# International conference ON the implementation of the 2015 WADA CODE

163 participants representing IFs, NADOs, WADA etc. attended the Conference.

## Requirements relating to Test Distribution, Planning and Coordination

Ms. Francesca Rossi, director, Cycling Anti-Doping Foundation (Switzerland)

- 5.4.1. Technical Document
  - Helping Dos to create a balanced testing plan with minimum level of intelligent analysis in blood and urine, taking into account the resources available.
- 5.4.2. Risk Assessment
  - Physiological demand, potential performance enhancement, Rewards, money or points) and also include training pattern & competition schedule, danger time of athletes career (injuries etc.).
- 54.3. ADAMS use
- Quality above quantity regarding testing
  - o The best possible tests for the sport
- Whereabouts, pyramid approach
  - o Less or more whereabouts based on the risk assessment

## **Requirements applicable to the Results Management Processes**

Ms. Sandra Silveira Camargo, Head of Medical and Anti-Doping Affairs, FIA (France)

- 7.1.The IF is the last resort of Results Management
- When IFs delegate testing to NADO, the NADO can collect additional substances and the IF then responsible for results management. For additional samples, the NADO has results management?
- The ADO which first provide notice of ADRV (in case of no sample analysis) responsible for results management
- Whereabouts, all actions taken by the ADO to which the athlete sends his/her whereabouts
- Disputes between ADOS concerning results management, WADA shall arbitrate and WADA's decision may be appealed to CAS.
- 7.5. Review of atypical and adverse passport finding, according to ISTI + ISL. Prompt notice to the athlete and ADOs concerned.
- 7.6. Review of whereabouts failures, prompt notice to ADOs and athletes.
- 7.8. Previous ADRVs, contact ADOs and WADA

## Requirements relating to test distribution, etc.

- See IST 4.0, 5.4.1 Technical document (+5.4.2 & 5.4.3), also used as base for education etc.
- TDP Steps:
  - Risk Assessment
    - Physical/Physiological requirements
    - Possible effects of doping
    - Risk in sport/nation/event
    - What substances
    - History of doping, stats
    - Research on doping trends

- Information on doping practices in sport
- Incentive/rewards
- When an athlete would dope
- Outcomes of previous TDPs (+ NADO TDPs)

#### Athletes

- Decide international level athletes (RTP?) and national level athletes
- Make criteria available (website)
- Only a few RTP athletes or only team whereabouts?

#### Testing

- Prioritise OOC testing, except from low risk sports
- Urine/blood/ABP samples?
- No advance notice tests

#### Analysis

Based on technical document (minimal requirements)

## o Intelligence

- ABP program?
- Suspicious whereabouts behaviour
- Injured/suspended/retired athletes
- Level/performance
- Entourage
- Financial incentives
- External information

#### Whereabouts

 At least three OOC tests on Pool athletes. Can be combined with NADO OOC tests and does not need to be time slot tests.

# **Developing further ADO Cooperation**

Mr. Joseph de Pencier, director, Institute for National Anti-Doping Organizations (Canada)

• Good resources available: Anti-doping knowledge center : Doping.nl, supplements. dopingautoritet.nl, USADA etc.

# ADO strategic and operational planning, budgeting and staffing for (a) the process of implementation and (b) the administration of the substantial requirements once implementation is complete

Mr. Andy Parkinson, CEO, UK Anti-Doping (the United Kingdom)

• When IFF rules to be ready (UK July 2014), IFF draft October? Plan how to educate/inform MAs, athletes etc. about the Code changes.

# Parallel session – Overview of Technical Document (TD)

- TD sets the minimal level of analysis menu taking into account the physiological aspects & performance enhancement benefits -> ready in July 2014
- Art 4.6.2 a)ii of ISTI of point 11 Q & A
- WADA has set up an expert group (five persons) to produce a TD draft
- Current categories of risk assessment: high, medium-high, medium, low, minimal
- TD document gives the percentage of types of tests for a particular sport
- Should be effective but achievable, gradual change allowed

- TD reviewed annually
- ADOs can apply for exception explaining why a less than full menu should be considered (6.4.2)
- TD Timetable 2014:
  - o 31 Jan Sport Profile Template (SPT) circulated
  - 28 Feb SPT due and any risk/analysis circulated
  - o Mar/April Expert group meets & WADA discuss Ifs
  - o 30 April Draft levels or risk/analysis circulated
  - o 30 May Any rejections to levels due to WADA
  - o 30 June Expert Group will review rejections
  - o 31 July Draft TD circulated New Guidelines
  - o 20 Sept TD tabled for approval at EXCO
  - o 1 Oct TD published
  - o 1 Jan 2015 TD takes effect

# Parallel session - Biological passport

2008: Haematological passport

- Samples to be analysed within 48 hours
- Need Results management

### 2014 - 2015: Steroidal passport

- Easier to implement, no real changes (but try to get urine samples in a bit faster due to bacteria)
- APMU (Athlete Passport Management Unit, e.g. Jenny Schultze in NOR), Experts
- Everything is to be reported into ADAMS
- What needs to be done by IF
  - Use ADAMS
  - o Appoint APMU (via WADA)
  - o For steroidal module these will be associated with labs (primary source of experts in urine)
  - Extra costs (especially for two first years)
  - o Most still under development e.g. DoCoLab
- Why do we need it?
  - o Many have T/E under 4, but still possibly dope
  - Need individual results to compare if the steroid level is changing (not only tracking T/E >4),
    passport changes catch the cheaters with normal T/E ratios
  - o Tampering with urine becomes more problematic
  - Three values needed for activating passport (or T/E level), need to go to APMU (eight at the moment)
- Passport custodianship with IFs unless otherwise agreed (IF can transfer custodianship), IF need to have passport custodianship of RTP athletes
- Steroidal Module Process:
  - APMU manages the passport on a daily basis (some knowledge needed to look at parameters).
  - When they see smth abnormal they transport this to a first expert, if he/she thinks this is doping they will transfer it two other experts (not knowing about each other).
  - o If three experts are anonymous, the experts are brought together and decide upon the case. If not anonymous, case dropped (or ask for additional tests?)
  - o Then ADO (and WADA) to be contacted, ADO then to contact athlete.

- o Experts and APMU will also make a declaration (opinion, explanation proving the case).
- o Athlete can give explanation (his passport will be stored).

The process of amending domestic/IF anti-doping rules to implement new Code and International Standards (and getting necessary stakeholder agreement or approval as the case may be), and bringing the amended rules into force

Ms. Catherine Bollon, Coordinator, Athlete Legal Services and Human Anti-Doping, FEI (Switzerland)

- The FEI Rule Revision Process (for all rules):
  - o Rule amendments proposed by Technical committees (headquarters)
  - Drafting by headquarters
  - o First draft sent to NF
  - o NFs to provide feedback
  - o Final drafts taking NF comments into account
  - o General Assembly
  - o Rules effective 1 January 2015
- Updates needed
  - o Rules, Guidelines,
  - o Committees, staff, Members
  - Website
  - o Forms etc.