

such medication in prescribed doses. It should be recognised that ASDMAC 'approval' currently applies within Australia only and 'approval' to use outside Australia must be obtained either directly from the IOC (where Olympic Games are concerned) or from the appropriate national sporting body in the country of competition.

If there is any doubt, it is better for the athlete **not** to take the medication in question. If medication is necessary, the athlete should withdraw from competition.

Dope testing

Drug testing in Australia is conducted by the ASDA. The testing is strictly controlled to ensure that the athlete is guaranteed security, privacy and fairness. Guidelines cover notification of the athlete selected for testing, chaperoning and supervision while a urine sample is obtained, sealing of specimens, secure delivery of the sample to the IOC-accredited laboratory, sample analysis and notification of results.

There is a detailed process for appeals and hearings, should sanctions by a sporting organisation be considered. The penalties are severe for drug abuse, trafficking, doping and using prohibited methods. In many sports a second offence for anabolic steroid abuse results in a life ban from the relevant sport.

Supplements

There are countless enterprises in Australia touting supplements, vitamins, amino acids and herbal extracts to promote health and improved performance. Some supplements such as creatine and amino acids are not 'banned' but the purity of such products must be guaranteed before the athlete is safe from testing positive. The truly risky area is that of herbal extracts and compounds. Some include ephedra which is banned, and the botanic (or Chinese) name may not help the unwary. Similarly guarana contains caffeine, which is 'banned' above a level of 12 microgram/mL in urine.

Caution must also be exercised when buying any product over the internet, for the same concerns apply with respect to content and purity. What you buy may not necessarily be what you get, and you may get more than you bargained for.

Conclusion

Health professionals should not become involved in doping or prohibited procedures which are intended to enhance sporting performance. They also need to be aware that in treating an athlete's medical condition they can unwittingly prescribe a banned or restricted substance. Inappropriate prescriptions can prejudice an athlete's career, so checking that a drug is permitted before prescribing it is recommended.

REFERENCES

1. Olympic Movement Anti-Doping Code. Lausanne:International Olympic Committee; 1999. <http://www.nodoping.org>
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3. Wadler GI. Drug use update. Med Clin North Am 1994;78:439-55.
4. Williams JGP. Doping of athletes. Phys Educ 1963;55:39-41.
5. Conway AJ, Handelsman DJ, Lording DW, Stuckey B, Zajac JD. Use, misuse and abuse of androgens: The Endocrine Society of Australia consensus guidelines for androgen prescribing. Med J Aust 2000; 172:220-4.

Self-test questions

The following statements are either true or false (answers on page 87)

3. Some over-the-counter medicines are prohibited substances for athletes.
4. Athletes should not use hydrocortisone cream.

New telephone services

The National Prescribing Service (NPS) has launched a telephone service for health professionals wanting independent drug and therapeutics information. The Therapeutic Advice and Information Service (TAIS) will give immediate access to information and respond to patient-related enquiries such as:

- interactions with other drugs, foods or complementary therapies – and how to manage these
- adverse effects, especially unusual ones not included in the product information
- use of drugs for unlicensed indications – is there good evidence to support use?

General practitioners, community pharmacists and other

community-based health practitioners are expected to be the main users of the service.

Contact the Therapeutic Advice and Information Service for health professionals on **1300 138 677**, or the NPS on (02) 9699 4499.

The NPS is planning a parallel service for the general public, to be launched later this year. This consumer service will provide information about medicines in lay language, and aims to promote communication between patients and health professionals.

The service will not replace the counselling role of a health professional who knows the patient, however it may help the patient to identify issues that should be discussed with their doctor or pharmacist.