

Appendix F - Document 080206 – Agenda Item 7.1

The WCF and Anti-Doping

This discussion paper is prepared as a consequence of the decision taken at the WCF Council Meeting held on 9th August 2005 “...that the matter be referred to the Management Committee for further consideration and to come back to the membership with firm proposals“

Its overall purpose is to present the current position relating to doping control both within the WCF and in other sports and, to present the different options available to the WCF Member Associations.

Introduction

By general agreement it is accepted that the lack of anti-doping procedures in sport contradicts the premise of the rights of participants to compete in a dope free sport, and thus promote health, fairness and equality world-wide. The use of anti-doping measures ensures harmonised, coordinated and effective anti-doping programs at the international and national level with regard to detection, deterrence and the prevention of doping.

The regulation and detection of doping in sport has been a long standing process throughout the sporting world. Whilst driven primarily by doping scandals within the Olympics, the International Olympic Committee saw fit to introduce extensive doping controls on athletes and governing bodies. These have been enhanced over the years but with different standards been applied in the monitoring of athletes, collection and examination of samples and also the punishment of offenders.

The situation developed to a point where, in 1999, the World Anti-Doping Agency (WADA) was formed to oversee the whole process on behalf of all signatory sports governing bodies, the IOC and National Governments.

In 2003, WADA published its first anti-doping code including prohibited substances, therapeutic use exemption procedures and models of best practice for sports bodies, particularly International Sports Federations.

WADA has recently undertaken a wholesale review of all its processes and re-iterated it's core undertakings and commitment to a drug free sporting environment.

At this time, four WCF members have their own anti-doping processes administered by their respective National Anti-Doping Organisations. (NADO) The Croquet Association (of England), the Australian Croquet Association The Croquet Association of Ireland and New Zealand Croquet Council.

As such, with the exception of the CA (of England) who "have similar anti-doping policies", the protocols the others must follow are determined by WADA and the relevant NADO whilst the rest of the croquet playing world is outside the scope of anti-doping.

The absence of any consistent policy for the sport of croquet may lead it into disrepute, particularly at International Federation level, and also will eventually lead to a situation where differing standards will apply, particularly in the field of international play such as WCF World Championships, Croquet World Series for the MacRobertson Shield and other International events such as, Trans-Tasman, Solomon Trophy, Alpine Cup, Pokel Cup and Nordic Championships.

The current WCF Sports Regulations recognises the current position allowing for anti-doping control to be effective in those countries where such arrangement apply, i.e. England, Australia and New Zealand, as WCF and those National Governing bodies would not be in a position to prevent testing taking place by a NADO if they wished to arrange it.

It is believed that only a few croquet players, all in Ireland, have ever been tested under these arrangements.

A further significant factor is that if the WCF were ever to achieve a minimum of 40 member associations it would be eligible to apply for membership to the General Association of International Sports Federations (GAISF). Such membership would inherently allow for entry of the sport into the World Games.

GAISF is an organization that has most non Olympic sports affiliated to it and can be regarded as a second tier of multi-sports event. The World Games is the most realistic option for International exposure of croquet on a world-wide basis.

However, to become members of GAISF will require the WCF to become signatories to the WADA Anti-Doping Code.

On 19 October 2005, the 33rd session of the United Nations Economic, Social and Cultural Organisation (UNESCO) General Conference unanimously adopted the International Convention against Doping in Sport, the first truly global anti-doping convention. Its purpose is to harmonize anti-doping efforts worldwide and to provide a legal framework within which governments can take action to remove doping from sport that are complementary to those being taken by the sporting movement. The Convention ensures that all governments have a legal commitment to implement the Code.

The Convention is a permissive document. The obligations are articulated in non-prescriptive language, requiring a commitment to undertake measures at the national and international level consistent with the principles of the Code.

There is flexibility in the approach governments can take to give effect to the Convention, either by way of legislation, regulation or policies, however, Nation States are required to:-

- Restrict the availability of prohibited substances or methods to athletes (except for legitimate medical purposes), including measures against trafficking;
- Facilitate doping controls and support national testing programmes;
- Withhold financial support from athletes and athlete support personnel who commit an anti-doping rule violation, or sporting organisations that are not in compliance with the Code;
- Encourage producers and distributors of nutritional supplements to establish 'best practice' in the labelling, marketing and distribution of products which might contain prohibited substances, and
- Support the provision of anti-doping education to athletes and the wider community.

This resolution has since been ratified. The signatories include all the National Governments of the current WCF member associations.

This passes into law a requirement that governments introduce into their domestic legislation processes to combat doping in sport that will become compulsory.

It is axiomatic that if WCF does not become a WADA signatory then, in time, processes will be imposed upon its member associations and any WCF viewpoint will become redundant.

Finally, in this section, it must be stressed that there is no knowledge of the use of prohibited substances or methods in the sport and whilst it remains a largely amateur sport the overall driver will be personal satisfaction rather than monetary gain. However, the sport is generally played by older persons, who as time progresses may require some medication for their wellbeing. An example is Beta Blockers (see later). So it can never be certain that doping is not taking place.

WADA Affiliation

The WADA Anti-Doping programme encompasses all the elements needed in order to ensure optimal harmonization and best practice in international and national anti-doping programmes.

The main elements are:

The Code

International Standards

Models of Best Practice.

The code is the main document giving the basic text to the code.

International Standards dictate how NADO, IF's, NGB and testing operates, laboratories are accredited, therapeutic use exemptions are processed, and include the updated list of prohibited substances and methods .

Models for Best Practice incorporate the ideal text for implementation into the Statutes or Rules of the relevant IF. Some parts are mandatory, some are discretionary. All are relevant.

To become a signatory, an IF must submit its current Rules or Statutes to WADA for examination, with a fee of \$5,000.

This examination will include any proposed text to bring the WADA code within the IF's Rules or Statutes as per the Models of Best Practice.

Assuming the proposed Rules or Statutes are accepted by WADA, the matter is then referred to the WADA Executive for ratification, whereupon the IF can then become a signatory. The annual fee for continued "membership" of WADA is currently \$2,000.

The overall process of becoming a signatory is:-

1. IF to decide whether to become a signatory;
2. IF to propose to adopt the mandatory parts and consider adopting the discretionary parts of the Models for Best Practice into their Rules;
3. IF to submit application to WADA with fee pf \$5,000
4. WADA consider application and propose change or accept application;
5. If change is required IF to consider these and re-apply;
6. If accepted WADA to ratify application;
7. If ratified, the IF then to incorporate into its Rules or Statutes the necessary amendments with an operating date;
8. IF to pay WADA \$2,000 per annum for continued membership.

Drugs

All the prohibited substances and methods are incorporated into the Prohibited List that is published annually on the first of January. These have changed over the years. For example, Pseudoephadrine, (a compound found in many cold remedies) is no longer a prohibited substance.

In essence the Prohibited List should reflect changes to how improvements are made to laboratory examinations and the perceived changes to the overall effect of the relevant drug. An example is the testing for EPO (Artificial Oxygenated blood)

All the drugs listed are prohibited absolutely with two exceptions:-

- Those subject to a Therapeutic Use Exemption;
- Substances prohibited in particular Sports

(See below)

Currently the prohibited drugs include those that will be regarded in many circles as Social Drugs such as Heroin, Cocaine and Cannabinoids. There is much debate taking place in the anti-doping fraternity concerning what effect these drugs have on improving performance.

Various sources attribute some performance enhancement to these type of drugs as a bye-product of their use. It remains to be seen if they remain in the prohibited list in the future.

Therapeutic Use Exemptions (TUE)

The WADA code recognizes that in some circumstances, there may be a reasonable use of drugs as an athlete may have illnesses or conditions that require the use of particular medications as treatment. A TUE may, under strict conditions, provide an athlete with the authorisation to take the needed medicine, all the while competing in sport, with no resulting doping offence.

A TUE is an authorisation to take a prohibited substance under well defined and restricted conditions. Dependent upon the substance and the route of administration, either a standard TUE or an abbreviated TUE (ATUE) can be granted. An ATUE can only be granted for the inhalation of certain Beta-2 Agonists only.

All athletes who need medical treatment including a prohibited substance or method and are subject to testing, must obtain a TUE or ATUE from their relevant Anti-Doping Organisation. (ADO)

The ADO is either the National Governing Body for domestic competition or the IF for International events within its control.

For a TUE, the athlete must have a well documented medical condition supported by reliable and relevant medical data.

Following receipt of a TUE, the ADO will review it via its Therapeutic Use Exemption Committee (TUEC).

The TUEC is an independent body of selected medical doctors. The TUEC is comprised of three physicians with experience in the care and treatment of athletes and a sound knowledge of clinical, sports and exercise medicine. It is usually appointed and funded by the relevant International Federation.

The criteria for granting a TUE are that :-

- the athlete would experience a significant impairment to health if the prohibited substance or method were to be withheld in the course of treating an acute or chronic medical condition;
- no additional enhancement of performance is produced other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition;
- there is no reasonable therapeutic alternative to the use of the otherwise prohibited substance or method;
- the necessity for the use of the otherwise prohibited substance or method cannot be a consequence, wholly or in part, of prior non-therapeutic use of any substance from the prohibited list.

(The last part therefore excludes substances or methods that are used by an athlete prior to an application for a TUE).

The ADO is the IF for International events or athletes in its International Testing Pool.

The ADO for National events or athletes is the National Governing body unless the IF take responsibility.

All TUEC decisions are communicated to WADA.

The decision of the TUEC may be appealed by the athlete to WADA or WADA may appeal itself.

If WADA appeal, it is to the Court for Arbitration in Sport (CAS) in Lausanne, Switzerland. The ADO or Athlete may appeal to CAS against WADA decisions also.

Costs for the operation of the TUEC will rest with the ADO and appellants are responsible for their own costs.

Substances prohibited in particular sports

Currently these apply to two drugs, Alcohol and Beta Blockers

8 sports ban alcohol in-competition. They are normally equated with safety such as motor racing, archery but also include Karate and Boules. Each sport can decide the level of the drug before a transgression is registered.

17 sports ban beta-blockers in-competition.

In the sport of croquet it is arguable if alcohol is a problem at all. Complacency is the worst of enemies and there is no suggestion at this point that alcohol should be banned in the sport.

With Beta-Blockers the situation is markedly different. As previously mentioned, the aging participants in the sport may well be using the drug as medically prescribed. Anecdotal evidence suggests it is the case and the sport would need to carefully consider the situation of whether to ban or not, and the effects of that decision.

It has been argued that use with no ban encourages the use of the drug, others argue that not to ban gives the users an unfair advantage over what may be a "normal" nervousness in competition. This will need eventual resolution.

In or Out of Competition

Athletes can be notified that they are to be tested In or Out of Competition. If affiliated, each IF, and in their absence, the National Governing Body makes that decision dependent upon the criteria they adopt. In the absence of IF affiliation, the NGB can only test athletes within their own control. **In general, Out of competition testing is done in high profile sports only and probably is unsuitable for croquet at this time.**

To assist out of competition testing, WADA have instituted an Anti-Doping and Administration Systems (ADAMS) to allow athletes to notify their whereabouts on a regular basis so that they can be effectively tested at any time.

In competition testing is just that. Athletes are tested by being drawn at random or by defining finishing positions (e.g. winner) by a Doping Control Officer (DCO) from the National Government Organisation in discussion with the IF or, in their absence, the NGB.

Where children are tested, procedures include a child protection element.

Accredited Laboratories

Certain Laboratories around the world have been identified as being WADA accredited. Major countries have at least one accredited laboratory. USA, UK have two, Australia has one, New Zealand has none at this time.

Testing

It is generally a matter for the ADO to determine what events and how many athletes are tested for prohibited substances or methods.

It is possible that the National Governing Organisation responsible for doping control or WADA may decide to undertake testing. This will generally only take place if there is wide-spread disquiet about the lack of testing or the conduct of testing arrangements in any particular sport.

In croquet, it is arguable that there should be sufficient tests to show resolve on the matter, but, within the overall allocated budget, to be circumspect on the numbers undertaken each year.

Nationally it would be always a matter for the National Association to determine these, whilst Internationally, the matter would be a matter for the WCF.

The latter case would naturally include all WCF World Championships and possibly any event that is played between member associations as an International event but not those merely of representatives.

It would be helpful if the WCF membership identified all the relevant events so that no-one could be mistaken in the future.

Athletes at relevant events are chosen at random. Urine samples are taken and split into two. The A sample is tested and if positive for a prohibited substance or method the athlete is notified via the ADO. The athlete can plead guilty or ask for the B sample to be tested. The result is again notified to the athlete via the ADO. If positive, they plead guilty or not guilty and move to adjudication by an independent panel appointed by the ADO.

The panel decides guilt or innocence and any punishment in accordance with WADA guidelines. Normally it is a 2 year ban from competition for the first offence and a 4 year or sometimes life time ban for a second or subsequent offence.

Note: Lifetime bans must be capable of subsequent review, the suggested timescale is every 4 years if the subject requests that.

The costs of tests are paid by the body that requests them. Costs for the panel hearings are paid for by the ADO who have jurisdiction.

Liability for unjust decisions rests with the ADO. All ADO's are recommended to take out Insurance to cover such liability.

Options

The WCF has three options as follows:-

1. Do nothing
2. Become a WADA signatory;
3. Maintain our own anti-doping regime.

Do nothing.

This is the no cost option and would reflect the current situation.

The disadvantages are that:-

- it flies in the face of increasing pressure to have an anti-doping policy for the whole sport, particularly with the imminent arrival of a world-wide legislative ban as per the UNESCO International Convention against Doping in Sport;
- increases the likelihood of the probability of other organizations dictating policy to us;
- any cheats there may be in the sport will be free to continue their unfair advantage over others.
- WCF will remain outside the world-wide movement of anti-doping control;
- No opportunity to play a part in future development of anti-doping;
- No future opportunity to join GAISF;
- Likely loss of government funding to national associations;

The advantages are:-

- No cost;
- Reflects current position;
- No threat of testing litigation.

Become a WADA signatory

The disadvantages are:-

- Initial cost of \$5,000 for approval of rules;
- Annual cost of \$2,000 for affiliation;
- Testing costs of approximately £140 - £550 per test;
- Costs of maintaining a TUEC regime. This is largely unquantifiable as it will depend upon the level of uptake of TUEC's and the composition of the TUEC panel.
- Liability for decisions taken by TUEC's and Panels;

The advantages are:-

- Show a desire to combat any suggestion of doping in the sport;
- Testing and control will be in compliance of a world-wide movement;

- Adherence to future legislation as a result of the UNESCO decision;
- Common procedures and standards.

Maintain our own anti-doping regime

The disadvantages are:-

- Costs will be paid in full by WCF or National body;
- Complete liability for decisions taken;
- WCF will remain outside the world-wide movement of anti-doping control;
- No opportunity to play a part in future development of anti-doping;
- No future opportunity to join GAISF;
- Likely loss of government funding to national associations;
- Tests would have to be carried out by WCF accredited testers;
- Will not satisfy the eventual UN convention requirements.

The advantages are:-

- Will give an indication of commitment to anti-doping;
- Costs can be regulated more closely

Approaches to a WADA accredited laboratory in the UK reveal that independent testing is possible and they would charge approximately £250 (GBP) per test, plus additional costs of provision of testing equipment packs for use by WCF testers.

As part of, or as a separate component, it has been suggested that WCF seek to obtain a signed “declaration” from each player, prior to an event, and as a condition of entry to a WCF event, that they play drug free. In practice this is really no more than placing a moral obligation on the athlete and as experience has shown in the 2007 Tour de France, where it was similarly used, ineffective. However it can serve as a reminder of their sporting obligations and probably should be included in any package of measures were the members to decide that WCF maintains its own anti-doping regime.

Conclusion

The continued prominence given to the prohibition of Doping in Sport around the world will eventually lead to isolation for all those that choose not to undertake a strong stance on Anti-doping, including any grant funding from National Government agencies.

Additionally, the WCF must decide whether it is a true International Sports Federation or just an organization that holds a number of world class events from time to time.

The WCF Council must now decide what it is they wish to do.

The WCFMC recommendation is to do nothing at this time.

Assuming WCF Council decided in favour of WADA affiliation, WCF could then move quickly to a situation where required Rule Changes were identified to put to the membership in a later postal vote, including whether to include the discretionary drugs of Alcohol and Beta Blockers.

Regards

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Note: Declaration of interest

The Secretary-General and author of this report, was previously the anti-doping officer for Ice Hockey Superleague in the UK and is currently an Anti-Doping disciplinary panel member for England Hockey (Field Hockey).