



Doping and Drugs of Abuse in Sports

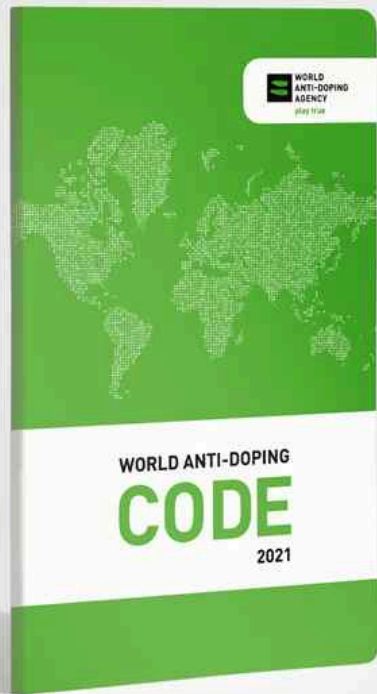
Congres International de L'Albatros

Paris – 6 June 2024

Prof. Olivier RABIN
Sr Director Science and Medicine

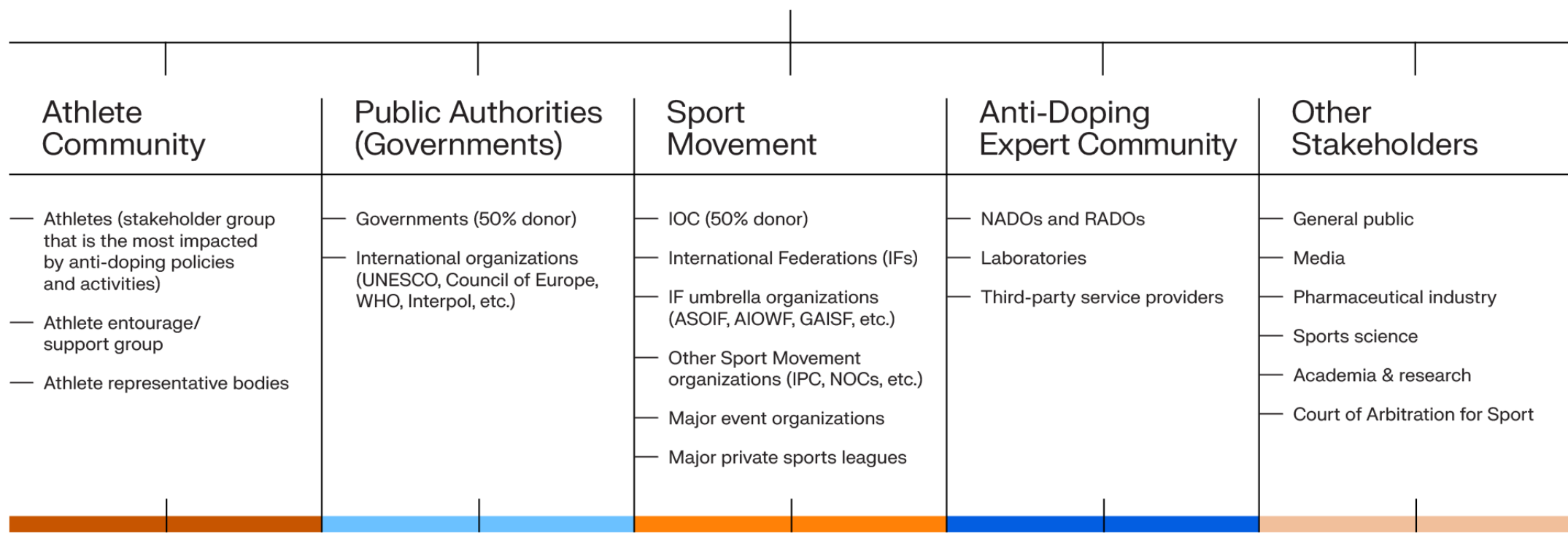
Who we are

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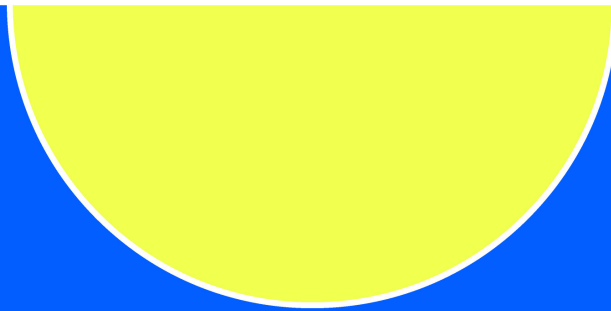


- The World Anti-Doping Agency (WADA) was established in 1999 as an international independent agency to lead a collaborative worldwide movement for doping-free sport.
- As the global regulatory body, WADA's primary role is to develop, harmonize and coordinate anti-doping rules and policies across all sports and countries.
- Our key activities include:
 - ❑ scientific and social science research;
 - ❑ education;
 - ❑ intelligence & investigations;
 - ❑ development of anti-doping capacity; and
 - ❑ monitoring of compliance with the World Anti-Doping Program.

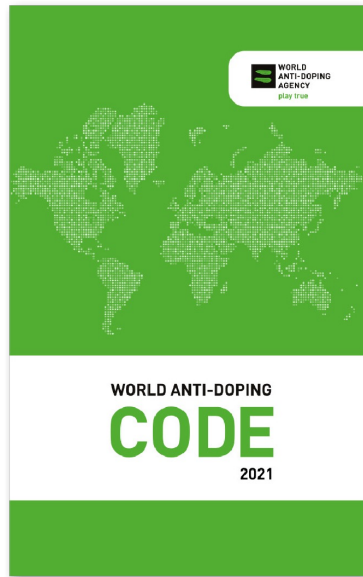
Our partners



What we do

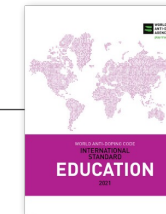
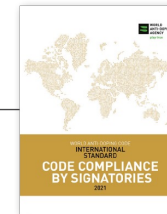
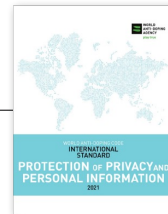
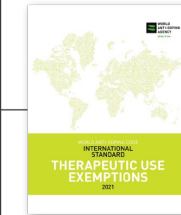
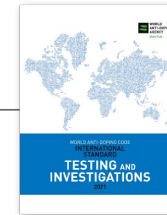


The World Anti-Doping Program



Mandatory for Code Signatories
(Anti-Doping Organizations)

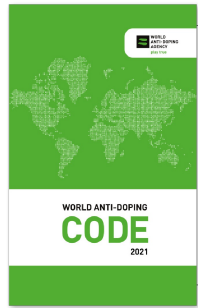
International Standards



Models of Best Practices & Guidelines

Non-Mandatory for Code Signatories
(Anti-Doping Organizations)

The Code and the International Convention against Doping in Sport (January 2024)



United Nations
Educational, Scientific and
Cultural Organization

Code

~750

Signatories

The Code has been adopted by 749 Signatories (or Anti-Doping Organizations)

Convention

192

State Parties

192 State Parties have ratified the UNESCO International Convention against Doping in Sport – formally committing to align their domestic policies with the Code

Convention

99%

Global Endorsement

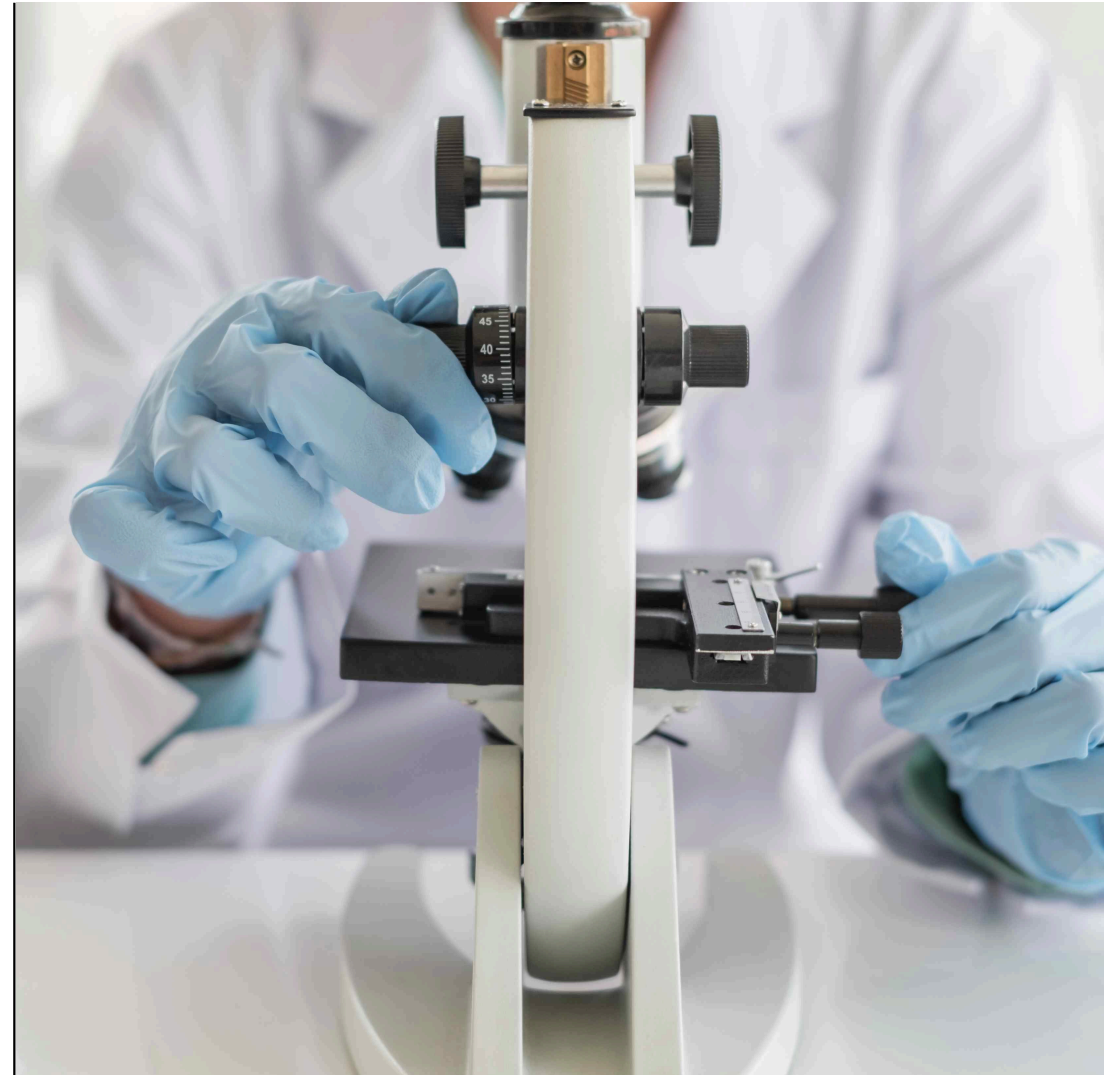
At 99% global endorsement, the Convention is the second most successful in the history of UNESCO in terms of the rhythm of ratification post-adoption

Note: As the Code is a non-governmental document that applies only to members of sports organizations, the UNESCO International Convention against Doping in Sport provides the legal framework under which Governments can address specific areas of the doping problem that are outside the domain of the Sport Movement.

Our Activities & Impact

Science & Medicine

- We lead and collaborate to develop new and meaningful scientific and medical knowledge in the field of anti-doping.
- The Science and Medicine Department oversees five main areas:
 1. Scientific Research Program
 2. The List of Prohibited Substances & Methods
 3. Therapeutic Use Exemptions (TUEs)
 4. Athlete Biological Passport (ABP)
 5. Accreditation of Anti-Doping Laboratories



The Prohibited List



- Described in Article 4,
World Anti-Doping Code
- International Standard
- Revised at least annually
- Determines the **Substances & Methods** prohibited in sport

Inclusion criteria

The three criteria are equal

Article 4.3 – if the substance or method is a **masking agent** or meets at least 2 of the following 3 criteria:

Evidence – based approach

has the **potential** to enhance, or **enhances sport performance**

its use is a **potential or actual health risk** to the athlete

its use is **contrary to the spirit of sport**

Substances - Prohibited at All Times

Substances

S0 Non-approved substances

Methods

S1 Anabolic agents

S2 Peptide hormones, growth factors, related substances and mimetics

S3 Beta-2 agonists

S4 Hormone and metabolic modulators

S5 Diuretics and masking agents

Methods - Prohibited at All Times

Substances

Methods

M1

Manipulation of blood and blood components

M2

Chemical and physical manipulation

M3

Gene and cell doping

Prohibited In-Competition

Substances
S6 Stimulants
S7 Narcotics
S8 Cannabinoids
S9 Glucocorticoids

Prohibited in Particular Sports

Substances
P1 Beta-blockers

Evolution of the List

Format and style updates for clarity and consistency



Stakeholder Comments

International changes in 'Standards of Care' and medical practice



Intelligence, Drug seizures, Doping trends



Distinguishing permitted therapeutic uses and routes from prohibited



Emerging pharmacological breakthroughs



Monitoring program results



Current scientific knowledge (often from WADA research grants)



Improvements in analytical methods



Legal & Ethical aspects

Therapeutic Use Exemptions



Process to access to prohibited substances if/when medically justified:

Provides athletes an opportunity to apply for a TUE and if granted, the authorization to use a prohibited treatment while competing in sport

The ISTUE provides a robust set of harmonized rules to regulate the granting of TUEs.

- ✓ protects all clean athletes
- ✓ promotes competition on a level playing field
- ✓ upholds a fundamental principle of fair sport, i.e. inclusion.

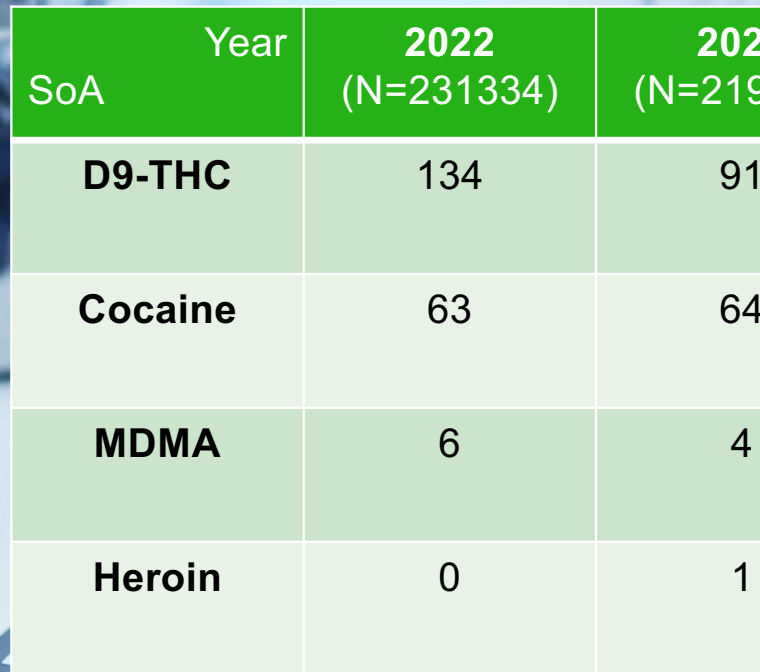
1% of athletes with TUEs at OPGs with 1% medal winners

Substances of Abuse



- 4.2.3 **Substances of Abuse** shall include Prohibited Substances specifically identified on the Prohibited List because they are frequently abused in society outside of the context of sport.
- 10.2.4.1 If the Athlete establishes that any ingestion or Use occurred **Out-of Competition and was unrelated to sport performance**, then the period of Ineligibility shall be three (3) months, and may be reduced to one (1) month if the Athlete completes a Substance of Abuse treatment program approved by the Anti-Doping Organization.
- SoA: **Delta9-THC ; cocaine, heroin, MDMA (ecstasy)**

5-Year Figures for SoA



SoA	Year	2022 (N=231334)	2021 (N=219126)	2020 (N=138818)	2019 (N=252708)	2018 (N=239195)
D9-THC		134	91	42	130	141
Cocaine		63	64	33	77	87
MDMA		6	4	4	1	9
Heroin		0	1	0	0	0

INTERNATIONAL OLYMPIC COMMITTEE (IOC) STATEMENT



- Elite athletes are at risk of developing substance abuse, gambling, and gaming addiction.
 - Elite athletes are vulnerable due to their high disposable income, competitive personalities and desire for challenges, propensity for sensation seeking and impulsivity, thrill of risk taking, and as an escape from the pressures of competing.
 - Illicit substances and/or gaming used to self-medicate, de-stress and deal with an intense training schedule, dip in performance, media scrutiny, career threatening injuries and more.
- However, Data on mental health and wellbeing of elite athletes is limited due to lack of high-quality, systematic studies (Currie et al 2021) .

Mental Health & Substance Abuse

- Circa 2015 : antidepressant consumption in elite population at least equivalent to population.
- 2018-9: IOC : Consensus report on mental health in sports. ~35% of elite athletes affected by some form of mental health during their career
- 2020ies : Elite athletes become more vocal on mental health issues
- 2023: S4H initiative (WHO, IOC, WADA) include mental health in sports as a priority theme
- 2024: L'Equipe: 20-35% of professional footballers have mental issues during their career.

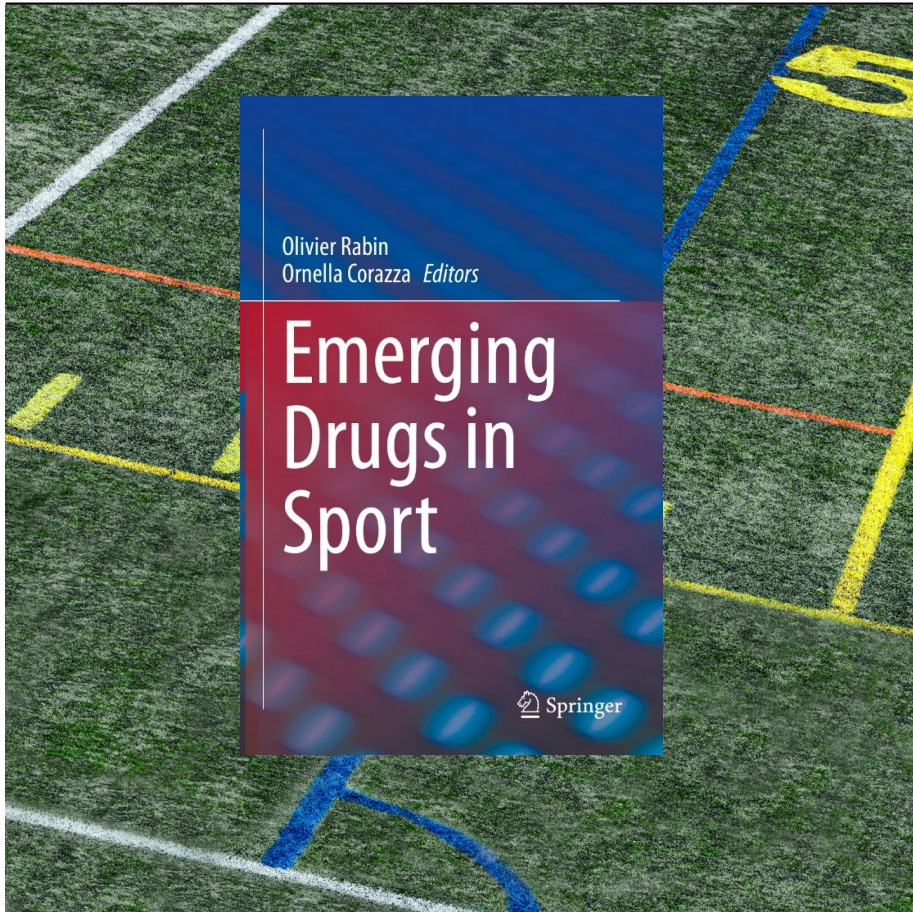


A Taboo is falling...



- 2024: Nufar study in Qatar :
 - Determine the prevalence of anxiety and depression
 - Determine the prevalence of SUDs and gaming addiction
 - Assess the association between mental health disorders and addiction (substance and gaming).
- 2024-2026 : Addiction Center in Trentino for athletes – Legacy to 2026 Olympic-Paralympic Games
- 2024-2027 : Adjustments of the WADC to better address health aspects of Substances of Abuse

Sport Performance or Body image...



- Relationships between IPEDs, Physical Exercise and Mental Disorders
- Social and unrealistic drive to “body perfection”
- Body Dysmorphic Disorder (BDD) / Muscle Dysmorphia (MD) pathological preoccupation with muscularity and leanness
- Mental Health issues
- Population with higher consumption of substances
- Role of IPEDs and NPS in etiopathophysiology of mental illnesses
- Case studies.

play **true**