

# **World Anti-Doping Code and aviation medical certification**

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# 1

## Introduction

◆ Air sports competitors are subject to both aviation medical rules and the new World Anti-Doping Program.

◆ Each air sport, e.g. soaring, airplane aerobatics, paragliding, etc., is governed by individual International Federation, who all are under umbrella of FAI (Fédération Aéronautique Internationale), which has a medical commission, **FAI-CIMP**.

# 2

## What is WADA?

- ◆ The World Anti-Doping Agency's \$21M budget is funded by governments (Japan \$1.5M, US \$0.8M, etc.) and Olympic Movement.
- ◆ Copenhagen Declaration on anti-doping 2003 has been signed by 105 governments in time for the Athens Games. UNESCO convention is in preparation, targeting the Turin Winter Games.
- ◆ Only sports that adopt WADA's World Anti-Doping Code can be included in the Olympic Games.

# 3

## How are the athlete pilots affected?

- ◆ FAI-CIMP accepted the Code in 2003, followed by FAI General Assembly.
- ◆ Whether or not a competition pilot needs an airman medical certificate (National or JAA), the pilot is subjected to the doping control by the Code.
- ◆ By the Code, an athlete pilot can be selected for out-of-competition doping control (often urine) at any time, anywhere!

# 4

## WADA Prohibited Substances List

◆ The list contains stimulants, narcotics, cannabinoids, anabolic agents, peptide hormones (incl. EPO), beta-2 agonists, anti-estrogenic agents, masking agents, glucocorticosteroids, blood doping, sample manipulation, and gene doping.

◆ FAI specifically allows **supplemental oxygen**, but prohibits alcohol and beta-blockers for in-competition use.

# 5

## Issues-1

### Prohibited List

◆ The Prohibited List is independent of aviation medical requirements. For example, most diuretics are considered as masking agents, which hinder urinal substance detection.

◆ Therapeutic Use Exemption is not valid if the sample urine contains a diuretic in association with sub-threshold levels of a Prohibited Substance.

◆ **Before subscription, make sure if the pilot is an athlete.**

◆ THG is now recognized.

# 6

## Issues-2

### Therapeutic Use Exemption

- ◆ To allow medical treatment, TUE process is instituted in the WADA Code.
- ◆ Use of inhaled beta-2 agonists or non-systemic corticosteroids has an abbreviated TUE process.
- ◆ Use of other medicine on the list needs TUE application to a TUE Committee.
- ◆ Inappropriate support by some national control agency is reported.

# 7

## Issues-3

### Who is in control?

◆ WADA, national anti-doping authority, international federation, and event organizer are all empowered, by the Code, to conduct control tests.

◆ Some of European countries have anti-doping regulations, and thus budget. In other areas, who is actually in charge of each test is not always clear.

◆ Who is paying? For example, Japanese government does not expend test fee.

# 8

## Conclusion

To comply with WADA Code and avoid losing a fit flyer in an air sport competition, Aviation Medical Examiners should;

- ✓ **Ask if an applicant plays in a competition.**
- ✓ **Monitor activities of each national anti-doping authority and air sport federation.**

➤ [www.wada-ama.org](http://www.wada-ama.org)

➤ [www.fai.org/medical/](http://www.fai.org/medical/)

# WORLD ANTI-DOPING CODE AND AVIATION MEDICAL CERTIFICATION

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**Introduction:** Some types of air sports are subject to aviation medical certification, some are not. Japanese government requests glider pilots to hold ICAO Class 2 medical certificate, FAA does not. But all air sports, which includes aeromodelling, parachuting, hot air and gas balloons, para-gliders, motor-paragliders, hang-gliders, motor-hang-gliders, gliders, motor-gliders, microlights, speed and precision flight airplanes/rotorcraft, aerobatic airplanes and gliders, as well as any other competition sport, are all subject to the World Anti-Doping Code. The World Code is developed by the World Anti-Doping Agency (WADA) at Montreal. Japan paid 29%, US\$1.5M, of WADA's 2003 budget. Their milestone is the the Olympic Games of 2004 in Athens.

**Discussion:** The International Sports Federation for the air sports is Federation Aeronautique Internationale (FAI). Its Comission Internationale Medico-Physiologique (CIMP), whose delegates are mostly national aviation medical examiners, had a considerable amount of discussion on how to deal with WADA and its World Code 3.0. CIMP's 2003 annual meeting decided to recommend application of the World Code to FAI, but not by a unanimous vote. Below are some of the issues of interest to aviation medical examiners.

1) WADA Prohibited Substance List contains 'performance-enhancing substances' which are not necessarily disqualifying for aviation medical certification, e.g. beta-blockers, diuretics, etc. Although WADA introduced 'Therapeutic Use Exemptions', how soon it is obtained is unclear.

2) Even if ethically permitted, is 'out-of-competition controls' practical for competition pilots?

3) Some European governments directly conduct anti-doping tests by their law. Each IF, FAI for air sports, has its right to conduct tests. Event organizers have its right, too. What if they disagreed on a particular case?

**Conclusion:** Aviation Medical Examiners need to recognize the World Anti-Doping Code and its Substance List to avoid unnecessary competition disqualification of a pilot who is fit to fly.