

Introduction to the Coach's Tool Kit 2nd Edition

Thank you for using the Coach's Tool Kit and contributing to doping-free sport.

This Tool Kit has been developed with the help of a working group representing International Federations, National Anti-Doping Organizations, Coaching Organizations and academia.

It has been designed to be as flexible as possible and offer as many different workshops taking into consideration the type of audience, time constraints and levels of anti-doping knowledge.

The material can be categorized either by activity, content or target audience.

Activities

- Ice breaker/game
- General presentations
- Case studies
- Decision-making model
- Practical studies
- Fact sheets

Content

- An overview of anti-doping (Elite)
- An overview of anti-doping (Youth)
- Health consequences
- Rules of the game
- Anti-doping knowledge
- Aiding and abetting
- Refusal to comply
- Results management
- Therapeutic use exemptions
- Whereabouts

Target Audience

- Coaches of elite athletes
- Coaches of youth and/or recreational athletes

Please be advised that this information is subject to change at any time and that in case of any discrepancy between this information and the World Anti-Doping Code, the Code prevails. Always check with your International Federation, National Anti-Doping Organization or National Federation for the most up-to-date anti-doping regulations.

Summary of the Material

Ice-Breakers

- **The balloon race**
 - An activity to break the ice and to open a discussion about the rules of the game
- **Who wants to be a play true Champion?**
 - An activity that can be used as an ice breaker and evaluation of the retention. It can also be used as an activity in itself to convey anti-doping knowledge

General Presentations

- **An Overview of Anti-Doping (Elite)**
 - A general presentation giving coaches of elite athletes the necessary information they need for their level of professional practice
- **An Overview of Anti-Doping (Youth)**
 - A general presentation giving coaches of youth and/or recreational athletes the necessary information they need for their level of professional practice
- **Health Consequences**
 - A presentation about the health consequences of performance enhancing drug use

Case Studies

These are cases that are likely to happen to a coach of elite athletes during his/her career and where the World Anti-Doping Code provides a clear answer on what actions should be undertaken.

They are all built with the same structure in a PowerPoint format:

- A scenario, the applicable anti-doping rules, the recommended course of action for the coach, the recommended course of action for others
- A short presentation summarizing the case study

When using a general presentation from Section 2, the short presentation following the case study can be removed to avoid repetition.

The topics are:

- Aiding and abetting – 3 scenarios
- Refusal to comply – 1 scenario
- Results management – 1 scenario
- Therapeutic use exemptions – 1 scenario
- Whereabouts – 1 scenario

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Decision-Making Model

This activity is also a scenario but in a grey area, where the coach has to rely mostly on his/her personal moral values to make a decision. This exercise allows an in-depth study into how decisions are made and what rules are unbreakable, no matter what the circumstances are.

Practical Studies

Aimed at coaches of youth and recreational athletes, this activity is a hybrid of the case scenario studies and the decision-making model. It puts the coaches in situations that aren't actually doping situations or situations where the World Anti-Doping Code doesn't necessarily have jurisdiction. The objective is not only to provide coaches with a set of explored options but to also reflect on fundamentals such as the reason why we play sports.

The topics are:

- Vulnerability
- Healthy living
- Therapeutic use exemptions
- Evidence of drug use

Fact Sheets

The fact sheets are useful hand-outs to be given to coaches as memos.

The topics are:

- Causes for sanctions under the World Anti-Doping Code for athletes
- Causes for sanctions under the World Anti-Doping Code for athlete support personnel
- Health consequences of doping
- Signs, symptoms and vulnerability factors in doping (Elite)
- Vulnerability factors (Youth and recreational)
- Results management, sanctioning and appeals
- Therapeutic use exemptions
- Whereabouts

Exercise Sheets

The exercise sheets are the supporting material for the activities.

- 1 per scenario for the case studies
- 1 for the decision-making model (9 pages)
- 1 for the practical studies (1 page, valid for all studies)

Coach's Tool Kit

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Who Wants to Play True

ICE-BREAKER

Objectives:

- Get the participants to know each other and allow a better cohesion of the group
- Introducing basic facts and knowledge about doping
- Identifying potential sources of information
- Training the coaches to increase their athletes' knowledge in order to promote doping-free sport

Material:

- The card game attached in Tab 1

Target Group:

- Coaches of elite athletes or youth and recreational athletes

Instructions:

- Divide the room in two teams
- Ask the teams to elect a spokesperson
- Each team will have to answer alternatively 3 questions (questions chosen purposefully)
- The facilitator writes down the answers
- At the end of the session, facilitator asks teams to confirm or infirm the answers
- Facilitator reads the answer
- Team with the best score wins

Conclusion:

If ever in doubt, your IF/NADO will always be able to provide you with guidance.

Who Wants to Play True

ACTIVITY

Objectives:

- Introducing basic facts and knowledge about doping
- Identifying potential sources of information
- Training the coaches to increase their athletes knowledge in order to promote doping-free sport

Material:

- The card game enclosed
- A copy of the World Anti-Doping Code (if you don't have one, just take out the "consult the Code" lifeline)

Target Group:

- Coaches for youth and recreational athletes
- Youth and recreational athletes (activity facilitated by the coach)

Instructions:

- Divide the room in two teams
- Ask the teams to elect a spokesperson
- Each team will have to answer 8, 10 or 12 questions (according to age, attention span, etc.)
- Team with the best score wins
- Each team is given four jokers:
 - Consult the Code (if you don't have a Code then take this joker out)
 - Call your IF/NADO
 - Ask your doctor
 - Ask the other team

For The Facilitator:

- The cards are divided into 3 sections:
 - The section in the middle contains the question and 4 possible answers.
 - The section on the left is what the doctor would answer: a doctor doesn't tell you what to do; he gives you the elements for you to make a sound choice.
 - The section on the right is the answer that the NADO or the IF would give. This answer will always be right. Only give the letter of the correct answer and not the explanation when the team asks for the joker. You can then read the explanation as a debriefing when you read the final answer.
 - There are two others lifelines - you can:
 - Consult the Code
 - Ask the opposite team for guidance. This last lifeline is to get youth to think about whether they can trust their peers.

Conclusion

If ever in doubt, your IF/NADO will always be able to provide you with guidance.



In Section 2 you will find **general presentations** which will provide the following:

- **An Overview of Anti-Doping (Elite)**
 - A general presentation giving coaches of elite athletes the necessary information they need for their level of professional practice
- **An Overview of Anti-Doping (Youth)**
 - A general presentation giving coaches of youth and/or recreational athletes the necessary information they need for their level of professional practice
- **Health Consequences**
 - A presentation about the health consequences of performance enhancing drug use

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Doping Prevention Workshop

For Elite Coaches

"An Overview of Anti-Doping"

Word cloud containing various translations of "play clean" or "fair play" in multiple languages, including: franc jeu, честна гра, ευγενής άμιλλα, Играть по правилам, 公平竞争, giocare pulito, शुद्धता से खेलें, aus māng, igra pošteno, reilu peli, मानदारी से खेलो, liszta játék, ren sport, spiel gerecht, 最高の感動のために, hakça oyun, الجب النزيه, juego limpio.

2.1 General Presentations - ©WADA - Version 4.0 - December 2015

Welcome to the Coach's Anti-Doping Workshop.

Before moving into more detailed explanations of anti-doping situations, this overview will explain the roles and responsibilities of the coaches. It will also give information on the basics of anti-doping.

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Roles and Responsibilities of Coaches

- To understand and comply with anti-doping policies
- To cooperate with athlete testing programs
- To use their influence on athlete's values and behaviour to foster anti-doping attitudes

Prohibited List

- Single List
- Revised every year
- Current version: www.wada-ama.org
- Out-of-competition vs. in-competition
- Substances prohibited in particular sports

2.1 General Presentations – Overview of Anti-Doping ELITE - ©WADA – Version 4.0 – December 2015

There is a single List of Prohibited Substances and Methods, which is published by the World Anti-Doping Agency (WADA).

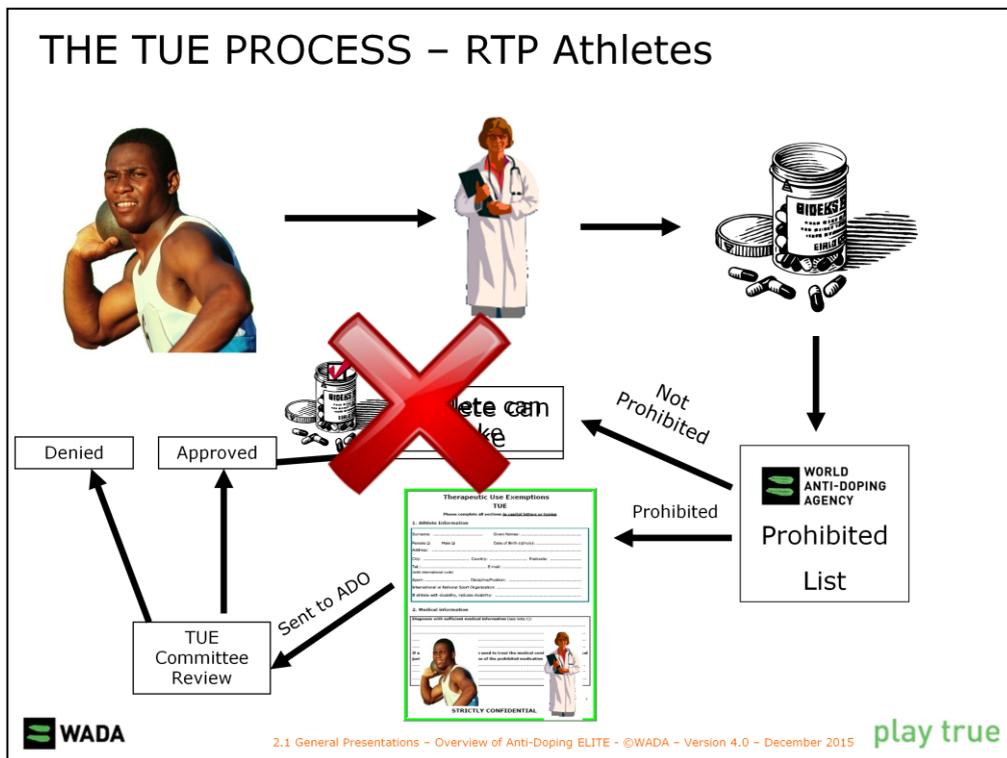
It is revised every year – effective January 1 – and published three months before it comes into effect.

The current version is always posted on WADA’s Web site at www.wada-ama.org.

It includes substances as well as methods that are prohibited in all sports.

It distinguishes substances that are prohibited out-of-competition from those prohibited in-competition.

It highlights certain substances that are prohibited only in particular sports.



1. An athlete is ill or injured.
2. He goes to the doctor.
3. The doctor prescribes medication.
4. The doctor checks the Prohibited List. If the doctor doesn't know or doesn't check, it is the athletes' duty to mention that he/she is an athlete and that rules apply to him/her.
5. If the medication doesn't contain a prohibited substance.
6. The athlete can take the medication without any further action regarding the TUE process.
- 7-8. The medication does contain a prohibited substance.
9. The doctor who prescribed the medication has to fill out a TUE form. The form must be signed by the athlete and doctor (available from International Federations, National Federations, National Anti-Doping Organisations).
10. The form should be sent to the relevant Anti-Doping Organisation.
11. A Therapeutic Use Exemption Committee reviews the request.
12. If it is approved, the athlete can take the medication.
13. If it is denied, the athlete can not take the medication.

Registered Testing Pool

Athletes identified by NADOs and IFs

Becoming part of a testing pool:

- Receive notification
- Can be tested at any time anywhere
- Submit whereabouts information

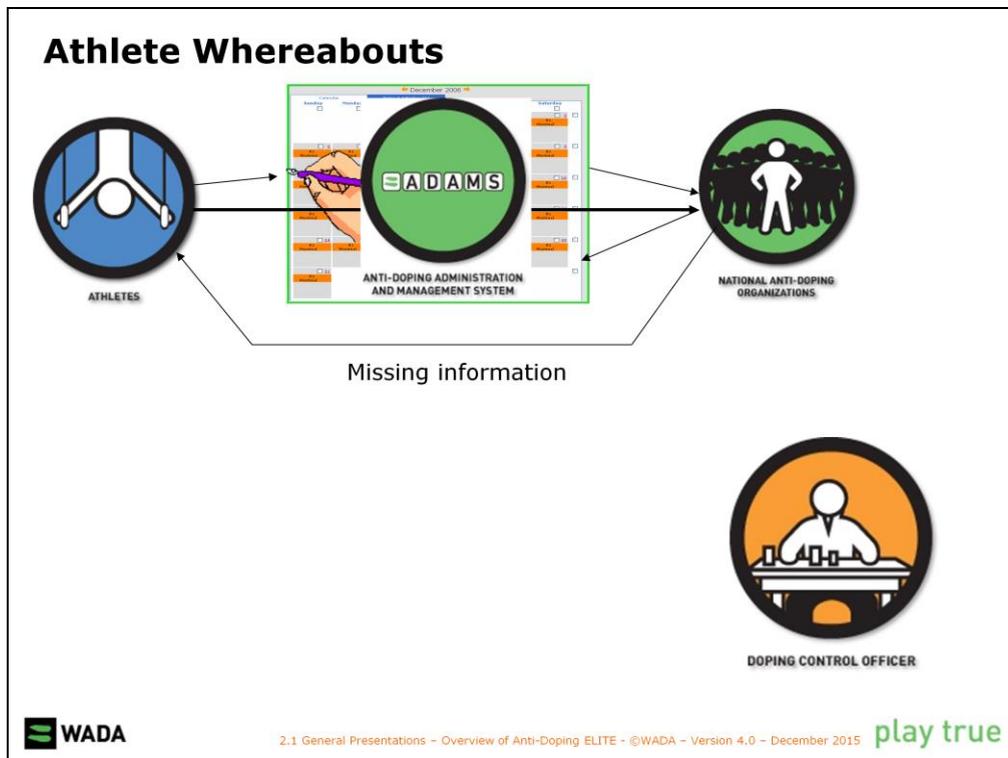
2.1 General Presentations – Overview of Anti-Doping ELITE - ©WADA – Version 4.0 – December 2015

Testing pools are:

Groups of top level athletes identified by each International Federation (IF) or National Anti-Doping Organization (NADO) to be subject to both in-competition and out-of-competition testing.

When becoming part of a testing pool, you:

- will be notified of it officially by your NADO or your IF
- become subject to no-notice, out-of-competition testing
- must submit whereabouts information to your NADO or your IF



This is a summary of the athlete whereabouts process (the numbers at the beginning of the sentences indicates the number of clicks to be made before getting to this stage of the process):

1-2-3: Athletes access the Anti-Doping Administration and Management System (ADAMS). The athlete can ask his agent, parents, coach to enter the information for him. However, in case of a missed test or a filing failure, the athlete will be held responsible.

4-5-6: Athletes complete the form.

7-8: The Anti-Doping Organisations (ADOs) look at the information provided (can be International Federations or National Anti-Doping Organisations).

9: If there is any missing information, the ADO notifies the athlete.

10: The athlete provides the missing information.

11-12: The ADO or the Doping Control Officer (DCO) picks a time to carry out an out-of-competition doping control.



- 13-14: In January the DCO goes to the location the athlete said he would be at this given time
- 15: The DCO performs a doping control without a problem to report
- 16-17: In February the DCO goes to the location the athlete said he/she would be
- 18: The DCO waits for an hour and tries every reasonable attempt to find the athlete
- 19-20: The athlete wasn't found – it is a reported missed test
- 21: The DCO reports the missed test on the Doping Control Form
- 22: The DCO transmits the information to the ADO
- 23: The athlete is notified
- 24-25: The athlete responds to the asserted missed test
- 26: ... in writing
- 27: The ADO checks whether the information is consistent with the DC Form
- 28-29: If the athlete has not provided reasonable explanation for the missed test the ADO will report one missed test to the athlete

Athlete Whereabouts:

Filing Failures and Missed Tests

Jan 2015	Feb 2015	Apr 2015	May 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Month 1	1	3	4	8	9	10	11



Test completed



Missed Test



Filing Failure



2.1 General Presentations - Overview of Anti-Doping ELITE - ©WADA - Version 4.0 - December 2015

play true

With this slide we are going to look at the way to calculate the 12-month period.

1: First test completed in January.

2: First missed test in February - the 12 month period starts now.

3: Another test completed in April - month 3 of the 12 month period.

4.5: Another test completed in September - month 8.

6.7: Filing failure in October - month 9.

8: another test in November 2015- month 10.

9: Missed test in December 2015- Anti-Doping Rule Violation (ADRV) because a combination of 3 missed tests or filing failures in a period of 12 months.

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2.1 General Presentations – Overview of Anti-Doping ELITE - ©WADA – Version 4.0 – December 2015

Note to facilitator: This slide can be replaced with the contact details of the most relevant organization for the audience

Doping Prevention Workshop

*For Coaches of Youth and
Recreational Athletes*

"An Overview of Anti-Doping"

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2.2 General Presentations - ©WADA - Version 4.0 - December 2015

Welcome to the Coach's Anti-Doping Workshop.

Before moving into more detailed explanations of anti-doping situations, this overview will explain the roles and responsibilities of the coaches. It will also explain in detail what an anti-doping rule violation is.

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What is doping ?

Doping is:

- Using a prohibited substance
- Possessing a prohibited substance
- Interfering with the testing process
- Not providing whereabouts information
- Encouraging or assisting others to dope
- Covering up doping activities
- Any type of complicity regarding a doping activity

2.2 General Presentations – Overview of Anti-Doping – YOUTH – ©WADA – Version 4.0 – December 2015

Doping is defined in the World Anti-Doping Code as the occurrence of one or more of the anti-doping rule violations. We usually only think of doping as being the presence of a prohibited (banned) substance, but there are other ways that an athlete can be recognized as having violated an anti-doping rule violation.

Using a Prohibited Substance:

Athletes are responsible for everything that enters their bodies. This means that doping is not limited to the use of a prohibited substance with the intent to enhance performance.

Possessing a Prohibited Substance:

An athlete can be charged with an anti-doping rule violation even if he/she is found in possession of a prohibited substance or attempting to use a prohibited substance. This means that even if the athlete has not used the substance, they are not allowed to have possession of the prohibited substance. This anti-doping rule violation also includes trafficking or administering a prohibited substance to another athlete.

Interfering with the Testing Process:

An athlete who refuses to provide a sample after being notified that he/she has been selected for doping control, is an anti-doping rule violation. An athlete who accepts to provide a sample but who tampers with or attempts to tamper with the doping control equipment or any other part of the process is also considered an anti-doping rule violation.

Not Providing Whereabouts Information:

Athletes are required to provide testing authorities with their whereabouts. A testing authority can test an athlete at home, at their training centre or at a competition. If an athlete does not provide the testing authorities with this information or is not where he/she says he/she is a certain number of times, the athlete will be charged with anti-doping rule violation.

Encouraging or Assisting Others to Dope:

Finally, an athlete or any person for that matter, who assists, encourages or helps another athlete dope, will be charged with anti-doping rule violation. This includes covering up any of these activities.

Why is doping so dangerous?

We know that doping is dangerous to an athlete's health...But why?

- Studies on substances for therapeutic reasons, not for doping
- Substances or methods used by athletes are developed for people with health problems
- Athletes using prohibited substances :
 - Are not always followed by a doctor
 - Often take larger doses
 - Might use in combination with other substances
- Are often illegal or counterfeit substances that are not regulated

What is the Prohibited List?

It is the document identifying the substances and methods that are prohibited in-competition, out-of-competition, and in particular sports.

List available on www.wada-ama.org

How does a substance become prohibited?

What are the criteria for adding a substance to the List?

Must meet any 2 of the following 3 criteria:

- It has the potential to enhance or enhances sport performance;
- It represents an actual or potential health risk to the athlete;
- It violates the Spirit of Sport.

Doping Prevention Workshop

"Health Consequences"

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Welcome to the Coach's Anti-Doping Workshop.

With this presentation, you will find out about the health consequences of the use of performance-enhancing substances.

Steroids

Also in adolescents:



- Premature puberty
- Stunted growth as a result of premature closure of the growth plates of the bones

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Cannabinoids (Marijuana)

Long-term use may result in:



- Psychological dependence
- Physical dependence (withdrawal)
- Loss of attention and motivation
- Impaired memory and learning abilities
- Weakening of the immune system
- Respiratory diseases (lung cancer, throat cancer & chronic bronchitis)
- Psychosis

Erythropoietin (EPO)



- Increased blood viscosity (thickness/stickiness)
- Pulmonary embolism
- Increased risk of heart attack and stroke
- General weakness
- High blood pressure

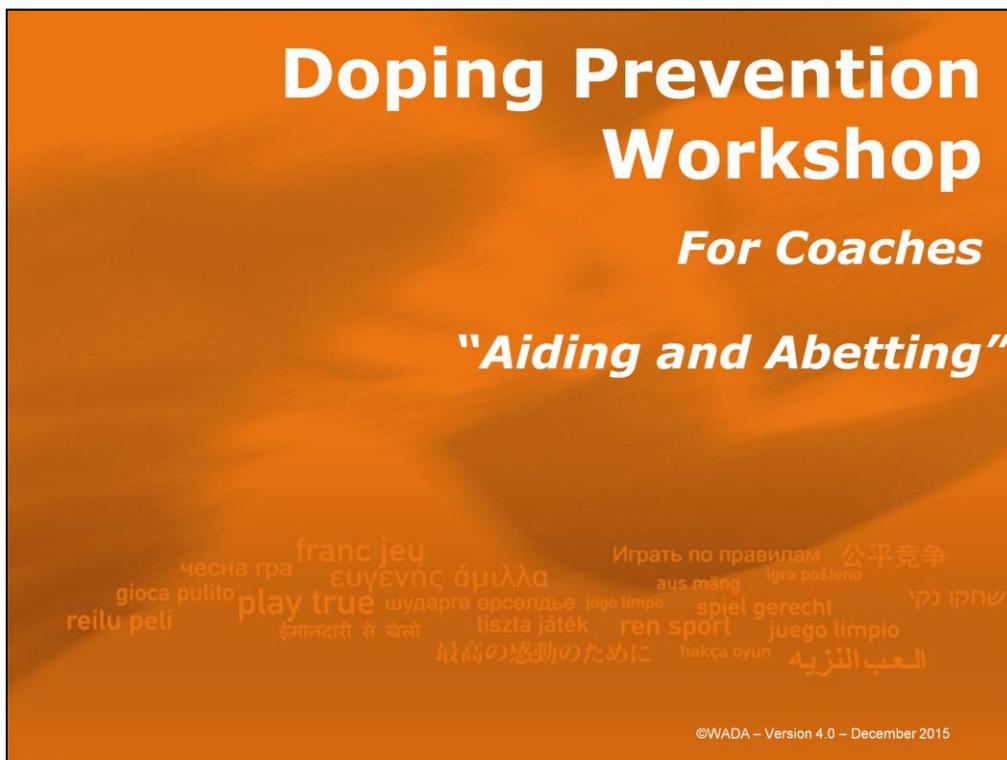
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Human Growth Hormone (hGH)



- Severe headaches
- Loss of vision
- High blood pressure and heart failure
- Diabetes and tumors
- Crippling arthritis
- Irreversible acromegaly
 - Enlargement of the hands & feet
 - Protruding forehead, brow, skull & jaw
- Heart enlargement
- Water retention
- Liver and thyroid damage



This module is intended to be an interactive session to allow participants to consider real-life case scenarios and come up with solutions that are in compliance with the applicable anti-doping regulations.

To avoid providing misinformation, you should read and seek to fully understand the full text of the anti-doping regulations that apply to your sport and those that are in effect in your country.

If you have any doubts, please contact your National Anti-Doping Organisation, National or International Federation.

This section will clarify what aiding and abetting is, while stating the sanctions that can occur if a coach is found guilty of aiding and abetting.

The coaches will be able to test out their knowledge with scenario based exercises followed by a complete summary of the knowledge learned during the exercise.

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Scenario A: Suspicions of doping behaviour by a member of the athlete's entourage

You are the national team coach.

In informal discussions with your team's athletic therapist, you find out that a physician recently offered to prescribe EPO to him to be distributed to athletes.

You are truly concerned because this physician regularly treats some of your athletes.

What do you do?

[Applicable Anti-Doping Rules](#)

[Recommended course of action for the coach](#)

[Recommended Course of action for others](#)

Case Studies – Aiding and Abetting
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Note to the facilitator:

- You can either keep your audience plenary or divide it into small groups.
- Discuss what they would do taking into consideration what the applicable anti-doping rules.
- Once the discussion finished, take them through each step.
- For small break out groups you can provide the Scenario A hand out to each group

Applicable Anti-Doping Rules

- Article 2.6.2: possession of prohibited substances and prohibited methods
- Article 2.8: administration of prohibited substances
- Article 10.3.3: ineligibility

[back to scenario](#)

Case Studies - Aiding and Abetting
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Article 2.6.2: "Possession by an Athlete Support Person In-Competition of any Prohibited Substance or any Prohibited Method, or Possession by an Athlete Support Person Out-of-Competition of any Prohibited Substance or any Prohibited Method which is prohibited Out-of-Competition in connection with an Athlete, Competition or training, unless the Athlete Support Person establishes that the Possession is consistent with a TUE granted to an Athlete in accordance with Article 4.4 or other acceptable justification."

Article 2.8: "Administration or Attempted Administration to any Athlete In-Competition of any Prohibited Substance or Prohibited Method, or Administration or Attempted Administration to any Athlete Out-of-Competition of any Prohibited Substance or any Prohibited Method that is prohibited Out-of-Competition"

10.3.3: "For violations of Article 2.7 or 2.8, the period of Ineligibility shall be a minimum of four years up to lifetime Ineligibility, depending on the seriousness of the violation. An Article 2.7 or Article 2.8 violation involving a Minor shall be considered a particularly serious violation and, if committed by Athlete Support Personnel for violations other than for Specified Substances, shall result in lifetime Ineligibility for Athlete Support Personnel. In addition, significant violations of Article 2.7 or 2.8 which may also violate non-sporting laws and regulations, shall be reported to the competent administrative, professional or judicial authorities."

Recommended Course of Action: Coach

- You have a moral responsibility to do everything in your power to discourage this parent from doping his child.
- You can start by talking about:
 - health consequences
 - ethical arguments
- If they are not effective, you are advised to report the matter to your National Anti-Doping Organization, or to the proper authorities if the suggested plan involves a violation of the code.
- Time to integrate an anti-doping awareness activity or group talk within upcoming team activities, and involve the parents of all of your athletes, if appropriate.

[Back to scenario](#)

Recommended Course of Action: Others

It is preferable not to involve a third party in this case: the athlete and his family have not committed an anti-doping rule violation yet and they deserve the confidence they have asked for.

However, if you do get strong suspicions about the parents doping their child it is your duty to report to the appropriate NADO.

[Back to scenario](#)

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Scenario C: Suspected use of a prohibited substance

At the beginning of the season, you are particularly stunned at the incredible physical development of two of your athletes.

You have also noticed that these two athletes are, at times, overly aggressive, and you have witnessed some extreme mood swings. You suspect these athletes have been using steroids.

When you confronted the athletes, they strongly denied using any drugs, other than the usual supplements found in most health food stores and gyms.

They claim to have trained heavily at a local gym over the past few months.

What do you do?

[Applicable
Anti-Doping Rules](#)

[Recommended
course of action
for the coach](#)

[Recommended
course of action
for others](#)

Case Studies – Aiding and Abetting
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Note to the facilitator:

- You can either keep your audience plenary or divide it into small groups.
- Discuss what they would do taking into consideration what the applicable anti-doping rules.
- Once the discussion finished, take them through each step.
- For small break out groups you can provide the Scenario C hand out to each group

Aiding Doping is a Violation

- Refusing or failing to submit to sample collection
 - Coaches who assist athletes in evading sample collection are in violation of the code
- Coaches should assist as much as possible in providing the Doping Control Officer access to the Athlete

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Aiding Doping is a Violation

- Tampering or attempting to tamper with doping control
 - Attempting to tamper with a sample or the sample collection procedure violates the Code
- Coaches should be assisting the athlete in the doping control process

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Aiding Doping is a Violation

- Possession of a prohibited substance by the coach is an ADRV
- Administration or attempted administration of a prohibited substance is an ADRV

Case Studies - Aiding and Abetting
©WADA - Version 4.0 - December 2015

An ADRV is a Anti-Doping Rule Violation.

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Conclusion

- Aiding and abetting doping is an anti-doping rule violation
- There are sanctions for coaches involved in doping activities



This module is intended to be an interactive session to allow participants to consider real-life case scenarios and come up with solutions that are in compliance with the applicable anti-doping regulations.

To avoid providing misinformation, you should read and seek to fully understand the full text of the anti-doping regulations that apply to your sport and those that are in effect in your country.

If you have any doubts, please contact your National Anti-Doping Organization, or International Federation.

The coaches will be able to test out their knowledge with scenario based exercises followed by a complete summary of the knowledge learned during the exercise.

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Scenario D: Refusal to comply

It is a regular training session; you are approached by a doping control officer (DCO) who states that one of your players has been selected for doping control.

The concerned athlete is notified as he/she leaves the practice field. Half an hour later, the athlete still has not arrived at the doping control station, so you go back to the changing room to see where he/she is.

You find your athlete arguing with the chaperone that he/she does not have time to undergo doping control because he/she is expected at an important family event beginning in one hour's time.

What do you do?

[Applicable Anti-Doping Rules](#)

[Recommended course of action for the coach](#)

[Recommended course of action for the others](#)

Note to the facilitator:

- You can either keep your audience plenary or divide it into small groups.
- Discuss what they would do taking into consideration what the applicable anti-doping rules.
- Once the discussion finished, take them through each step.
- For small break out groups you can provide the scenario D hand out to each group.

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Applicable Anti-Doping Rules

- Article 2.3: Evading, Refusing or Failing to Submit to Sample Collection

Evading Sample collection, or without compelling justification, refusing or failing to submit to Sample collection after notification as authorized in applicable anti-doping rules.

[Back to scenario](#)

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Conclusion

- Refusal to comply is a doping violation, which bears consequences (a period of ineligibility) that are similar to those of an adverse analytical finding.

As a coach you should encourage your athletes to be positive about the testing process because:

- It allows athletes to prove that they are clean
- It allows to build a safe and fair environment for athletes
- It is a responsibility for the athlete
- It allows athletes to display their commitment to doping-free sport

Doping Prevention Workshop

For Coaches

"Results Management"

Word cloud containing various translations of "play true" or "fair play" in multiple languages, including: franc jeu, честна гра, ευγενής όμιλλα, Играть по правилам, 公平竞争, aus mǎng, igra pošteno, giocare pulito, play true, शुद्धता परसेल्ये, jogo limpo, spiel gerecht, נקי ונקי, reilu peli, ईमानदारी से खेलो, liszta játék, ren sport, juego limpio, 最高の感動のために, fiakça oyun, لعب النزيه.

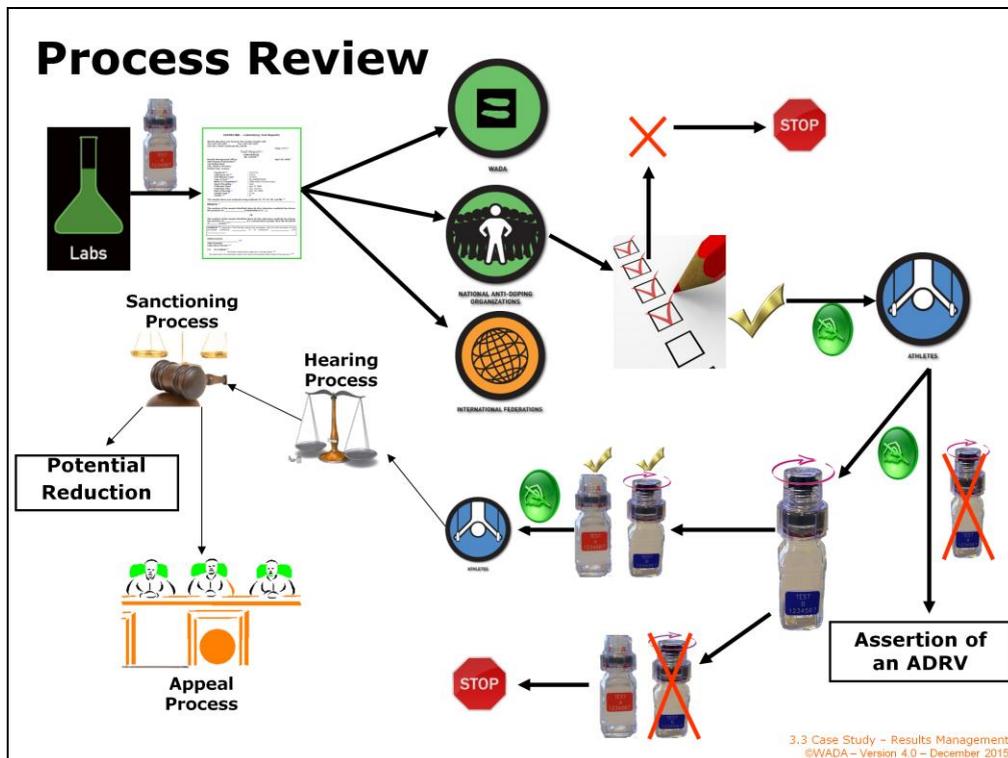
3.3 Case Study - ©WADA – Version 4.0 – December 2015

This module is intended to be an interactive session to allow participants to consider real-life case scenarios and come up with solutions that are in compliance with the applicable anti-doping regulations.

To avoid providing misinformation, you should read and seek to fully understand the full text of the anti-doping regulations that apply to your sport and those that are in effect in your country.

If you have any doubts, please contact your National Anti-Doping Organisation, or international federation.

The coaches will be able to test out their knowledge with scenario based exercises followed by a complete summary of the knowledge learned during the exercises.



1. The laboratory tests the sample. It advises WADA, the relevant Anti-Doping Organization and the relevant International Federation.
2. The relevant anti-doping organisation checks whether there has been any major departures from the International Standard for Testing and Investigations (ISTI - the document that harmonizes the testing process), if there is a therapeutic use exemption... If the ISTI was not respected or if there was a TUE, the process ends.
3. If all the criteria have been respected, and a TUE doesn't justify the substance, the athlete is notified.
4. The athlete notifies whether he wants to analyze, at his/her cost, the B sample. If he/she doesn't want the B sample to be tested, there is an assertion of an ADRV. The B sample can also be opened by the Result Management organisation and by WADA.
5. If the athlete notifies that he/she does want the B sample to be analyzed, he/she or a representative can assist the opening. If the B sample doesn't confirm the result of the A sample, the process stops.
6. If the B sample confirms the A sample, the athlete is notified. A hearing process takes place, followed by a sanctioning process that may lead to a potential reduction of the sanction. The sanctioning process can also be followed by an appeal process. The appeal can be filed by the athlete, the Result Management Organisation or WADA.



This module is intended to be an interactive session to allow participants to consider real-life case scenarios and come up with solutions that are in compliance with the applicable anti-doping regulations.

To avoid providing misinformation, you should read and seek to fully understand the full text of the anti-doping regulations that apply to your sport and those that are in effect in your country.

If you have any doubts, please contact your National Anti-Doping Organization, national or international federation.

The coaches will be able to test out their knowledge with scenario based exercises followed by a complete summary of the knowledge learned during the exercise.

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Recommended Course of Action: Coach

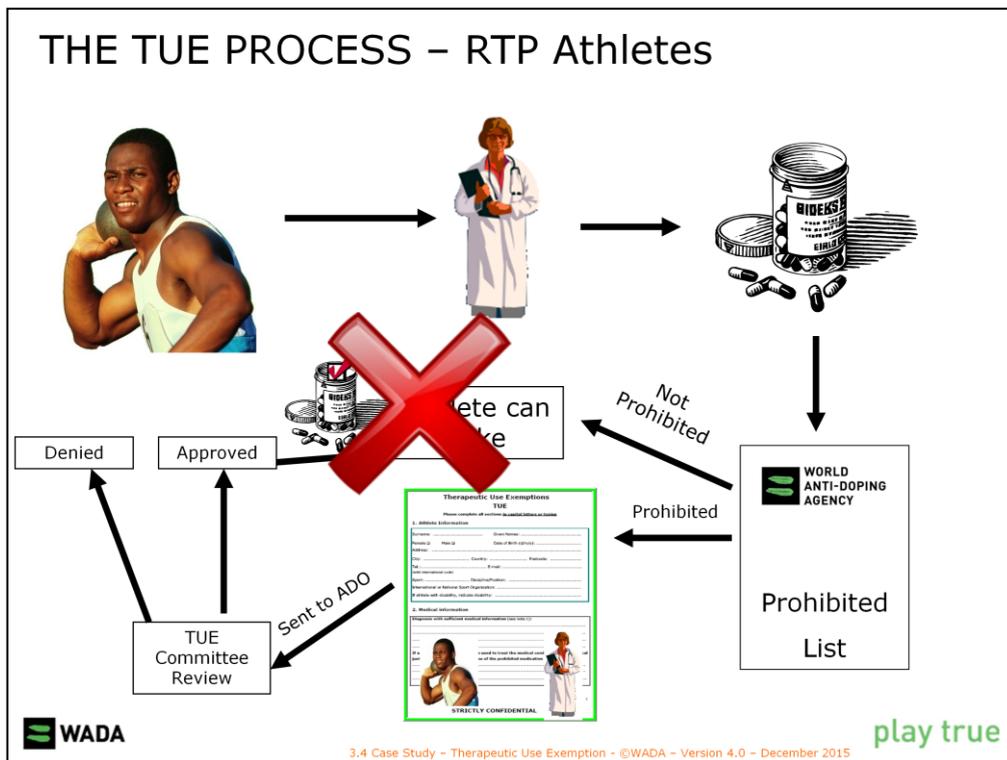
As a coach, you have a responsibility to constantly remind your athletes that they are subject to anti-doping regulations and that they should not use prohibited substances or methods without an approved and valid TUE.

[Back to scenario](#)

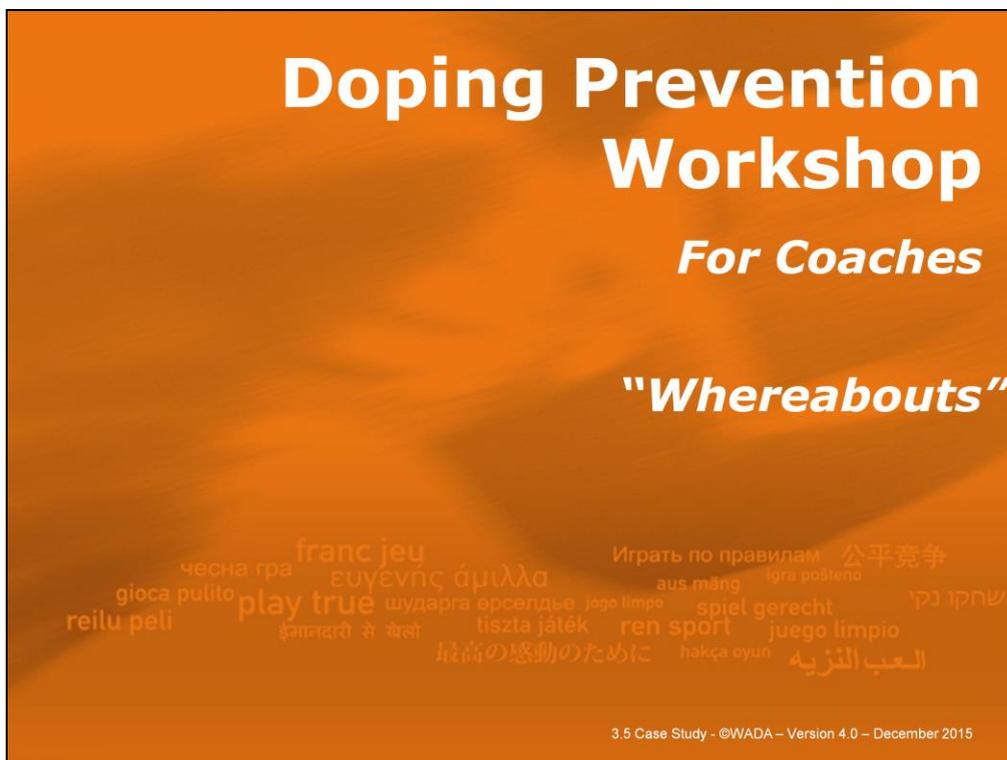
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TUE Tips

- If an athlete with a TUE undergoes testing, he/she is advised to:
 - Declare the substance or medication used on the Doping Control form
 - Specify that a TUE has been granted
 - It is recommended, but not mandatory, for the athlete to have a copy of the TUE approval form to show the Doping Control Officer



1. An athlete is ill or injured.
2. He goes to the doctor.
3. The doctor prescribes medication.
4. The doctor checks the Prohibited List. If the doctor doesn't know or doesn't check, it is the athlete's duty to mention that he/she is an athlete and that rules apply to him/her.
5. If the medication doesn't contain a prohibited substance.
6. The athlete can take the medication without any further action regarding the TUE process.
- 7-8. The medication does contain a prohibited substance.
9. The doctor who prescribed the medication has to fill out a TUE form. The form must be signed by the athlete and doctor (available from International Federations, National Federations, National Anti-Doping Organizations, the World Anti-Doping Agency).
10. The form should be sent to the relevant Anti-Doping Organization.
11. A Therapeutic Use Exemption Committee reviews the request.
12. If it is approved, the athlete can take the medication.
13. If it is denied, the athlete cannot take the medication.



This module is intended to be an interactive session to allow participants to consider real-life case scenarios and come up with solutions that are in compliance with the applicable anti-doping regulations.

To avoid providing misinformation, you should read and seek to fully understand the full text of the anti-doping regulations that apply to your sport and those that are in effect in your country.

If you have any doubts, please contact your National Anti-Doping Organization, national or international federation.

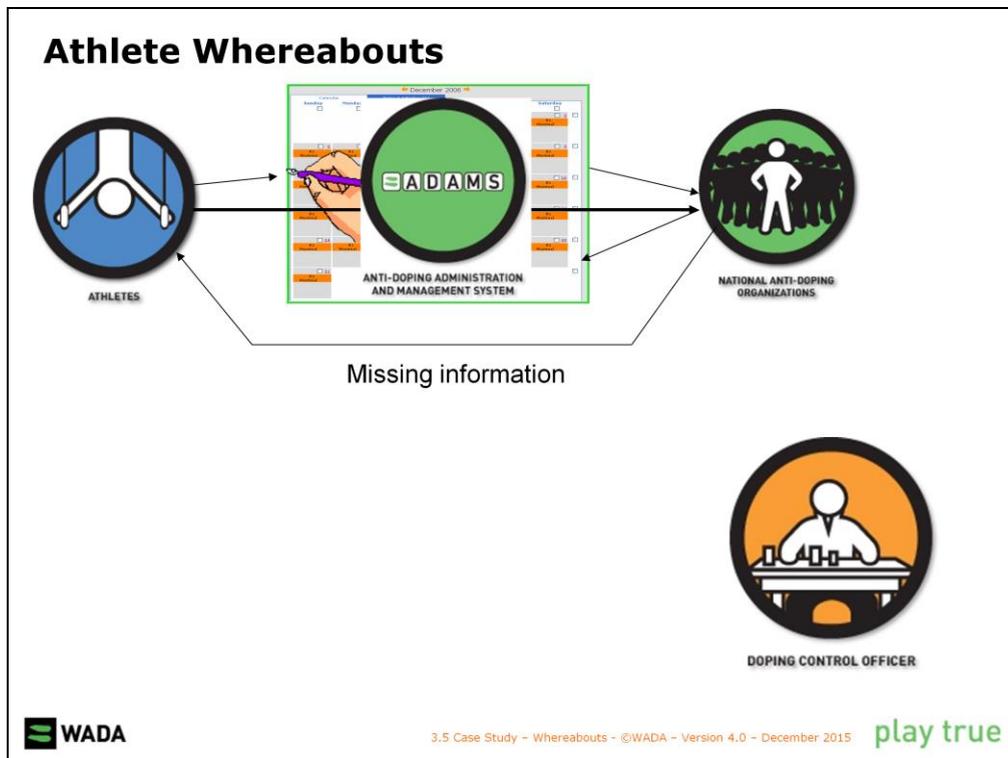
This section will clarify what aiding and abetting is, while stating the sanctions that can occur if a coach is found guilty of aiding and abetting.

After being given this information, the coaches will be able to test out their knowledge with scenario based exercises.

Recommended Course of Action: Coach

- At this point, it is too late to save the situation.
- As a coach, you should ensure that your athletes are aware of their responsibility to submit accurate whereabouts information and update it as their plans change.
- You should also be aware of the potential consequences to your athletes should they fail to meet their whereabouts responsibilities.

[Back to scenario](#)



This is a summary of the athlete whereabouts process (the numbers at the beginning of the sentences indicates the number of clicks to be made before getting to this stage of the process):

1-2-3: Athletes access the Anti-Doping Administration and Management System (ADAMS). The athlete can ask his agent, parents, coach to enter the information for him/her. However, in case of a missed test or a filing failure, the athlete will be held responsible.

4-5-6: Athletes complete the form.

7-8: The Anti-Doping Organizations (ADOs) look at the information provided (can be International Federations or National Anti-Doping Organizations).

9: If there is any missing information, the ADO notifies the athlete.

10: The athlete provides the missing information.

11-12: The ADO or Doping Control Officer (DCO) picks a time to carry out an out-of-competition doping control.



13-14: In January, the DCO goes to the location the athlete said he/she would be at this given time.

15: The DCO performs a doping control without a problem to report.

16-17: In February, the DCO goes to the location the athlete said he/she would be.

18: The DCO waits for an hour and tries every reasonable attempt to find the athlete.

19-20: The athlete wasn't found – it is a reported missed test.

21: The DCO reports the missed test on the Doping Control Form.

22: The DCO transmits the information to the ADO.

23: The athlete is notified.

24-25: The athlete responds to the asserted missed test...

26: ... in writing.

27: The ADO checks whether the information is consistent with the DC Form.

28-29: If the athlete has not provided reasonable explanation for the missed test the ADO will report one missed test to the athlete.

Athlete Whereabouts:

Filing Failures and Missed Tests

Jan 2015	Feb 2015	Apr 2015	May 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Month 1	1	3	4	8	9	10	11



Test completed



Missed Test



Filing Failure



General Presentations - Overview of Anti-Doping ELITE - ©WADA - Version 4.0 - December 2015

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With this slide we are going to look at the way to calculate the 12-month period.

1: First test completed in January.

2: First missed test in February - the 12 month period starts now.

3: Another test completed in April - month 3 of the 12 month period.

4.5: Another test completed in September - month 8.

6.7: Filing failure in October - month 9.

8: another test in November 2015- month 10.

9: Missed test in December 2015– Anti-Doping Rule Violation (ADRV) because a combination of 3 missed tests or filing failures in a period of 12 months.

Conclusion

- An athlete in a Registered Testing Pool must comply with whereabouts requirements
- 3 filing failures or missed in a period of 12 months = ADRV = potentially a sanction of 1-2 years suspension

Doping Prevention Workshop

For Coaches

"Decision-Making Model"



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As a coach, you may be confronted with two types of situations:

1. Situations for which the anti-doping rules **DO** provide a solution or dictate a procedure to follow.
2. Situations for which the anti-doping rules **DO NOT** provide a solution or dictate a procedure to follow.

Earlier in the workshop, you had a chance to examine some typical case scenarios belonging to the first category of situations, and for which a clearer path for decision-making is provided in the anti-doping rules.

In this module, we are looking at the second type of situation, and a decision-making model is suggested to support your thinking process. These situations are usually the hardest ones to face as you must apply a critical judgment, sometimes on your own.

During the current module, we will use a proposed decision-making model to analyze hypothetical case scenarios.

Decision Making Model

- When faced with doping: 2 types of situations
 - Some where the Code provides clear guidance
 - Some where the decision will rely only on your personal values
- The Decision Making Model is designed to explore how decisions are made and what reliable pillars can be used to help you with making a well informed decision

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Scenario

On the morning of your star athlete's last World Championships before retirement, he/she comes to see you and tells you that he/she has inadvertently taken a prohibited substance.

What do you do?

Decision-Making Model - ©WADA - Version 4.0 - December 2015

This is typically a situation where there is no clear indication on what to do. Because of the principle of strict liability, the simple fact that your athlete has a prohibited substance in his/her body constitutes an anti-doping rule violation. So the first reaction would be to withdraw your athlete of the competition, no matter what the consequences are.

However, there are many consequences that will arise from such a situation and facts that may have to be taken into consideration.

First, the substance could be a threshold substance, which is, according to the International Standard for Laboratories, "A substance listed on the *Prohibited List* for which the detection and quantification of an amount in excess of a stated threshold is considered an *Adverse Analytical Finding*." That means that if your athlete has taken less than a certain amount it could not return an adverse analytical finding.

Second, if you withdraw your athlete from the competition, he/she could still be tested. It could even raise suspicion and encourage target testing. If he/she does test positive, not only will he/she not have competed for the last competition of his/her career, but he/she will have to go through the results management process.

Third, your athlete could not be tested at all at the competition.

What should you do?



In Section 5: **Practical Studies**

Aimed at coaches of youth and recreational athletes, this activity is a hybrid of the case scenario studies and the decision-making model. It puts the coaches in situations that aren't actually doping situations or situations where the World Anti-Doping Code doesn't necessarily have jurisdiction. The objective is not only to provide coaches with a set of explored options but to also reflect on fundamentals such as the reason why we play sports.

The topics are:

- Vulnerability
- Healthy living
- Therapeutic use exemptions
- Evidence of drug use

Objectives:

- Providing the opportunity for coaches to think and discuss about situations they may be faced with
- Opportunity for coaches to share their experiences if they have already been in such situations

Target Group:

- Coaches for youth and recreational athletes
- Ideal size group: 8-12 participants

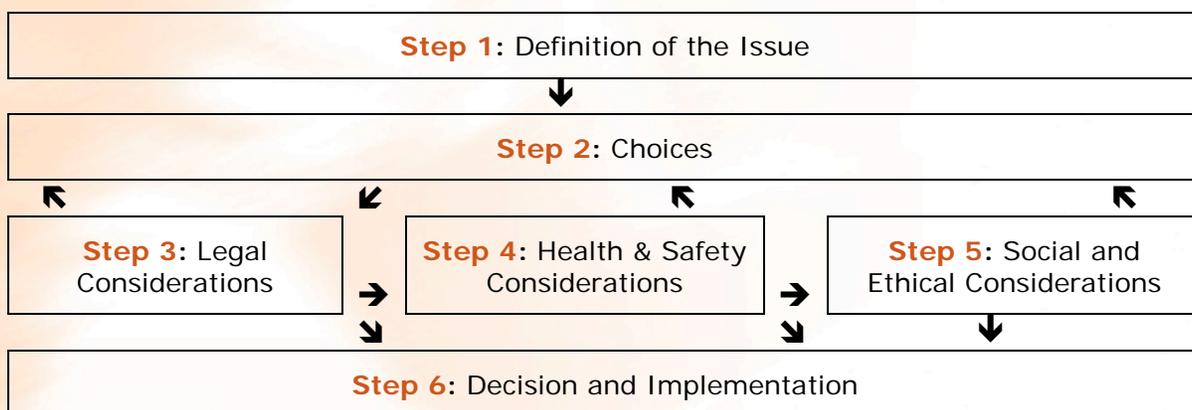
Instructions :

- Choose the scenarios that are the most relevant to your participants
- Ask the participants to pair up
- Give two scenarios to each pair
- Ask them to run through the 6 steps pointed out below
- Back into a plenary session, each person presents his/her scenario
- Invite the participants to use any of the resources you have at hand to help them take a decision (the Code, The Athlete's Guide, The Prohibited List...)

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Practical Studies: Steps in Taking a Decision

When faced with a situation that calls for a decision, there are certain considerations that cannot be forfeited. Here is a tool to analyze and guide you through the decision making process.



The Six Steps

The basic process to use when making a decision involves six steps:

1. **Identify the Problem** (differentiate between facts from opinions)
 - 1.1. List the possible solutions/choices
 - 1.2. List the consequences
2. **Legal Considerations**
 - 2.1. Ask yourself if implementing the first solution you thought of breaks any rules. If it does, discard it. If it doesn't, take it to the next step.
3. **Health & Safety Considerations**
 - 3.1. Ask yourself if this solution will put somebody or somebody's health in danger. If it does discard it. If it doesn't, take it to the next step.
4. **Social and Ethical Considerations**
 - 4.1. Consider your values
 - 4.2. How will my decision affect my athlete or other people?
 - 4.3. What would my role model do?
 - 4.4. What would the people I care about think of my choice?
5. **Make a Decision and Take Action.**
6. **Evaluate the Effectiveness of your Decision.**

Practical Studies: Vulnerability

The two scenarios in this section deal with vulnerability and the potential of an athlete to dope. This will help you identify the athletes it is most important to talk to.

1. It's been a few training sessions that John has been under his normal capabilities. He is also well below the performances of the rest of the team/training squad. You can feel that he is becoming frustrated. John indicates to you that he does not like falling behind and indicates he has been exploring some other options to help his performance. What do you do?

2. Your star athlete is approached by scouts at a competition. Later on, you can see that he is puzzled. You go and ask him what is wrong, and he says that their offer is conditional to him "getting bigger." This scholarship is the only chance for him to go to university. What do you do?

Note to the facilitator:

The following provides some guidance to the discussion but keep an open mind as other solutions may be presented.

Scenario #1: As a coach, you should listen to the athlete and further explore what he has in mind.

If the athlete is forthcoming that he is thinking about using substances to improve performance then you should inform him about the dangers and rules that surround such a decision. You can also recommend different diet and training etc. You can also move the discussion to the roots of sport: Why is it so important for John to succeed? Is it because he wants to be admired by others? Is that the main reason to play sports?

If the athlete is not forthcoming then you can indicate that the only thing he needs is an adapted training and diet. You can offer to go over his training program with him.

Scenario #2: External pressure to perform is one of the reasons that athletes give in to doping. Make sure you discuss the situation with him. On ethical and health grounds, explain to him why he shouldn't give in. On legal grounds, if he does get caught, it will bring an end to his career and very probably to his university scholarship. Also, as a coach, you have a duty to report these scouts to your NADO.

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Practical Studies: Healthy Living

This scenario explores the “doping conduct” situations. These are situations where things are not being done wrong but the habits being introduced may lead to actual doping at later stages.

1. You are at a competition for U13. You had already noticed that Jane’s parents were very involved in their daughter’s sporting life. You see the parents giving Jane a Vitamin C tablet in between each game/match/bout and energy drinks, and at the end of the day, two aspirin tablets. What do you do?

Note to the facilitator:

In this case, it is very difficult to stand between a parent and his/her child. The idea is to find a solution to getting everybody involved rather than being confrontational. You will have to educate the parent as well as the child.

Conclusion:

It is definitely time to go have a talk with the athlete and his/her parents. Is the athlete sore after training? After games? Can you work with them to find a good training routine?

Try to find out what the parent’s goals are and what they are ready to do to achieve them. Are they thinking about their child’s well-being?

Always bear in mind the “essential three”: train, eat, and sleep.

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Practical Studies: Therapeutic Use Exemptions

1. Marc is 12 years old and competing at a regional level. He has allergy triggered asthma and uses a puffer. He gets a wild card to take part at the national U13 championships. What do you do?

2. Mary's mother comes to see you and asks you if there is any administrative procedure to be done because her daughter is taking Attention-Deficit Hyperactivity Disorder (ADHD) medication. The substance used to treat this condition, methylphenidate, is a prohibited substance. What do you do?

3. During an event one of your players gets injured. The team doctor injects him with some sort of painkiller. He feels fine after a few minutes and the doctor gives permission for him to run back on the field. Does a TUE form still have to be filled in? Can you, the coach say no to the injection? Can you refuse the right to the player to be sent back on to the field?

Notes to the Facilitator:

Athletes, like all others, may have illnesses or conditions that require them to take particular medications. If the medication an athlete has to take falls under the Prohibited List, he/she can receive permission to take the medication by applying for a Therapeutic Use Exemption. However, an athlete has to prove, with medical evidence that this medication is needed.

If an athlete has to use a medication that contains a prohibited substance, the athlete should ask the physician who wrote the prescription to fill out a TUE application form that can be obtained from the National Anti-Doping Organization, the National Federation or the International Federation's Web site. The form along with the required supporting documentation should be sent to the International Federation or National Anti-Doping Organization (whichever applies).

This process only applies to athletes who belong to a group called a Registered Testing Pool, managed by either the International Federation or the NADO. If an athlete is going to take part in a national or international competition, even if not part of a registered testing pool, it is best to apply for a TUE.

In any case, any athlete may request a TUE if he/she wishes to do so.

Practical Studies: Evidence of Drug Use

1. You are at the U17 national championships. As you walk past the locker room, you overhear your team talking about one of the player's birthday party that took place last night. You hear that outsiders brought some marijuana and a few of your players even tried some ecstasy. What should you do?

Facilitator's note: Both marijuana and ecstasy are prohibited substances. There is nothing, from an administrative point of view, that can be done.

If a doping control takes place, it is likely that the samples will return an Adverse Analytical Finding.

- Should you pull out of the competition?
- Can you pull out of the competition?
- Should you ban the athletes who confessed consumption from taking part?
- Should you report the use to the NADO?
- Is it time for some anti-doping education?



In Section 6 you will find **fact sheets** to be handed-out to coaches as memos.

The topics are:

- Causes for sanctions under the World Anti-Doping Code for athletes
- Causes for sanctions under the World Anti-Doping Code for athlete support personnel
- Health consequences of doping
- Signs, symptoms and vulnerability factors in doping (Elite)
- Vulnerability factors (Youth and recreational)
- Results management, sanctioning and appeals
- Therapeutic use exemptions
- Whereabouts

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CAUSES FOR SANCTIONS UNDER THE WORLD ANTI-DOPING CODE

FOR ATHLETES

Who can be sanctioned?

Under the World Anti-Doping Agency (**WADA**)'s World Anti-Doping Code (the Code) in force January 1, 2015, athletes and athlete support personnel alike may be sanctioned for anti-doping rule violations.

As an athlete, whether participating in national and international or in other sporting events, you shall respect the rules to avoid committing one of the violations described in Articles 2.1 through 2.10 of the Code.

What can I be sanctioned for?

- Presence, using or attempting to use a prohibited substance or method (listed in WADA's Prohibited List)
- Evading, refusing or failing to submit to the doping control process
- Whereabouts failures
- Tampering or attempting to tamper with any part of the doping control process
- Possession of prohibited substances or of equipment that can be used for prohibited methods
- Trafficking or attempted trafficking
- Administering or attempting to administer to any athlete a prohibited substance or prohibited method
- Complicity
- Prohibited association
- Assisting, encouraging, aiding, abetting, covering up or any other type of complicity in any of the above activities

Note: The above is based only on a general and simplified overview of Articles 2.1 through 2.10 of the Code. For detailed definitions and provisions, and for more information on interpretation, consequences and sanctions, the reader should consult the full text of the Code available on WADA's Web site: www.wada-ama.org

What else do I need to know?

- It is possible to be sanctioned even if:
 - the use of a prohibited substance or prohibited method was unintentional
 - the use of a prohibited substance or prohibited method was not used to improve athletic performance
 - the prohibited substance is detected in very small quantity
 - the substance taken may be otherwise naturally produced by the body
 - you only attempted any of the above violations
- Even without a positive test, it is possible to be sanctioned as a result of:
 - personal admission
 - third party testimony
 - any other evidence

Note: The above are general principles only. Exceptions to these general principles apply in certain specific cases. For full information on the details of these principles and their exceptions, the reader should consult the full text of the Code.

POSSIBLE SANCTIONS	DEPENDING ON
From warning to ineligibility for life	<ul style="list-style-type: none"> ▪ type of violation (4 years minimum for trafficking or administration) ▪ circumstances of the individual case ▪ substance found ▪ previous offense
Possible disqualification of results: <ul style="list-style-type: none"> ▪ at the competition during which violation occurred ▪ at all subsequent competitions since the violation occurred 	<u>For an athlete:</u> <ul style="list-style-type: none"> ▪ whether the test was conducted out-of-competition or in-competition ▪ applicable rules of the sport's international federation ▪ circumstances of the individual case <u>For a team:</u> <ul style="list-style-type: none"> ▪ number of athletes on the team having violated anti-doping rules ▪ applicable rules of the sport's international federation

Note: The above are general principles only. Exceptions to these general principles apply in certain specific cases. For full information on the details of these principles and their exceptions, the reader should consult the full text of the Code.

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CAUSES FOR SANCTIONS UNDER THE WORLD ANTI-DOPING CODE FOR ATHLETE SUPPORT PERSONNEL

Who can be sanctioned?

Under the World Anti-Doping Agency (**WADA**)'s World Anti-Doping Code (the Code) in force January 1, 2015, athletes and athlete support personnel alike may be sanctioned for anti-doping rule violations.

Athlete support personnel is defined as any coach, trainer, manager, agent, team staff, official, medical or para-medical personnel, parent or any other person working with or treating athletes participating in or preparing for sports competition.

As an athlete support personnel, you may be sanctioned for any violations described in Articles 2.5 through 2.10 of the Code.

What may I be sanctioned for?

- Tampering or attempting to tamper with any part of a doping control process
- Possession of prohibited substances or of equipment that can be used for prohibited methods
- Trafficking or attempted trafficking
- Administering or attempting to administer to any athlete a prohibited substance or prohibited method
- Complicity
- Prohibited association

Note: The above is based only on a general and simplified overview of Articles 2.5 through 2.10 of the Code. For detailed definitions and provisions, and for more information on interpretation, consequences and sanctions, the reader should consult the full text of the Code, available on WADA's Web site: www.wada-ama.org

What else do I need to know?

- It is possible to be sanctioned even if:
 - your action was unintentional
 - your action did not improve the athlete's performance
 - you only attempted any of the above violations
- Even if none of the athletes with whom you work has tested positive, you may be sanctioned as a result of:
 - personal admission
 - third party testimony
 - other evidence

POSSIBLE SANCTIONS	DEPENDING ON
From warning to ineligibility for life	<ul style="list-style-type: none"> ▪ type of violation (4 years minimum for trafficking or administration) ▪ circumstances of the individual case ▪ previous offense

Note: The above are general principles only. Exceptions to these general principles apply in certain specific cases. For full information on the details of these principles and their exceptions, the reader should consult the full text of the Code.

HEALTH CONSEQUENCES OF DOPING

IMPORTANT NOTE

The text below is **for general information purposes only**. It is intended for elite coaches who will attend or have attended elite coach anti-doping training and who are seeking a general understanding of some of the effects of certain substances and methods. Science, substances and methods, and the manner in which substances and methods are used are, however, in constant evolution. **For up to date and more detailed information, the reader should consult with an expert with the appropriate scientific background and experience.**

General Comments on Health Consequences of Doping

It is very difficult to determine the exact side effects that a substance or a method or combination thereof may have on an athlete who is doping. This is partly because:

- the relevant studies cannot be conducted on individuals without a therapeutic reason to do so. In many cases, the effectiveness and/or safety of substances and/or methods used for doping has not been tested or proved in humans;
- the substances or methods used by doping athletes are usually developed for patients with well-defined disease conditions and are not intended for use by healthy people;
- volunteers in a therapeutic study are unlikely to be subjected to the same conditions of administration and dosage of a substance and/or method as those of an athlete who is doping;
- athletes who use prohibited substances often take them in significantly larger doses, and more frequently, than these substances would be prescribed for therapeutic purposes, and often use them in combination with other substances; and
- substances that are sold to athletes as performance enhancers are often manufactured illegally and may therefore contain impurities or additives, which can cause serious health problems or may even be fatal.

Because the many combinations and/or doses of performance enhancing substances used by doping athletes have never undergone official trials, for an athlete to acquiesce to doping is to accept being a guinea pig and to risk adverse effects of unknown nature and unknown gravity. The adverse effects outlined in this document are likely to be the very least of those that may be expected. The actual adverse effects and side effects of using large doses and drugs in combination with others are likely to be much more severe and serious. Using combinations of several drugs means not simply adding but compounding the risks.

Since hormones play multiple roles in the human organism's regulatory functions, the non-therapeutic use of any type of hormone risks creating an imbalance that affects several functions, and not only the function that is usually directly concerned by the given hormone.

Additional health risks are present when the use of substances or methods involves injections. Non-sterile injection techniques, including sharing possibly contaminated needles can increase the risk of transmission of infectious diseases such as hepatitis and HIV/AIDS.

Finally, use of any substance may also lead to addiction, whether psychological or physiological.

Agents with Anti-Oestrogenic Activity

Side effects of the use of compounds with anti-oestrogenic activity include:

- hot flushes
- weight gain
- fluid retention
- cardiovascular disorders such as thrombosis (blood clots), hyperlipidemia (excess fat in the blood)
- osteoporosis
- eye disorders
- liver toxicity

Alcohol

Alcohol can increase self confidence, which may result in the person taking risks that he/she would not normally take. This could place both the subject and other persons around him/her at risk. Furthermore, continued alcohol consumption can lead to:

- vomiting
- slurred speech
- double vision
- memory and comprehension loss
- liver damage
- impaired judgement, co-ordination and reactions
- incontinence
- sleepiness
- shallow breathing
- sexual disorders
- addiction

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Anabolic Androgenic Steroids

The use of anabolic androgenic steroids can have serious effects on a person's health. The list of potential side effects is long and varied. Many of the reported side effects are reversible if the person stops using anabolic steroids; however, those indicated by an asterisk (*) in the table below may be permanent depending on dosage or duration of use.

Anabolic steroids mimic naturally occurring hormones such as testosterone; they can therefore interfere with normal hormone function and may result in harmful side effects such as:

- increased risk of liver disease
- increased risk of cardiovascular disease
- increased risk of contracting infectious diseases such as hepatitis and HIV/AIDS
- high blood pressure
- psychological dependence

Also In Males:	Also In Females:	Also In Adolescents:
<ul style="list-style-type: none"> ▪ acne ▪ shrinking of the testicles* ▪ reduced sperm production* ▪ impotence* ▪ infertility ▪ enlarged prostate gland ▪ breast enlargement ▪ premature baldness ▪ potential kidney and liver dysfunction* ▪ increased aggression and mood swings ▪ libido disorders 	<ul style="list-style-type: none"> ▪ acne ▪ development of male features ▪ deepening of the voice* ▪ excessive hair growth on the face and body* ▪ abnormal menstrual cycles ▪ enlarged clitoris* ▪ increased aggression and mood swings ▪ foetal damage ▪ alteration of libido 	<ul style="list-style-type: none"> ▪ severe acne on the face and body ▪ premature puberty ▪ stunted growth as a result of premature closure of the growth plates of the bones

Artificial Oxygen Carriers

The harmful side effects of artificial oxygen carriers can be extremely serious, particularly as it is difficult to measure correct doses of these chemicals.

Side effects of perfluorocarbons include:

- a transient fever
- reduction in platelet count
- blood infection (if preparations are impure)
- potential overloading of the white blood cells
- irritability
- diarrhoea
- stroke
- embolism (blocked blood vessel).

Possible side effects of hemoglobin based oxygen carriers include:

- high blood pressure (cardiovascular disorders)
- vasoconstriction (constriction of the blood vessels)
- kidney damage
- iron overload

Beta Blockers

Side effects of using beta blockers include:

- lowered blood pressure and slow heart rate
- sleep disorders
- sexual dysfunction
- feelings of tiredness and decreased performance capacity in endurance activities
- spasm of the airways
- heart failure
- depression
- constriction of blood vessels in the arms and legs

Beta2 Agonists

Possible side effects of beta2 agonists include:

- palpitations
- headaches
- nausea
- sweating
- muscle cramps
- dizziness
- mood disorders

Blood Doping

Blood doping carries dangerous health risks including:

- jaundice
- circulatory overload
- increased risk of contracting infectious diseases such as hepatitis and HIV/AIDS
- septicaemia (blood poisoning)
- blood clots, stroke or heart failure
- metabolic shock
- allergic reactions (ranging from rash or fever to kidney damage and rejection reactions) if wrong blood type is used

Cannabinoids

Effects of cannabinoids may include:

- state similar to drunkenness
- loss of perception of time and space
- drowsiness and hallucinations
- reduced vigilance, balance and co-ordination
- reduced ability to perform complex tasks
- loss of concentration
- increased heart rate
- increased appetite
- mood instability – rapid changes from euphoria to depression

Long-term marijuana use may result in:

- loss of attention and motivation
- impaired memory and learning abilities
- weakening of the immune system
- respiratory diseases such as lung and throat cancer and chronic bronchitis
- psychological dependence
- Addiction

Corticotrophins

The short-term side effects of ACTH use include:

- stomach irritation
- ulcers
- irritability
- infections

Other side effects may include:

- softening of the connective tissue
- high blood sugar (hyperglycaemia)
- reduced resistance to infections
- weakening of an injured area in muscles, bones, tendons or ligaments
- osteoporosis
- cataracts
- water retention

Diuretics

Some of the side effects of the use of diuretics include:

- dizziness or even fainting
- dehydration
- muscle cramps
- drop in blood pressure
- loss of co-ordination and balance
- confusion, mental changes or moodiness
- cardiac disorders

Erythropoietin (EPO)

There are some serious health risks associated with use of EPO such as:

- thickened blood and high blood pressure
- increased risk of blood clots, stroke and heart attacks
- increased risk of contracting infectious diseases such as hepatitis and HIV/AIDS
- risk of developing, as an autoimmune reaction, EPO antibodies that can definitively destroy the EPO that is produced naturally by the body

Gene Doping

Since most gene transfer technologies are still in experimental phases, the long-term effects of altering the body's genetic material are unknown, although several deaths have already occurred during experimentation. Some of the potential side effects of gene doping are:

- cancer development
- allergy
- metabolic deregulations
- auto-immunity

Glucocorticosteroids

When administered into the blood stream, glucocorticosteroids have numerous side effects, involving different body systems. Possible side effects of large doses of glucocorticosteroids include:

- fluid retention
- increased susceptibility to infection
- osteoporosis (abnormal loss of bone tissue resulting in fragile porous bones)
- weakening of injured areas in muscle, bone, tendon or ligament
- disorders of the nervous system, such as convulsions and muscle cramps
- decrease in or cessation of growth in young people
- loss of muscle mass
- heartburn, regurgitation and gastric ulcers
- softening of connective tissue (such as tendons and ligaments)
- alteration to the walls of blood vessels, which could result in formation of blood clots
- psychiatric disorders, such as changes in mood and insomnia

Gonadotrophins

As hCG stimulates the production of testosterone, the side effects can be similar to those experienced from anabolic steroid use. Other side effects of gonadotrophins use include:

- bone and joint pain
- hot flushes
- decrease in libido
- impotence
- allergic reactions and rash
- nausea, dizziness
- headaches
- irritability
- gastrointestinal problems
- irregular heart beats
- shortness of breath
- loss of appetite
- depression
- tiredness
- rapid increase in height

Growth Hormone and Insulin-Like Growth Factor

There are dangerous side-effects related to the use of these substances including:

- tremors, sweat, anxiety
- worsening of cardiovascular diseases
- increasing development of tumors
- cardiomegaly (abnormal enlargement of the heart)
- accelerated osteoarthritis (chronic breakdown of cartilage in the joints)
- acromegaly in adults (distorted growth of internal organs, bones and facial features and the enlargement and thickening of fingers, toes, ears and skin)
- muscle, joint and bone pain
- hypertension
- fluid retention
- diabetes in individuals who may already be prone to the disease
- gigantism in young people (excessive growth of the skeleton)

Insulin

The side effects of insulin use for non-medical purposes are severe and include low blood sugar (hypoglycaemia), which in turn may cause:

- shaking
- nausea
- weakness
- shortness of breath
- drowsiness
- pancreas disease
- coma
- brain damage and death

Narcotics

The use of narcotics to reduce or eliminate pain can be dangerous as the substance is merely hiding the pain. With the false sense of security caused by narcotics, the user may ignore a potentially serious injury, and continue activity, risking further damage or causing permanent damage. Apart from the risk of further or permanent damage, narcotics can have other dangerous side effects such as:

- slowed breathing rate
- decreased heart rate
- sleepiness
- loss of balance, co-ordination and concentration
- euphoria
- nausea and vomiting
- constipation
- physical and psychological dependence, leading to addiction
- suppression of the respiratory system and death

Stimulants

The use of certain stimulants can cause serious cardiovascular and psychological problems, as well as various other side effects, such as:

- overheating of the body
- dry mouth
- increased and irregular heart rate
- increased blood pressure
- dehydration
- increased risk of stroke, cardiac arrhythmia and heart attack
- visual disorders
- problems with co-ordination and balance
- anxiety and aggression
- insomnia
- weight loss
- tremors (involuntary trembling or shaking)

Stimulant use can also result in dependence and addiction.

SIGNS, SYMPTOMS AND VULNERABILITY FACTORS IN DOPING (Elite)

Physical signs and symptoms of anabolic agent use

Athletes using anabolic steroids may show one or many the following:

- Quick weight gain
- Acne
- Hair loss
- Becoming more masculine (for females) such as body hair growth and deepening of voice
- Development of abnormally sized breasts (males)
- Evidence of injections (needle marks)

Other signs and symptoms of substance use

Athletes using or abusing certain drugs may show one or many of the following:

- Mood swings
- Aggressive behavior
- Sudden increase in training regime
- Signs of depression
- Difficulty concentrating
- Difficulty sleeping
- Quick weight gain or loss

Vulnerability factors

Some athletes display certain personality traits, characteristics or behaviors that put them at risk for engaging in doping activities. These predispositions include:

Personal characteristics, personality traits or attitudes

- low self-esteem
- results-driven
- body image dissatisfaction / concern about weight maintenance
- unruly, disrespectful of authority
- high ego orientation
- low task orientation
- impatience with obtaining results
- propensity for cheating / bending the rules
- willingness to use prohibited methods or substances if they were legal
- willingness to use prohibited methods or substances if they could ensure success in sports
- belief that everyone else is doping
- disbelief in harmful effects of doping
- history of substance abuse in family
- admiration for achievements of known doped athletes
- thrill-seeking

At-risk behaviors

- use of other substances, alcohol or tobacco
- non-discretionary use of dietary supplements
- relying on untrustworthy or misinformed sources
- frequenting fitness centers where steroids can be obtained
- setting unrealistic goals
- self-medication
- engaging in other risk-taking behavior
- Frequent reading of muscle/fitness magazines

Other athletes, who are otherwise well intentioned and not necessarily prone to doping, may find themselves in situations that make them more vulnerable to succumbing to the temptation. They include:

Career-related circumstances:

- external pressures to perform / high stakes placed on performance (by sponsors, agents, family members, sports organisations, etc.)
- overtraining or insufficient recovery time
- recovering from injury
- absence or weakness of deterrents (such as doping controls, severe sanctions, etc.)
- type of sport (weight categories; endurance; pure speed or strength)
- lack of resources (access to competent training professionals and sports training information and technology)

Temporary situations:

- degradation of personal relationships (with parents, peers, etc.)
- emotional instability caused by life transitions (puberty, graduation to higher education levels, dropping out of school, geographical moves, severed relationships, death of significant others, etc.)
- upcoming career-determining events (team selection, major competition, scouting or recruitment activities, etc.)
- performance set back or plateau

Whether at-risk from personal characteristics or from situational factors, athletes showing some vulnerability factors warrant special attention. Reinforcing anti-doping messages and offering them psychological support and a personalized scientifically sound training regime will likely prevent them from resorting to prohibited practices.

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VULNERABILITY FACTORS (Youth)

Some athletes display certain personality traits, characteristics or behaviors that put them at risk for engaging in doping activities. These predispositions include:

Personal characteristics, personality traits or attitudes

- low self-esteem
- results-driven/perfectionist tendencies
- body image dissatisfaction / concern about weight maintenance
- unruly, disrespectful of authority
- high ego orientation/low task orientation
- impatience with obtaining results
- propensity for cheating/bending the rules
- willingness to use prohibited methods or substances if they were legal
- willingness to use prohibited methods or substances if they could ensure success in sports
- belief that everyone else is doping
- disbelief in harmful effects of doping
- history of substance abuse in family
- admiration for achievements of known doped athletes
- thrill-seeking

At-risk behaviors

- use of other substances, alcohol or tobacco
- non-discretionary use of dietary supplements
- relying on untrustworthy or misinformed sources
- frequenting fitness centers where steroids can be obtained
- setting unrealistic goals
- self-medication
- engaging in other risk-taking behavior
- frequent reading of muscle/fitness magazines

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Other athletes, who are otherwise well intentioned and not necessarily prone to doping, may find themselves in situations that make them more vulnerable to succumbing to the temptation. They include:

Career-related circumstances:

- External pressures to perform/high stakes placed on performance (by sponsors, agents, family members, sports organisations, etc.)
- Overtraining or insufficient recovery time
- Recovering from injury
- Absence or weakness of deterrents (such as doping controls, severe sanctions, etc.)
- Type of sport (weight categories; endurance; pure speed or strength)
- Lack of resources (access to competent training professionals and sports training information and technology)

Temporary situations:

- Degradation of personal relationships (with parents, peers, etc.)
- Emotional instability caused by life transitions (puberty, graduation to higher education levels, dropping out of school, geographical moves, severed relationships, death of significant others, etc.)
- Upcoming career-determining events (team selection, major competition, scouting or recruitment activities, etc.)
- Performance set back or plateau

Conclusion

Whether at risk from personal characteristics or from situational factors, athletes showing some vulnerability factors may require special attention. Reinforcing anti-doping messages and offering them psychological support and a personalized scientifically sound training regime may reduce the possibility for athletes to use prohibited substances.

RESULTS MANAGEMENT, SANCTIONING AND APPEALS

An Overview

Note: The information below is based only on a general and simplified overview of the text of the World Anti-Doping Code (the Code) in force January 1, 2015. For detailed provisions and for more information on interpretation, the reader should consult the full text of the current Code available at all times on www.wada-ama.org.

What organizations are involved in the doping control process?

In the doping control process, there are generally three levels of involvement. The World Anti-Doping Agency (WADA), the athlete's International Federation (IF), and the athlete's National Anti-Doping Organization (NADO) are the most likely to authorize a test on a particular athlete. Once the test is authorized, it is possible that another organization could be contracted to do the sample collection. This sample collection agency will appoint a certified Doping Control Officer to find the athlete for testing. The accredited laboratory that performs the analysis will then report the results to the result management organization, which could be the athlete's IF, NADO, or national federation. The result management organization will constitute the main point of contact of the athlete regarding the result of the test and possible hearings, sanctions or appeals.

What happens when the laboratory completes the sample analysis?

The laboratory sends the result of the test to the organization responsible for result management and copies WADA. If the result is an adverse analytical finding (AAF), the result management organization will be notified and will conduct an initial review to determine whether a valid therapeutic use exemption justifies the AAF and whether there was any departure from the International Standards (for testing or for laboratory procedures) that could undermine the validity of the finding.

Who is entitled to be informed of an AAF?

Once the initial review is concluded, the organization responsible for result management must communicate the AAFs to, and only to, the athlete, his/her NADO and/or IF and/or national federation and WADA.

What is the difference between an AAF and a confirmed doping violation?

The AAF is the result of a sample analysis that shows the presence or evidence of use of a prohibited substance or method in an athlete's A-sample. A confirmed doping violation occurs when the athlete does not contest the AAF or when the final appeal body establishes that there was a doping rule violation.

What is a provisional suspension?

When an AAF is reported, the athlete concerned is suspended by his/her NADO or IF until the entire result management process is completed if the substance is not a specified substance.

What is the process for requesting B sample analysis?

The athlete must direct his/her request for B sample analysis to the organization responsible for result management. Some NADOs and IFs have in their rules that such request must be communicated by the athlete within a specific timeframe. If the athlete has made a timely request for B-sample analysis, he/she has the right to attend the opening and analysis of the B-sample or to designate a representative to accompany him/her or attend on his/her behalf. The relevant ADO can also ask for the B sample to be tested.

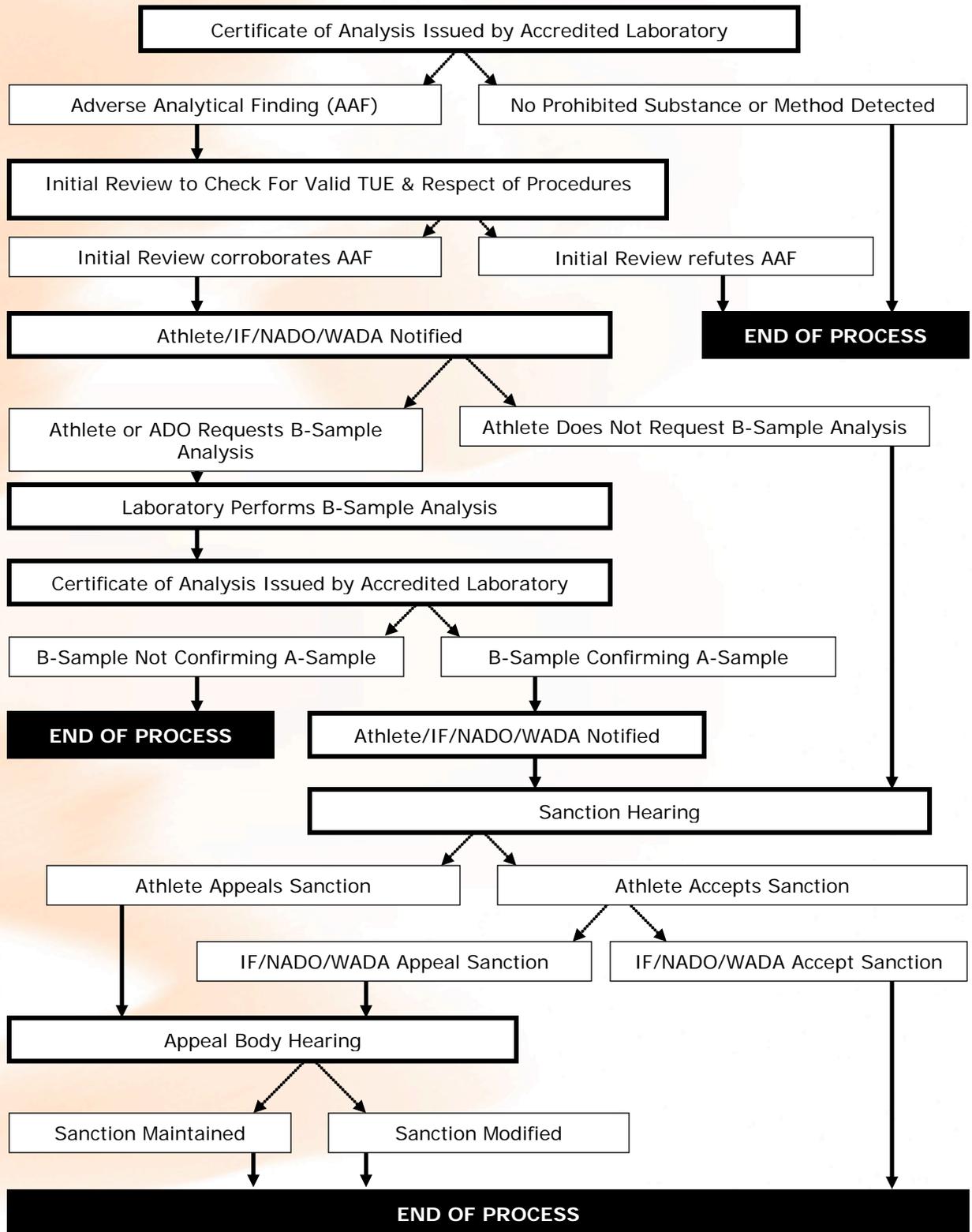
Who can appeal a decision regarding an anti-doping rule violation?

Subject to the applicable rules of the result management organization, the following individuals and organizations can appeal a decision regarding an anti-doping rule violation:

- the athlete or other person who is the subject of the decision being appealed
- the relevant IF
- the relevant NADO
- WADA
- Other parties involved with the case in relation to which the decision was rendered, including for instance the International Olympic Committee or International Paralympic Committee.

Result Management at a Glance for AAF

Note: The information below is based only on a general and simplified overview of the text of the World Anti-Doping Code (the Code) in force January 1, 2015. For detailed provisions and for more information on interpretation, the reader should consult the full text of the current Code available at all times on www.wada-ama.org.



THERAPEUTIC USE EXEMPTIONS

An Overview

Note: The text below is based only on a general and simplified overview of the International Standard for Therapeutic Use Exemptions in force January 1, 2015. For detailed provisions and for more information on interpretation, the reader should consult the full text of the current International Standard for Therapeutic Use Exemptions available at all times on WADA's Web site (www.wada-ama.org).

What is a therapeutic use exemption (TUE)?

The World Anti-Doping Code provisions on therapeutic use exemptions (TUEs) recognize the right of athletes to medical treatment. If the medication or method an athlete needs to treat an illness or condition (as prescribed by a health care professional) is included on the Prohibited List, a TUE will constitute the authorization required by the athlete to use the otherwise prohibited medication.

What are the criteria for granting a TUE?

- The athlete would experience significant health problems if he or she did not use the prohibited substance or method,
- The therapeutic use of the substance or method is highly unlikely to produce any additional enhancement of performance other than the one that can be attributed to the return to a normal state of health after the treatment of the medical condition.
- There is no reasonable therapeutic alternative to the use of the otherwise prohibited substance or method.
- The necessity to use an prohibited substance or method must not be the consequence, total or partial of a prior non therapeutic use of a prohibited substance.

Who grants TUEs?

All International Federations and National Anti-Doping Organizations are required to have a process in place whereby athletes with documented medical conditions can apply for a TUE. Applications are to be appropriately dealt with by a panel of independent physicians called a Therapeutic Use Exemption Committee (TUEC). International Federations and National Anti-Doping Organizations, through their TUECs, are then responsible for granting or declining such applications.

How can an athlete apply for a TUE?

The process for an athlete to apply for a TUE is fairly simple:

- International athletes are advised to contact their International Federation and national level athletes are advised to contact their National Anti-Doping Organization and ask for a TUE application form.
- Each athlete is advised to ask the physician who wrote the prescription to fill out the TUE application form, produce the required supporting documentation and forward this form and documentation to the International Federation or National Anti-Doping Organization (whichever applies).

As required by the International Standard for TUEs, the TUE application should be submitted at least 30 days before the athlete participates in an event.

What happens if an athlete is granted a TUE?

TUEs are granted for a specific medication with a defined dosage. They are also granted for a specific period of time and therefore have an expiry date. The athlete is required to comply with all the treatment conditions set out in the TUE application.

If an athlete with a TUE undergoes testing, he or she is advised to, when filling out the doping control form, declare the substance or medication being used and specify that a TUE has been granted. In such case it is recommended, but not mandatory, for an athlete to have a copy of his or her TUE approval form at hand, to show to the doping control officer.

If evidence of the use of a prohibited substance or method is discovered, verification will take place to ensure that:

- the TUE is still in effect; and
- the results of the analysis are consistent with the TUE granted (nature of substance, route of administration, dose, time frame of administration, etc.).

If the review proves satisfactory, the result of the test will be recorded as having been negative.

WHEREABOUTS INFORMATION

An Overview

Note: The information below is based only on a general and simplified overview of the text of the World Anti-Doping Code (the Code) and the International Standard for Testing and Investigations (ISTI) in force January 1, 2015. For detailed provisions and for more information on interpretation, the reader should consult the full text of the current Code available at all times on www.wada-ama.org.

What is the source of the requirement to provide whereabouts information?

The *International Standard for Testing and Investigations* sets out the specific requirements regarding the provision of whereabouts information for those athletes in a Registered Testing Pool (RTP).

Why are athletes required to provide whereabouts information?

For unscrupulous athletes, making themselves hard to find is a way of avoiding testing. The purpose of applicable whereabouts requirements is that athletes can be located at any time for unannounced out-of-competition testing. Failure to respect applicable whereabouts requirements may result in a sanction.

Which athletes are required to provide whereabouts information?

Athletes who are named members of the registered testing pool of a NADO or IF are required to submit whereabouts information. The IF or NADO may also identify other pools of athletes who are subject to different requirements from those in the RTP. When athletes are advised that they are now part of a NADO or IF Registered Testing Pool, they should immediately find out from the relevant organization what the applicable process is for submitting their whereabouts information.

What level of detail is required for whereabouts information?

Athletes are required to provide both a permanent address (where you can be contacted by mail), as well as the address(es) of all accommodations in the following quarter, your training venue(s), your training schedule, and other regularly scheduled activities including the times/dates at which you might find yourself there. You must also indicate any travel plans or competitions, with accommodation details, dates, and times. Additionally, a daily 60 minute period between 0600 and 2300 must be designated where you will be held accountable for the purposes of a missed test should you not be present for testing.

How often does whereabouts information have to be updated?

Anti-doping organizations shall require quarterly submissions of athlete whereabouts information. Quarterly updates notwithstanding, timely updates must also be provided in the event of any changes to the athlete's schedule during the forthcoming quarter. Updates that are submitted too late may lead to an athlete missing a test, which may then lead to sanctions although athletes will always have the right to have their Anti-Doping Organization consider any potential justification for having been unavailable.

What can happen if an athlete fails to submit whereabouts information or fails to notify the NADO or IF of a change of schedule?

Failure to provide accurate, current whereabouts information is not in itself an anti-doping rule violation. Such a failure however will result in the athlete's case being reviewed and if, following the review it is determined that there was no reasonable justification for the failure to provide accurate, current whereabouts information, the athlete will have a whereabouts failure claimed against them. Three such failures and/or missed tests may lead to an Anti-Doping Rule Violation resulting in a period of ineligibility of between one and two years.

Where can athletes find out more about whereabouts information?



In Section 7 you will find **exercise sheets** that are supporting material for the activities:

- Case Scenario Studies exercise sheets: cases A to G
- Decision-Making Model exercise sheet
- Practical Studies exercise sheet

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Scenario A: Suspicions of doping behaviour by a member of the athlete's entourage

In informal discussions with your team's athletic therapist, you find out that a physician recently offered to prescribe EPO for your team's athletic therapist to distribute to athletes. You are truly concerned because this physician regularly treats some of your athletes.

After carefully reading the scenario above, try to answer these questions on your own first.

- What do applicable anti-doping regulations provide for in such a situation?

- What is the recommended course of action for the athlete's coach, in such a situation?

- What are the recommended courses of action for the others (the athlete, other members of the support personnel, other team members, etc.) in such a situation?

Discuss your ideas in a small breakout group and add to your own answers above any good ideas from other participants in your group.

Report your group's recommendations to the entire group of participants.

Based on the Decision Framework applicable to this type of situation, indicate below how your approach could be refined to ensure that you react in compliance with applicable anti-doping regulations.

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Scenario B: Parent's inquiry

The parent of one of your athletes has asked to meet with you in confidence. At the meeting, the parent begins by talking about how his family has a very strong sporting tradition, with multiple family members attaining elite and professional ranks in your sport. He then mentions that he is worried about his younger son's smaller stature compared to his older brother, and that he is concerned that this may hinder his chances of a fruitful sports career. He is considering human growth hormone (HGH) treatment for his younger son and wants to know if you can help him find a doctor who will agree to prescribe it.

After carefully reading the scenario above, try to answer these questions on your own first.

- What do applicable anti-doping regulations provide for in such a situation?

- What is the recommended course of action for the athlete's coach, in such a situation?

What are the recommended courses of action for the others (the athlete, other members of the support personnel, other team members, etc.) in such a situation?

Discuss your ideas in a small breakout group and add to your own answers above any good ideas from other participants in your group.

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Scenario C: Suspected use of a prohibited substance

After a quiet off-season, you analyze the performance of your athletes during an early season training camp and you are particularly stunned at the progress made by two athletes who have undergone incredible physical development during the off-season. As well, you have noticed that these two athletes are, at times, overly aggressive during training sessions, and that they have suffered some extreme mood swings. You suspect these athletes have been using steroids. When you approached the athletes, they strongly denied using any drugs, other than the usual supplements found in most health food stores and gyms.

After carefully reading the scenario above, try to answer these questions on your own first.

- What do applicable anti-doping regulations provide for in such a situation?

- What is the recommended course of action for the athlete's coach, in such a situation?

- What are the recommended courses of action for the others (the athlete, other members of the support personnel, other team members, etc.) in such a situation?

Discuss your ideas in a small breakout group and add to your own answers above any good ideas from other participants in your group.

Report your group's recommendations to the entire group of participants.

Based on the Decision Framework applicable to this type of situation, indicate below how your approach could be refined to ensure that you react in compliance with applicable anti-doping regulations.

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Scenario D: Refusal to comply

It is an ordinary day at a squad training session; you are approached by a doping control officer (DCO) who states that four of your players have been selected for doping control. The athletes concerned are notified as they leave the practice field. Three of the four players immediately present themselves at the doping control station. Half an hour later, the fourth player still has not arrived at the doping control station, so you go back to the changing room to see where he is. You find your athlete arguing with the chaperone that he does not have time to undergo doping control because he is expected at an important family event beginning in one hour's time.

After carefully reading the scenario above, try to answer these questions on your own first.

- What do applicable anti-doping regulations provide for in such a situation?

- What is the recommended course of action for the athlete's coach, in such a situation?

- What are the recommended courses of action for the others (the athlete, other members of the support personnel, other team members, etc.) in such a situation?

Discuss your ideas in a small breakout group and add to your own answers above any good ideas from other participants in your group.

Report your group's recommendations to the entire group of participants.

Based on the Decision Framework applicable to this type of situation, indicate below how your approach could be refined to ensure that you react in compliance with applicable anti-doping regulations.

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Scenario E: Adverse analytical finding on A sample

Two days into a competition, your star athlete informs you that the test of his/her A sample has returned an adverse analytical finding.

After carefully reading the scenario above, try to answer these questions on your own first.

- What do applicable anti-doping regulations provide for in such a situation?

- What is the recommended course of action for the athlete's coach in such a situation?

- What are the recommended courses of action for the others (the athlete, other members of the support personnel, other team members, etc.) in such a situation?

Discuss your ideas in a small breakout group and add to your own answers above any good ideas from other participants in your group.

Report your group's recommendations to the entire group of participants.

Based on the Decision Framework applicable to this type of situation, indicate below how your approach could be refined to ensure that you react in compliance with applicable anti-doping regulations.

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Scenario F: Therapeutic use exemption

As part of the initial administrative steps of your pre-season selection camp, you have asked each of your athletes to fill out a health form, on which they must declare on-going medical conditions or treatments. That evening, while reviewing the forms with your team physician, he points out to you that a medical condition declared by one of your new athletes is usually treated with a medication that contains a banned substance.

After carefully reading the scenario above, try to answer these questions on your own first.

- What do applicable anti-doping regulations provide for in such a situation?

- What is the recommended course of action for the athlete's coach, in such a situation?

- What are the recommended courses of action for the others (the athlete, other members of the support personnel, other team members, etc.) in such a situation?

Discuss your ideas in a small breakout group and add to your own answers above any good ideas from other participants in your group.

Report your group's recommendations to the entire group of participants.

Based on the Decision Framework applicable to this type of situation, indicate below how your approach could be refined to ensure that you react in compliance with applicable anti-doping regulations.

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Scenario G: Missed test

It is an ordinary day at a squad training session; you are approached by a Doping Control Officer stating that one of your athletes has been selected for out-of-competition testing. When the DCO informs you of the athlete's name, you realize that this athlete had phoned you an hour before the training session to tell you that he had been called at work for an emergency. The Doping Control Officer proceeds to the athlete's workplace based on information from his whereabouts form. Upon arrival at that location, the Doping Control Officer is unable to find the athlete. The Doping Control Officer then shows up at the athlete's home but no one is there.

After carefully reading the scenario above, try to answer these questions on your own first.

- What do applicable anti-doping regulations provide for in such a situation?

- What is the recommended course of action for the athlete's coach in such a situation?

- What are the recommended courses of action for the others (the athlete, other members of the support personnel, other team members, etc.) in such a situation?

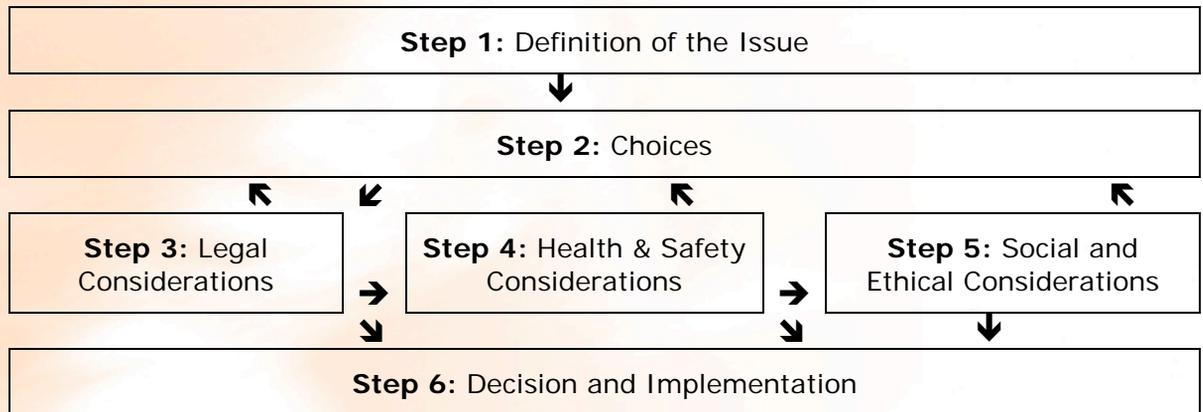
Discuss your ideas in a small breakout group and add to your own answers above any good ideas from other participants in your group.

Report your group's recommendations to the entire group of participants.

Based on the Decision Framework applicable to this type of situation, indicate below how your approach could be refined to ensure that you react in compliance with applicable anti-doping regulations.

DECISION-MAKING MODEL

In your coaching career, you will be faced with situations, for which black and white solutions simply do not exist. The World Anti-Doping Agency proposes a 6-step decision-making model to help you make the best possible decision in those circumstances. This model was inspired by the decision-making model used by the Coaching Association of Canada in its National Coaching Certification Program.



The case scenario below will be the basis of discussions for this entire module. It has been developed to help you apply the proposed decision-making process, step by step, to a real life situation.

SCENARIO FOR DECISION-MAKING MODEL

On the morning of your star athlete's last World Championships before retirement, he/she comes to see you and tells you that he/she has inadvertently taken a prohibited substance.

Step 1- Definition of the Issue

When faced with a difficult situation, take the time to establish clearly what the real facts are.

Issue

Describe in one short sentence the issue that you need to resolve:

Facts:

List all of the facts and information available to you concerning the issue. At the bottom of the page, list the information that is missing and that would help you make your decision:

Facts are elements of a situation that are certain, for which you have evidence or maybe consensus. Everything else is an assumption.

Did you distinguish between facts and assumptions? How many of the elements you listed under "facts" above are actually based on your perception of the situation?

If you have time to clarify the situation before you must react, are there other persons around you who can be trusted to help you turn your assumptions into facts? Make sure that you gather as much factual information as possible to help you go through the next steps of the decision-making process.

Step 2 – Choices

List all possible choices in the table below, including those that may not appear to be reasonable options at first. Use your imagination!



In general terms, your options may include:

- ignoring the situation and not intervening;
- using the authority given to you to resolve the situation yourself, and within that:
 - doing what is best for you, or
 - doing what is best for your athlete, or
 - doing what is best for your sport, or
 - doing what is best for others;
- reporting the situation to a higher authority;
- giving your athlete the choice

What might happen in each case? The next steps of the model will guide you in considering the risks and potential consequences before making your final decision.

Step 3 – Legal Considerations

A- THE LAW

Based on the facts and given the country/province/state in which the situation is occurring, you must now establish whether there are any legal implications. This means finding out if applicable laws address some of the issues raised in the scenario and how it may apply to the situation (age of majority, law on use/ possession/ trafficking of certain substances, contract clauses, etc.)

- Has any law been broken so far? If so, explain briefly.

- Is this a situation, in which there is potential for a law to be broken? If so, explain briefly.

- Do you have a legal obligation in your role as coach to act, or react in a particular way to this situation? If so, explain briefly.

Note: *If you find yourself unable to answer these questions in a situation, with which you are faced in real life, it may be necessary for you to obtain legal advice from a competent authority in your country before proceeding.*

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Step 4 – Health and Safety Considerations

It is important, during this step, to look forward to the future, and not only consider the immediate consequences. This step is intended to make sure that you do not look back on your decision in a few years and regret having directly or indirectly caused harm to another individual.

- Is the situation placing anyone in immediate danger? If so, who?

- If the situation is not resolved, is there a potential threat to the health or safety of one or more individuals?

You must think broadly about any potential 'harm' to people who are (for the time being) indirectly affected by the situation at hand.

- Could the situation degenerate and, for example, cause violent reactions that could potentially harm others? If so, explain briefly.

- Is the situation placing anyone at risk for psychological harm?

Is the situation placing the health/life of someone in danger?

- **Yes** (go straight to Step 6 – inform the relevant individuals/authorities)
- **No** (eliminate options from step 2 which place someone's health/life at risk and take the ones that don't to Step 5)

For the sake of learning how to apply the proposed decision-making model, let's move to Step 5.

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Step 5 – Social and Ethical Considerations

At this stage, you have established that the law or anti-doping regulations do not dictate what to do, and that there appears to be no threat to the health or safety of any individual. You are now faced with an ethical dilemma, and will have to base your decision on social norms and personal values.

Resolving the ethical dilemma

In order to resolve this difficult situation, you have to look at unwritten standards of behaviour that are deemed acceptable by the society, in which you live. You also have to establish what your personal values are. If your personal values come into conflict with one another or with one of the unwritten standards of behaviour, you will have to determine which one (value or standard) is more important than the others in this particular situation. Answering the following questions will help clarify your ideas:

- Will my decision withstand public scrutiny? Will I be able to defend it?
- Are there social moral standards and codes of conduct to uphold? What is expected of me as a coach? *For example, is your decision consistent with the World Anti-doping Agency's Spirit of Sport values, or with the roles and responsibilities of coaches and athletes?*
- Do I have the authority to make this decision myself?
- Can my decision undermine the integrity of my team, my sport, my nation?
- Can I personally live with my decision and its consequences?

Factors of influence

The way in which you perceive the situation or relate to it may influence the way in which you will favour certain outcomes. Factors of influence may include, for example, personal experiences, personal values, personal circumstances, economics and politics, severity of the situation, and other organizational, institutional, and social constraints. Answering the following questions will help clarify your position:

- Am I conscious of my potential bias in this situation? Do I have anything to gain or to lose from this situation?
- Is the situation fair to the individual/others? Does my decision favour one individual or group over others?
- Would I feel at a disadvantage if an opponent did what I am about to do?

In the end, the following justifications for any decision are NOT advisable:

- "It is part of the job"
- "Everyone is doing it"
- "I have no other choice"
- "It does not hurt anyone"

Is your possible course of action socially/ethically acceptable?

- **Yes** (go straight to Step 6 – design your action plan)
- **No** (go back to Step 2 and consider another course of action)

For the sake of learning how to apply the proposed decision-making model, let's move to Step 6.

Step 6 – Decision and Implementation

After careful and thorough consideration of the legal, health and ethical implications of this situation, you should now be confident enough to make a decision as to what you will do next.

- My decision option is sound.
- My decision option is questionable. Some other options include:

At this stage, if you are not certain that your choice of decision is the best possible one, please go back to Step 2 and re-consider alternative decisions.

You must now articulate in your own words why you believe that your decision is the best possible option in the circumstances. This will enable you to communicate your decision clearly and to justify your decision with solid arguments to people who may not agree with it.

Indicate below, in your own words, why you think that your decision is the best option:

Important note: *It is crucial in this step that you take the time to find the proper words to explain your position. If the workshop is offered in a language other than your preferred language, feel free to answer this question in your own language.*

I believe that my decision is the best option because:

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The very final phase of this decision-making model will enable you to reflect on HOW you will put your decision into practice. It will allow you to establish an action plan to effectively implement the decision and successfully manage its consequences. The following checklist will take you through some of the things that you need to plan well before you communicate your decision:

- Who will be directly affected by your decision?

- In what order should individuals learn about your decision?

- Are there individuals with some degree of influence or authority, from whom you can seek help (in support of your decision, to speak on your behalf, to set the stage for your decision to be accepted and complied with, etc.)?

- Going back to the potential consequences identified in Steps 3-5, what can you do to minimize the negative effects of your decision on the individuals involved?

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PRACTICAL STUDIES

Scenario N° ____

- **Identify the problem** (differentiate between facts from opinions)

- List the possible solutions/choices and their consequences

- **Legal Considerations**

- Ask yourself if implementing the first solution you thought of breaks any rules. If it does, discard it. If it doesn't, take it to the next step.

- **Health & Safety Considerations**

- Ask yourself if this solution will put somebody or somebody's health in danger. If it does discard it. If it doesn't, take it to the next step.

- **Social and Ethical Considerations**

- Consider your values
- How will my decision affect my athlete or other people?
- What would my role model do?
- What would the people I care about think of my choice?

- **Make a decision and take action.**

- **Evaluate the effectiveness of your decision.**

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