

SUPPLEMENTS IN SPORT POLICY

This Policy provides guidelines for the appropriate use of supplements and sports foods, and in some instances – restrictions on the use of such products.

It is a policy similar to that adopted by Athletics Australia but modified for the Judo Federation of Australia (JFA) and Oceania Judo Union (OJU).

It draws from the Australasian College of Sports Physicians' (ACSP) Position Statement regarding Supplement Use in Sport and the 2013 Australian Institute of Sport Supplements in Sport Summit. Furthermore, it is underpinned by the AIS Sports Supplement Framework.

The principal purposes of this Policy are to ensure that in relation to any use of supplements within the sport of athletics under the jurisdiction and oversight of the JFA and OJU:

- there is no threat to human health and safety
- the use of dietary and nutritional supplements in sport is evidence-based
- individuals are at very low risk of an inadvertent anti-doping rule violation
- the integrity of the sport is protected

Background

Supplements and sports foods are commonly used in sport, including judo, with major growth in this Industry over the past decade. Although claims of specific health and performance benefits are made for many products, scientific evidence regarding efficacy or patient safety is often missing. Recent studies have shown that up to 70% of supplements purchased online or from overseas contain substances that may lead to an adverse finding on a doping test under the World Anti-Doping Authority (WADA) Code.

In February 2013 the Australian Crime Commission (ACC) released its report into Organised Crime and Drugs in Sport. The report suggested that inappropriate practices in relation to supplementation pose a threat to the integrity of sport and potentially to the safety of individuals.

JFA and OJU believes that:

1. Sports Nutrition should be underpinned by a personalised and periodised eating plan that optimises long-term health and performance. In addition, athletes must ensure they adhere to appropriate training, strength and conditioning principles and adequate recovery strategies, including sleep. Accordingly JFA and OJU:

- encourage a food first approach to a nutrition plan
- believe that supplementation is only required when such a diet is not able to satisfy the metabolic requirements of specific sporting activities. This can often best be determined through blood tests to identify such nutritional deficiencies
- recommend that high performance athletes have a blood test assessing full blood count, iron studies, vitamin B12 and vitamin D every 6 months in the case of females and every 12 months for males.

2. Any use of sports foods and supplements should be based on three principles of:

- athlete health and safety
- evidence-based science – as per the Australian Institute of Sport Nutrition website: www.ausport.gov.au/ais/nutrition
- compliance with the WADA Code: www.wada-ama.org/en/

3. The use of performance supplements is not required by every high-performance athlete and is certainly not necessary for recreational athletes and developing athletes. The claims made about the vast majority of such supplements are not evidence-based, and in the case of the small number of performance supplements which do have scientific credibility, the situations of their use should be few and targeted.

World Championship and Olympic success has been achieved by many athletes without reliance on use of performance supplements.

4. The use of supplements should only take place on the advice of an accredited SEM physician or sports doctor, an accredited sports dietitian or another accredited and appropriately trained medical practitioner with experience in the prescription of supplements and sports foods.

Athletes are encouraged to seek advice regarding the appropriateness of supplements and sports foods in their nutrition program from such individuals who will be guided by the AIS Sports Supplement Framework (www.ausport.gov.au/ais/nutrition) which classifies supplements into four groups – A, B, C and D according to the evidence base for their use;

Group A supplements are divided into three types

- Sports foods
- Medical supplements
- Performance supplements

Supplements within Group A are supported for use in specific situations in sport as they provide a useful and timely source of energy and nutrients in the athlete's diet, or have been shown in scientific trials to benefit performance, when used according to a specific protocol in a specific situation in sport.

5. Situations in which individuals under the age of 18 would be required to use supplements are rare. Parents and other responsible adults should seek guidance from appropriately accredited and qualified professionals before allowing children to take such supplements.

Accordingly, JFA and OJU do not encourage the use of supplements for athletes under the age of 18 years unless under advice from appropriately accredited and qualified medical professionals. This includes even Group A performance supplements, ie caffeine, creatine, bicarbonate etc.

6. Sports supplements must not be used if they are included in Group D or if they otherwise contravene the WADA Code. Untested or experimental substances, or substances which are not approved for human use, must not be used as part of a supplementation program.

7. Participation in a sports supplementation program should be voluntary and approval for the use of supplements within Group B or Group C will be only approved by JFA and OJU through the JFA or OJU Chief Medical Officer on a case by case basis and will often only be approved as part of a research project.

8. JFA and OJU adhere to a strict no needle policy. There is no role for injections as part of a supplementation program. Only a qualified medical practitioner shall perform injections for the treatment of illness or injury. Further there must be documented evidence of a nutritional deficiency that cannot be treated with oral supplementation.

Accordingly only intravenous iron supplementation is permitted and if required:

- (a) this is to be under the care of the appropriately qualified medical practitioner (preferably a haematologist) who is cognisant of WADA rule M2.2 which states: Intravenous infusions and/or injections of more than 50ml per 6 hour period are prohibited except for those legitimately received in the course of hospital admissions or clinical investigations

(b) for athletes in high performance programs, the treating medical practitioner must liaise with the JFA or OJU Chief Medical Officer regarding any such IV supplementation program.

9. Quality control in the manufacture and labelling of supplements is extremely variable. Supplements are increasingly made of numerous ingredients, some of which may be contaminants that could result in an athlete incurring an inadvertent anti-doping violation. Extreme caution is recommended regarding supplement use. Accordingly:

(a) JFA or OJU cannot currently either be certain of or guarantee the purity of any supplement preparation, so therefore does not currently endorse the use of any particular brand of supplement;

(b) Athletes are advised not to take a supplement if:

- it contain multiple ingredients, particularly when “proprietary blends” are noted; or
- it claim to increase muscle mass, reduce body fat or provide energy for workouts/events; or
- it come from internet sources, particularly from “body building” focussed companies.

If in any doubt, an athlete must adopt a “no supplement” policy.

10. Athletes are ultimately responsible for any substances ingested or injected - in terms of complying with the WADA Code and its strict liability policy.

11. Athletes, coaches and attending health professionals are encouraged to complete the ASADA e-learning modules – level 1 and 2 – which can found on the ASADA website <http://www.asada.gov.au/education/>. These modules provide a range of anti-doping and supplement education programs.