

Policy	Athletics Australia Supplement Policy
Effective Date	June 2020
Date Last Reviewed	March 2020
Scheduled Review Date	1 January, 2022
Supersedes	All previous Policies and/or Statements
Approved by	AA Board

1) Background

Athletics Australia encourages and promotes a food first approach in all circumstances to support athlete health, wellbeing and performance. Medical or sports food supplementation is only recommended when an athlete's dietary intake is not able to satisfy the metabolic requirements of specific sporting activities, or if specific nutritional deficiencies exist.

Sports supplements include medical and performance supplements as well as sports foods. Supplement usage is common amongst Australian athletes and 87% of supplement use was recently reported across a sample of athletes surveyed in the National Institute Network, including Athletics. Across this evolving and lucrative industry, although claims of specific health and performance benefits are made for many products, scientific evidence regarding efficacy or athlete safety is often missing.

There is a real risk of a positive doping outcome with the use of supplements. Recent reports have suggested 15-30% of supplements exclude listing active ingredients or contain unlisted substances. In market research conducted by LGC, 19% of tested products contained one or more prohibited substances. Additional studies have also shown that up to 25% of supplements purchased online or from overseas contain substances that may lead to an adverse finding.

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.

The policy draws from;

- The Australasian College of Sport and Exercise Physicians (ACSEP) *Position Statement regarding Supplement Use in Sport* - acsp.org.au/sports-supplements/
- The Australian Institute of Sport (AIS) Sports Science/Sports Medicine (SSSM) Best Practice Principles released in 2013 that support Federal Government investment in high performance sport.

The policy is underpinned by the AIS Sports Supplement Framework - <https://www.sportaus.gov.au/ais/nutrition/supplements>

2) Policy Purpose:

- a) The purpose of this Policy is to provide guidelines and restrictions for the appropriate use of medical and performance supplements as well as sports foods for Athletics Australia and its community.
- b) By this Policy, in relation to any use of supplements within the sport of athletics under the jurisdiction and oversight of AA, AA aims to ensure that;

- i) Every effort is made to avoid any risk to human health and safety.
- ii) Every effort is made to avoid inadvertent anti-doping. However, under the WADA code, the athlete has strict responsibility for any supplement that is taken.
- iii) The use of dietary and nutritional supplements in sport is evidence-based;
- iv) the integrity of the sport is protected.

3) **Scope:**

This policy applies to

- a) All National Athlete Support Scheme (NASS) supported athletes
- b) Athlete members of AA junior high performance programs
- c) Athletes selected to an AA supported team (including but not limited to Team NASS supported athletes, Olympic and Paralympic Games, Olympic Youth, IAAF World Championships, IAAF World Indoor Championships, World Junior, IPC World Championships, Commonwealth Games, Commonwealth Youth Games, World Relay Championships, World Cross Country Championships, World Race Waking Championships and Oceania Championships teams)

This policy applies to the ADVICE given by

- d) AA employed or contracted coaches, NASS personal coaches and Junior/Para/Senior team member personal coaches
- e) AA employees, contractors and consultants

It covers the Products outlined below

- a) Sports Foods (e.g. sports drinks, protein powders): which may provide a role in assisting the athlete to meet needs for energy and nutrients, especially to meet the practical challenges of intake around exercise or the athlete's lifestyle
- b) Medical Supplements (e.g. Vitamin D, Iron): which may be used under supervision to prevent and treat a micronutrient deficiency
- c) Performance supplements: which contain ingredients that propose to directly enhance performance, or indirectly achieve such a goal by supporting training capacity, recovery, immune health etc. Note, that these represent the largest group of supplements and very few of these are supported by evidence to achieve their claims.

4) **Position Statements:**

a) AA endorses the:

- i) Australasian College of Sports and Exercise Physicians (ACSEP) [Position Statement regarding Supplement Use in Sport](#)
- ii) AIS Sports Science/Sports Medicine (SSSM) Best Practice Principles

b) AA believes that:

- i) 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, AA encourages a **food first** approach to a nutrition plan in all circumstances.

- ii) Medical 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.

AA - general screening blood test recommendations

Event(s)	Track events, jumps and endurance events
Tests	Full blood count, iron studies
Tests	Vitamin B12, Vitamin D (ONLY if clinically indicated)
Females	Biannually
Males	Annually

- iii) Any use of sports foods and supplements should be based on the principles of:
 - (1) Athlete health and safety
 - (2) Evidence-based science – as supported by the Australian Institute of Sport
 - (3) [Anti-Doping compliance](#)
- iv) Performance supplements are not required by every high-performance athlete and are not necessary for recreational and developing athletes. World Championship level, Paralympic and Olympic success has been achieved by many Australian athletes without reliance on the use of performance supplements.
- v) The claims made about the vast majority of such supplements are not evidence-based. 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.

5) Supplement use, declaration and application process

- a) The use of all supplements should only take place on the advice of an accredited Sport and Exercise Medicine (SEM) Physician/Registrar, Sports Doctor, an accredited Sports Dietitian or another accredited and appropriately trained medical practitioner who has a scope of practice in prescription of medical supplements.
- b) AA has endorsed a network of “preferred” SEM Physicians/Registrars, Sports Doctors and Sports Dietitians. The list can be found on the [AA website](#) - athletes are encouraged to seek advice regarding their nutrition plan including all supplement and sports foods education from these individuals.
- c) AA and its preferred practitioners will be guided by the [AIS Sports Supplement Framework](#) which classifies supplements into four groups according to the evidence base. Please refer to Appendix A and B for permitted sports supplements.
- d) Permitted sports supplements;
 - 1. Group A

2. Group B- with special exemption under a research protocol or specific case management
3. Group C – not provided within a supplement program - may only be permitted for individualised use by an athlete where there is specific approval from, or reporting to, a Sports Supplement Panel.

Group C, D or any other untested or experimental substances that contravene the World Anti-Doping Code, or substances which are not approved for human use, must NOT be used as part of a supplementation program. **Group C may only be permitted for individualised use by an athlete where there is specific approval from, or reporting to, a Sports Supplement Panel.*

Supplement Declaration Process

- e) For athletes supported by AA through NASS, ALL supplement declarations will need to be completed through medical screening, questionnaire processes and the AMS when;
 - i) selected onto NASS, through their State Institute or Academy of Sport, sports medicine screening processes
 - ii) selected for an AA representative team
 - iii) screened by their State Institute or Academy of Sport Sports Physician / Registrar / Doctor
 - iv) screened by their State Institute or Academy Sports Dietitian
 - v) a new supplement has been started/ceased

Supplement Application and Approval Process

- f) For athletes supported by AA through NASS or any AA selected team, use of Group A – Performance Supplement (as per Appendix A) or Group B (as per Appendix B) must be approved in advance of commencing the supplement through the:
 - i) Performance Supplement Application process OR
 - ii) Relevant screening or questionnaire processes at each State Institute/Academy and the Performance Supplement Application process
- g) The AA Chief Medical Officer and the National High Performance Nutrition Lead will also review all Group B or C Supplement applications on a case by case basis. These will often only be approved as part of a research project. A review of the Chief Medical Officer's decision may be sought from the AA Sports Supplement Panel, which will be formed as required from amongst suitably qualified persons.
- h) AA does not encourage the use of supplements for athletes under the age of 18 years unless under advised from appropriately accredited and qualified sports medical professionals. This includes Group A performance supplements. Situations in which individuals under the age of 18 would be required to use supplements are rare. Parents, coaches and other responsible adults should seek guidance from the preferred network of appropriately accredited and qualified sports medicine and dietetic professionals, before allowing junior athletes to take such supplements.
- i) Participation in a sports supplementation program should **always** be voluntary.

- j) Athletics Australia adheres to a strict **no needle policy**. There is **no** role for injections as part of a supplementation program.
- i. In all circumstances only a qualified medical practitioner is permitted to perform ANY injections for the treatment of illness or injury.
 - ii. There must be documented evidence of a nutritional deficiency that cannot be treated with oral supplementation. In these circumstances, only intravenous iron supplementation will be permitted.
 - iii. Supplementation is to be delivered under the care of the appropriately qualified medical practitioner (preferably a haematologist) who is cognisant of WADA rule M2. *"Intravenous infusions and/or injections of more than 100mls per 12hour period except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations."*
 - iv. For athletes supported by AA through NASS, junior high-performance programs or any AA selected team, the treating medical practitioner must liaise with the AA Chief Medical Officer regarding any such IV supplementation program.
- h) Quality control in the manufacture and labelling of supplements, even in Australia, is extremely variable. Supplements are increasingly made of numerous ingredients, some of which may contain contaminants that could result in an athlete incurring an inadvertent anti-doping violation.

Extreme caution is recommended regarding supplement use. AA or appropriately qualified sports medicine or dietetic professionals cannot guarantee the purity of any supplement preparation, so therefore does not currently endorse the use of any particular brand of medical or performance supplement. AA advocates the use of 3rd party batch tested supplements from Group A of the Performance supplements list, with the exception of those regulated through the TGA, or with special exemption under a research protocol or case managed for Group B sport supplements.

- i. Third party batch tested products by [HASTA](#) or [Informed Sport](#) including Athletics Australia sponsored product(s).
 - ii. Regulated through the [TGA](#) (AUST L/AUST R)
- i) Athletes are ultimately responsible for any substances ingested or injected - in terms of complying with the [World Anti-Doping Code](#) and the principle of strict liability.

6. Education

- a) Athletes, coaches and contracted or State Institute or Academy of Sport performance service providers supported by NASS (or working with NASS athletes), in Junior programs (or working with junior programs) are required to complete the SIA e-learning modules, which provide [anti-doping and supplement education](#).
- b) Individuals with education obligations, and the details of these requirements are outlined below;

	SIA e-Learning module(s)			
	Level 1	Level 2	Coach Course	Medical Support Course
NASS, National Senior, Para team members	✓	✓ annually or prior to team departure		
National Target Talent Program, Youth, Junior team members	✓	✓ annually or prior to team departure		
AA employed or contracted coaches, NASS personal coaches and Junior/Para/Senior team member personal coaches	✓	✓ annually or prior to team departure	✓ coaches	
AA corporate staff, contractors, consultants and Board members	✓			
AA Member Association staff, contractors and consultants	✓			
Team official appointed by AA to any national team	✓	✓ annually or prior to team departure	✓ coaching officials	✓ medical officials
Any other staff member, consultant, contractor or person in any way appointed or otherwise engaged with AA HP program	✓	✓ annually or prior to team departure	✓ coaching personnel	✓ medical personnel

Responsibilities:

The Chief Medical Officer, High Performance Nutrition Lead, High Performance Services Manager, High Performance Director, Integrity Officer and Integrity Unit Education Officer are responsible for developing, maintaining, monitoring and implementing the policy.

Failure to comply with this policy will result in suspension from involvement in the team, program or activity and may if not addressed immediately involve removal therefrom. Further sanctions or penalties may be provided for individual contracts or agreements or within AA's constitutional documents.

Questions:

Should any NASS athlete or coach wish to implement or have any questions regarding a supplement program they should discuss this first with the AA Chief Medical Officer or their State Institute or Academy of Sport Doctor. This may then be referred off to the AA Sports Supplementation Panel for further discussion and consideration.

7. Procedures:

a) Performance supplement application – please refer to relevant form

[Athletics Australia Performance Supplement Application Form](#)

Appendix A – AIS Group A Medical and Performance Supplements

Source: https://ais.gov.au/data/assets/pdf_file/0004/698557/AIS-Sports-Supplement-Framework-2019.pdf

Overview of category	Sub-categories	Examples
<p>Evidence level: Supported for use in specific situations in sport using evidence-based protocols.</p> <p>Use within Supplement Programs: Provided or permitted for use by some athletes according to Best Practice Protocols</p>	<p>Sports foods Specialised products used to provide a convenient source of nutrients when it is impractical to consume everyday foods.</p>	<p>Sports drink</p> <p>Sports gel</p> <p>Sports confectionery</p> <p>Sports bar</p> <p>Electrolyte supplement</p> <p>Isolated protein supplement</p> <p>Mixed macronutrient supplement (Bar, powder, liquid meal)</p>
	<p>Medical supplements Supplements used to prevent or treat clinical issues including diagnosed nutrient deficiencies. Best used with advice from an appropriate medical/nutrition practitioner.</p>	<p>Iron supplement</p> <p>Calcium supplement</p> <p>Multivitamin supplement</p> <p>Vitamin D supplement</p> <p>Probiotics</p>
	<p>Performance supplements Supplements/ingredients that can support or achieve an enhancement of sports performance. Best used with an individualised and event-specific protocol, with the advice of appropriate sports science/nutrition practitioner</p>	<p>Caffeine</p> <p>B-alanine</p> <p>Bicarbonate</p> <p>Beetroot juice/Nitrate</p> <p>Creatine</p> <p>Glycerol</p>

Appendix B – AIS Group B Supplements

Source: https://ais.gov.au/data/assets/pdf_file/0004/698557/AIS-Sports-Supplement-Framework-2019.pdf

Overview of category	Sub-categories	Examples
<p>Evidence Level: Deserving of further research and could be considered for provision to athletes under a research protocol or case-managed monitoring situation</p> <p>Use within Supplement Programs: Provided to athletes within research or clinical monitoring situations.</p> <p>Note that some of the products currently listed in Group B have been included due to their interest by Key Stakeholders.</p> <p>Our new Evidence Map approach will aim to better define the scientific support for these products</p>	<p>Food polyphenols Food compounds which may have bioactivity including antioxidant and anti-inflammatory properties. May be consumed in food forms or as isolated chemicals.</p>	<p>Cherries, berries and black currants</p> <p>Quercetin, ecgc, epicatechins & others</p>
	<p>Other Compounds which attract interest for potential benefits to body metabolism and function</p>	<p>Collagen support products</p> <p>Carnitine</p> <p>HMB</p> <p>Ketone supplements</p> <p>Fish oils</p> <p>Phosphate</p> <p>Circumin</p>
	<p>Sick Pack Multi-supplement approach to address an issue or health or well-being Best used with advice from an appropriate medical/nutrition practitioner</p>	<p>Zinc lozenges and Vitamin C</p>
	<p>Amino Acids Constituents of protein which may have effects when taken in isolation, or may be consumed individually by the athlete to fortify an existing food/supplement that is lacking in this amino acid.</p>	<p>BCAA/Leucine</p> <p>Tyrosine</p>
	<p>Antioxidants Compounds often found in foods which protect against oxidation or reactions with free-radical chemicals. May be consumed in food forms or as isolated chemicals</p>	<p>Vitamin C & E</p> <p>N-acetyl cysteine</p>