

## Criteria for deciding on the distribution of doping controls

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### I. Introduction

- The present anti-doping control concept by the Antidoping Switzerland Foundation (hereinafter referred to as the 'concept') is based on article 4 of the Regulatory Statutes for Testing and Investigations – General Section by Antidoping Switzerland. These provisions represent the implementation of the *International Standard for Testing and Investigations (ISTI)* in Switzerland, as introduced by the World Anti-Doping Agency (WADA).
- The aim of the concept is to enable the number and type of domestic doping controls (hereinafter referred to as 'Test Distribution Plan') for the following calendar year to be established based on a risk analysis.

The term 'doping controls' (hereinafter referred to as 'controls') refers to both urine and blood tests with a distinction being made between full blood tests and blood serum tests.

The term 'domestic controls' refers to tests conducted out-of-competition and in-competition, with these controls being planned, coordinated, implemented and financed exclusively by Antidoping Switzerland or its testing department, respectively. This is in direct contrast to the controls which are planned, coordinated and/or implemented on behalf of other departments within Antidoping Switzerland or third parties as well as tests which are planned, coordinated, implemented and/or financed in collaboration with national or international organisations.

- Risk analysis and the Test Distribution Plan is conducted by the Testing & Investigation (T&I) division and then presented to the director for approval. This is only possible after the signing of the service level agreement with the Swiss Confederation and the adoption of the budget for the following calendar year by the Foundation Board.

Knowing that the two aforementioned conditions can only potentially be met later in the year, when it comes to the Test Distribution Plan the T&I division focuses on the service level agreement proposal put forward by Antidoping Switzerland and the budget proposed by the director.

- The following criteria are applied as part of the distribution of urine tests.

### II. Framework- and Service Level Agreement

The Framework Agreement 2013 -2016 with the Swiss Confederation mentions among others:

- That Antidoping Switzerland has to conduct a globally recognised control programme according to the latest regulations and findings
- That controls are based on risk assessment and are professionally carried out
- That doping offences are dealt with decisively and consistently, and appropriate penalties are requested
- That the intelligence activities use synergies and link information and findings
- That the intelligence activities are closely linked to the control procedures

The yearly Service Level Agreement between the Swiss Confederation and Antidoping Switzerland stipulates:

- how many domestic urine tests should be carried out;
- in terms of domestic urine tests, the ratio between out-of-competition to in-competition tests;

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- how many domestic blood tests should be carried out;
- in terms of domestic blood tests, the ratio between out-of-competition to in-competition tests;.....

### III. Risk Analysis

#### A. Introduction

- At least 10% of all the urine tests involved according to the service level agreement and budget are to be carried out on young athletes.

Young athletes in the meaning of the present concept refers to all athletes under the age of 21.

- The distribution of urine tests among the various sport types is based on a weighting of different factors. Of the tests involved, 95% should be allocated and 5% held in reserve. 75% of the reserves ought to be planned as out-of-competition tests.
- The following six factors are weighted so that the weighting of the 'potential advantages of doping' and those of 'popularity' are multiplied by 1.5.

The scale of the weighting extends from one to ten; the maximum number of points is therefore 70 and the minimum 0. At least 80% of the controls involved are to be carried out in sports with 40 or more points; those with 25 or fewer points do not require testing.

The number of urine tests to be conducted for a sport based on its number of points can be manually adjusted up or down by up to 10%. This adjustment (always adhering to the 10% rule) should be compensated for in other sports so that the overall number of urine tests conducted remains unchanged.

- In the case of sports which do not require controls, 1% of the total number of urine tests are freely available. If not used, they are to be allocated to sports with between 26 and 39 points. For team sports (in addition to the calculated number of tests) this figure of freely available controls stands at 4%.

These controls are to be distributed following completion of the automatic calculation and any manual adjustments.

#### B. Factors

##### 1. Potential abuse of doping

- Sports where **strength and endurance** are particularly required include *American Football, Boxing, Canoeing & Kayaking, Climbing, Gymnastics, Cycling, Judo & Ju-Jitsu, Karate, Rowing, Rugby, Ski Alpine, Swimming, Taekwondo, Track & Field (except technical disciplines), Tug of War, Wrestling and Wushu.*
- Sports where **endurance** is particularly required include *Biathlon, Cross Country Skiing, Ice Skating, Roller Sports, Ski Mountaineering, Triathlon & Duathlon, Orienteering, Modern Pentathlon and Soccer.*
- Sports where **strength** is particularly required include *Ice Hockey, Weightlifting, Base- & Softball, Bob, Skeleton & Luge, Ski Cross and Street Hockey.*
- All others are classed as sports in which **technique and/or tactics** play a predominant role<sup>1</sup>.
- Sports where the creation of **blood passports** makes sense are: *Biathlon, Bob, Cross Country Skiing, Cycling, Ice Skating, Nordic Combined Skiing, Orienteering, Paralympics, Roller Sports, Rowing, Ski Mountaineering, Swimming, Track & Field (except technical disciplines), as well as Triathlon & Duathlon*<sup>2</sup>.
- Paralympic Sports are classified analogously.

<sup>1</sup> This classification is based on DRANGE, *A Physiologically based Risk Assessment of the Olympic Sports*, Oslo 2008.

<sup>2</sup> Our classification is based on SCHUMACHER, *Einschätzung des leistungssteigernden Potentials von Blutdoping und Wachstumshormonmissbrauch in Hinblick auf die disziplinspezifische Gewichtung von Dopingkontrollen*, 2012.

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### 2. International prevalence of doping

- Knowing that not all *Adverse Analytical Findings* (AAF) are classed as an *Anti-Doping Rule Violation*, the international prevalence of doping is measured for each sport using available AAF published by the WADA due to a lack of availability of other data.
- Prevalence is classed as high if a sport is ranked in the top third of reported AAFs. ....  
Prevalence is classed as medium if a sport is ranked in the middle third of reported AAFs. ....  
Prevalence is classed as low if a sport is ranked in the bottom third of reported AAFs.
- The weightings are divided into 10% steps in order to allocate points to the individual sports. ....

### 3. National prevalence of doping

- The national prevalence of doping is essentially measured based on the decisions of the Disciplinary Chamber for Doping Cases of Swiss Olympic (hereinafter referred to as the 'Disciplinary Chamber for Doping Cases') made during the previous calendar year.
- Decisions which lead to a minimum 24-month ban deviate from this principle and are taken into account for the previous two calendar years.
- Prevalence is classed as low if the most serious convictions are made for cannabinoids. Prevalence is classed as medium if the most serious convictions are made for specific substances and/or violations in submitting whereabouts information. Prevalence is classed as high in cases of all other violations of the anti-doping regulations.
- More than three decisions by the Disciplinary Chamber for Doping Cases in the low and medium categories means that the sport in question is then classed in the next highest category.....

### 4. International events

These are international events held in accordance with the terms of the World Anti-Doping Code and which take place in the 24 months following the start of the concept period in question. ....

### 5. Financial support from Swiss Olympic

This factor and the associated weighting are self-explanatory.

### 6. Popularity

- The popularity of a sport is measured based on the study of 'Sports Behaviour in the Swiss Population' commissioned by the Federal Office of Sport<sup>3</sup>.  
Table 13.4 (sports in which the population is most interested) is taken from the chapter on Sports Consumption.
- Popularity already has a high level of significance *per se*. In particular, it enables the professionalism of a sport with which it regularly correlates to be objectively portrayed in the absence of any other data.
- Popularity is classed as high if a sport is listed in the top half of table 13.4. ....  
Popularity is classed as medium if a sport is listed in the bottom half of the table. ....  
Popularity is classed as low if a sport is not listed.
- Within the high and medium categories, the weightings are divided into 10% steps in order to allocate points to the individual sports.

<sup>3</sup> LAMPRECHT, FISCHER, STAMM, *Das Sportverhalten der Schweizer Bevölkerung*, Magglingen 2008.

## Criteria for deciding on the distribution of doping controls

### C. Weighting

#### 1. Potential benefit of doping

- Endurance and strength 7-10
- Endurance 4-6
- Strength 4-6
- Technique and/or tactics 1-3

#### 2. International prevalence of doping

- High 7-10
- Medium 4-6
- Low 1-3
- None 0

#### 3. National prevalence of doping

- High 7-10
- Medium 4-6
- Low 1-3
- None 0

#### 4. International events

- Football World Cup – Men's 10
- Olympic Games, other world and European championships 7-10
- Other 1-6
- None 0

#### 5. Financial support from Swiss Olympic

- Classification 1 10
- Classification 2 8
- Classification 3 6
- Classification 4 4
- Classification 5 2

#### 6. Popularity

- High 7-10
- Medium 4-6
- Low 1-3
- None 0

## Criteria for deciding on the distribution of doping controls

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### D. Implementation

#### 1. Disciplines focusing on increasing oxygen transport capacity

In the case of disciplines where the creation of blood passports is deemed useful, both blood and urine samples should be taken. Any exceptions to this should be approved in advance by those in charge of the controls.

Analysis of the blood is restricted to measurement of the relevant parameters. This is subject to a number of growth hormone analyses, to be established by the head of the T&I department and made freely accessible to the relevant control coordinator. Analysis of the urine samples is restricted to the two standard protocols for the OOC and IC and measurement of the relevant parameters.

If the blood profile flags up any anomalies or if deemed necessary for other reasons, the individual responsible for the science arranges for all of the appropriate analyses to be carried out, namely those required as evidence of the substances in the doping list detailed under S2.1 and M1. If both urine and blood samples are required for the analysis in question, the analysis is initially carried out in one of the two forms only.

If the steroid profile reveals any anomalies or if deemed necessary for other reasons, the responsible scientist arranges for all of the indicated additional analyses to be carried out. If both urine and blood samples are required for the analysis in question, the analysis is initially carried out in one of the two forms only.

#### 2. Remaining disciplines

In disciplines where no blood passports are created, urine and/or blood samples should be taken. The decision is made by the relevant control coordinator.

Analysis of the urine is restricted to the two standard repertoires for the OOC and IC and measurement of the relevant parameters. This is subject to a number of ESA analyses, to be established by the head of the T&I department and made freely accessible to the relevant control coordinator.

Analysis of the blood is limited to growth hormones. The responsible control coordinator has access to a number of analyses to be established by the head of the T&I department. The responsible scientist can also arrange for additional analyses to be carried out.

If the steroid profile reveals any anomalies or if deemed necessary for other reasons, the responsible scientist arranges for all of the indicated additional analyses to be carried out. If both urine and blood samples are required for the analysis in question, the analysis is initially carried out in one of the two forms only.

#### 3. Extraordinary controls

The responsible scientist can recommend that the testing department carries out follow-up controls in the case of analysis results which show slight or moderate anomalies. If the responsible control coordinator decides to issue such a recommendation, the relevant tests should be carried out on reserve samples. If this recommendation is not followed, this should be substantiated and the level of detail given in the reason should correlate with the urgency of the recommendation.

The analyst can recommend to the responsible control coordinator that controls are carried out. If the latter decides to issue a recommendation for further testing, the relevant tests should be carried out on reserve samples. If this recommendation is not followed, this should be substantiated and the level of detail given in the reason should correlate with the urgency of the recommendation.

The head of the Prevention / Information department, responsible scientist and analyst can commission the control department to carry out a number of controls to be established by the director each year. These do not affect their own controls in any way.

#### 4. Storage of samples

At the end of the calendar year, max. 800 samples can be stored by the laboratories for long-term storage. This number can rise to max. 1000 during the course of the year. Any exceptions deviating from these specifications must be approved by the head of the T&I department. The analyst is responsible for the inventory of items stored in the laboratory.