



Irish Sports Council Implementation of the 2009 WADA IS TUEs

THE
IRISH SPORTS
COUNCIL



AN OGDHAIRLE SPORTE

The WADA 2009 IS TUEs (effective 1 January 2009)

- **Final draft of the 2009 WADA IS TUEs published in mid October 2008 →**
 - Irish Anti-Doping Rules (launched Nov 09),
 - ISC Internal Policies & procedures,
 - Forms and education materials
- **Subsequent WADA Medical Information to Support the Decisions of the TUECs published in January 2009**
- **Education of the Athletes and Athlete Support Personnel prior to 1 January 2009???? - without designed and printed materials**

Most Significant Changes – Inhaled Beta-2 Agonists

Prior to January 2009:

- The ISC Abbreviated TUE Form: once duly completed, deemed approved (no “formal” Certificate of Approval)
- The results/outcomes of the pulmonary functions tests not required
- Once approved, valid for national level Athletes and/or national level competitions for 2 years

Anti-Doping Unit
Irish Sports Council

July 2007
Application no. ISC ATUE

ABBREVIATED THERAPEUTIC USE EXEMPTION FORM

Please PRINT clearly using BLOCK CAPITALS

1. Athlete Information (tick) Male Female
 Surname: _____ First Name: _____ Date of Birth (dd/mm/yy): ____/____/____
 Address: _____
 Email: _____ Contact telephone number(s): _____ or _____
 Sport: _____ National Governing Body: _____ Discipline: _____
 Club/Team: _____ If athlete with a disability, please indicate disability: _____

2. Asthma Inhalers
 Age when diagnosed: ____ years old
 Diagnosed by GP
 Diagnosed by Respiratory Specialist
 Tests carried out: Peak Flow Test (Mandatory)
 Spirometry Test
 Clinical Diagnosis / Physical Examination
 Exercise Challenge Test
 Methacholine Challenge
 Other (Please state): _____

Prohibited Substances	Brand Name e.g. Ventodisks	Dosage e.g. 200mcg	Route of Admin.	Frequency of Admin. e.g. BD	Date of Admin	Intended duration of Treatment (Max. approval is 2 years)
Salbutamol		mcg	Inhalation			
Formoterol		mcg	Inhalation			
Salmeterol		mcg	Inhalation			
Terbutaline		mcg	Inhalation			
Glucocorticosteroid		mcg	Inhalation			

◀ Please check MIMS or www.eurpharm.com to see if medications require notification ▶

3. Non-systemic Glucocorticosteroid Injections
 Confirmed by: X-Ray
 Sonograph
 CT-Scan
 MRI Scan
 Clinical Examination
 Other: _____

Brand Name	Dosage	Route of Admin. (Non-systemic)	Frequency of Admin.	Date of Admin	Intended duration of Treatment
	mg/ml				

This form covers Inhaled Beta 2 Agonists and Glucocorticosteroids and Non-systemic Glucocorticosteroid Injections – All other Prohibited Medications must be submitted on the Standard (Blue) TUE Form. Please check MIMS or www.eurpharm.com to see if a medication is Prohibited in Sport.

Most Significant Changes –Inhaled Beta-2 Agonists (cont.)

1 January 2009:

- **The ISC “regular” TUE Application Form (no separate form for Beta-2 Agonists but reference to leaflet “Asthma TUE Application Instructions”)**
- **Medical file to be in place**
- **The ISC TUEC reviewing each request**
- **Once approved, valid for 4 years**

Documents being followed:

- **The 2009 WADA IS TUEs, Annex 1**
- **WADA Information to Support the Decisions of the TUECs**

The ISC TUE Application Form

Anti-Doping Unit
Irish Sports Council
Application No. ISC TUE

THERAPEUTIC USE EXEMPTION APPLICATION FORM

Please PRINT clearly using BLOCK CAPITALS

1. Athlete Information

Surname: _____ First Name: _____

Male Female Date of Birth (dd/mm/yyyy): _____

Address: _____

City: _____ County: _____ Post Code: _____

Tel: (with area code) _____ Email: _____

Sport: _____ Discipline/Partners: _____

Club/Team: _____ National Governing Body: _____

Traffic with a disability, please indicate disability: _____

3. Medication details

Prohibited Substance Including Brand Name	Dosage e.g. 200mg	Route of Admin. e.g. Intra-muscular	Frequency of Admin. e.g. QD	Date of Admin.	Intended duration of Treatment e.g. Emergency / Once only / Two weeks

2. Medical Information (attach any additional information on a separate sheet if necessary)

Evidence confirming the diagnosis must be attached and forwarded with this application.

When filling this Form for Athletes who are competing in 2-Agents, please refer to the ISC Athlete TUE Application section for further information as published on www.isc.ie/athletes/athletes/2agents or contact Anti-Doping Unit

Diagnosis or condition or injury sustained: _____

Supporting Medical Information: _____

The medical evidence should include a medical history and / or the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included where possible.

Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist with this application.

If a permitted medication can be used to treat the medical condition, provide clinical justification for the request use of the prohibited medication: _____

Each TUE Application must be accompanied by medical records, including results of any relevant tests. A brief medical history is also required, where appropriate.

If you are on your International Federation's Registered Testing Pool and/or participate in International Events, you must apply to your International Federation!

4. Have you submitted any previous TUE application: Yes No

For which substance? _____ To whom? _____

When? _____ Decision: Approved Not approved

5. Medical Practitioner's Declaration

Name, qualifications & medical speciality: _____
(e.g. Dr. Ailbhe Clark, MD/FRCGP, Gastroenterologist)

Address: _____

Work Tel: _____ Mobile: _____ Fax: _____

I certify that I am the athlete's responsible doctor. I further certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Physician's signature: _____ Date: ____/____/____

6. Athlete's Declaration

I certify that the information under section 1 is accurate and that I am requesting approval to use a substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Irish Sports Council (ISC), the ISC Therapeutic Use Exemption Committee, the World Anti-Doping Agency (WADA), the WADA Therapeutic Use Exemption Committee, the WADA Anti-Doping Administration and Management System (ADAMS) and also to other Anti-Doping Organizations under the provisions of the Code. I understand that this may require the transfer of my health information outside the European Economic Area. I understand that if I ever wish to revoke the right of any of the above listed organizations to obtain my health information on my behalf, I must notify my medical practitioner and the ISC in writing of that fact. I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS for a minimum period of 8 years, the period of 8 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the Code. I hereby release WADA as well as the ISC and TUE Committee from all claims, demands, liabilities, damages, cost and expenses that I may have arising in connection with the processing of my TUE related data through ADAMS.

Athlete's signature: _____ Date: ____/____/____

Parent's / Guardian's signature: _____ Date: ____/____/____

(If the athlete is a minor or has a disability preventing him/her from signing this form, a parent/guardian shall sign together with or on behalf of the athlete.)

Please submit the completed form to the address below and keep a copy for your records.

TUE Secretariat, Irish Sports Council, Top Floor Block A, West End Office Park, Supercorway, Dublin 15
Tel: 01 8000010 Email: athletes@irishsports.council.ie
Fax: 01 8000000 Web: www.irishsports.council.ie

INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED!



Requirements on the Medical File

Different levels of Athletes:

- **IF RTP and/or ISC RTP: full requirements of WADA; must have a regular TUE approved**
- **National level Athletes not on any RTP: have a choice of either a regular TUE or retroactive TUE; reversibility may be lower than 12% increase in FEV1; histamine challenge test may be accepted; medical file older than 3 months can be accepted**

Non-Systemic & Inhaled Glucocorticosteroids (GCS)

- **Declaration of Use Form (DOU) - hard copy only**
- **Checked for correctness and completeness. Athlete and/or Physician notified if substance and/or route of administration not subject to Declaration of Use Form**
- **GCS part of the combined inhalers (Beta-2 Agonists + GCS) does not require a DOU Form to be filled in**

The ISC Declaration of Use Form

<p style="text-align: center;">DECLARATION OF USE FORM</p> <p style="text-align: center;"><small>For Glucocorticosteroids by NON-SYSTEMIC and INTRAEPIDURAL routes</small></p> <p style="text-align: center;"><small>Please READ overleaf BEFORE you sign. Please PRINT clearly using BLOCK CAPITALS</small></p> <p>1. Athlete Information</p> <p>Surname: _____ First Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (dd/mm/yy): _____ Address: _____ City: _____ County: _____ Post Code: _____ Tel: (include country) _____ Email: _____ Sport: _____ Discipline/Position: _____ Club/Team: _____ National Governing Body: _____ If athlete with a disability, please indicate disability: _____</p> <p>2. Medical Information (attach any additional information on a separate sheet if necessary) Diagnostic condition or injury sustained: _____ _____</p> <p>3. Medication details</p> <p>3.A) NON-SYSTEMIC Glucocorticosteroid Injections:</p> <p>Name of the substance: (exact brand name) _____ Dosage Underaken: _____ Date of Administration: _____ <small>(the number of administrations)</small> Route of administration (please tick): <input type="checkbox"/> Intravenous <input type="checkbox"/> Epidural <input type="checkbox"/> Epidural <input type="checkbox"/> Epidural <input type="checkbox"/> <input type="checkbox"/> Intramuscular <input type="checkbox"/> Other (specify): _____</p> <p>3.B) Glucocorticosteroids By Inhalation:</p> <p>Name of the substance: (exact brand name) _____ Dosage: _____ mg Date of Admin: _____ Frequency of Admin: _____ Intended Duration of Treatment: _____</p> <p>4. Medical Practitioner's Details</p> <p>Name: _____ Address: _____ _____ Email: _____ Work Tel: _____ Mobile: _____ Fax: _____</p> <p>5. Athlete's signature: (see OVERLEAF) _____ Date: ____/____/____ Parent's / Guardian's signature: (see OVERLEAF) _____ Date: ____/____/____ <small>If the athlete is a minor or has a disability, please sign on behalf of the athlete as a parent/guardian. Please sign together with the athlete if possible.</small></p> <p><small>Please submit the completed form to the address below and keep a copy for your records. TUE Secretariat, Irish Sports Council, Top Floor, Block 4, West End Office Park, Blanchardstown, Dublin 15 Tel: 01 860888 Email: anti.doping@irishsports.council.ie Fax: 01 8608880 Web: www.irishsports.council.ie</small></p>	<p style="text-align: center;">THIS IS IMPORTANT INFORMATION THAT YOU SHOULD READ CAREFULLY BEFORE YOU SIGN THE DECLARATION OF USE FORM OVERLEAF</p> <p>By signing the Declaration of Use Form overleaf, you are doing each of the things set out and numbered on this page. If you do not understand all of these things, please contact the Irish Sports Council Anti-Doping Unit before you complete and sign the Declaration of Use Form.</p> <p>By signing the Declaration of Use Form,</p> <ol style="list-style-type: none"> You are certifying that to the best of your knowledge, the information on the Declaration of Use Form is true and accurate. You are authorising the release of your personal medical information to the Irish Sports Council, the Irish Sports Council Therapeutic Use Exemption Committee, the World Anti-Doping Agency, the World Anti-Doping Agency Therapeutic Use Exemption Committee and to other Anti-Doping Organisations under the provisions of the Irish Anti-Doping Rules and/or the World Anti-Doping Code in accordance with the International Standard for the Protection of Privacy and Personal Information. You are confirming that you understand that this may require the transfer of your personal medical information outside the European Economic Area. You are confirming that you understand that you have the right to obtain a copy of your personal medical information being held by the above organisations. You are confirming that you understand that if you believe your personal medical information is not being processed properly under the International Standard for the Protection of Privacy and Personal Information, you may lodge a complaint with the relevant organisation. You are confirming that you understand that information contained in the Declaration of Use will be stored by the Irish Sports Council for a minimum period of eight (8) years, this being the period within which an action can be commenced following an alleged violation of an anti-doping rule. <p>Please do not sign the Declaration of Use Form overleaf if you are not prepared to do all of these things.</p> <p style="text-align: center;">THANK YOU.</p>
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Challenges with 2009 ISTUE Implementation

- **Ireland among the top four countries in the world with the highest prevalence rates for asthma → increased administrative workload and costs for the ADU and ISC TUEC when assessing medical files**
- **Many Athletes genuinely diagnosed with Asthma, have to get their medical files compiled and go through the Asthma tests again (the ones carried out in their childhood years ago may not be accepted).**

Challenges with 2009 ISTUE Implementation

- **Ethical concern regarding bronchial provocation tests:**
 - Athletes have to come off their inhalers for some period of time;
 - the unstable nature/unpredictability of asthma as a condition
 - Difficulties associated with testing where asthma is well managed/controlled asthma

- **The costs and waiting time for challenge tests**

Challenges with 2009 ISTUE Implementation

- **Very late final version of the 2009 WADA ISTUE → not enough time for relevant Athletes to get medical files compiled prior to January 2009.**
 - Encouragement to get TUEs completed prior to 1 Jan 09 to buy time (i.e. up to Dec 09).
- **Use of inhalers on “as required” basis only (e.g. once a week, in winter period, very rarely when Asthma is worsened, etc).**
- **Some IF’s do not have a list of events available, for which approved TUE is required prior to competing at such an event.**

Difficulties With the 2009 WADA IS TUEs Implementation (cont.)

- Lack of response from some smaller IF's to our TUE requests (how they are going to be dealt with by IF in case of international level events).
- Still not mutual recognition by IF's of our Approvals granted to Athletes and thus making it confusing for the Athletes

Still in the process of finalizing the Internal Policies on Beta-2 Agonists:

- Time-frame in case of a retroactive TUE
- Emergency use of the inhaled Beta-2 Agonists
- The maximum back-dating of the medical file

Some Statistics on the ISC TUE Applications

Year	2004	2005	2006	2007	2008
Abbreviated TUE Applications	395	509	422	526	667
Standard TUE Applications	59	94	105	115	111
TUE Applications: 1st January – 13th April 2009	68 (47 out of these for the inhaled Beta-2 Agonists (134 this time last year))				

Increasing number of TUE Applications is expected with summer approaching...

Gaelic Football Player's Case in 2008 – On-Going Drama with High Costs and Clear Outcome

☐☐ Gaelic players forget elite athletes are often more "amateur" than top hurlers and footballers

HOPING STORM KINGDOM

TAR CLEARED TO RESUME HIS CAREER

COMPLETELY

Positive

vibes

Aidan
call

€60,000

No

for ast

New protocol to tighten
force inter-county players out of the game

MAHONY TESTS POSITIVE

Kerry's O'Mahony tests positive for asthma drug that can be stimulant **O'Mahony case not so straightforward**