

FIBA Anti - Doping Educational Symposium



Program and Abstract book

EuroBasket 2005 side events
Hosted by Sport Medicine Association of Serbia



Belgrade
21. September 2005.

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WELCOME ADDRESS

One of the key to continued success in the fight against doping is the collaboration between National Organizations and International Federations. Like in this case Sport Medicine Association of Serbia supported by the Medical Council of International Basketball Federation is organizing the FIBA Anti - Doping Educational Symposium. during the Eurobasket 2005.

The idea to organize the Anti-Doping Educational Symposium during the Eurobasket 2005 in Belgrade is of importance for many reasons. First of all, it would be the chance to speak about problem of Supplements as a Doping Trap in Basketball by the world experts. Secondly, Doping Control Officers of Sport Medicine Association of Serbia will have the chance to point out some problems of implementation of the Code. Furthermore the great experience of the members of Medical Council of International Basketball Federation will be shared with participants from Serbia and Montenegro, as well with many guests from Europe and World wide.

The major FIBA events, both for men and women, are not only subject to doping controls, but are also good opportunities to undertake educational actions intended for the participants. These educational programs are an indication of FIBA's determination to fight against doping and to increase the awareness of the athletes to this danger and to inform them of the risks that they run by taking prohibited substances. Like Dr Huget, the President of Medical Council of FIBA, said - the presence of the elite of European players will give us the opportunity to act together against doping.

Following the Olympic Charter which speaks of the promotion of "friendship, solidarity and fair play" Symposia organizers invite you not only to be active during the lectures but to share your own experience during the Eurobasket 2005 with friends from the all around the World. We are sure when each of us playing an active and critical role; we are much closer to achieving our goal of doping-free sport.

We wish you all a successful Anti - Doping Symposium and hope it will remain in the memory of all participants as a very pleasant experience.

Dr Nenad Dikic

Prof Dr Dragan Radovanovic

Prof Dr Sergej Ostojic

PROGRAM

- 10,00 - 10,30** FIBA Anti - Doping educational programme
Dr Jacques HUGUET, Head of FIBA Medical Commission
- 10,30 - 11,00** Doping Control Procedures - practical approach
Dr Hans GUNTER, FIBA Doping Supervisor
- 11,00 - 11,30** World Statistics of Doping Control
Prof. Dr Sergej M. OSTOJIC, Vice President,
Sports Medicine Association of Serbia and Montenegro
- 12,00 - 12,30** Drugs and Ergogenic Aids - What to advise your basketball
player to be on a safe side?
Dr Andrew PIPE, Sport Canada,
Vice President of FIBA Medical Commission, Canada Sport
- 12,30 - 13,00** Nutritional supplements as doping trap
Dr. Günter GMEINER, Head of the Doping Laboratory, Vienna
- 13,00 - 13,30** Implementation of the World Anti-Doping code in the Region
Dr Nenad DIKIC, Secretary General,
Sports Medicine Association of Serbia & Montenegro
- 13,30 - 14,00** Doping control in Serbia
Prof. Dr Dragan RADOVANOVIC, Head of the
Medical Commission of OC of Serbia & Montenegro

Abstract book

FIBA ANTI-DOPING EDUCATIONAL PROGRAMME

Jacques Huguet,

Medical Council, International Basketball Federation

It will be presented main key notes through 6 questions.

1. Why an educational programme?

- Doping = definition
- Duties of FIBA
- Information
- Traps
- Rights and responsibility of the players
- Alternatives

2. Fight against doping in FIBA

- WADA Code - Controls
- AD campaigns - Study group

3. Targets

- Young players
- Professional players
- Team environment

4. Strategy

- In the past
- At the moment
- Images - Logos - Slogans
- Locations

5. Different means

- Documentation - Stickers - Posters
- Medias - "Role models"
- Video - Internet
- Freefone number
- Symposium

6. Calendar of events and enterprises

- From 1993 to 2006

DOPING CONTROL PROCEDURES- PRACTICAL APPROACH

Dr. Heinz Günter

Medical Council, International Basketball Federation

As long as FIBA performs Doping Controls I am involved in most of the activities concerning acknowledgment of the necessity and improvement of the controls. From the beginning until today it was a long, stony way to convince all the people in FIBA and in the National Federations. It is a question of costs but a big Federation like FIBA, after FIFA the Federation with the most members worldwide, has to spend money to keep the sport fair and clean. Meanwhile FIBA gives all possible support.

There are two Doping Control Testing approved by FIBA.

1. In-Competition Doping Control Testing

- A. Unannounced controls in single games of Major National Competitions
- B. Announced controls during:
 - Olympic Qualifying Tournaments Men and Women
 - FIBA World Championship Men and Women
 - FIBA U21 and U19 World Championship Men and Women

2. Out of Competition Doping Control Tests

- A. those carried out at the clubs training venue
 - B. those carried out on national teams preparing for official competition of FIBA (clinics, training camps games and tournaments).
- Out of Competition Tests are unannounced.

For the doctors announced and unannounced tests are completely different in his preparation.

a) **Unannounced controls** force him to organize all by himself. Only three people in FIBA know which games are determined for control. This should remain until one hour before the beginning of the game or his arrival in the training. A step by step explanation of the procedure with the requirement will be given.

b) **Announced controls** are for the doctors more comfortable because most has to be done by the Local Organization Committee. The FIBA doctor has to make the Supervision and shall support the doctor of the LOC.

During or around from Doping Controls difficulties, but also anecdotes happens, some examples were reported.

STATISTICS OF DOPING - ADVERSE ANALYTICAL FINDINGS REPORTED BY ACCREDITED LABORATORIES

Sergej M. Ostojic

Sports Medicine Association of Serbia and Montenegro

World Anti-Doping Agency (WADA) has published an overview of the results reported by its accredited laboratories in 2004. The statistics include all analyses conducted by all 32 WADA-accredited laboratories for in- and out-of-competition testing in the year 2004. Nearly 20,000 more samples were analysed in 2004 than in 2003; and there was an increase in the number of Adverse Analytical Findings. The statistics report Adverse Analytical Findings, the presence of prohibited substances or methods in samples. Adverse Analytical Finding is defined in the World Anti-Doping Code as “a report from a laboratory or approved Testing entity that identifies in a Specimen the presence of a Prohibited Substance or its Metabolites or Markers (including elevated quantities of endogenous substances) or evidence of the Use of a Prohibited Method”. These figures may not be identical to sanctioned cases, as the figures given in this report may contain findings that underwent the Therapeutic Use Exemption (TUE) approval process. In addition, some Adverse Analytical Findings may correspond to multiple measurements performed on the same athlete, such as in cases of longitudinal studies on testosterone. A total of 169,187 samples were analysed in 2004. There was an increase in the number of Adverse Analytical Findings—from 2,447 (2003) to 2,909 (2004). There was an increase in the global percentage of Adverse Analytical Findings— from 1.62% (2003) to 1.72% (2004)—representing a 6.2% increase. Present data do not represent the number of sanctioned cases. These figures may contain findings that underwent the Therapeutic Use Exemption (TUE) approval process. In addition, some Adverse Analytical Findings may correspond to multiple measurements performed on the same athlete, such as in cases of longitudinal studies in testosterone (i.e., tracking the testosterone level of one athlete over a period of time). In the future, more detailed analysis should be available, including linking Adverse Analytical Findings to TUEs and sanctioned cases. Beginning in 2005, WADA will start rolling out ADAMS (Anti-Doping Administration & Management System), a web-based database management tool for athletes and anti-doping organizations. ADAMS is a platform for result management, administration of TUEs, athlete whereabouts information, and test distribution planning. With the full adoption of ADAMS by stakeholders, the sporting community will have a transparent means for tracking results, from collection to sanction, while respecting confidentiality. In addition, complete analysis of data will be available, including linking Adverse Analytical Findings to TUEs and sanctioned cases. The International Standards for Laboratories, under the World Anti-Doping Code, states that a WADA-accredited laboratory should perform a minimum of 1,500 tests per year. The Cambridge (UK) laboratory, which achieved accreditation mid-year in 2004 does not have data to report for a full year. Any other accredited laboratories that do not meet the 1,500 minimum are monitored closely by WADA who oversees their accreditation and re-accreditation. Laboratory accreditation guidelines are set forth in the International Standard for Laboratories,

under the World Anti-Doping Code. The purpose of the Standards is to ensure laboratory production of valid test results and evidentiary data and to achieve uniform and harmonized results from all accredited Doping Control Laboratories. Beginning in January 2004, WADA assumed sole responsibility for lab accreditation and re-accreditation. In 2003, laboratory accreditation was a joint International Olympic Committee/WADA process. In 2004, there were 32 accredited laboratories reporting results to WADA. A 33rd laboratory was accredited in November 2004. The number of samples analyzed by any particular laboratory depends primarily on the development of the National Anti-Doping Program in the associated region. The number of international events hosted by the region, as well as the anti-doping programs associated with professional leagues and sports organizations outside of the Olympic movement, also plays a role. The percentage of Adverse Analytical Findings from laboratory to laboratory may be attributed to many factors, including the extent to which the National Anti-Doping Program conducts no-notice testing, the type of sports within the laboratory's testing population, as well as the list of prohibited substances from sports organizations and professional leagues outside the Olympic movement.

References

- Waddington I., et al. Br J Sports Med. 2005 Apr;39(4):e18; discussion e18.*
Lippi G., et al. Epidemiol Prev. 2004 May-Jun;28(3):178-83.
Yonamine M., et al. Sports Med. 2004;34(11):697-704.

SUPPLEMENT USE AND BASKETBALL

Andrew Pipe

University of Ottawa Heart Institute & Team Physician, Canadian Men's National Basketball Team, Ottawa, Ontario, Canada

The problems of doping in sport and the increasing use of nutritional supplements by athletes are issues that currently challenge sport organizations and sport medicine professionals. Many supplements contain substances that are banned in sport or are associated with significant health hazards. Athletes consuming such supplement products may jeopardize their sporting status, as well as their health.

It is ironic that there is little evidence to justify the use of most nutritional supplements by athletes. Their consumption of these products is a reflection of superstition not science, and a triumph of marketing! Athletes very seldom require protein supplementation, extra vitamins or any of the minerals, micronutrients or other 'magic' compounds that are claimed to benefit to athletic performance. Nutrition is a science, not a religion.

Since 1994 the dietary supplement industry in the USA has been subject to virtually no regulation; as a consequence an abundance of supplement products of dubious value, content and quality are now available around the world. Many such products are aggressively marketed to athletes. European and other investigators have demonstrated that many supplement products contain substances that are prohibited in sport - typically stimulants or anabolic steroid precursors. Many supplements contain substances (e.g. ephedrine) that have been associated with significant morbidity and mortality. Sport physicians have a particular responsibility to ensure that nutritional issues are appropriately addressed.

The unique approach of the Canadian basketball team involves ensuring that athletes and coaches sign documents attesting to their recognition of the hazards of supplement use and a commitment to have any such use reviewed by a member of the team medical staff.

Supplement use by our athletes is now negligible. Athletes need to be aware of the problems that can follow supplement use and sport authorities need to ensure that nutritional education and guidance for athletes is of the highest standard. A more rigorous approach to the regulation of dietary supplements in the USA, where most such products are manufactured, would be of great assistance to sport authorities around the world.

NUTRITIONAL SUPPLEMENTS AS DOPING TRAPS

Gunter Gmeiner

Doping Control Laboratory, Seibersdorf research, Seibersdorf, Austria

In 1994 the dietary supplement health and education act (DSHEA) was issued by the American Food and Drug Administration (FDA), defining the legal status of nutritional supplements. This resulted in the fact, that a special type of anabolic steroids, so-called "prohormones", entered the market as dietary supplements.

Advertisement praised those substances as natural hormones, having only a minor anabolic activity as itself, but raising the endogenous level of testosterone and thus acting as "pro"-hormones. They are marketed as anabolic steroids "light".

In fact they are banned as doping substances since 2000 on the former IOC list and they are already on the current 2005 list of prohibited substances (The Prohibited List) of the World Anti-Doping Agency (WADA) under the category "anabolic substances" equal to steroids like stanozolol or nandrolone.

In 2004 the FDA changed its policy and placed most of those prohormones on the latest issue of the "Anabolic Steroids Control Act", leading to the status of controlled substances for most of the prohormones.

The unlimited and legal production of those hormones mostly in the late 90s raised a very special problem. It is the contamination of dietary supplements and sports nutrition with traces of prohormones. This contamination is most probably a result of improper cleaning of the tools, supports or plants before the production or shipment of those contaminated nutrition.

A study performed by the Cologne doping control laboratory in 2000 indicated this problem of contaminated sports nutrition as a doping trap the first time and was the basis for the second IOC sponsored international study, which showed, that about 15 % of sports nutrition worldwide is contaminated with prohormones.

At the same time our laboratory evaluated the Austrian market and found, that about 22 % of the randomly collected sports nutrition was contaminated with prohormones. The substances detected were e.g. Androstendione, DHEA, 19-Norandrostendion, 19-Norandrostendiol, Androstadiendione, with a broad range of potentially ingested dose from 0,003 - 12960 µg/day. We found contaminations in tablets as well as powder and capsules.

Prohormone concentrations in the range of less than 50 µg/g were considered as caused by contamination during the manufacturing process. There is no performance enhancing effect due to the low substance dose. But a positive doping test can be the result of ingestion.

Prohormone concentrations of more than 50 µg/g were considered as deliberate admixture to improve the effects of the sports nutrition. Performance enhancing effects as well as positive doping tests are the result of ingestion of such products.

Caused by the fact, that no contaminated nutritional supplement had any indication of containing prohormones on the label, these preparations are considered as the most important doping trap.

Literature:

1. *Geyer H. et al.* Deutsche Zeitschrift für Sportmedizin, 2000, 51/11, 378-382.
2. *W. Schänzer*, Analysis of Non-Hormonal Nutritional Supplements for Anabolic-Androgenic Steroids - an International Study, Institute of Biochemistry, German Sport University Cologne, 2002.
3. Bundesministerium für soziale Sicherheit und Generationen, Heft Nr. 2/02.

IMPLEMENTATION OF THE ANTI-DOPING CODE IN THE REGION

Nenad Dikic

Sport Medicine Association of Serbia, Belgrade, Serbia and Montenegro

Each government in the Region has signed the Code before the first day of the Athens Olympic Games and has given a commitment to start the process leading to implementation of the constitutional and administrative contexts on or before the first day of the Turin Winter Olympic Games. Algorithm for Implementation of the Code needs to ensure optimal harmonization and best practice in anti-doping programs in each Country.

Each Participant signed that 1. recognizes the role of the Code as the foundation in the world wide fight against doping in sport; 2. seeks to progressively adapt, where appropriate, their anti-doping policies and practices in sport 3. encourages national organizations engaged in anti-doping in sport to adopt the code and to be in conformity with the Code 4. takes appropriate steps to withhold some or all government financial support related to participation in sport that are not in compliance with the Code 5. supports the role of WADA to coordinate, harmonize and standardize anti-doping efforts according to the Code.

In the same time each participant obliged to provide, within their means, financial support for a national anti-doping program including: doping control, education, research and information activities.

It has been advised to organize National Anti-Doping Agencies with a clearly defined mandate to take responsibility for the anti-doping obligations: 1. proposing legislative provisions to support the fight against doping, particularly to restrict the availability of pharmaceuticals and nutrition supplements containing doping substances. 2. issuing regulations for conducting doping controls with the lists of prohibited classes of doping substances and methods according to International Olympic Committee. 3 conducting doping controls during sports competitions as well as out-of-competitions doping controls and providing analysis of collected samples in doping control laboratories. 4 issuing educational programs and organizing educational events to support sport competitions without doping 5. representing the Country in international anti-doping institutions.

Certain number of the countries in the region fulfilled a certain part of the signed Declaration, established Anti-Doping Agencies and implemented the Code in constitutional and other administrative documents of National Olympic Committees, National Paralympic Committees and National Sport Associations.

Literature:

1. Copenhagen Declaration On Anti-Doping In Sport, March 2003.
2. Models Of Best Practice For National Anti- Doping Organizations, version 1.0, June 2004
3. World Conference on Doping In Sport Resolution, March 2003.

DOPING CONTROL IN SERBIA

Dragan Radovanovic¹, Nenad Dikic²

¹*Medical Commission - Olympic Committee of Serbia and Montenegro*

²*Sport Medicine Association of Serbia*

Ministry of Foreign Affairs of Serbia and Montenegro has signed the Copenhagen Declaration at end of 2003. In two years time Anti -Doping law is proposed to the Parliament for the election and majority activities connected with Anti-doping in Serbia is done by Sport Medicine Association of Serbia (SMAS) including: Doping control, Education, Research and Information activities.

Most of the Doping Controls on International competitions and Championships are done by SMAS. The reasons that Doping Controls are done only on International Competitions are non existing regulations on National level. There are four licensed Doping Control Officers by FIMS and four teams of Doping Control educated on FIMS Courses, IOC Courses, SMAS Courses, International meetings, Olympic and Paralympic Games. All the Doping Controls Officers are Medical doctors, like in Italy, which is not the case in other countries.

Sport Medicine Association of Serbia has organized educational programs which provided all interested subjects with updated and accurate information on substances and methods on the Prohibited List, health consequences of doping, doping control procedures and athletes' rights and responsibilities. There were two Doping Coursers for members of SMAS, four Team Physician Coursers supported by FIMS and several Courses for Olympic and Paralympic Teams of Serbia and Montenegro.

Since the Anti-Doping law has not passed in Serbian Parliament, Anti-Doping Agency could not be established, as well as implementation of the Code in relevant documents of National Sport Association Statutes and National Olympic Committee. That could open a potential problem concerning implementation the Code before the first day of the Turin Winter Olympic Games.

Literature:

1. Copenhagen Declaration On Anti-Doping In Sport, March 2003.
2. Models Of Best Practice For National Anti- Doping Organizations, version 1.0, June 2004
3. Draft of the Anti Doping Law in Serbia.

FIBA Anti-Doping Symposium organized by

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Pre-press

Dr Nenad Dikic
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Press

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We gratefully acknowledge the support of:

FIBA

EP2005

Canada Fund

Sport Medicine Association of Serbia

Olympic committee of Serbia and Montenegro

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