

The ITTF anti-doping program since 1990

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Abstract With the exception of the doping control conducted during the 34th World Table Tennis Championships (WTTC) held in Birmingham (UK) in 1977, 1990 is considered to be the actual starting point of the International Table Tennis Federation anti-doping program. Since then, the anti-doping program has been progressively implemented and it consists of three parts: legislation, prevention, and repression. The first part was the elaboration of rules and procedures; they are based on the IOC anti-doping code and are regularly updated. The second part is the continuous spread of information among the different categories of people involved in table tennis activities: players, coaches, officials, physicians, etc. The third part is the dope-testing itself during competitions as well as out of competition. People (not only players) who do not respect the limits fixed by the rules are subject to penalties. During the past decade, several positive cases have been reported in different countries, but there has been no positive case at WTTC or Olympic Games. It is likely that some of the reported positive cases are linked to a badly prescribed or self-administered treatment. Therefore information must be widely spread and regular medical follow up by sport physicians must be encouraged.

(Key words: doping control, rules, statistics, education)

1 Introduction

Unlike some other sports, table tennis has never been considered as a sport where results could be significantly improved by using particular substances before or during play. Indeed table tennis is a much more complicated sport than most of other sports inasmuch as players must develop and use speed, strength, endurance, balance, coordination and skill, and at the same time they must think, analyze the situation and anticipate, etc. Moreover, the length of a match and the time in play are never known in advance. In these conditions, attempting to modify one of the above basic qualities without disturbing the others appears to be very hazardous.

This is probably one of the reasons why until the second half of the eighties, some officials considered that "...anti-doping controls ... are expensive, time-consuming and distracting to the players" and recommended "... that the Council should consider seriously whether there is really any value in applying

controls at future World Championships". As a result, doping controls during table tennis competitions were very scarce until 1991. It seems that one of the first times table tennis players were controlled was in 1977 during the 34th (WTTC) held in Birmingham (England), then in 1979 during the Mediterranean Games in Split (Yugoslavia). A few years later another doping control was organized in UK, and in 1986 several players were controlled during the French Open in Lyon. During all these years and though the International Table Tennis Federation (ITTF) Handbook already contained a sentence stating that "There shall be no doping before or during any competition", the decisions to organize doping controls were not linked to a true and well established anti-doping program; on the contrary it seems that they were taken with regard to particular circumstances: for example, in 1977 Table Tennis was officially recognized by the IOC Congress ; in 1979 for the first time Table Tennis participated in the Mediterranean Games (which are under the control of the IOC), and therefore table tennis players were controlled like any other athletes; in 1984, after the publication of a new law on sport, the French Ministry of Sports gave instructions to all Federations and strongly recommended them to organize more doping controls during national and international events held in France; finally in 1988, Table Tennis was officially integrated in the Olympic program in Seoul (Korea). Consequently it became unavoidable that the ITTF had to incorporate an anti-doping program in its policy in order to comply with the IOC rules.

In 1990, Mr. Ichiro Ogimura, then ITTF President, contacted several members of the former ITTF Medical Committee and other concerned people, and decided to appoint one of them to take in charge the ITTF Anti-Doping Program. He personally organized the first meeting in September 1990 in Tokyo with several members of the organizing committee of the 41st WTTC to be held in Chiba (Japan) in 1991; this meeting must be considered as the very beginning of the ITTF anti-doping program.

2 Anti-doping program

It consists of three parts.

2.1 ITTF rules

They follow the IOC rules and are divided into two sections.

– The Anti-Doping Code is based on the Olympic Movement Anti-Doping Code (former IOC Medical Code) which was thoroughly revised during the World Conference on Doping in Sport held in Lausanne on 2nd, 3rd and 4th February, 1999. The ITTF Anti-Doping Code constitutes chapter 5 of the ITTF Handbook, and subtitles are as follows:

- Doping (definition)
- Drugs used in some treatments
- Competition testing
- Out of competition testing
- Penalties
- Appeals

– The regulations and testing procedures are described in detail in Technical Leaflet T13 under the following subtitles: doping control station, selection of players, notification and registration, sample-taking procedure, transport, analysis.

All international competitions under ITTF control are affected by the above rules, and during the Olympic Games there is an agreement between the ITTF and the IOC for the organization of dope testing. Until recently dope testing has been organized exclusively during competitions. However, beginning a few years ago dope testing can be legally carried out during training sessions with or without prior notification. Out-of-competition dope testing concerns the top 200 players (men and women) the ITTF ranking list and the players qualified for the Olympic Games. Such controls can be decided either by ITTF or by WADA (the World Anti-Doping Agency, created in 1999) and can be conducted at any time in any country by official doping control officers. As for a doping control during a competition, any refusal or obstruction to out-of-competition dope testing is liable to penalties. The urine samples taken during out-of-competition dope testing (as well as during a competition) are analyzed by an IOC / WADA accredited laboratory and the reference list is the common IOC / WADA current list of prohibited classes of substances and prohibited methods with the limitations mentioned in the ITTF Anti-Doping Code.

2.2 Information

This part of the anti-doping program is certainly the most valuable one since its goal is to convince players not to use unauthorized substances and/or methods, and also to make them aware that some treatments and some so called “nutritional products for sport” may contain forbidden drugs. It is surprising to notice that most of players, coaches and officials, even at a high level, don’t know the rules and procedures of a doping control, and yet these rules and procedures can easily be found in official and available ITTF documents. The IOC / WADA list of prohibited classes of substances and prohibited methods is updated every year and sent to all international federations and National Olympic Committees. As soon as it is known, this list is now published as an annex of the ITTF Bulletin together with some recommendations and reminders.

Besides the official documents, it is important that doctors, coaches or any other officials regularly write and publish articles in international or national bulletins or journals to explain especially to young players

- that doping is cheating and is against the ethics of sport,
- that doping, even for a short period of time, can generate very serious and irreversible health problems, sometimes several years after the cessation of any drug abuse,
- that the best way to improve one’s level of play is
 - to establish a training and competition plan and to follow it,
 - to have a plan for physical and mental preparation and also for recovery,
 - to have a suitable and balanced diet.

All such information can be circulated during meetings, seminars and congresses, and must be integrated in the educational courses for coaches,

professors of sport, sport physicians, etc.

2.3 Dope testing

It represents the third part of the anti-doping program since this is the only way to check whether the rules are respected.

2.3.1 Dope testing at WTTC and Olympic Games: From Chiba (1991) to Kuala-Lumpur (2000), doping controls have been carried out during every WTTC, which represents 271 samples. If we also take into consideration the 134 samples taken during the Olympic Games in 1992, 1996 and 2000, the average number of samples taken during these events in the past decade was 50 ± 7 samples (mean \pm SE). All the samples have been analyzed in IOC accredited laboratories, and all have been declared negative. One sample was first found positive with epitestosterone; after several complementary and sophisticated analyses in different IOC accredited laboratories, made on several samples coming from the same player, it was found that the increased level of epitestosterone was from endogenous origin, and the case was finally declared negative.

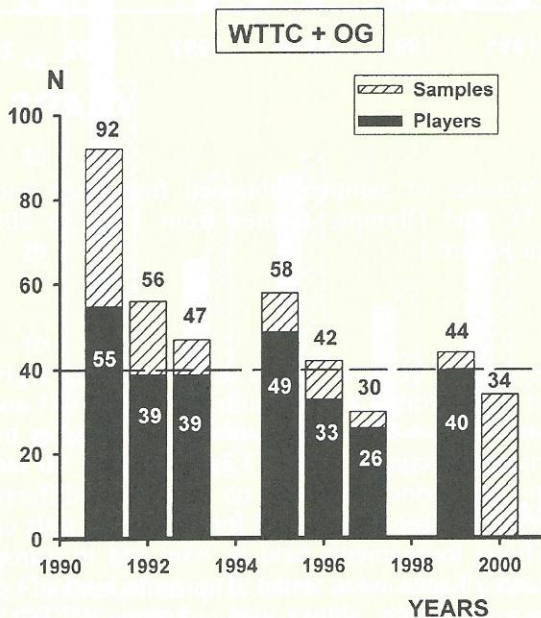


Figure 1. Distribution of samples and players tested during WTTC and Olympic Games from Chiba (Japan, 1991) to Sydney (Australia, 2000). Data for 1999 include both the individual WTTC held in 1999 in Eindhoven (the Netherlands) and the team WTTC, held in 2000 in Kuala-Lumpur (Malaysia).

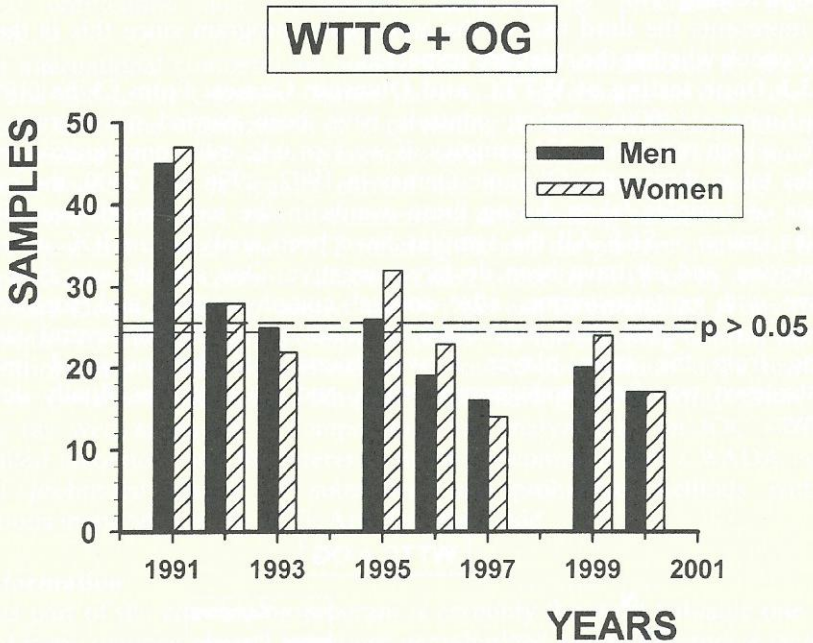


Figure 2. Number of samples obtained from men and women during WTTC and Olympic Games from 1991 to 2000; same remark as for Figure 1.

Since some players can be tested twice or more during a given competition, the average number tested during a competition between 1991 and 2000 was $40 + 4$ (Figure 1). Figure 2 shows that the distribution of samples between men and women had no trend (respectively $24.5 + 3.3$ and $25.9 + 3.6$ samples, $p > 0.05$) and that in the ten-year period there was no significant difference between the two groups. This result has been confirmed for the doping tests carried out during the Olympic qualifying tournaments held in Asia and in Europe in 1999/2000 where 19 women and 20 men were tested. The same kind of conclusion can be drawn from Figure 3 which shows that, during WTTC from Chiba to Kuala-Lumpur, there was no significant difference in the mean distribution of samples between team and individual events (respectively $28 + 8$ and $26 + 4$ samples, $p > 0.05$). The average number of Associations affected by dope testing at each event (either WTTC or OG) was $20 + 2$ (Figure 4); however Figure 5 shows that there were large differences ($p < 0.001$) in the distribution of these Associations when considering their continental origin. In the period 1991/2000, mainly players belonging to Asian and European Associations (respectively $6.7 +$

0.5 and 9.3 ± 1.6 Associations, $p > 0.05$) were tested during each event, compared to players coming from Africa (1.0 ± 0.7 Association), Latin America (1.4 ± 0.8 Association), North America (0.7 ± 0.3 Association) and Oceania (1.0 ± 0.4 Association). These differences can be explained, at least in part, by the fact that nearly all medallists have been systematically tested and that they all came from Asia and Europe.

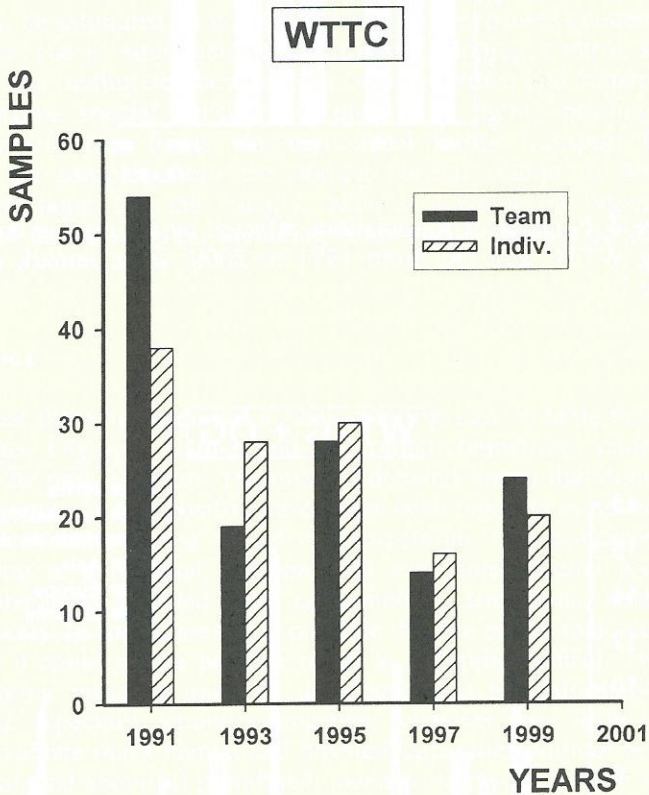


Figure 3. Number of samples taken in team and individual events during WTTC from 1991 to 2000. 1999; same remark as for Figure 1 and 2.

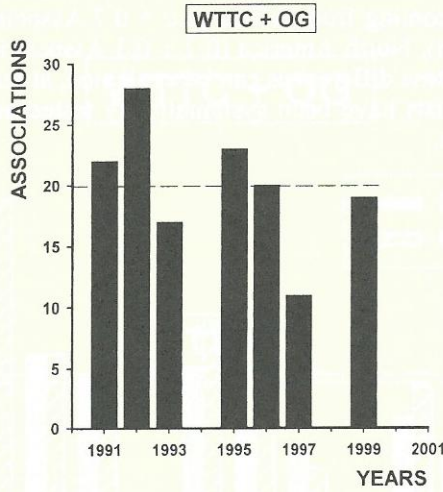


Figure 4. Number of Associations affected by the doping controls during WTTC and OG from 1991 to 2000; same remark as for Figure 1.

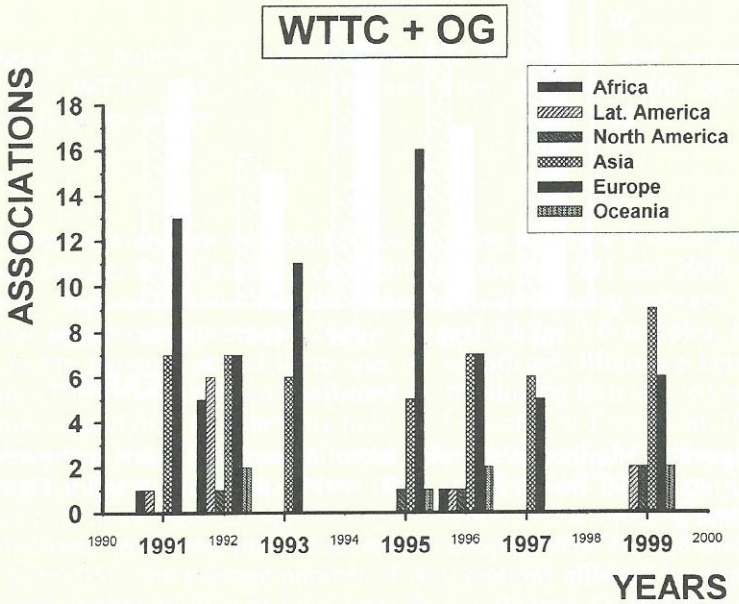


Figure 5. Distribution of the Associations concerned by the doping controls according to their continental origin.

2.3.2 Out of competition dope testing: During the months preceding the 2000 Sydney Olympic Games, out-of- competition dope testing was organized for the first time, thanks to a close collaboration between the World Anti-Doping Agency and the ITTF. 28 samples were taken from 12 men and 16 women during training camps held in Asia and Europe. All were analyzed in IOC accredited laboratories and were negative.

2.3.3 Budget: It can happen that small differences in the cost of a sample analysis exist between different countries. However the cost of a complete doping control set (bottles A and B, containers, urine vessels, bags, seals, gloves, etc.) plus the standard analysis of a urine sample (A sample) by an IOC accredited laboratory can be estimated around US \$ 300. Other expenses concern the doping control station (basic equipment and furniture), doping control staff (meals, transport), drinks (authorized beverages in sealed bottles) and sometimes special meals for players, special transport for players (at night), printing of various documents (notification forms, doping control forms, transport forms, etc.), transport of the samples from the doping control station to the accredited laboratory, telephone, fax, etc. Finally, taken as a whole the organization of a doping control for 50 samples, including the analysis, needs a budget of around US \$ 20,000.

3 Conclusions

It is true that there has been not a single positive case in table tennis at World Championships, Olympic Games and any other competition under the ITTF authority for the past ten years. However, it does not mean that doping does not exist in table tennis. In fact positive cases have been reported by several countries as a result of controls during or out of competition: they concerned men and women playing at a regional, national and even international level, and the prohibited substances detected were cannabinoids, stimulants, anabolic agents and beta-blockers. In some cases, it is possible that the player took a drug without knowing that it could give a positive result to a doping control. Therefore, the ITTF anti-doping program must be developed and the information must be widely spread, especially among youngsters, whatever their level of play. The best way to evaluate one's mental and physical capacities without being tempted to use artificial, and above all prohibited, means is to regularly have specific tests with a capable coach and also to regularly have a medical examination (at least once a year, depending on the intensity and the level of play) made by a doctor who is aware of sports specificities.

4 Acknowledgments

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