



FONDÉE EN 1881



# The No Needle Policy

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# Outline

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- Introduction
- The reality of the field
- Injections in relation to sport & doping
- Proposed rule
- A recent case



# Introduction

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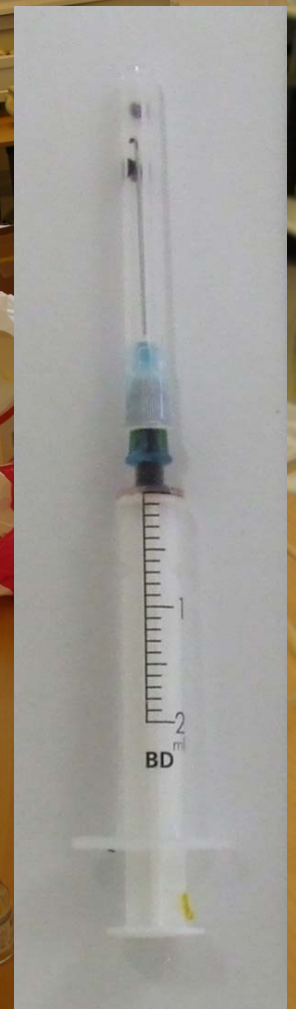


## Olympic Movement Medical Code

- 6.3.** Athletes' health care providers must act in accordance with the latest recognised medical knowledge and, when available, evidence-based medicine. They must refrain from performing any intervention that is not medically indicated, even at the request of the athletes, their entourage or another health care provider.



# The reality of the field



# Such practices

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- Are **medically unethical** and **against "good clinical practice" guidelines**
- **Could be dangerous** for the health of the athletes
- Are **against the spirit of sport**
- Are a **health and safety issue** for employees
- Could lead to a very **negative image** of sport



# Consequences on sport

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- Injections & Sport
  - Empiric medicine or “easy needle” doctors
  - Culture
  - Trivialization
  - Request from athlete or entourage
- Injections & Doping
  - First step
  - Usual way of administration
  - Inquiries
- Injections & WADA rules
  - Guidelines but not rules!!





# To fight against such practices is

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- Difficult on a **technical level** when the substances are not on the prohibited list
- Difficult on a **legal level**
- Very expensive
  - 2007 XXX cases CHF 53'388
  - 2010 YYY cases CHF 34'761
  - Antidoping budget for 16/26 IF  
< 200'000 CHF





# To fight against such practices for

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- Protecting athletes' health
  - Promoting EBM
  - Breaking link with doping
- Helping doctors to face pressures
- Cooperating with doctors to promote and add values to other activities than pharmacological assistance:
  - Prevention
  - Psychological assistance
  - Nutrition and dietetic
  - Education
  - Recovery
  - .....



To face this situation....

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**“NO NEEDLE POLICY”**



# Injections to any site of the body

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1. **Have to be medically justified** with appropriate documentation available
2. **Must be appropriate** for the diagnosed condition
3. **Must be administered by a certified medical professional**
4. **Must respect the approved indication of the medication** = no off-label
5. **Must be declared to the competition Doctor**
6. **The disposal of used needles shall be conform to recognized safety standards**



# Medically justified injections

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- Clear and documented diagnosis
  - Established by a medical doctor
  - Diagnosis, medication, route of administration
  - No non-injectable alternatives
- Injections aimed at improving and speeding up recovery or decreasing fatigue are not authorized



# NSAIDs treatments

EDUCATION • ÉDUCATION

## MEDICAL MYTHOLOGY

### **Myth: Parenteral ketorolac provides more effective analgesia than oral ibuprofen**

traindicated. Only in specific acute pain syndromes associated with nausea and vomiting, like renal colic, may its use be warranted. The belief that IM/IV medications are perceived as being stronger than oral medications and therefore result in a more powerful placebo effect has also been shown to be false. With the exception of 1 study in post-op patients with a significantly flawed study design, the evidence overwhelmingly shows that inexpensive and relatively safe oral ibuprofen has equal efficacy to the more expensive and potentially dangerous IM or IV ketorolac.<sup>2-6</sup>

# Consequences

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- Any violation of one of these principles may constitute a violation of the medical rule and may lead to the exclusion of the athlete/team and the sanction of the doctor
- The costs of any investigations related to this rule may be charged to the athlete / team concerned



# Recent case in Italy

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## ABUSO DI FARMACI: Ecco le motivazioni della storica sentenza della Disciplinare Fci sul "Caso Bani"



In data 4 marzo 2011 la Commissione Disciplinare della Federciclismo, sulla base delle dichiarazioni emerse del noto "Caso Bani", l'atleta trovato positivo che aveva denunciato improprie pratiche mediche praticate indistintamente a tutti gli atleti minorenni della sua squadra, l'ASD Montemurlo Empolese Vangi, ha condannato a due mesi di sospensione la società, a due anni di squalifica il medico sociale Dott. Antonio Stinchetti, a 18 mesi di squalifica il direttore sportivo Cristiano Viciani e a 15 mesi di squalifica il





# Recent case in Italy

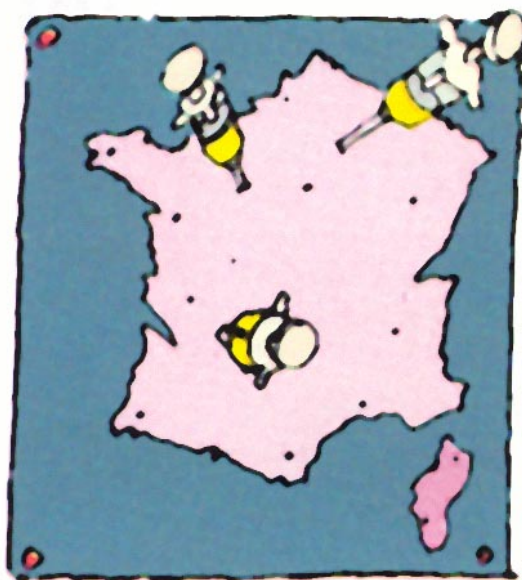
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*L'utilizzo di medicinali non per finalità patologiche potrebbe danneggiare e pregiudicare il bene all'integrità psicofisica degli atleti costituendo in questo modo una seria e grave minaccia alla salute. Non esiste, infatti, farmaco che comporti benefici per la salute in un soggetto sano, anzi, in questi casi l'unico risultato è l'accresciuto pericolo di insorgenza di effetti collaterali (c.d. adverse drug reaction)..."*

*ponderabili..." e quello dell'utilizzo dei farmaci fuori indicazione: "...In assenza di processi patologici che si associano a disturbi funzionali, il farmaco non può e non deve essere prescritto e somministrato: la condotta contraria implica una prescrizione e una somministrazione off label (fuori indicazione) con la consapevolezza che la stessa è destinata ad attingere un risultato non terapeutico ovvero non vantaggioso per una specifica malattia."*



# D'OÙ PARTIRA LE TOUR DE FRANCE ?



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**THANK YOU FOR  
YOUR ATTENTION!**

