

**Submission to the Joint Committee on Sport Integrity: Concerns Regarding the
Overuse of Venous Blood Testing by SIA**

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Concerns with Sport Integrity Australia's Anti-Doping Approach

Sport Integrity Australia (SIA) conducts a disproportionately high number of venous blood tests as part of its anti-doping regime. This practice is unnecessarily invasive, creates risk of physical harm to athletes, imposes high costs on the taxpayer, and has no demonstrated impact on detecting Adverse Analytical Findings (AAF) Anti-Doping Rule Violations (ADRVs).

Evidence from WADA's global figures¹ shows that the majority of AAF's are detected through urine samples (0.87%), with blood draws providing very limited returns (0.12%). We recommend that SIA significantly reduce routine venous blood testing and redirect resources toward more efficient and less invasive methods such as dried blood spot (DBS) testing and targeted intelligence-based testing.

Athlete Welfare and Invasiveness

Venous blood draws are physically invasive and carry well-documented risks:

- Repeated punctures can cause vein scarring and, in rare cases, nerve damage.
- Minor complications such as bruising, hematomas, or infections are common with high-frequency testing.
- The experience is often distressing for athletes, compounding the psychological burden of whereabouts requirements and surprise collections.

Australia's anti-doping regime should prioritise the least invasive method necessary, respecting athletes' bodily integrity. The heavy reliance on venous blood draws contradicts this principle and risks eroding trust in the system.

Lack of Effectiveness

There is no publicly available evidence that SIA's non-ABP venous blood testing delivers meaningful detection outcomes:

- WADA's statistics show that urine testing remains the dominant source of Adverse Analytical Findings (AAFs) and subsequent ADRVs.
- Blood draws outside the ABP program routinely produce minimal positive results, often less than 0.2% of all ADRVs globally.

¹ Laboratory Report p3 of 29 Table 1 Urine AAF 0.87% Blood 0.12% https://www.wada-ama.org/sites/default/files/2025-06/2023_anti_doping_testing_figures_en_0.pdf

- Without clear Australian data demonstrating higher efficacy, continuing large-scale venous blood testing represents unproven practice.

This raises fundamental questions about whether taxpayer resources are being directed toward testing methods that demonstrably protect clean athletes.

Unnecessary Cost

Venous blood collections are significantly more expensive than other testing methods:

- They require trained phlebotomists, specialised equipment, strict cold-chain transport, and advanced laboratory infrastructure.
- Each venous draw is a multi-step procedure, increasing staffing and logistics costs relative to urine collection.
- These resources could instead be directed toward intelligence-led investigations, compliance monitoring, and athlete education.

WADA has explicitly recognised DBS as a cost-effective alternative. SIA's failure to transition to DBS reflects an outdated and inefficient allocation of resources.

International Perspective and Best Practice

Globally, NADOs and international federations are shifting toward DBS testing because it is:

- Less invasive, requiring only a finger-prick.
- Cheaper to administer and easier to deploy.
- Scientifically validated for detecting key substances (EPO, SARMs, HGH variants).
- Already implemented in high-profile events such as the 2022 Beijing Winter Olympics.

SIA's ongoing reliance on venous blood draws leaves Australia out of step with global anti-doping modernisation and undermines athlete confidence in the system.

Structural and Governance Concerns

The Australian National Audit Office (ANAO) performance audit² of SIA's management of the National Anti-Doping Scheme highlights systemic shortcomings that reinforce these concerns:

- **Narrow performance measures:** SIA's Corporate Plan focuses almost entirely on *quantitative testing numbers* (i.e. number of samples collected), disregarding athlete welfare and failing to measure whether testing is *effective* or *proportionate*.
- **Non-compliance with its own Act:** SIA has failed to meet requirements under Section 33 of the *Sport Integrity Australia Act* relating to disclosure of interests to the Minister. Annual deed polls were not completed.
- **Privacy weaknesses:** Disclosure and handling of personal information have not complied with privacy best practice, raising concerns about athlete data protection.
- **Investigative effectiveness:** Of 38 investigations commenced over three years, 21 were closed, but the audit identified weaknesses in prioritisation, timeliness, and follow-through. Given SIA's size and mandate, this is a modest output that raises questions about whether investigative capacity is properly resourced.
- **Neglect of non-analytical violations:** Only seven non-analytical cases have been pursued, indicating a failure to adequately police the broader provisions of the World Anti-Doping Code beyond laboratory testing.

Collectively, these findings show that SIA prioritises high-volume, easily counted testing outputs over proportionate, evidence-based anti-doping enforcement.

Conclusion

SIA's current reliance on venous blood testing is unnecessary, invasive, and not supported by evidence of effectiveness. It imposes costs on both athletes and taxpayers while diverting resources from more effective approaches such as urine and DBS testing, intelligence-led investigations, and enforcement of non-analytical violations.

The ANAO audit confirms that SIA is guided more by internal metrics than by outcomes that protect clean athletes. Australia's anti-doping system should be rebalanced to:

1. Reduce unnecessary venous blood testing.
2. Expand DBS and urine-based detection methods.
3. Direct resources toward investigative capacity, non-analytical violations, and athlete welfare.

² <https://www.anao.gov.au/work/performance-audit/sport-integrity-australias-management-of-the-national-anti-doping-scheme>

4. Reform SIA's performance measures so that compliance, outcomes, and proportionality matter more than raw testing numbers.

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