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AGENDA: PREVENTION OF ABUSE OF BANNED SUBSTANCES IN SPORTS

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Letter from Executive Board

Dear Delegates,

It is an honor to be serving as the Executive Board of the United Nations Commission on Narcotic Drugs at TWMUN'20.

Please consider that the aim of this guide, as the name suggests, is to provide you with the background of the agenda solely. Your real research lies beyond this guide and we hope to see strong content and debate in the conference. The topic under discussion is, "Prevention of abuse of banned substances in sports." The agenda at hand is a highly sensitive and relevant issue, and a successful discussion on it would entail the collective participation of all of you. As far as the direction of the committee is concerned, it shall be entirely your prerogative.

Also apart from simple knowledge of facts and figures that you gain while researching, analyzing and connecting to the same on a more intellectual and emotional level is necessary while approaching a crisis like this.

Lastly, put your best foot forward as you research into the varied aspects of the agenda and display the best of your diplomatic courtesy. Feel free to revert to the executive board for any queries or for any form of assistance that you may require. Wishing you luck for the conference.

Looking forward to meeting you all!

Angad Singh

Chairperson

Manas Prabhutendolkar

Vice Chairperson

Abhishek Girish

Rapporteur

UNCND- Introduction and Mandate

Introduction

Perpetuating a comprehensive international strategy for narcotic drugs control was a primary concern following World War 2 and the establishment of the UN, and in 1946, the newly constituted Economic and Social Council (ECOSOC) established the Commission on Narcotic Drugs (CND) through resolution 9 (1) to advise it and provide recommendations on drug policy.¹ The modern CND is mainly defined around three treaties: the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).² The Single Convention was named in this manner because it combined and superseded all pre-existing drug control treaties. While earlier drug control treaties had largely been limited to controlling the supply of narcotics and limiting their usage to medical and research purposes, from the 1970s onwards demand reduction began to take a more prominent role in the language of international treaties. ” The 1961 and 1971 Conventions, along with the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), form the base of the international drug control framework, of which CND is the central body.

Structure, Governance and Membership

There are 53 members of CND, with six for Eastern Europe, 10 for Latin America, 11 seats each reserved for African and Asian states, and 14 for Western Europe and others. The remaining seat rotates between Asian and Latin American or Caribbean states every four years.³ It is mandatory that members are party to the 1961 Single Convention on Narcotic Drugs, and “adequate representation” must be ensured and further guaranteed for Member States that are either key producers of opium or coca leaves, where the use of illicit narcotics is particularly concerning, or key places

¹ <https://www.unodc.org/unodc/en/commissions/CND/index.html>

² <http://vngoc.org/wp-content/uploads/2018/02/Guide-to-CND-2018.pdf>

³ <https://www.unodc.org/unodc/en/commissions/CND/Membership/Membership.html>

where illicit narcotics are found to be manufactured. Members of CND are elected by an organizational session of ECOSOC.

Mandate, Functions and Powers

CND's mandate is to “monitor the world drug situation, develop strategies on international drug control and recommend measures to combat the world drug problem, including through reducing demand for drugs, promoting alternative development initiatives, and adopting supply reduction measures.”⁴ Like many older UN agencies, the mandate of CND has developed and come up over time. The original mandate, as put out in ECOSOC resolution 9(1) called for the new body to assist ECOSOC, supervise existing narcotics control treaties, and make recommendations on narcotic drug control problems the world faces today. This means that CND has always had a functional, operational aspect to its mandate, in addition to a normative policy making mandate. However, it was only in 1999 was this split in roles only clarified and made official with the adoption of ECOSOC resolution 1999/30, which requires CND to structure its agenda into two distinct sections: a normative section, centered around policy issues and the upholding of treaties, and an operational section, where it exercises its role as the governing body of UNODC. As a governing body, CND is responsible for administrative and budgetary matters of the UNODC, as well as overseeing matters of strategic importance. This means that the CND is recognized as the central drug policy making organ of the UN, makes suggestions as to the direction of UNODC policy, and offers guidance on strengthening its programs during sessions concerning the first part of its agenda. UNODC, meanwhile, focuses more on illicit drug markets, working with governments on cooperating with police, reducing demand and tackling organized crime. CND works closely with both bodies; as governing body of UNODC, CND approves the International Drug Control Program Fund, which accounts for 90% of

⁴https://www.unodc.org/unodc/en/commissions/CND/Mandate_Functions/Mandate-and-Functions_index.html

UN for Drug Control Resources, and for the International Narcotics Control Bureau (INCB), CND works in an advisory capacity. CND's mandate was further shaped in 2009 during the annual meeting's high-level segment. CND is named as the UN body that should play the main role in encouraging and assisting Member States in implementing the Plan, and is also tasked with developing new 'indicators and instruments' by which to measure the extent of the global drug problem. Primarily, this kind of a Plan itself is focused on reducing both demand and supply, steps Member Nations should take to achieve this, and aims to eliminate both the demand and supply of illicit drugs.

History of the Agenda

Doping is older than organized sports and Ancient Greek Olympic athletes dating back to the 3rd century BC used different types of brandy and wine concoctions and ate hallucinogenic mushrooms and sesame seeds to enhance performance. Initially, different plants were used to improve speed and performance, while others were taken to reduce pain, allowing injured athletes to continue competing. Nonetheless, even in ancient times, doping was considered immoral and unprofessional. For example, in ancient Greece, identified cheaters were sold into slavery.

The current era of doping dates to the early 1900s, with the beginning of unauthorised drugging of racehorses. 1904 was the first time its use was reported in the Olympics. Until the 1920s, mixtures of cocaine, strychnine, caffeine and heroin were occasionally used by higher level athletes. The first set of comprehensive rules to prevent doping in sports competitions were released in 1928, when the International Association of Athletics Federation (IAAF), the governing body for track and field, became the first international sporting organization to officially ban doping amongst competing athletes. It was only in the 1930s that steroids themselves came into the picture, primarily to treat hypogonadism, a medical condition in which the body

produces insufficient testosterone for bodily development and regular sexual function. With the fall of the Berlin Wall, the East German government's program of giving PEDs to young elite athletes was made public. Many in the sporting world had long questioned the remarkable success of the East German athletes, particularly the females, and their rapid rise to dominance in the Olympics.⁵ Young female athletes were reported to have experienced more performance enhancement than did male athletes. Unfortunately, they also suffered significant and delayed side effects, including reports of early death in three athletes. To avoid detection, various parties have developed ever more complicated doping techniques. Further, new doping strategies may result from advances in scientific research that can lead to the discovery and use of substances that may later be banned. Over the last 150 years, no sport has had more high-profile doping allegations than cycling. But, there have also been some sports where doping hasn't been much prevalent.

Numerous sports organizations have banned the use of PEDs and have very strict rules, regulations and consequences for people who are caught using them. The International Association of Athletics Federations was the first international governing body of sport to take the situation seriously.⁶ In 1928, they banned participants from doping, but with little in the way of testing available, they had to rely on the word of athletes that they were not doping which became quite problematic. But, it was not until 1966 that the Federation Internationale de Football Association (FIFA)⁷ and Union Cycliste Internationale (UCI) joined the International Association of Athletics Federations in the fight against drugs, closely followed by the International Olympic Committee (IOC) the following year.

However, the first time actual drug testing of athletes took place was at the 1966 European Championships, and 2 years later the IOC implemented their first drug tests at both the Summer and Winter Olympics. While the fight against stimulants and

⁵ <https://pubmed.ncbi.nlm.nih.gov/9216474/>

⁶ <http://www.iaaf.org/about-iaaf/medical-anti-doping>

⁷ <http://www.fifa.com/aboutfifa/footballdevelopment/medical/news/newsid=514062/index.html>

steroids was working to a significant extent ⁸, the main front in the anti-doping war was rapidly shifting to blood doping. This removal and subsequent reinfusion of an athlete's blood in order to increase the level of oxygen-carrying hemoglobin has been practiced since the 1970s. Blood Doping was banned by the IOC in 1986 but In the 1970s and 1980s, there were suspicions of state-sponsored doping practices in some countries. The former German Democratic Republic substantiated these suspicions. ⁹Anabolic steroids became even more prevalent during the 1970s, and after a method of detection was found, they were added to the IOC's prohibited substances list in 1976.

The 1998 drug scandal of the Tour de France¹⁰, a highly competitive and renowned international cycling tournament, highlighted once more the detrimental prevalence of PED(Performance Enhancing Drugs) consumption amongst competitive athletes. First, a car belonging to the Festina cycling team was found with large quantities of various drugs and stimulants onboard. This discovery led to a mass detainment, resulting in a confession from the team director that the entire team had been routinely consuming banned substances. As years passed by, many athletes, both retired and acting, came forward about their performance-enhancing drug use. The Tour de France scandal highlighted the need for an independent, nonjudicial international agency that would set unified standards for anti-doping work and coordinate the efforts of sports organizations and public authorities. The IOC took the initiative and convened the First World Conference on Doping in Sport in Lausanne in February 1999. Following the proposal of the Conference, the World Anti-Doping Agency (WADA) was established later in 1999.

⁸

http://www.olympic.org/Documents/Reference_documents_Factsheets/Fight_against_doping.pdf

⁹

<http://www.wada-ama.org/en/about-wada/history/>

¹⁰

https://scholar.google.com/scholar_lookup?title=The+Story+of+the+Tour+de+France&author=B+McGann&author=C+McGann&publication_year=2006&

Prohibited Substances and Methods in Sports

Following the adoption of the first World Anti-Doping Code (the Code) at the 2nd World Conference on Doping in Sport in March 2003 in Copenhagen, Denmark, WADA assumed the responsibility of maintaining, updating, and publishing the List of Prohibited Substances and Methods (the List) in sport. The List is one of the five International Standards developed under the Code to ensure harmonization and best practice of the anti-doping program. The List is updated and published by WADA at least annually.

In compliance with the Code, a substance or method has to fulfill at least two of the following three criteria to be considered for inclusion in the List:

1. Potential to enhance or proof of enhancing sports performance;
2. Evidence of a potential or actual health risk to the athlete;
3. Use violates the spirit of sport as described in the Code.

The first two criteria listed clearly have a scientific and medical basis while the third is rooted in ethical and societal perspectives. Therefore, the Prohibited List Committee may have to occasionally consult WADA's Ethical Issues Expert Panel. An example can be found during the discussions concerning the possible inclusion of artificially induced hypoxic conditions in the List. In this case, the Prohibited List Committee determined that artificially induced hypoxic conditions could be performance-enhancing, but it did not seem to represent a significant risk for athletes' health. The Ethical Issues Expert Panel had therefore to be consulted on the third criteria.

In addition to the aforementioned group of substances and methods, any drug or method capable of masking the use of a prohibited substance or method is also included in the List.

Categories and subcategories under the List

Categories

The categories of Substances included in the latest List are Non-approved substances; Anabolic agents; Peptide hormones, growth factors, and related substances; Beta-2-agonists; Hormone antagonists and modulators; Diuretics and other masking agents; Stimulants; Narcotics; Cannabinoids; Glucocorticosteroids; Alcohol; and Beta-blockers. The prohibited Methods are Enhancement of oxygen transfer, Chemical and physical manipulation, and Gene doping.

Timing of prohibition and sports specificities

The substances and methods on the List are prohibited during certain periods of time. Anabolic agents, peptide hormones, growth factors and related substances, beta-2-agonists, hormone antagonists and modulators, diuretics and other masking agents, as well as all the methods are prohibited both in- and out-of-competition in all sports. On the other hand, stimulants, narcotics, cannabinoids, and glucocorticosteroids are only prohibited in-competition in all sports. Finally, substances like alcohol and beta-blockers are prohibited in certain sports only, either at all times or in competition. Both these substances would have detrimental effects in the majority of sports, but may prove beneficial for a handful of disciplines. Therefore, it is considered unnecessary to ban them in all sports.

Non-specified and specified substances and methods

From 2003 until 2008, the Prohibited List identified a group of substances as being “specified”. This group included, for example, most beta-2-agonists, cannabinoids, glucocorticosteroids, and several stimulants. The basis for this distinction was that these substances could cause unintentional anti-doping rule violations because of their general availability in medicinal products or because they were less likely to be successfully abused as doping agents. The definition of what constitutes a specified or

non-specified substance or method changed with the revised version of the Code in 2009. The Code currently defines that anabolic agents, hormones, certain stimulants and hormone antagonists, or other substances identified on the List as well as all methods, are non-specified. All other substances not falling into this category are considered specified. Although the terminology is equal to that used in the original version of the Code, the concept is slightly different. In the 2009 Code the definition of a specified substance is based on the application of Article 10 of the Code with respect to Sanctions to Individuals rather than on the availability or ergogenic properties of the substance or method. As such, depending on the doping case, a specified substance may or may not carry a lesser sanction than a non-specified one.

Open and closed classes

Most classes of substances and methods included in the List are open. There are several reasons for doing this. For example, the thousands of names of substances comprised under the different classes would require the publication of a List composed of hundreds of pages, which would be impractical for quick consultation. In addition, it would require constant updating of the List as there are new pharmaceutical or street drugs under those categories that come into the market periodically each year. It would also mean that a new designer drug would not be considered prohibited, as it would not be included in the List by name or even by function. To solve this problem, only a handful of representative examples are presented in the List; all other substances or methods under those classes are covered by sentences such as “...and all other substances with similar chemical structure or similar biological effect(s)”, “including but not limited to...”, or “and their releasing factors (when referring to prohibited substances that can be produced endogenously)”

An open category allows any new designer substance found or suspected to be abused by athletes or any newly approved pharmaceutical drug to be automatically prohibited if its structure or biological effects are similar to the examples listed, without the need to wait and prove that it is successfully used as a doping agent.

Only endogenous anabolic androgenic steroids and narcotics are closed classes. In the first case, the number of endogenous anabolic steroids is limited, and they are known entities. In the case of narcotics, only the most potent and addictive substances are considered doping substances under this class

Nomenclature

Although the content of the List is scientific in nature, it is not intended to be exclusively accessible to the medical and scientific community.

The List should also be easy to read and to understand by athletes and their entourage whenever they wish to consult to find out whether a substance or method is prohibited. The List should also be an educational tool for the general public, including recreational athletes, schoolchildren, and parents.

Therefore, in several cases both the common and the chemical (international non-proprietary name-INN) names are included in the List.

Examples of these are some anabolic androgenic steroids [e.g., tetrahydrogestrinone (18 α -homo-pregna-4,9,11- trien-17 β -ol-3-one); boldione (androsta-1,4-diene-3,17-dione); prasterone (dehydroepiandrosterone, DHEA)], synthetic hormones [e.g., CERA (methoxy polyethylene glycol-epoetin beta)], substances present in nutritional supplements [e.g., androstatrienedione (androsta-1,4,6-triene-3,17-dione); 6-oxo (4-androstene-3,6,17 trione)], and stimulants [e.g., carphedon (4-phenylpiracetam)]

Monitoring Program

The Monitoring Program was established to detect patterns of misuse of substances not included in the List. The substances in the Monitoring Program are published by WADA in a document separate from the List. The laboratories have to test for and

report these substances, but the athlete is not sanctioned if the sample contains such substance(s).

The trends are compiled and analyzed and if there is enough evidence of abuse, the substance is introduced onto the List.

An example of the latter can be found in pseudoephedrine. This common cold medication was included in the IOC Prohibited List, but it was later withdrawn because of its ubiquity in over-the-counter medications and the lack of performance enhancing benefits at therapeutic doses. However, the Monitoring Program demonstrated for several years that the use of pseudoephedrine had steadily increased at higher, supratherapeutic doses in certain countries and sports. These results prompted the Prohibited List Committee to consider reintroducing pseudoephedrine to the List. Before doing so, WADA conducted clinically controlled excretion studies to determine the urinary threshold value that is incompatible with the use of the drug for therapeutic purposes. As a result, pseudoephedrine was reintroduced in the 2010 List, prohibited at urinary concentrations above 150 µg/mL.

Other substances such as caffeine, synephrine, phenylephrine, phenylpropanolamine, pipradol, and bupropion still remain under monitoring . Bupropion, for example, has been shown in several studies to have beneficial effects for exercise tolerance to heat. Therefore, WADA is closely monitoring this drug, but so far there have been no signs of abuse, including during major summer competitions. As a result, bupropion remains in the Monitoring Program

Performance Effects of usage of banned substances by Athletes

Simply put, PEDs have the ability or potential to drastically alter the human body and biological functions, including the ability to considerably improve athletic performance in certain instances. Every class of PED has a different performance enhancing effect.

Androgens

Androgens include exogenous testosterone, synthetic androgens (eg, danazol, nandrolone, stanozolol), androgen precursors (eg, androstenedione, dehydroepiandrosterone), selective androgen receptor modulators, and other forms of androgen stimulation. The latter categories of substances have been used by athletes in an attempt to increase endogenous testosterone in a way that may circumvent the ban enforced on natural or synthetic androgens by WADA.

Amounts of testosterone above those normally found in the human body have been shown to increase muscle strength and mass.

Growth hormone and growth factors

Growth hormone and growth factors are also banned by WADA. Research shows recombinant human growth hormone to increase muscle mass and decrease adipose tissue.

One representative study randomized male recreational athletes to growth hormone 2 mg/day subcutaneously, testosterone 250 mg weekly intramuscularly, a combination of the two treatments, or placebo. Female recreational athletes were randomized to growth hormone 2 mg daily or placebo. In both males and females, growth hormone was associated with significantly decreased fat mass, increased lean body mass, and improved sprint capacity (although with no change in strength, power, or endurance).

Sprint capacity improvement was even greater when growth hormone and testosterone were coadministered to males.

Stimulants

Stimulants include amphetamine, D-methamphetamine, methylphenidate, ephedrine, pseudoephedrine, caffeine, dimethylamylamine, cocaine, fenfluramine, pemoline, selegiline, sibutramine, strychnine, and modafinil. Research has shown stimulants to improve endurance, increase anaerobic performance, decrease feelings of fatigue, improve reaction time, increase alertness, and cause weight loss. Of note, while WADA bans stimulants as a class, it does allow use of caffeine.

Methods to increase oxygen transport

Substances athletes use to increase oxygen transport include blood transfusions, erythropoiesis-stimulating agents such as recombinant human erythropoietin and darbepoetin alfa, hypoxia mimetics that stimulate endogenous erythropoietin production such as desferrioxamine and cobalt, and artificial oxygen carriers. Transfusions and erythropoiesis-stimulating agents have been shown to increase aerobic power and physical exercise tolerance

Other recreational drugs

Other recreational drugs that may be used in an attempt to enhance performance include alcohol, cannabinoids, narcotics, and nicotine. WADA does not currently ban nicotine but bans cannabinoids and narcotics. Alcohol is banned in six sports during

competition only. All of these substances may be used by athletes to reduce anxiety, which may be a form of performance enhancement, but there is little research looking at actual performance enhancement from these agents. Narcotics are used to decrease pain while practicing or playing. Nicotine may enhance weight loss and improve attention.

Beta agonists

There is debate as to whether beta-2 adrenergic agonists, for example, albuterol, formoterol, and salmeterol, are ergogenic. There is anecdotal evidence of improvements in swimmers who use these substances prior to racing. Additionally, oral beta agonists may increase skeletal muscle, inhibit breakdown of protein, and decrease body fat

Beta blockers

Beta blockers such as propranolol result in a decreased heart rate, reduction in hand tremor, and anxiolysis. These effects may be performance-enhancing in sports in which it is beneficial to have increased steadiness, such as archery, shooting, and billiards.

Other prescription drugs

Diuretics and other masking agents may be used as doping agents. Diuretics can result in rapid weight loss such that they may be used for a performance advantage in sports with weight classes, such as wrestling and boxing. Diuretics may also be used to hasten urinary excretion of other PEDs, thereby decreasing the chances that athletes will test positive for other banned substances that they may be using. Masking agents in general conceal prohibited substances in urine or other body samples, and include

diuretics, epitestosterone (to normalize urine testosterone to epitestosterone ratios), probenecid, 5-alpha reductase inhibitors, and plasma expanders (eg, glycerol, intravenous administration of albumin, dextra, and mannitol)

Side Effects of using such substances

Just as there are a myriad of different performance enhancing drugs, there are also a myriad of diverse health effects that can stem from the use of those drugs.

It is presumed that most if not all doping agents have potential short-term and/or long-term side effects. Unfortunately, given the high doses of these agents used by athletes, it is difficult to confirm such effects. It would be unethical to give dosages as high as those used by athletes for performance enhancement effects to participants in research studies. Knowledge about side effects may be gleaned from empirical observation, reports of admitted users, and effects in patients prescribed such agents for medical conditions.

Androgens (eg, testosterone, danazol, nandrolone, stanozolol)

- Reproductive: diminished spermatogenesis and gynecomastia in men, decreased fertility, decreased testicular size, possible benign prostatic hypertrophy or prostate cancer
- Cardiovascular: decreased high-density lipoprotein cholesterol, increased low-density lipoprotein cholesterol
- Hepatic: hepatotoxicity
- Neuropsychiatric: depression, mania, psychosis, aggression
- Other: hastened epiphyseal closure in adolescents, acne, hirsutism, temporal hair recession, clitoromegaly, voice deepening, and oligomenorrhea/amenorrhea in women, infections (abscesses at injection sites, septic arthritis, and hepatitis/human immunodeficiency virus from sharing

needles), tendon rupture

Growth hormone and growth factors (eg, insulin-like growth factor, insulin)

- Insulin resistance, hyperglycemia, diabetes mellitus, cardiomegaly, hastened epiphyseal closure in adolescents, myopathy, hypertension, edema, carpal tunnel syndrome

Stimulants (eg, amphetamine, D-methamphetamine, methylphenidate, ephedrine, pseudoephedrine, caffeine, cocaine)

- Hypertension, tachycardia, myocardial infarction, stroke, heat stroke, weight loss, rhabdomyolysis, headache, nausea, tremor, insomnia, anxiety/panic attacks, agitation, aggression, psychosis

Methods to increase oxygen transport (eg, blood transfusions, recombinant human erythropoietin, darbepoetin alfa)

- Myocardial infarction, stroke, deep vein thrombosis/pulmonary embolism, hypertension, antibody-mediated anemia

Other recreational drugs

- Alcohol: sedation, decreased concentration and coordination
- Cannabinoids: reduced alertness, impaired short-term memory, psychomotor retardation, dysphoria, anxiety, psychosis
- Narcotics: physical dependence, nausea/vomiting, constipation, decreased concentration and coordination, fatigue
- Nicotine: chronic use associated with cardiovascular disease, chronic obstructive lung disease, and many types of cancer

Beta agonists (eg, albuterol, formoterol, salmeterol)

- Tachycardia, arrhythmias, hypokalemia, hyperglycemia, tremor

Beta blockers (eg, propranolol)

- Bradycardia, increased airway resistance, decreased endurance

Other prescription drugs

- Diuretics and other masking agents: dizziness, muscle cramps, rash, gout, renal insufficiency, electrolyte imbalances, gynecomastia (spironolactone)
- Glucocorticoids: hyperglycemia, fluid retention, depression, mania, psychosis, chronic use may result in reduced muscle mass/weakness, osteoporosis, diabetes mellitus, hypertension, weight gain, central obesity, and cataracts

Drug Testing, Rules that need to be followed and Organisations responsible

Drug testing typically occurs only in organized, competitive sports. Elite athletes competing at international and national levels are subject to standardized anti-doping guidelines under the auspices of WADA and related national organizations. WADA is the international independent agency that publishes the World Anti-Doping Code, which is the document harmonizing anti-doping policies in all sports and all countries. The Code sets forth specific anti-doping rules and principles that are to be followed by the anti-doping organizations responsible for adopting, implementing, or enforcing anti-doping rules within their authority, including the IOC, International Paralympic Committee, international sport federations (for example, the International Cycling Union), major event organizations, and national anti-doping organizations (for example, the US Anti-Doping Agency).

WADA revises and publishes its list of banned substances approximately annually. It specifies those banned substances and methods that are prohibited at all times (both in-competition and out-of-competition) because of their potential to enhance

performance in future competitions or their masking potential, and those substances and methods that are prohibited in-competition only. The list may be expanded by WADA for a particular sport.

WADA has also taken the lead in the development of the athlete biological passport concept. WADA's athlete biological passport operating guidelines took effect in 2009. The fundamental principle of the athlete biological passport is based on the monitoring of selected parameters over time that indirectly reveal the effect of doping, as opposed to the traditional direct detection of doping by analytical means. This concept gained momentum as a result of questions raised during the 2006 Olympic Winter Games surrounding suspensions of athletes by their federations following health checks that reported high hemoglobin levels. An athlete's passport purports to establish individual baseline hormone/blood levels, which are monitored over time for significant changes. A positive test result would consist of too dramatic a change from the established individual baseline. This approach is intended to protect athletes from false-positive tests resulting from naturally occurring high levels of endogenous substances, while catching those attempting to cheat by using naturally occurring substances.

In the event that an athlete and his or her medical providers feel it necessary, for documented medical reasons, that he or she continue to take a banned substance, WADA may consider granting a therapeutic use exemption, a concept mentioned earlier. A therapeutic use exemption must be on file before an athlete tests positive for the substance allowed by that therapeutic use exemption.

World Anti-Doping Agency (WADA)

The World Anti-Doping Agency (WADA) was established in 1999 as an international independent agency composed and funded equally by the sport movement and governments of the world. Its key activities include scientific research, education, development of anti-doping capacities, and monitoring of the World Anti-Doping Code (Code) – the document harmonizing anti-doping policies in all sports and all countries.

Following the creation of the World Anti-Doping Code (Code) in 2004, WADA was tasked with overseeing activities in a number of key areas:

Code Compliance Monitoring

Overseeing acceptance, implementation and compliance of the Code, the core document that glues together anti-doping policies, rules and regulations worldwide.

Education

Preventative methods such as values-based education programs targeted at young athletes, coaches, doctors, training and parents on the dangers and consequences of doping, as well as the legal and social ramifications, are increasingly prevalent in anti-doping programs.

Science and Medicine

Scientific research, publishing the annual List of Prohibited Substances and Methods, and managing laboratory accreditation, Therapeutic Use Exemptions (TUEs) and the Athlete Biological Passport (ABP).

Anti-doping Coordination

Coordinating anti-doping activities globally through the central clearinghouse Anti-Doping Administration & Management System (ADAMS).

Global Anti-doping Development

Through its Regional Anti-Doping Organization (RADO) program, WADA is developing a clean sport culture in parts of the world previously untouched by anti-doping programs.

Athlete Outreach

Engaging with athletes, their entourage and all those involved in sport on the world stage, WADA's Athlete Outreach program aims to raise awareness while ensuring athletes are involved and part of the solution.

Cooperation With Law Enforcement

Working closely with government, law enforcement and Anti-Doping Organizations (ADOs) in order to facilitate evidence gathering and information sharing.

Other Initiatives

Conducting a wide range of other activities including Independent Observer Missions at major sports events.

Past International Involvement

Apart from a few rare exceptions, the world has come together as one in the efforts of anti doping. As mentioned previously, in 1967, the IOC was the first international organization to release an official statement about the establishment of a medical commission specifically designed to combat doping in sports. This commission is guided by 3 fundamental principles:

- a) To protect and take care of the health of athletes;
- b) To maintain respect for medical and sports values and ethics;
- c) To ensure fairness and equality for all competing athletes.¹¹

Ever since its inception in 1894, the IOC has been leading the fight against performance-enhancing drugs. The 1972 Summer Olympics in Munich, Germany was the first time The committee implemented its first full-scale testing system. Moreover, The United Nations Educational, Scientific, and Cultural Organization (UNESCO) has taken a harsh stance on the issue of steroid and stimulant consumption, particularly amongst youth. UNESCO adopted the International Convention against Doping in Sport on October 19, 2005, giving a direct response to prior concerns raised by numerous groups in the world.¹² The Convention itself symbolized the first application of international law and preventive jurisdiction to the unethical act of doping. It entered into force on February 1, 2007, and has become not only the most successful piece of UNESCO legislation in terms of international impact, but also the second-most ratified treaty in the organization. The provisions of this document urges its signatories to:

- 1) Encourage producers and distributors of nutritional supplements to establish ‘best practice’ in the labelling, marketing and distribution of products which might contain prohibited substances;

¹¹ <https://www.olympic.org/the-ioc>.

¹² <http://www.unesco.org/new/en/social-and-humansciences/themes/anti-doping/international-convention-against-doping-in-sport/>

- 2) Support the provision of anti-doping education to athletes and the wider sporting community. Alongside this convention, a Fund for the Elimination of Doping in Sport was proposed and created by UNESCO in 2008 to aid in the development of anti-doping projects;
- 3) Withhold monetary support from athletes and athlete support personnel who violate an anti-doping rule, or from sporting organizations that are not in compliance with the Code;
- 4) Facilitate doping controls and act support national testing programmes;
- 5) Limit the availability of prohibited substances or methods to athletes (except for legitimate medical purposes) including measures against trafficking.

The main purpose of this fund is to focus on education projects targeting youth and to distribute policy advice and mentorship to sports organizations through ongoing capacity-building initiatives.

Current Situation

As observed many a time, there is a heavy focus on physical enhancement and is greatly perpetuated in sports; whether it be in soccer, swimming, cycling, or baseball, over 3,000 athletes across an array of competitions are banned each year because of positive drug tests. ¹³The need for both economic and social capital creates an environment predisposed to intense competition and rampant cheating. Many athletes will, without a doubt, prioritize the success and glory associated with winning over the ethical problems raised by the methods used to succeed; a relatively insignificant one-to-six-month ban from a competitive category pales in comparison to the prestige, fame and respect that can be attained through doping. In fact, doping in the lovely sport of cycling has come to become so normal now that those individuals who choose to refrain from consuming anabolic steroids are placed at a significant

¹³ Roomy Khan, "Doping In Sports - Cheating Or Leveling Of The Playing Field?" Forbes, February 20, 2018, <https://www.forbes.com/sites/roomykhana/2017/12/31/doping-in-sports-cheating-or-leveling-of-the-playing-field/#72272ead75ec>

disadvantage because they may now represent a small minority in their sport. This societal norm has influenced many youths in the sport. For example, Gabriel Evans, a teen cyclist who was caught doping, justified his consumption of performance-enhancing drugs by stating that he was simply emulating his athletic idols. Doping is also a common pre-competing practice in track and field, as revealed by the high-profile investigation of Ben Johnson, a Canadian sprinter, and his alleged doping at the 1988 Seoul Olympic Games. Despite many legal measures, current detection and regulation methods are unable to prevent or counter the widespread use of PEDs in competitive sports.¹⁴ Mass spectrometry is a long-established technique that is commonly used to detect drug consumption. The method entails ionizing urine samples to search for unique “fingerprints” that vary in pattern depending on the steroid present in the sample. The issue with this current form of prevention is that it can sometimes miss small dosages; minute amounts of drugs are often not enough to be read on the biological sample. Mandatory testing itself has also faced significant backlash from athletes; many competitors feel as if they are being forced to undergo invasive examination unnecessarily. In many countries, national sports teams play an important role in instilling national pride and unity and are deeply embedded in the sociocultural fabric of the state. Under such circumstances, classified athletic doping is secretly funded by the government¹⁵ to maximize the chances of winning at international-level contests. In extreme cases, such drug programs may disregard the consent of the athletes themselves, creating a system of doping that is highly secretive, corrupt, and abusive. Societal views on the morality of performance-enhancing drugs are shifting alongside an increase in awareness on the matter of substance-induced enhancement. While many still believe that PEDs create an unfair advantage that undermines the core construct of the sports industry, there are some who contend that such corruption is inevitable in a time of scientific and pharmaceutical advancement, and that it is impossible to completely eradicate PED consumption among athletes. There is a dilemma on a global scale because each sport

¹⁴ <https://sportsanddrugs.procon.org/view.timeline.php?timelineID=000017>

¹⁵ , <https://globalnews.ca/news/3897918/russian-olympic-team-banned-from-2018-winter-games/>

has a large number of different policies surrounding doping; this lack of solidarity and agreement, whether it be regarding testing or punishment, creates loopholes that allow for some athletes to be banned on fraudulent or inaccurate grounds and others to cheat the system and remain free of legal prosecution.

Bloc Positions

States Taking An Active Stance Against Doping

Canada and the United States are two examples of countries part of this category, having taken the most national-level measures to combat doping. In the States, National sporting organizations such as the NFL and NASCAR have implemented strict mandatory testing regimes before competitions, and the country has established its own anti-doping agency to deal with problems that might occur at a domestic level. Canada has also been known to take many precautions due to a series of high-profile doping cases that resulted in suspensions of many athletes. Much like that of the USA, the Canadian Anti-Doping Program frames policies that uphold the guidelines and values of the WADA and are responsible to provide key steps for athletes to carry out ensuring that they do not violate regulations.¹⁶ Most other western nations join this category too and these states are likely to favour both mandatory and improved testing, as well as public awareness campaigns, being deeply committed to preventing doping in all spheres.

States Engaging in State-Sponsored Doping

People's Republic of China, The Russian Federation and Turkey are some countries that have been found to be falling in this category, reporting the largest number of offences in the global sporting community. Doping in Russia is said to be something very common. The Russian government has also been accused multiple times of obscuring state drug programs. Till date, Russia has had a total of 51 Olympic medals

¹⁶ <https://www.canadasoccer.com/the-canadian-anti-doping-program-p151943>

stripped off due to doping violations.¹⁷ Reportedly, from 2011 to 2015, a number as large as 1,000 Russian athletes in various events and categories, including the Olympics, happened to be covered up by the State despite going against the existing laws and guidelines. Something on a similar line, Turkey has faced criticism for its failure to comply with international anti-doping guidelines and this was observed after a widely-publicized drug scandal in 2013 when 31 of the national track-and-field team's athletes were suspended for doping and the IAAF considered banning Turkey from participating in the upcoming World Championships.¹⁸ China also famously conducted a state-sanctioned doping program involving Chinese athletes on national sports teams in the 1980s and 1990s. The majority of modern-day Chinese doping revelations have been concerned with swimming.¹⁹

States where Stringent Anti-Doping Laws Exist

Countries like Singapore fall in this category.²⁰ The age demographic of athletes from these countries who use performance-enhancing substances is far younger in comparison to those of other nations. The underground drug market is also prevalent in these nations. Many athletes in these countries obtain PEDs from unsanitary and unsafe sources, often leading to medical and health issues that are at times untreatable due to the unknown makeup of the consumed substances. These states, including many of those in the Middle East and Southeast Asia, favour harsh penalties for drug use, and are thus likely to support mandatory and improved testing as solutions to this issue.

¹⁷ <https://www.bbc.com/sport/45565273>

¹⁸ <https://www.telegraph.co.uk/sport/othersports/athletics/10168329/Drug-scandal-rocks-Turkey-who-could-be-thrown-out-of-World-Championships-as-dozens-of-athletes-test-positive.html>

¹⁹ https://en.wikipedia.org/wiki/Doping_in_China

²⁰ <https://www.susc.sg/anti-doping.html>

Questions to Consider

- 1) How should the IOC or the IAAF reprimand, penalize and ban athletes caught doping? Should these punishments be generalised or evaluated on a case-by-case basis?
- 1) Are current international and national organizations and frameworks efficiently addressing the problem of PED usage? Is there something that needs to be changed?
- 2) What policies have your country implemented to combat PED use? Have there been any reports and allegations of state-sponsored doping programs? What will your country do in the future about this?
- 3) Will continued use of PED have a detrimental impact on the health of athletes? What if this leads to the entire sports industry of a nation to move a step back?
- 4) To what extent is mandatory testing effective in detecting drug use?
- 5) How has doping shaped or changed the public's view of sports? Has a time come where people stop appreciating sports, thinking that everything is staged and sportspersons use unfair methods to achieve desired results?

Links for Further Research

- a) <https://www.iaaf.org/about-iaaf/documents/anti-doping>
- b) <http://www.unesco.org/new/en/social-and-human-sciences/themes/anti-doping/>
- c) <https://www.wada-ama.org/en/content/what-is-prohibited>
- d) <https://sportsanddrugs.procon.org/view.timeline.php?timelineID=000017>
- e) <https://www.bbc.com/sport/athletics/33997246>
- f) <https://www.forbes.com/sites/roomykhana/2017/12/31/doping-in-sports-cheating-or-leveling-of-the-playing-field/#72272ead75ec>
- g) http://www.olympic.org/Documents/Reference_documents/Factsheets/Fight

[against_doping.pdf](#)

Conclusion

This study guide probably hit you with a lot of content, but it has merely touched upon the base of a topic of huge magnitude. We thoroughly enjoyed researching and writing about these topics, but we certainly can't wait to hear you debate on the issues. Be as creative as you want with the arguments you present, the Executive Board will be paying full attention. This guide should only serve as the base for your research. Delegates are expected to delve deeper into topics linked to this issue. We expect each and every delegate to be well-versed with all aspects of the agenda, as well as your countries' stances with regards to the same. In committee, we hope to see some highly progressive debate, comprehensive ideas and solutions. Remember, the goal is to have fun and enjoy yourselves, whilst interacting with your fellow delegates and learning more. All of you are welcome to contact the Executive Board in case of any doubts, queries or if you'd just like to talk about anything regarding the committee or agendas. All the best!