

The only subject for debate at the CIMP conference in Paris in 2013 was whether alcohol should be included in the list of prohibited substances within WADA.

There were differences of opinion but the majority felt that it should be retained as the code states:-

A substance or method shall be considered for inclusion on the Prohibited List if WADA determines that the substance or method meets any two of the following three criteria:

1. Medical or other scientific evidence, pharmacological effect or experience that the substance or method, alone or in combination with other substances or methods, has the potential to enhance or enhances sport performance;
2. Medical or other scientific evidence, pharmacological effect or experience that the Use of the substance or method represents an actual or potential health risk to the Athlete;
3. WADA's determination that the Use of the substance or method violates the spirit of sport described in the Introduction to the Code.

The 'spirit of sport' is the essence of Olympism; it is how we play true is defined in these regulations as the celebration of the human spirit, body and mind, and is characterized by the following values:

- Ethics, fair play and honesty
- Excellence in performance
- Fun and joy
- Dedication and commitment
- Respect for self and other Participants
- Community and solidarity
- Health
- Character and education
- Teamwork
- Respect for rules and laws
- Courage

Therefore alcohol 'qualifies' on point 2 and point 3 (health and excellence in performance)

In 2014 the CIA will be subject to Out-Of-Competition testing and the Bureau has randomly selected 4 competitors out of the first 100 of our World Ranking List. Two of these four will be selected by FAI.

Within Europe all balloon pilots will have to move to the EASA licence by April 2015. There are two types of balloon licences; the LAPL(B) and the PPL(B). The PPL(B) requires a class 2 medical similar to the previous JAR Class 2 medical and is ICAO compliant so that the licence is valid throughout the world. The LPAL has a slightly 'softer' medical with renewals every 2 years after 50 yrs of age rather than yearly with the Class 2 and is thus not compliant with ICAO and is valid only within EASA countries. The LAPL(B) medical can be done by general practitioners (mostly affecting the UK) but will cost much more than the equivalent medical declaration under the CAA NPPL medical scheme before EASA so further increasing costs of ballooning. There is no evidence base that these medicals reduce the frequency of medical incapacitation in flight. The US, who fly with no medical examination apart from requirement to have a driving licence, have an excellent record as published in a medical journal where the first 30 years of flying involving an estimated 3,000,000+ flight hours resulted in only one death from medical incapacitation with the 2 passengers walking away (JAMA.279:1011-4;1998). The CAA has analysed the last 32 years of medical causes of public transport accidents in flying in general in which of 31 accidents 68% were caused by psychiatric conditions (alcohol, drugs, state of mind) and a further 13% involved neurological (fits) or medication all of which can be and have been disguised from an AME but not a local general practitioner. European AMEs have insisted on involved medical examinations with a definite conflict of interest.

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