

ATHLETICS AUSTRALIA

SUPPLEMENTS IN SPORT POLICY

This Policy provides guidelines for the appropriate use of supplements and sports foods, and in some instances – restrictions on the use of such products. It draws from the Australasian College of Sports Physicians' (ACSP) *Position Statement regarding Supplement Use in Sport* and the 2013 Australian Institute of Sport Supplements in Sport Summit. Furthermore, it is underpinned by the AIS Sports Supplement Framework.

The principal purposes of this Policy are to ensure that in relation to any use of supplements within the sport of athletics under the jurisdiction and oversight of Athletics Australia (AA):

- there is no threat to human health and safety
- the use of dietary and nutritional supplements in sport is evidence-based
- individuals are at very low risk of an inadvertent anti-doping rule violation
- the integrity of the sport is protected

Background

Supplements and sports foods are commonly used in sport, including athletics, with major growth in this Industry over the past decade. Although claims of specific health and performance benefits are made for many products, scientific evidence regarding efficacy or patient safety is often missing. Recent studies have shown that up to 70% of supplements purchased online or from overseas contain substances that may lead to an adverse finding on a doping test under the World Anti-Doping Authority (WADA) Code.

In February 2013 the Australian Crime Commission (ACC) released its report into Organised Crime and Drugs in Sport. The report suggested that inappropriate practices in relation to supplementation pose a threat to the integrity of sport and potentially to the safety of individuals.

Policy

Athletics Australia believes that:

1. Sports Nutrition should be underpinned by a personalised and periodised eating plan that optimises long-term health and performance. In addition, athletes must ensure they adhere to appropriate training, strength and conditioning principles and adequate recovery strategies, including sleep. Accordingly AA:

(a) encourages a **food first** approach to a nutrition plan;

(b) believes that supplementation is only required when such a diet is not able to satisfy the metabolic requirements of specific sporting activities. This can often best be determined through blood tests to identify such nutritional deficiencies;

(c) recommends that high performance endurance athletes (400 metres and longer) have a blood test assessing *full blood count*, iron studies, vitamin B12 and vitamin D every 6 months in the case of females and every 12 months for males.

2. Any use of sports foods and supplements should be based on three principles of:

(a) athlete health and safety

(b) evidence-based science – as per the Australian Institute of Sport Nutrition website: www.ausport.gov.au/ais/nutrition

(c) compliance with the WADA Code: www.wada-ama.org/en/

3. The use of performance supplements is not required by every high-performance athlete and is certainly not necessary for recreational athletes and developing athletes. The claims made about the vast majority of such supplements are not evidence-based, and in the case of the small number of performance supplements which do have scientific credibility, the situations of their use should be few and targeted. World Championship and Olympic success has been achieved by many Australian athletes without reliance on use of performance supplements.

4. The use of supplements should only take place on the advice of an accredited SEM physician or sports doctor, an accredited sports dietitian or another accredited and appropriately trained medical practitioner with experience in the prescription of supplements and sports foods. To assist athletes in this regard:

(a) AA provides a list of “preferred” SEM physicians, sports doctors and sports dietitians on its website. Athletes are encouraged to seek advice regarding the appropriateness of supplements and sports foods in their nutrition program from such individuals;

(b) AA and its preferred practitioners will be guided by the AIS Sports Supplement Framework (www.ausport.gov.au/ais/nutrition) which classifies supplements into four groups – A, B, C and D according to the evidence base for their use;

(c) Group A supplements are divided into three types

- Sports foods
- Medical supplements
- Performance supplements

Supplements within Group A are supported for use in specific situations in sport as they provide a useful and timely source of energy and nutrients in the athlete's diet, or have been shown in scientific trials to benefit performance, when used according to a specific protocol in a specific situation in sport.

(d) approval for the use of supplements within Group B or Group C will be only approved by AA through the AA Chief Medical Officer on a case by case basis and will often only be approved as part of a research project. A review of the Chief Medical Officer's decision may be sought from the AA Sports Supplement Panel (which will be formed as required from amongst suitably qualified persons).

5. Situations in which individuals under the age of 18 would be required to use supplements are rare. Parents and other responsible adults should seek guidance from appropriately accredited and qualified professionals before allowing children to take such supplements. Accordingly:

(a) AA does not encourage the use of supplements for athletes under the age of 18 years unless under advice from appropriately accredited and qualified medical professionals. This includes even Group A performance supplements, ie caffeine, creatine, bicarbonate etc

6. Sports supplements must not be used if they are included in Group D or if they otherwise contravene the WADA Code. Untested or experimental substances, or substances which are not approved for human use, must not be used as part of a supplementation program.

7. Participation in a sports supplementation program should be voluntary.

8. Athletics Australia adheres to a strict **no needle policy**. There is **no** role for injections as part of a supplementation program. Only a qualified medical practitioner shall perform injections for the treatment of illness or injury. Further there must be documented evidence of a nutritional deficiency that cannot be treated with oral supplementation. Accordingly only intravenous iron supplementation is permitted and if required:

(a) this is to be under the care of the appropriately qualified medical practitioner (preferably a haematologist) who is cognisant of WADA rule M2.2 which states:

Intravenous infusions and/or injections of more than 50ml per 6 hour period are prohibited except for those legitimately received in the course of hospital admissions or clinical investigations

(b) for athletes in high performance programs, the treating medical practitioner must liaise with the AA Chief Medical Officer regarding any such IV supplementation program.

9. Quality control in the manufacture and labelling of supplements, even in Australia, is extremely variable. Supplements are increasingly made of numerous ingredients, some of which may be contaminants that could result in an athlete incurring an inadvertent anti-doping violation. Extreme caution is recommended regarding supplement use. Accordingly:

(a) AA cannot currently either be certain of or guarantee the purity of any supplement preparation, so therefore does not currently endorse the use of any particular brand of supplement;

(b) Athletes are advised not to take a supplement if:

- it contain multiple ingredients, particularly when “proprietary blends” are noted; or
- it claim to increase muscle mass, reduce body fat or provide energy for workouts/events; or
- it come from internet sources, particularly from “body building” focussed companies.

If in any doubt, an athlete must adopt a “no supplement” policy.

10. Athletes are ultimately responsible for any substances ingested or injected - in terms of complying with the WADA Code and its strict liability policy.

11. Athletes, coaches and attending health professionals are encouraged to complete the ASADA e-learning modules – level 1 and 2 – which can be found on the ASADA website <http://www.asada.gov.au/education/>. These modules provide a range of anti-doping and supplement education programs. Further:

(a) all athletes who are receiving support under AA's high performance program (including but not limited to NAAS) and/or who are selected in a national senior or under 20 team must complete both of the above ASADA e-learning modules, with level 2 repeated annually.

(b) all athletes who are selected in the national under 19 or under 17 squads or in a national youth team must complete at least the level 1 ASADA e-learning module;

(c) all coaches who are employed or contracted by AA either directly or indirectly by AA and all personal coaches of athletes under sub-clauses (a) and (b) above must complete both of the above ASADA e-learning modules, with level 2 repeated annually;

(d) as from 1 December 2013 each staff member or ongoing contractor or consultant of AA or any of its Member Associations, must complete at least the level 1 ASADA Level A e-learning module;

(e) as from 1 January 2014 each team official appointed by AA to any national team or other staff member, consultant, contractor or person in any way appointed or otherwise engaged to assist in the administration or presentation of any AA program or activity must have completed at least the level 1 ASADA Level A e-learning module prior to engaging in any such activity after that date. If requested to do so by AA, any such person must also complete, or repeat the level 2 module.

Failure to comply will result in suspension from involvement in the team, program or activity and may if not addressed immediately involve removal therefrom. Further sanctions or penalties may be provided for in individual contracts or agreements or within AA's constitutional documents.

12. Should any high performance athlete or coach wish to implement, or have any questions regarding a supplement program they should discuss this first with the AA Chief Medical Officer or their local SIS/SAS SEM Physician or Sports Doctor. This may then be referred off to the AA Sports Supplementation Panel for further discussion and consideration.