRIPTION

Corticosteroids are naturally occurring or synthetically produced drugs which are related to the adrenocorticosteroids hormones released from adrenal cortex. Corticosteroids are used therapeutically to treat inflammations, asthma and pain. Because of the adverse side effects the use of corticosteroids requires medical control. Due to the increasing non-therapeutic use stronger restrictions have been laid down by the sports governing bodies.

Corticosteroids can be used to depress inflammations and pain, but also because of the euphoric feeling athletes might get from them.

3.5 SIDE EFFECTS

- 4.1.1 Loss of sleep (insomnia)

- 4.1.2 High blood pressure (hypertension)
- 4.1.3 Poor healing of wounds
- 4.1.4 Heartburn
- 4.1.5 Diabetes mellitus
- 4.1.6 Loss of bone mass (osteoporosis)

4.2 IMPORTANT NOTE

The use of Corticosteroids is banned in sports except for topical use (aural, ophthalmological and dermatological), inhalation therapy (asthma, allergic rhinitis) and local or intra-articular injections. Competitors using corticosteroids for medical purposes should report this use in writing to the Anti-Doping Commission.

5 BETA-BLOCKERS

5.1 DESCRIPTION

Beta-blockers are a group of medications used mainly for the treatment of high blood pressure, angina, migraine, and certain cardiac arrhythmias.

Beta-blockers can be used to control anxiety, to steady and to slow the heart rate, and/ or to cause reduction in hand tremor. Especially sports like archery, shooting, modern pentathlon luge, diving, bob sleigh, ski- jumping and motor sports might benefit from using beta-blockers.

3.6 SIDE EFFECTS

Beta-blockers have an adverse effect on exercise performance; they increase the perceived exertion and decrease the endurance time during progressive exercise. Furthermore they have adverse effects like:

- 5.1.1 Low blood pressure (hypo tension)
- 5.1.2 Slow heart rate (bradycardia)
- 5.1.3 Cardiac failure
- 5.1.4 Impaired circulation
- 5.1.5 Loss of sleep (insomnia)
- 5.1.6 Impotence

5.2 IMPORTANT NOTE

The use of beta-blockers is restricted in sports. Due to the continued misuse of beta-blockers in some sports and the fact that there is a wide range of effective alternative preparations, anti-doping organizations reserve the right to test in those sports deemed appropriate.

6 MARIJUANA

6.1 DESCRIPTION

Marijuana (and hashish) comes from the complex Indian Hemp plant Cannabis Sativa. Over 400 compounds have been isolated from this plant, of which 61 have been identified as cannabinoids. The psychoactive properties of these cannabinoids range from virtually non-existent to hallucinogenic. The most powerful active cannabinoids is T.H.C (delta 9 Tetrahydrocannabinol). Marijuana is the general term for crude preparations of the dried leaves, seeds, stems and sometimes flowers of the cannabis plant. These preparations contain up to 8% T.H.C. Hashish is the resin and flowering tops of the Cannabis plant containing up to 15% T.H.C. Hash oil contains as much as 60% T.H.C.

Marijuana (or hashish) may be used to relax before a competition.

6.2 SIDE EFFECTS

There can be no doubt that the immediate and long term effect of cannabis use are detrimental to sporting performance due to its effect on the heart, lungs and central nervous system. Furthermore, marijuana can have an effect on the reproductive system.

6.2.1 HEART

- 6.2.1.1 Increased heart rate
- 6.2.1.2 Increased blood pressure

6.2.2 LUNGS

- 6.2.2.1 Inflammation of lung tissue and cancer (caused by smoking)

6.2.3 CENTRAL NERVOUS SYSTEM

- 6.2.3.1 Impaired balance and coordination
- 6.2.3.2 Loss of (short term) memory
- 6.2.3.3 Loss of concentration
- 6.2.3.4 Hallucination (psychosis)
- 6.2.3.5 Abnormal body temperature

6.2.4 REPRODUCTIVE SYSTEM

- 6.2.4.1 Decreased sperm count and motility
- 6.2.4.2 Disturbances with ovulation

6.2.5 IMPORTANT NOTE

Marijuana is prohibited in some sports. Tests may be carried out at the request of an (inter) national sports governing body.

D STEPS IN DOPE TESTING

1 NOTIFICATION OF THE ATHLETE

Before or after an event, or during training, the Anti- Doping commission (ADC) official will:

- 1.1 Identify himself to you and notify to you in writing that you have been selected for a dope test
- 1.2 Ask you to sign the notification form and give you a copy
- 1.3 Ask you not to void urine before you reach the Doping Control Station

An official, usually a marshal, will stay with you until you report to Doping Control Station. Normally one hour shall be given to you after the receipt of notification to report in the dope control station, but you cannot void urine during this period.

Note: Failure to comply with a request to provide a sample will result in a sanction equivalent to that imposed for a positive test result as per the results and regulations of Anti Doping Commission, WADA and IOC.

2 RIGHTS OF THE ATHLETE

While remaining in full view of ADC official you are entitled to:

- 2.1 Have a sport federation representative of your choice (and/ or an interpreter) with you during the sample collection process, except while passing the sample.
- 2.2 Get any necessary medication or food you need (but not banned substances)
- 2.3 Attend a victory ceremony
- 2.4 Meet media commitments
- 2.5 Compete in further events
- 2.6 Finish the training session
- 2.7 Warm down
- 2.8 To be told about the sample collection and analysis procedure
- 2.9 Be informed that sanctions may be imposed for refusing to comply with a request to provide a sample and for which your National Olympic Committee/ Chef- de- Mission/ Manager will be notified in these circumstances

3 REPORTING FOR TESTING

You will be accompanied by a Marshal to the Doping Control Station waiting room.

Sealed drinks may be provided to assist you to void your urine sample, and reading material shall be available. You are entitled to have your representative as well as your interpreter with you. The Dope Control Officer shall help you to complete the sample collection procedure and will explain each step to you.

Note: Media personnel, journalists and photographers are prohibited from entry in the dope control stations.

4 SELECTION OF SAMPLE COLLECTION VESSEL

When you are ready to supply a sample of urine, you will be asked to choose a sample collection vessel from a selection of sealed sterilized vessels.

5 SUPERVISION OF SAMPLE COLLECTION

A sampling officer will accompany you to the toilet where you must remove sufficient clothing so that the passing of the urine into the collection vessel can be directly observed. The sampling officer will be of the same gender as you. When you have provided the required volume of urine (minimum 75ml) you will be required to take the sample directly to the doping control processing room. Only you will handle the sample under direct supervision of the Dope Sampling Officer.

Note: You are not entitled to carry any thing to the toilet viz. training kit, electric & electronic gadgets, eatables, cold drinks etc. Dope Sampling Officer has the right to search you and your personal belongings.

6 SELECTING DOPE KIT

In the presence of the Dope Control Officer, you will be asked to select a dope kit containing two dope-sampling bottles "A" and "B". You must ensure that the seals on dope kit and dope sampling bottles in the kit are intact.

7 BREAKING THE SEAL

You will be invited to break the security seals in the presence of the Dope Control Officer, Dope Sampling Officer and your representative.

8 DIVIDING THE SAMPLE

You will be asked to divide your sample into the bottles (marked "A" and "B"), putting approximately 50ml, into bottle "A" and at least 25ml into bottle "B", leaving a few drops in the sample collection vessel.

9 SEALING THE BOTTLES IN THE DOPE KIT

You will seal the bottles and dope kit in the presence of Dope Control Officer and the Dope Sampling Officer will check that the bottles are tightly sealed before they are returned to their respective dope kit. The Dope Control Officer will then record the security codes of the bottles, bottles seals and kits on the dope control official record form.

10 PASSING AN ADDITIONAL SAMPLE

If you cannot provide the total volume of urine required on the first attempt, the initial urine sample will be sealed. When the balance of the required urine volume is provided, the combination sample is then divided into bottles "A and "B" before final resealing.

Note: If you are required to provide an additional sample because the first sample was insufficient for testing, you may be asked to sign an insufficient sample form. Failure to comply with a request to provide an additional sample will result in a sanction equivalent to that imposed by a positive test result as per WADA and IOC rules.

11 CHECKING YOUR SAMPLE CONDITIONS

The Dope Sampling Officer shall check the acid content (pH) and concentration (Specific Gravity) of your sample before it is sent to the laboratory. These results show whether the urine falls within the correct range for testing. If it does not, you will be asked to provide another sample. Dope control officer shall record the pH and specific gravity on the dope control official record form.

12 COMPLETING AND CERTIFYING THE PAPERWORK

You will be asked to give details of any medication you have taken in the previous seven days. You are strongly advised to mention all medication, including inhalers, vitamins, herbal products and food supplements that you have used. During the sample collection procedure, the Dope Control Officer shall document information such as security seal numbers and medication taken on the sample collection form. The Dope Control Officer shall ask you and your representative to check all information on the sample collection form and, if you are satisfied, to sign the form. The Dope Control Officer also checks and signs the form in your presence. He then provides you with a copy of the completed sample collection form. You have now finished the sampling collection procedure, and you and your representative are free to leave the Dope Control Station.

13 TRANSPORTING THE SAMPLES TO THE LABORATORY

The samples in their sealed containers are then sent to the accredited laboratory by secure chain of custody for analyses through specially designated Dope Samples Handling Officers. The laboratory receives the copy of sample collection form with only information about the urine sample, security seal numbers, gender, event, and medication. Your name and address are not sent to the laboratory, no information is provided which might allow you to be identified.

14 LABORATORY ANALYSIS

The dope control laboratory will analyze your "A" sample for prohibited drugs and prohibited methods. If your sample "A" is positive, the laboratory immediately notifies the ADC who in turn immediately notifies your Chef-de-Mission and representative of International Federation. You will be asked to appear for a hearing session before the Afro Asian Games Anti Doping Commission.

You are entitled to request the laboratory, via the Afro Asian Games Anti Doping Commission, to have your "B" sample analyzed and have the right to observe the unsealing and analysis of the "B" sample (or have your representative do so on your behalf) within a specified time. The laboratory will forward the findings directly to the ADC.

Subsequent sanctions will be imposed on you as per the IOC/WADA/AAGOC rules in the matter.

These procedures have been developed to ensure security and fairness in dope testing.

Note: You shall have to pay for the testing of "B" sample. Your travel expenses and those of your representative (if you wish to take him along) shall be borne by you. These procedures have been developed to ensure security and fairness in dope testing

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