

# POLICY – Supplements in Sport

<b>Policy</b>	Supplements in Sport
<b>Effective Date</b>	27 September, 2015
<b>Date Last Reviewed</b>	August, 2015
<b>Scheduled Review Date</b>	1 January, 2017
<b>Supersedes</b>	All previous Policies and/or Statements
<b>Approved by</b>	AA Board

## 1) 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.

There is a real risk of a positive doping outcome with the use of supplements. Recent studies have shown that up to 25% of supplements purchased online or from overseas contain substances that may lead to an adverse finding.

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.

The policy draws from;

- The Australasian College of Sports Physicians' (ACSP) *Position Statement regarding Supplement Use in Sport* - [acsp.org.au/sports-supplements/](http://acsp.org.au/sports-supplements/)
- The Australian Institute of Sport (AIS) Sports Science/Sports Medicine (SSSM) Best Practice Principles released in 2013 that support Federal Government investment in high performance sport - [www.ausport.gov.au/ais/australias\\_winning\\_edge/sports\\_science\\_sports\\_medicine\\_best\\_practice\\_principles](http://www.ausport.gov.au/ais/australias_winning_edge/sports_science_sports_medicine_best_practice_principles)

The policy is underpinned by the AIS Sports Supplement Framework - [www.ausport.gov.au/ais/nutrition](http://www.ausport.gov.au/ais/nutrition)

## 2) Policy Purpose:

- a) The purpose of this Policy is to provide guidelines and restrictions for the appropriate use of sports foods, medical and performance supplements in Athletics.
- b) By this Policy, in relation to any use of supplements within the sport of athletics under the jurisdiction and oversight of AA, AA aims to ensure that;
  - i) there is no threat to human health and safety;
  - ii) the use of dietary and nutritional supplements in sport is evidence-based;
  - iii) individuals are at very low risk of an inadvertent anti-doping rule violation; and
  - iv) the integrity of the sport is protected.

## 3) Scope:

This policy applies to

- a) All National Athlete Support Scheme (NASS) supported athletes
- b) Athlete members of AA junior high performance programs

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- c) Athletes selected to an AA supported team (including but not limited to Team NASS supported athletes, Olympic and Paralympic Games, Olympic Youth, IAAF World Championships, IAAF World Indoor Championships, World Youth, World Junior, IPC World Championships, Commonwealth Games, Commonwealth Youth Games, World Relay Championships, World Cross Country Championships and Oceania Championships teams)
- d) AA employed or contracted coaches, NASS personal coaches and Junior/Para/Senior team member personal coaches
- e) AA employees, contractors and consultants

## 4) Position Statements:

a) AA endorses the:

- i) Australasian College of Sports Physicians' (ACSP) *Position Statement regarding Supplement Use in Sport*
- ii) AIS Sports Science/Sports Medicine (SSSM) Best Practice Principles

b) AA believes that:

- i) 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 encourages a **food first** approach to a nutrition plan in all circumstances.
- ii) 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.

### AA screening blood test recommendations

Event(s)	Track events, jumps, walks
Tests	Full blood count, iron studies, Vitamin B12, Vitamin D
Females	Biannually
Males	Annually

iii) Any use of sports foods and supplements should be based on the principles of:

- (1) Athlete health and safety
- (2) Evidence-based science – as supported by the Australian Institute of Sport: [www.ausport.gov.au/ais/nutrition](http://www.ausport.gov.au/ais/nutrition)
- (3) Anti-Doping compliance: [www.wada-ama.org/en/](http://www.wada-ama.org/en/)

iv) Performance supplements are not required by every high-performance athlete and are not necessary for recreational and developing athletes. World Championship level, Paralympic and Olympic success has been achieved by many Australian athletes without reliance on the use of performance supplements.

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- v) The claims made about the vast majority of such supplements are not evidence-based. 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.

## 5) Supplement use, reporting and application process

- a) The use of supplements should only take place on the advice of an accredited Sport and Exercise Medicine (SEM) Physician/Registrar, Sports Doctor, an accredited Sports Dietitian or another accredited and appropriately trained medical practitioner with experience in the prescription of medical supplements.
- b) AA has endorsed a network of “preferred” SEM Physicians/Registrars, Sports Doctors and Sports Dietitians. This list can be found on the AA website - [athletics.com.au/High-Performance/Medical](http://athletics.com.au/High-Performance/Medical). Athletes are encouraged to seek advice regarding their nutrition plan and supplements and sports foods from these individuals.
- c) AA and its preferred practitioners will be guided by the AIS Sports Supplement Framework which classifies supplements into four groups according to the evidence base for their use as outlined in Appendix B.
- d) Sports supplements must not be used if they are included in Group D or if they otherwise contravene the World Anti-Doping Code. Untested or experimental substances, or substances which are not approved for human use, must not be used as part of a supplementation program.
- e) Athletes will be required to declare ALL supplement use to AA through medical screening and questionnaire processes when;
  - i) selected onto NASS, through their State Institute or Academy of Sport sports medicine screening processes
  - ii) screened by their State Institute or Academy of Sport Sports Physician / Registrar / Doctor
  - iii) selected for an AA representative team
  - iv) screened by their State Institute or Academy Sports Dietician
- f) For athletes supported by AA through NASS, Junior high performance program(s) or any AA selected team, use of Group A – Performance Supplement (as per Appendix A), Group B or Group C must be approved in advance of commencing the supplement through the “*Performance Supplement Application*” process.
- g) The AA Chief Medical Officer will review Performance Supplement applications on 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).
- h) 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:
  - i) 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 Group A performance supplements.

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- g) Participation in a sports supplementation program should be voluntary.
- h) Athletics Australia adheres to a strict **no needle policy**. There is **no** role for injections as part of a supplementation program.
  - a. In all circumstances only a qualified medical practitioner is permitted to perform ANY injections for the treatment of illness or injury.
  - b. There must be documented evidence of a nutritional deficiency that cannot be treated with oral supplementation. As such only intravenous iron supplementation will be permitted.
  - c. Supplementation is to be delivered under the care of the appropriately qualified medical practitioner (preferably a haematologist) who is cognisant of WADA rule M2. *"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."*
  - d. For athletes supported by AA through NASS, junior high performance program(s) or any AA selected team, the treating medical practitioner must liaise with the AA Chief Medical Officer regarding any such IV supplementation program.
- i) 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:
    - i. it contains multiple ingredients, particularly when "proprietary blends" are noted; or
    - ii. it claims to increase muscle mass, reduce body fat or provide energy for workouts/events; or
    - iii. it is sourced through the internet particularly from "body building" focussed companies.
    - iv. if in any doubt, an athlete must adopt a "no supplement" policy.
- j) Athletes are ultimately responsible for any substances ingested or injected - in terms of complying with the World Anti-Doping Code and the principle of strict liability.

## 6. Education

- a) Athletes, coaches and contracted or State Institute or Academy of Sport performance services providers supported by NASS (or working with NASS athletes), in Junior programs (or working with junior programs) are encouraged to complete the ASADA e-learning modules, which provide anti-doping and supplement education - [www.asada.gov.au/education/](http://www.asada.gov.au/education/).
- b) Individuals with education obligations, and the details of these requirements are outlined below;

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	ASADA e-Learning module(s)	
	<u>Level 1</u>	<u>Level 2</u>
NASS, National Senior, Para team members	✓	✓ annually or prior to team departure
U19 squad and National Youth, Junior team members	✓	✓ annually or prior to team departure
U17 squad members	✓	
AA employed or contracted coaches, NASS personal coaches and Junior/Para/Senior team member personal coaches	✓	✓ annually or prior to team departure
AA corporate staff, contractors, consultants and Board members	✓	
AA Member Association staff, contractors and consultants	✓	
Team official appointed by AA to any national team	✓	✓ annually or prior to team departure
Any other staff member, consultant, contractor or person in any way appointed or otherwise engaged with AA HP program	✓	✓ annually or prior to team departure

## 6. Responsibilities:

The Chief Medical Officer, Lead Dietitian, High Performance Services Manager, High Performance Director, Integrity Officer and Integrity Unit Education Officer are responsible for developing, maintaining, monitoring and implementing the policy.

Failure to comply with this policy 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.

## 7. Questions:

Should any NASS 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 State Institute or Academy of Sport Doctor.

This may then be referred off to the AA Sports Supplementation Panel for further discussion and consideration.

## 8. Procedures:

- a) Performance supplement application – please refer to relevant form

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## Appendix A – AIS Group A Performance Supplements

source: <http://www.ausport.gov.au/ais/nutrition/supplements/classification> (accessed 13 August, 2015)

Used to directly contribute to optimal performance. Should be used in individualised protocols under the direction of an appropriate sports medicine/science practitioner. While there may be a general evidence base for these products, additional research may often be required to fine-tune protocols for individualised and event-specific use.	Caffeine
	B-alanine
	Bicarbonate
	Beetroot juice
	Creatine

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## Appendix B – AIS Sport Supplement framework supplement classification

source: <http://www.ausport.gov.au/ais/nutrition/supplements/classification> (accessed 13 August, 2015)

AIS Supplement Framework classification			AA position	Reporting / Approval requirements
Group	Evidence level	Subcategory		
A	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.	<u>Sports foods</u> Specialised products used to provide a practical source of nutrients when it is impractical to consume everyday foods.	Permitted when prescribed under the provision of the Policy, by an accredited Sport and Exercise Medicine (SEM) Registrar/Physician, Sports Doctor, an accredited Sports Dietitian or another accredited and appropriately trained medical practitioner with experience in the prescription of medical supplements.	ALL supplementation to be reported through AA and SIS/SAS medical and sports nutrition screening and questionnaire processes
		<u>Medical supplements</u> Used to treat clinical issues, including diagnosed nutrient deficiencies. Requires individual dispensing and supervision by appropriate sports medicine/science practitioner		
		<u>Performance supplements</u> Used to directly contribute to optimal performance. Should be used in individualised protocols under the direction of an appropriate sports medicine/science practitioner. While there may be a general evidence base for these products, additional research may often be required to fine-tune protocols for individualised and event-specific use.	Permitted only with approval from the AA Chief Medical Officer	
B	Deserving of further research and could be considered for provision to athletes under a research protocol or case-managed monitoring situation.		Only considered in the circumstance of an Ethics approved research study	Performance supplement approval to be submitted PRIOR to commencement of supplementation.
C	Have little meaningful proof of beneficial effects.		Only considered in the circumstance of an Ethics approved research study	Performance supplement approval to be submitted PRIOR to commencement of supplementation.
D	Banned or at high risk of contamination with substances that could lead to a positive drug test.			NOT PERMITTED