

Discussion Paper – Regulation of combat sport in the ACT

Chief Minister, Treasury and Economic Development Directorate –

*Sport and Recreation Services/ Legislation, Racing and Gaming Policy
Economic Development*

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How to Comment

Closing Date for Submissions: 9 February 2016

Any and all comments about the regulation of combat sports in the Territory are welcome. Comments may be submitted in any form.

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Inquiries: You are welcome to arrange a meeting with us to discuss your views, ask questions or simply provide verbal feedback in person or over the phone. Inquiries can be directed to Policy, Projects and Legislation on phone (02) 6207 2506.

Responding to the questions in this Discussion Paper is one way to put your views forward. Questions under each topic are designed to help focus comments but don't necessarily need to be individually answered. It is also not necessary to comment on all the discussion questions.

Please note the information you provide may be subject to release under the *Freedom of Information Act 1989* unless you clearly indicate that your comments should be treated as confidential.

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Introduction

Over 358,000 people participate in combat sports across the country.¹ In the ACT, there is growing popularity in sports such as Mixed Martial Arts, Muay Thai and other combat sports.

With the exception of Queensland and the Northern Territory, all other Australian jurisdictions regulate the conduct of combat sports events. Currently the ACT does not have its own combat sports legislation; however the Territory's *Boxing Control Act 1993* regulates boxing and kickboxing events.

In light of the recent growth in popularity, a number of Australian jurisdictions have introduced significant reforms to their regulation of combat sports.

Table 1: Significant jurisdictional combat sports reforms

2002	SA	introduced <i>Boxing and Martial Arts Act 2000</i> and supporting regulations
2004	WA	introduced <i>Combat Sports Regulations 2004</i>
2008	VIC	introduced <i>Professional Boxing and Combat Sports Regulations 2008</i>
2013	NSW	introduced <i>Combat Sports Act 2013</i>
2013	TAS	introduced <i>Standards for Boxing and Combat Sport Contests</i>

The ACT conducted a review of combat sports in 2011. However, given competing Government priorities at the time, no changes were made to the regulatory framework. Since that time, there has been ongoing growth in the local combat sports industry and, as such, the Government believes there is merit in re-examining regulation of combat sports in the Territory. Further, the existing legislation requires review, and updating, to ensure it is current, practicable and enforceable, and continues to appropriately address the risks involved in combat sports.

¹ Australian Institute of Health and Welfare

What are combat sports?

Australian States and Territories vary in their definition of combat sports and the sports regulated by Government. Broadly, combat sports are a sport or activity in which each participant or contestant is required to strike, hit, grapple with, throw or punch the other contestant. Examples may include, but are not limited to: boxing, kickboxing, Mixed Martial Arts (MMA), Muay Thai, wrestling, sanda, Kung Fu, full contact Karate, shooto, Pankration and judo.

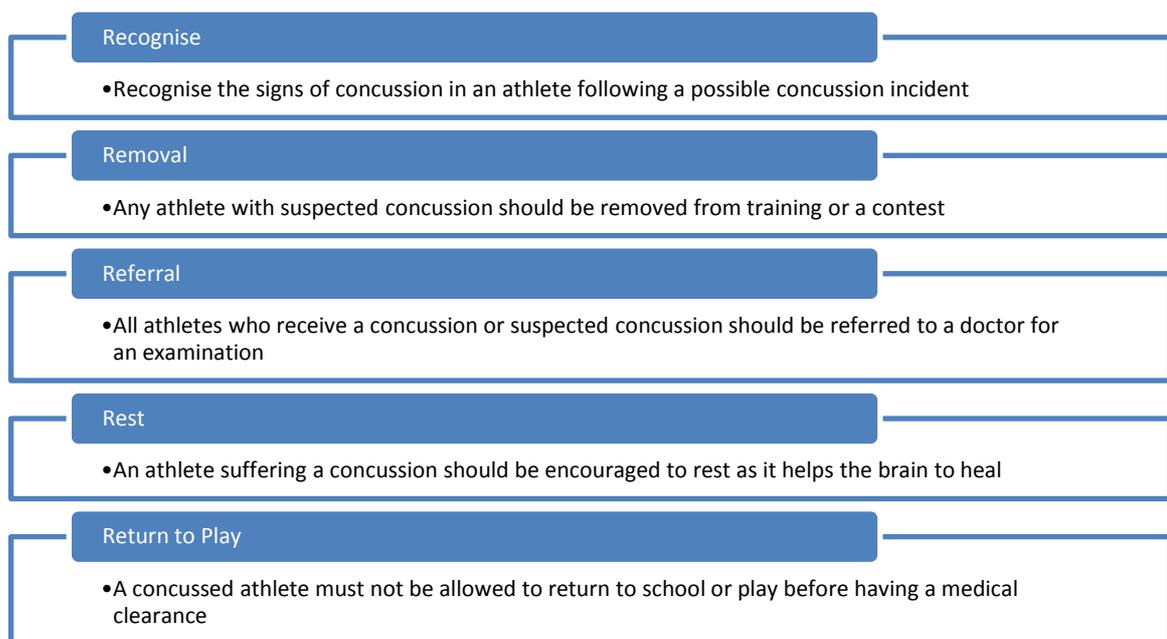
Discussion question 1 –Defining combat sports: How should combat sports be defined; is the following definition appropriate? “Combat sports are a sport or activity in which each participant or contestant is required to strike, hit, grapple with, throw or punch the other contestant.”

Key risks associated with combat sports

Neurological injuries and concussion

Academic analysis indicates combat sports participants face a significant risk of head injuries that can cause neurological damage and concussion. This issue has recently been the subject of a major study and report into concussion related injuries, undertaken in partnership with the Australian Federal Government and the Australian Institute of Sport (AIS). The report (and the subsequent “best practice” approach to preventing and responding to these incidents) is intended to be released by the Federal Minister for Health in the coming months. Currently, most sporting codes utilise a version of Brain Injury Australia’s 5 “Rs” (recognise, removal, referral, rest and return to play) to manage the risk of concussion in their sport.²

Figure 1: Brain Injury Australia’s 5 “Rs” to manage the risk of concussion



2009 research from Monash University³ found risks of both acute and chronic neurological injuries associated with combat sports, stating:

Boxing and other combat sports (including kickboxing, contact karate, tae kwon do, judo, and the like) are different from other sporting pursuits because the head is a legitimate place of contact. Other sporting activities have incidental contact to the head that may result in neurological injury; however, the rules and close settings associated with combat sports allow contact to the head region, and thus a potential for neurological injuries of both an acute and chronic nature exists.

² www.concussioninsportproject.com.au/concussioninsportproject.com.au/Concussion_Management.html

³ T Zazryn, P McCrory and P Cameron, *Neurologic Injuries in Boxing and Other Combat Sports*, Neurologic Clinics Vol 26 Issue 1, 2009 www.researchgate.net/profile/Paul_McCrory/publication/23665542_Neurologic_injuries_in_boxing_and_other_combat_sports/link/s/00463535ceaf5b3af4000000.pdf

Research published in the British Journal of Sports Medicine⁴ noted concussions represented 15.9 per cent of all injuries in professional boxing. This research found professional boxers could expect an injury rate of 39.8 concussions per 1,000 fights. Concussion is defined as a “complex pathophysiological process affecting the brain, induced by biomechanical forces.”⁵

2014 research, also published in the British Journal of Sports Medicine,⁶ identified females, children and those with a history of previous concussion as key cohorts at risk of concussion in sport stating:

Individuals who sustain repeat concussions may experience long-term and severe damage such as chronic traumatic encephalopathy (CTE), decreased mental speed or memory dysfunction.

Research suggests that concussion risk may be modulated by several factors. Studies often report sports concussion occurring more frequently in women, younger athletes and those with a history of previous concussion.

The abovementioned 2014 research paper⁷ noted that, where rules and physicality are more equal between sexes, women appear to be at greater risk. However, when all sports are collectively analysed, there is a low level of certainty that sex is a risk factor for concussion. The researchers found:

Nine studies observed no difference in concussion risk between sexes in taekwondo, soccer, collegiate rugby, lacrosse and when comparing different sport types.

2013 Deakin University research on sports concussions⁸ discussed the long term impacts of concussions and found:

It is now clear that multiple sports concussions have serious long term impact on the brain [and] ...the level of impact is the same regardless of whether the concussions are experienced by elite or amateur players.

The Brain Injury Medicine: Principles and Practice journal⁹ advises serious long term impacts can arise from a seemingly small number of concussions:

Researchers have reported that a history of three or more concussions is associated with changes in cognitive neurophysiology, subjective symptoms, worse neuropsychological test performance, and long-term cognitive decrements.

⁴ T Zazryn, C Finch and P McCrory, *A 16 year study of injuries to professional boxers in the state of Victoria, Australia*, British Journal of Sports Medicine Vol 37 pgs 321-324, 2003

⁵ Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012, in the British Journal of Sports Medicine Vol 47 pgs 250-258, 2013.

⁶ S Abrahams, S McFie, J Patricios, M Posthumus, A September, *Risk factors for sports concussion: an evidence-based systematic review*, British Journal of Sports Medicine Vol 48 pgs 91-97, 2014

⁷ S Abrahams, S McFie, J Patricios, M Posthumus, A September, *Risk factors for sports concussion: an evidence-based systematic review*, British Journal of Sports Medicine Vol 48 pgs 91-97, 2014

⁸ www.deakin.edu.au/news/media-archives/2013-media-releases-archives/sports-concussion-has-long-term-impact-on-the-brain-deakin-university-research-finds

⁹ Michael W. Collins et al., “Summary: Sport-Related Concussion”, (prepared for: N.D. Zasler, D.I. Katz, and R.D. Zafonte (Eds.), Brain Injury Medicine: Principles and Practice, Second Edition. New York: Demos Medical Publishing), p.11 as reported in 2012, Brain Injuries Australia, *Policy Paper: Concussion in Sport*, Nick Rushworth
<http://www.braininjuryaustralia.org.au/docs/CONCUSSIONpolicypaperFINAL.pdf>

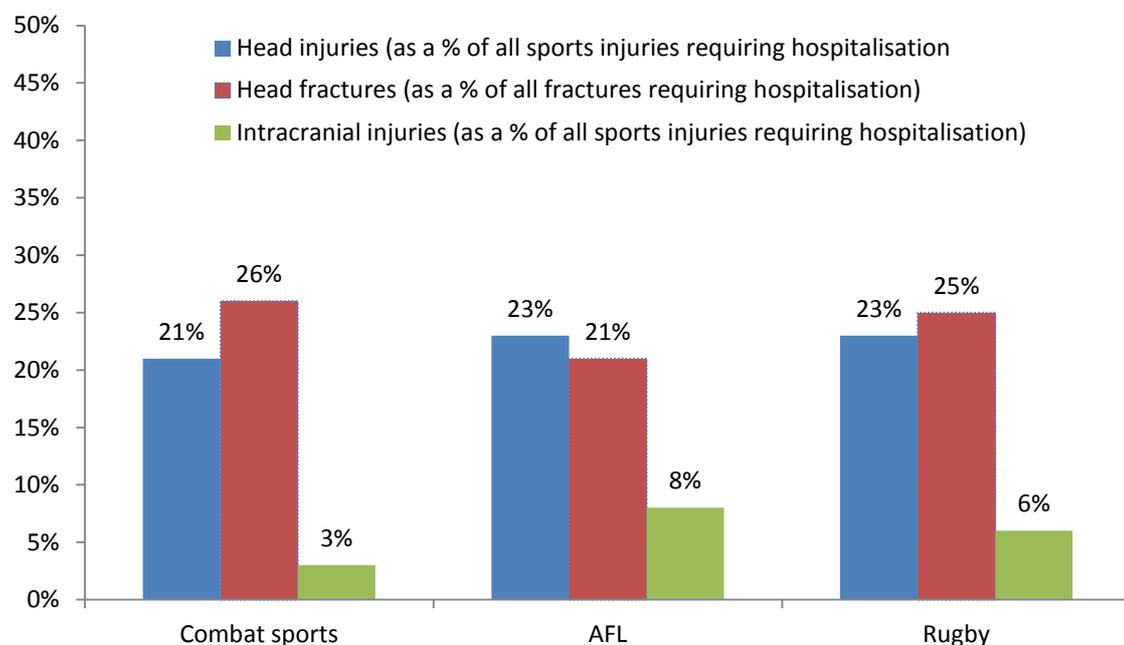
Comparable risk to other contact sports

It is important to note that concussion related injuries are not unique to combat sports. The risk of head injuries in combat sports is comparable to the risks in AFL and Rugby, albeit a slightly lower risk of intracranial injuries.

2014 research published by the Australian Institute of Health and Welfare found head injuries represented 15 per cent of all sports injuries requiring hospitalisation; however this figure rose to 21 per cent of combative sports injuries, similar to the rate in Rugby and AFL (both 23 per cent).

More specifically, intracranial injuries represent 3 per cent of combative sports hospitalisations; this is below the 5 per cent of hospitalisations seen across all sports, the 8 per cent of hospitalisations seen in AFL, and the 6 per cent of Rugby hospitalisations.¹⁰

Figure 2: Sports injury hospitalisations



Increased risk for young athletes

The British Journal of Sports Medicine noted an investigation of over 3,700 sport concussions which found an increased likelihood of concussion occurring in young athletes (individuals aged 10–14 and 15–18 years).¹¹ In addition to increased likelihood of concussion, 2010 research published by the American Academy of Paediatrics noted ‘Young athletes pose a unique challenge, because their brains are still developing and may be more susceptible to the effects of a concussion’.¹²

2014 research published in BMC Sports Science, Medicine, and Rehabilitation found:

¹⁰ Australian Institute of Health and Welfare, *Australian sports injury hospitalisations 2011-12*, Table B1.5 (all sports), Table B1.10 (combative sports), Table B1.6 (Rugby), Table B1.7 (AFL), 2014

¹¹ S Abrahams, S McFie, J Patricios, M Posthumus, A September, *Risk factors for sports concussion: an evidence-based systematic review*, British Journal of Sports Medicine Vol 48 pgs 91-97, 2014

¹² <http://pediatrics.aappublications.org/content/126/3/597.full.pdf+html>

Given the negative cognitive effects of concussion, it has the potential to have a great impact on children and adolescents during their formative years and potentially impair school achievement and, if concussion management is not managed appropriately, there can be long term negative impact on cognitive development and ability to resume sports participation.¹³

Discussion question 2 – Neurological injuries and concussion risks in combat sports: Are the risks associated with neurological injuries and concussion in combat sports substantial enough to warrant government intervention?

Neurological injuries and concussion risk treatment approaches in other jurisdictions

Other jurisdictions use a range of regulatory measures to address the risk of neurological injuries and concussion, these include:

- a) educational activities;
- b) ringside medical practitioners/physicians;
- c) medical testing, including Magnetic Resonance Imaging (MRI);
- d) contestant suspensions (on medical grounds);
- e) use of protective equipment; and
- f) imposition of minimum age restrictions.

In addition, Western Australia (WA) requires that one of the nine members of its Combat Sports Commission be a medical practitioner with knowledge of injuries suffered by contestants.

Educational activities

In Victoria, contestants are required to sign a disclaimer stating that the individual understands the risks involved in combat sports including the acknowledgement that:¹⁴

...boxing and combat sports are hazardous activities that may lead to serious injury. In particular, successive blows to the head may lead to movement of the brain within the skull of a contestant, rupturing veins, and in rare cases, arteries. The resulting bleeding may lead to the formation of blood clots, causing pressure inside the skull, restricting the supply of oxygen to the brain and causing serious damage to the brain and even death.

Victoria's regulation only applies to professional combat sports, for which a combatant must be an adult (aged 18 years or older). In such a case, it may be appropriate for adult combatants to knowingly accept the risks of "serious damage to the brain and even death" without the need for medical testing. In regards to contestants under 18 years old, New South Wales (NSW), South Australia (SA) and WA require parents or guardians to provide a signature as proof of consent for a minor under their care being registered as a combat sports contestant.

In the United States (US), the State of Washington introduced legislation in 2009 on *Youth sports – Concussion and head injury guidelines – Injured athlete restrictions*¹⁵. This

¹³ D Caine, L Purcell, N Maffulli, *The child and adolescent athlete: a review of three potentially serious injuries*, BCM Sports Science, Medicine, and Rehabilitation 2014 Volume 6 page 22

www.biomedcentral.com/content/pdf/2052-1847-6-22.pdf

¹⁴ www.dtpli.vic.gov.au/_data/assets/pdf_file/0004/222952/form4_APPLICATION-FOR-REGISTRATION-AS-A-PROFESSIONAL-CONTESTANT.pdf

¹⁵ <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.600.190>

legislation, which has been adopted in similar form throughout many US jurisdictions, focuses on education and exclusion; it requires:

- a) both young athletes and an athlete’s parent/guardian to sign an annual ‘concussion and head injury information sheet’ prior to the youth initiating practice or competition;
- b) removal from competition of any young athlete suspected of sustaining a concussion or head injury in practice or a game; and
- c) a young athlete not returning to play until evaluation and receipt of written clearance by a licensed health care provider training in the evaluation and management of concussion.

Consultation with medical professionals engaged in the combat sports industry undertaken to inform this Discussion Paper highlighted that education of combat sports participants (particularly trainers, coaches and other officials) on the risks of concussion and how to manage it could be an important way of increasing participant safety. One medical professional stated:

*Referees/umpires should be trained in First Aid and head injury management. Coaches should have the same training as they have responsibility for these combat sports’ athletes/contestants during training.*¹⁶

Ringside medical practitioners/physicians

Most jurisdictions require a medical practitioner to be present at contests, both to conduct pre and post contest examinations and to provide ringside medical assistance. In NSW, WA and Tasmania this individual has the power to direct a referee to stop a contest if a contestant cannot defend themselves or continue the contest.

Currently, the ACT requires a medical practitioner to be present at all boxing and kickboxing contests and be provided unrestricted access to carry out all duties as specified by the rules of the contest. Community and industry consultation showed strong support for doctors and/or other medical personnel (such as paramedics) to be present at both professional and amateur combat sports contests to ensure the safety of contestants.

Table 2: 2011 community and industry feedback “What personnel should be in attendance?”

Personnel	% who believed personnel should be in attendance	
	Professional events	Amateur events
Doctor	75%	87.5%
Paramedics/Ambulance	50%	50%
Police	12.5%	0%
Security	87.5%	62.5%
Government representatives ¹⁷	75%	62.5%
Other	12.5%	25%

¹⁶ Feedback though industry consultation, *Combat Sports regulation in the ACT*, 9 October 2015

¹⁷ The skill set and role of these Government representatives was not discussed in the 2011 community and industry feedback.

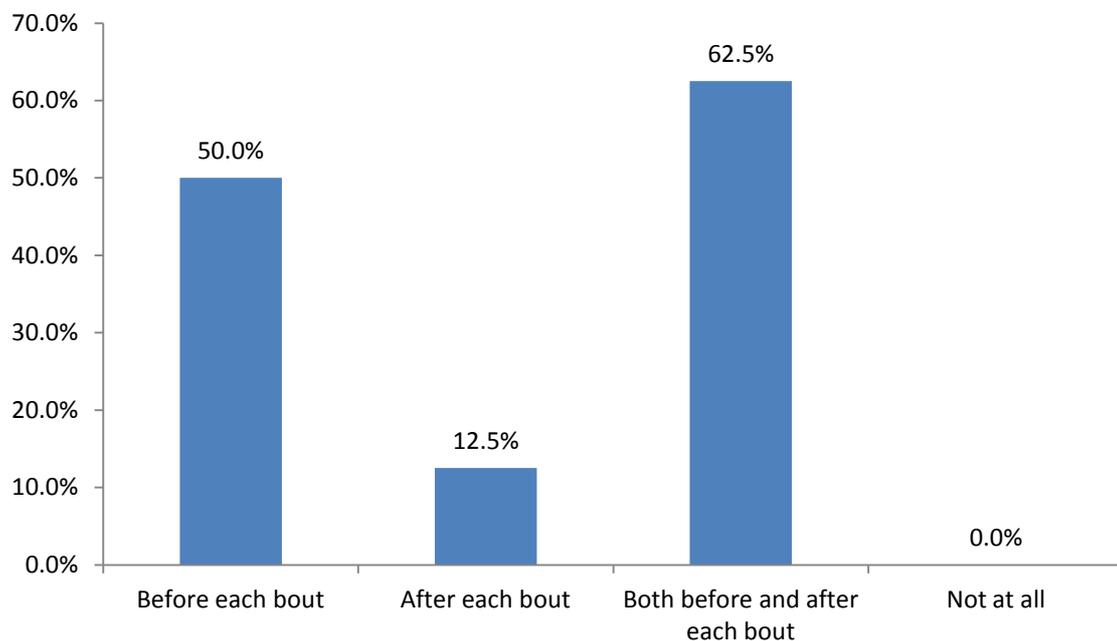
Medical examinations

Most jurisdictions require contestants to undergo a medical examination in order to be registered as a contestant. Some jurisdictions also require medical examinations to be conducted immediately before and after a contest.

In NSW, pre-contest medical examinations must assess a contestant's existing injuries, blood pressure, and general physical health including balance and sensory faculties. Post-contest examinations must assess any injuries sustained during the contest and note any procedures carried out in respect of these injuries. A physical assessment covering conscious state, memory, coordination and sensory faculties must also be conducted and the medical practitioner must sign a declaration stating whether the contestant is fit to compete in combat sport or, alternatively, whether a medical suspension is required. The period of any such suspension must also be declared. A head injury information sheet must also be provided to the contestant, trainer or responsible adult.

Community and industry consultation in 2011 demonstrated strong support for medical examinations of combat sports contestants both before and after contests.

Figure 3: 2011 community and industry feedback "A medical assessment should be obligatory for combat sports contestants"



In NSW, all registered combat sports contestants are issued with a Medical Records Book which must to be taken by the individual to all contests they are engaging in. This book is used to record the results of all pre and post contest medical examinations and records the contestant's injury status as well as any imposed medical suspensions. The book allows doctors and promoters to assess a contestant's fitness to compete and helps to prevent contestants from circumventing medical suspensions by competing in contests

conducted by different organisations. Feedback received in 2015 indicated broad support for the introduction of similar injury reporting requirements in the ACT.

Magnetic Resonance Imaging (MRI) testing

South Australia requires that registration of both professional and amateur combatants include a certificate of fitness that considers a MRI scan of the person’s head conducted within the last three years. South Australia appears to be the only jurisdiction that requires such testing.

The Government recognises that the cost of such testing may be prohibitive for some industry participants; with preliminary estimates suggesting MRI scans of a person’s head to up upwards of \$300.

Suspension of contestants on medical grounds

The NRL, AFL and FFA (as national peak sporting bodies), all have developed concussion management policies including medical assessment of player suspected of sustaining concussion and mandatory suspension of players with identified concussions.

Some jurisdictions impose mandatory suspension of combats sports contestants who have sustained serious injuries (such as neurological injuries) during a contest. For example, NSW has increasing minimum medical suspension periods based on the number of consecutive head injuries a combatant has sustained.¹⁸

Table 3: NSW responses to combatant head injuries

Contest Result	Minimum medical suspension period
Any period of unconsciousness or injury requiring the fight to be stopped because fighter was unable to continue (not including tap-out or submissions in MMA)	30 days
Knock-out or TKO (head injury)	30 days
Second consecutive loss by knockout or TKO (head injury)	60 days
Third consecutive loss by knockout or TKO (head injury)	90 days plus registration suspended until a full medical examination (possibly including an MRI) has been conducted and a Medical Practitioner has determined the combatant is fit to fight.
Six consecutive losses (regardless of the manner of loss)	Registration suspended until a full medical examination (including a MRI if deemed necessary) has been conducted and a Medical Practitioner has determined the combatant is fit to fight.

Protective equipment

The use of personal protective equipment may help to address the risk of serious injuries. NSW requires each combatant to comply with (Ministerially-approved) rules relating to the use of protective clothing or equipment. The NSW *Combat Sports Regulation 2014* indicates such equipment may include, but is not limited to: mouth guards, gloves, padding, taping, chest guards and groin guards.

¹⁸ www.combatsports.nsw.gov.au/assets/pubs/factsheets/Role_of_Medical_Practitioner_Factsheet.pdf

Of particular note, combat sport rules published by the NSW Combat Sports Authority¹⁹ require that “All persons contesting in amateur contests in boxing and kick boxing in any of their styles, including Muay Thai, must wear protective headgear appropriate to the discipline contested.” The WA Combat Sports Commission employs a tiered approach to protective equipment requirements based on a contestant’s fight experience. In WA, boxing, kickboxing and Muay Thai contestants having had less than 6 fights must wear headgear.

In MMA, contestants generally wear smaller, open-fingered gloves to allow grappling manoeuvres such as clinches and submissions to be performed. In most Australian jurisdictions, MMA contestants are not required to wear headgear for similar reasons. Given that modern MMA is a relatively new sport, there is a lack of significant research into the injury rates sustained by participants. However, some recent research has suggested that injury rates in MMA are similar to those found in other full contact combat sports such as professional boxing.²⁰

The use of protective equipment may reduce the risk of injury to contestants’ limbs, torso, face and teeth. However, 2014 research published in the British Journal of Sports Medicine²¹ raises doubts about the effectiveness of protective equipment in minimising neurological injuries stating:

The ability of protective gear to reduce concussion risk was investigated in 13 studies.

Mouth guards have often been shown to be protective against orofacial injuries but their effect on concussion is less clear. Surprisingly, a trend for increased concussion risk was shown [...]. A possible explanation may be risk compensation, which occurs when protective equipment use induces an increase in risky behaviour that may negate the possible effect of protective equipment. [...] Padded headgear has been shown to decrease the risk of abrasions and lacerations, but its effectiveness in preventing concussion needs to be determined.

Minimum age restrictions

In recognition of the increased risk for young athletes, a number of jurisdictions have imposed minimum age restrictions. Where age requirements are stipulated in other jurisdictions, participation in professional combat sports across Australian jurisdictions is not allowed for minors. However, requirements for youth participation in amateur combat sports vary markedly. In the ACT, there is no current legislated minimum age for amateur combat sports contestants. Previous approvals to conduct amateur boxing contests have been subject to the condition that participants be at least 14 years old. NSW does not allow for registration of combatants younger than 14 years (18 years for cage fighting), but both Western Australia and Tasmania allow for much younger age groups.

¹⁹ http://www.combatsports.nsw.gov.au/assets/pubs/rules/CSA_Approved_Rules.pdf

²⁰ R. Lystad, K. Gregory, J. Wilson, *The Epidemiology of Injuries in Mixed Martial Arts – A Systematic Review and Meta-analysis*, Orthopaedic Journal of Sports Medicine, 2(1), 2014

²¹ S Abrahams, S McFie, J Patricios, M Posthumus, A September, *Risk factors for sports concussion: an evidence-based systematic review*, British Journal of Sports Medicine Vol 48 pgs 91-97, 2014
http://www.researchgate.net/profile/Jon_Patricios/publication/256837963_Risk_factors_for_sports_concussion_an_evidence-based_systematic_review/links/0c9605356b381852f2000000.pdf

Views expressed during previous ACT industry and community consultation on this matter varied. Only one quarter of survey respondents stated there was a minimum age below which participation in competitions involving physical contact with opponents should be banned:

- a) most survey responses did not specify what this minimum age should be; but
- b) those that did specify a minimum age for competitive participation indicated 15 years would be appropriate.

Approximately 37.5 per cent of survey respondents believed an across-the-board rule on minimum age would be inappropriate, suggesting this should be dependent on matters such as the level of physical contact and type of sport. The remaining 37.5 per cent of survey respondents did not believe a minimum age for competitive participation should be set.

Discussion question 3 – Management of neurological injuries and concussion risks in combat sports: Is there a role for Government in managing neurological injuries and concussion risks in combat sports? If so, how should these risks be mitigated (select all that apply):

- educational activities;
- ringside medical practitioners/physicians;
- pre contest examinations;
- post contest examinations;
- Magnetic Resonance Imaging (MRI) testing;
- suspension of contestants on medical grounds;
- protective equipment;
- minimum age restrictions;
- other (please specify)?

Blood-borne viruses

Blood-borne viruses are transmitted from person to person via blood or other bodily fluids. Key blood-borne viruses such as HIV and hepatitis (B and C) are evident in the ACT community. There have been 411 diagnosed HIV cases in the Territory, including 18 newly diagnosed cases in the last year.²² In addition, there are approximately 4,000 people living with hepatitis C and 3,600 people with hepatitis B in the ACT.²³

Research published in the British Journal of Sports Medicine²⁴ found open wound lacerations are the most common injury in professional boxing representing 66 per cent of all injuries; they are very common in other combat sports as well. It is therefore probable that combat sports contestants, participants and possibly spectators could come into contact with blood. Given this contact with blood, there is also a potential risk of exposure to blood-borne viruses. It is important to note that most blood-borne viruses require blood-to-blood transmission, i.e. infected blood to come into contact

²² University of New South Wales – The Kirby Institute for infection and immunity in society, *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2015*, Table 4 at <http://kirby.unsw.edu.au/surveillance/2015-annual-surveillance-report-hiv-viral-hepatitis-stis>

²³ Hepatitis ACT – Viral Hepatitis in the Community at <http://hepatitisact.com.au/about-hepatitis/viral-hepatitis-in-the-community/>

²⁴ T Zazryn, C Finch and P McCrory, *A 16 year study of injuries to professional boxers in the state of Victoria, Australia*, British Journal of Sports Medicine Vol 37 pgs 321-324, 2003

with the bloodstream of a non-infected person (through broken skin and open wounds) for virus transmission to occur.

However, a 2002 Sport and Recreation Ministers' Council report on injuries in boxing noted that, despite concerns raised regarding transmission of infectious diseases from bleeding fighters, the exact risk of this could not be calculated on the basis of existing evidence.

Discussion question 4 – Blood-borne virus risks in combat sports: Are the risks associated with blood-borne viruses in combat sports substantial enough to warrant intervention?

Blood-borne viruses risk treatment approaches in other jurisdictions

In some other sports or circumstances, adjusting procedures (such as sending a bleeding football player off the field) or requiring the use of personal protective equipment can manage the risk of exposure to blood and, thus, potential exposure to blood-borne viruses. However, combat sports participants may be exposed to blood without the contest being stopped.

Policies to limit exposure to blood

In its Medical Handbook for Boxing, the Medical Commission of the International Boxing Association acknowledges the risk of blood-borne virus transmission between combat sports participants and recommends:

- a) thorough pre contest medical examinations including serology testing (if deemed necessary by the examining medical practitioner); and
- b) participants who encounter splashes of blood in their mouth, eyes or on skin should immediately wash the affected area with soap and water.

However, local combat sports entities employ slightly different measures. For example, BoxingACT's Infectious Diseases Policy²⁵ establishes measures such as:

- a) disposable latex gloves for coaches and referees;
- b) disinfection of boxing protective equipment after contests; and
- c) a ban on exposed food and drink for officials at contests.

Further, BoxingACT's Sparring Policy²⁶ acknowledges the risk of blood-borne virus transmission between boxers and recommends that:

- a) all boxers be vaccinated against Hepatitis B;
- b) boxers acknowledge these risks and spar at their own risk; and
- c) all blood be cleaned from gloves and contestants in a timely manner.

Serology testing

Nonetheless, most other Australian jurisdictions require serology testing of combat sports contestants. Serology tests are used to screen contestants for blood-borne viruses such as HIV and Hepatitis B and C. NSW, WA and SA require both amateur and

²⁵ [Boxing ACT Infectious Diseases Policy December 2012](#)

²⁶ [Boxing ACT Sparring Policy May 2015](#)

professional contestants to undergo serology tests. Victoria and Tasmania only require professional contestants to undergo testing. In all the above jurisdictions, an individual returning a positive serology test for HIV, Hepatitis B or C is prohibited from competing in a combat sports contest. Serology tests must not be older than six months for them to be considered valid.

Many sanctioning bodies already require contestant serology tests and feedback received by Government in 2015 indicated broad industry support for mandatory serology testing of all combat sports contestants. Introduction of such a requirement would bring the ACT in line with the majority of Australian jurisdictions.

Discussion question 5 – Management of blood-borne virus risks in combat sports: Is there a role for Government in managing blood-borne virus risks in combat sports? If so, how should these risks be mitigated (select all that apply):

- policies to limit exposure to blood;
- serology testing;
- other (please specify)?

Crime in sport

According to the Director General of World Anti-Doping Agency (WADA), the influence of organised crime on sport is increasing, with criminal groups involved in the trafficking of Performance and Image Enhancing Drugs (PIEDs) as well as money laundering, corruption, match fixing and fraud, stating:²⁷

*The threat of unethical individuals moving between codes is greatest in relation to individuals who have transferrable skills/knowledge, particularly administrators, coaches, high performance coaches and sports scientists.*²⁸

The ACT Government condemns the illegal use of PIEDs in all sports. The ACT *Drugs in Sports Act 1999* gives functions to the Australian Sports Anti-Doping Authority (ASADA) to conduct drug testing of state level competitors in line with the powers conferred on ASADA by the Commonwealth *Australian Sports Anti-Doping Authority Act 2006*.

Discussion question 6 – Crime risks in combat sports: Are the risks associated with crime in combat sports substantial enough to warrant intervention?

Crime in sport risk treatment approaches in other jurisdictions

Fit and proper testing requirements

In acknowledging the risk of crime, other jurisdictions focus on police checks and exclusion of members of declared criminal organisations. Most jurisdictions require security checks for combat sports contestants, promoters and participants; NSW takes a

²⁷ www.crimecommission.gov.au/sites/default/files/organised-crime-and-drugs-in-sports-feb2013.pdf page 30 Based on Alvad, S, 2011, 'WADA's Director General strikes alarm bells against organized crime in sports', *Play the Game*, 23 February, www.playthegame.org/knowledge-bank/articles/wadas-directorgeneral-strikes-alarm-bells-against-organized-crime-in-sports-5113.html

²⁸ www.crimecommission.gov.au/sites/default/files/organised-crime-and-drugs-in-sports-feb2013.pdf page 35

risk-based approach to the level of security checks required, somewhat in line with the WADA-identified risk cohorts (particularly administrators e.g. promoters).

Table 4: Participant risk levels for security checks, as identified in NSW

Role	Risk level
Promoter	High
Manager	High
Match-maker	High
Professional judge – previously registered	Medium
Professional referee – previously registered	Medium
Professional time-keeper – previously registered	Medium
Professional judge – new registration	Medium
Professional referee – new registration	Medium
Professional time-keeper – new registration	Medium
Trainer – previously registered	Low
Trainer – new registration	Low
Second – previously registered	Low
Second – new registration	Low
Combatant – previously registered	Low
Combatant – new registration	Low

NSW requires medium and higher-risk combat sports participants to undergo a National Criminal History Record Check (NCHRC) when applying to be registered. Industry participants convicted of fraud, money laundering, match-fixing, illegal betting, illegal drug supply/distribution, intimidation, extortion/blackmail, serious violence, sexual assaults and corrupt conduct are unable to register in NSW. NSW also excludes people who are members of a declared criminal organisation from participating in combat sports; similar exclusions exist in Victoria.

In Victoria, combat sports promoters also undergo checks against the Australian Securities and Investments Commission and National Personal Insolvency Index.

Industry feedback received in 2015 indicated some support for National Police Checks of combat sports industry participants, particularly promoters and coaches/trainers.

The ACT’s *Working with Vulnerable People (Background Checking) Act 2011* already requires those who work or volunteer with vulnerable people, including minors, to undergo a background check and be registered. Any combat sports coach or trainer who works with minors would already need to obtain a Working with Vulnerable People Licence under the requirements of that Act.

Disqualifying offences

Unlike some other jurisdictions, the ACT does not have legislative provisions to declare (and exclude) members of criminal organisations. However, the ACT has existing precedents of excluding participants from certain industries if they have been involved in fraud, money laundering, match-fixing, illegal betting, illegal drug supply/distribution, intimidation, extortion/blackmail, serious violence, sexual assaults and corrupt conduct.

For example, the *Prostitution Act 1992*, *Security Industry Act 2003*, *Firearms Act 1996* and the *Liquor Act 2010* all contain provisions for determining eligibility based on

suitability criteria, police checks, physical and mental health, declarations of association, approving bodies and ongoing compliance. The Prostitution Act provides that anyone who has been convicted or found guilty of offences such as money laundering or serious drug offences cannot run (or continue to run) a commercial operation in the industry. The Firearms Act and the Liquor Act extend these disqualifying offences to close associates able to exercise significant influence over the conduct of a person's business.

Disqualifying offences checks are currently required for:

- a) promoters in both NSW and Victoria;
- b) other industry participants in both NSW and Victoria; and
- c) combatants (contestants) in NSW.

Discussion question 7 – Management of crime risks in combat sports: Is there a role for Government in managing crime risks in combat sports? If so, how should these risks be mitigated (select all that apply):

- fit and proper testing requirements;
- disqualifying offences;
- other (please specify)?

Regulatory approaches for combat sports

Regulation of amateur and/or professional combat sports

Combat sports include both professional and amateur codes.²⁹ Determining the difference between the two is often difficult, although a number of distinguishing features can be identified:

- a) amateur contestants do not generally compete for money or other prizes with monetary value, and are more likely to be required to use specific protective equipment including larger gloves and headgear. Amateurs may be required to be members of a governing body (such as Boxing Australia) and, in NSW, amateur contests are required to be sanctioned by an Approved Amateur Body (AAB). Amateur contests may also be of shorter duration than professional contests and may be conducted under different rules. Amateur boxing (as conducted by the International Boxing Association, AIBA) is an Olympic sport and still requires contestants to maintain amateur status.
- b) professional contestants compete for money and/or prizes and are often prohibited from competing in amateur contests. Longer bouts, different rules, and less stringent protective equipment requirements mean that professional contests sometimes require match injuries to be more severe before the referee will stop the competition. Boxing ACT's website states "Professional boxers...engage in more forceful and demanding boxing than the average amateur boxer".³⁰

However, some industry participants consulted in development of this Discussion Paper suggested differentiating between amateur and professional is irrelevant in many combat sports and indicated registration should instead be based on a fighter's experience through competition points, rankings, grading or number of fights.

Conversely academic research suggests the differences between amateur and professional contests may increase the risk of injury to participants. A study published in the British Journal of Medicine stated that amateur boxers show a lower incidence of Chronic Traumatic Brain Injuries than professional boxers, presumably because of less exposure to repetitive head trauma, through shorter bouts, and the mandatory use of protective headgear.³¹

Currently, the only combat sports participants requiring registration in the ACT are professional contestants. NSW, WA and SA require both amateur and professional

²⁹ Sport and Recreation Services, *The Regulation of Combat Sports in the ACT: A discussion paper to review options and seek submission from persons directly involved in the ACT combat sports industry*, September 20112011 ACT Sport and Recreation Services

³⁰ Boxing ACT website – "Safety facts about amateur boxing, and the politics of the anti-boxing lobby".

³¹ H Clausen, P McCrory, V Anderson, *The risk of chronic traumatic brain injury in professional boxing: change in exposure variables over the past century*, British Journal of Sports Medicine Vol 39 pgs 661-664, 2005

combat sports contestants to be registered. This allows for government oversight of all contestants' injury records and helps to prevent contestants from circumventing medical suspensions by changing sports. A level of mutual recognition of clearances exists between some State combat sports regulatory bodies which allow registered contestants to have their registration clearances recognised interstate.

Discussion question 8 – Registration of contestants: Is there a substantive and relevant distinction in risks between amateur and professional combat sports contestants? If so, should regulation of amateur and professional combat sports contestants differ?

Self regulation of selected combat sports

NSW and WA allow select combat sports contests to be self regulated if they are sanctioned by a Government-recognised organisation (particularly the Australian Sports Commission) and/or involve only light contact or grappling where the purpose of the event is to promote the sport, demonstrate a contestant's proficiency, or where scores are not kept and there is no outcome or result from the contest.

The Australian Sports Commission recognises National Sporting Organisations (NSO's) if they meet eligibility criteria regarding governance and the ethical and safe conduct of their respective sports; NSO's receiving government funding must meet additional eligibility criteria. Tasmania automatically recognises and allows contests to be conducted by Australian Sports Commission recognised NSOs.

National Sporting Organisations recognised by the Australian Sports Commission

The Australian Sports Commission recognises national sporting organisations that represent the following combat sports:

- boxing;
- judo;
- ju-jitsu;
- karate;
- kung fu wushu;
- Muay Thai;³²
- taekwondo;
- wrestling.³³

In consideration of whether a similar self regulatory model may be appropriate for the ACT, some previously surveyed industry and community members supported exclusion based on Australian Sports Commission recognition. One survey respondent stated:

Amateur sports recognised by the Australian Sports Commission should self-regulate using national policies that have been highly tuned to provide maximum safety.

³² Provisional recognition only.

³³ Australian Sports Commission, 2014-18 National Sporting Organisations and National Sporting Organisations for People with Disabilities as recognised by the Australian Sports Commission, March 2015

Similar views were expressed by a quarter of those surveyed. Industry feedback received in 2015 showed a similar level of support for self regulation of combat sports that do not conduct full contact sparring or engage in forms of contact competition. The risk of injury to participants (particularly head injuries) may be greatly reduced if contact between participants is minimised or non-existent.

Discussion question 9 –Self-regulation of combat sports: Should any combat sports be excluded from government regulation? Why should these sports be excluded?

Regulation of training and/or competition

Other jurisdictions do not appear to regulate combat sports training, instead focussing on regulation of contests/events. Many combat sports participants train only for the purposes of recreation and to improve their health and fitness levels. However, other participants choose to train for and engage in organised sports contests and tournaments where the risk of injury may be significantly increased.

A 2006 study into boxing injuries in the British Journal of Sports Medicine found:

... the severity of injuries sustained during training to be less, with strains and sprains more common, as opposed to the concussions reported during competition...Overall injuries sustained during training appear to occur at a low rate, whereas during competition the injury rate is very high³⁴

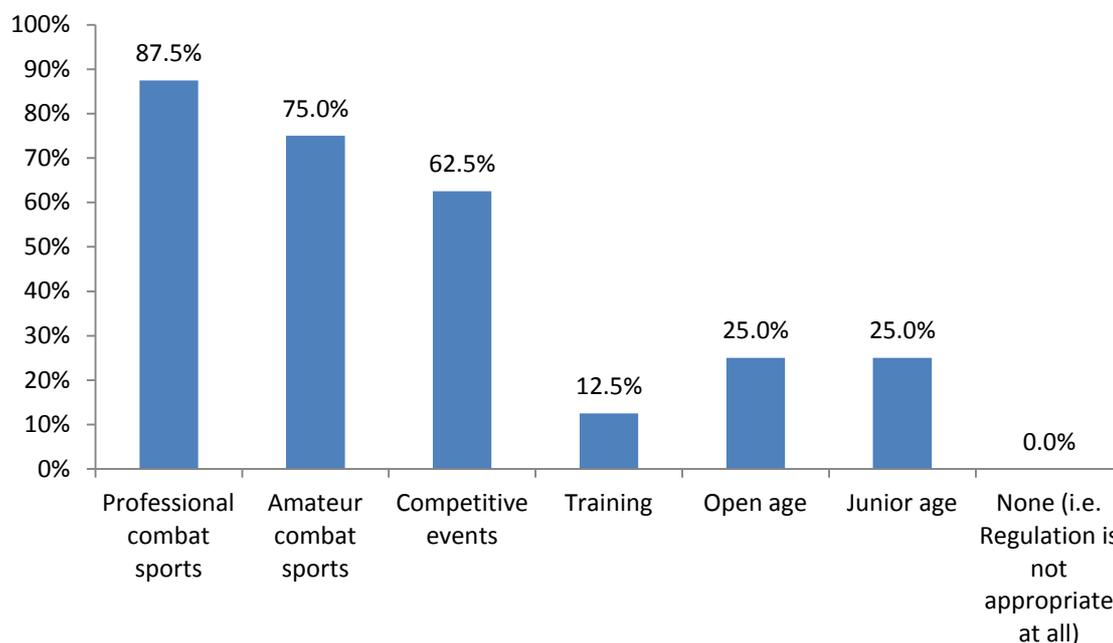
The study concluded that, “acute injuries during training appear to be less common and severe than those sustained in bouts.”

Multiple industry participants consulted in development of this Discussion Paper suggested that, in focussing on participant safety, regulation should start at the experience of trainers/instructors and clubs, and not just of public competition. However, previous industry and community consultation showed a clear majority (62.5 per cent) of stakeholders support regulation of competitive contests/events, however only 12.5 per cent of stakeholders consider regulation of training activities is appropriate.

Discussion question 10 –Regulation of training activity: To what extent should training be regulated? What recognition should be given to injuries gained via training prior to a competitive event/fight?

³⁴ T Zazryn, P Cameron, P McCrory, *A prospective cohort study of injury in amateur and professional boxing*, British Journal of Sports Medicine. 40(8), pgs 670-674, August 2006

Figure 4: 2011 community and industry feedback “For which boxing and combat sports in the ACT do you think regulation is appropriate?”



Responsibilities of key industry participants

In addition to combatants or competitors, NSW identifies a range of registered industry participants as per the table below. Similar definitions are employed by other jurisdictions.

Table 5: Industry participants and promoters

Role	Description
Match-maker	An individual who acts on behalf of a promoter to arrange combat sport contests between particular combatants
Manager	An individual who undertakes to represent the interests of a combatant in procuring the engagement of the combatant as a contestant in a combat sport contest or who directs or controls the combat sport activities of any combatant
Trainer	An individual who supervises the training or instruction of a combatant or who accompanies a combatant into or onto the contest area to give advice or assistance during a combat sport contest
Second	An individual who assists a combatant as advised by a trainer and who assists a trainer in the preparation of combatants
Judge	An individual who determines the points scored by each combatant in a combat sport contest
Referee	An individual who enforces the rules relating to a combat sport during the combat sport contest
Timekeeper	An individual who regulates the number and length of rounds, and the interval between rounds, of a combat sport contest
Promoter	An individual who arranges a combat sport contest

The responsibilities of industry participants, particularly promoters, vary across jurisdictions. As the entity holding the permit to conduct an event, promoters are responsible for the safe and lawful conduct of their event. In addition to various

compliance requirements relating to equipment and the venue, key features of a promoters legislated responsibilities across jurisdictions relate to ensuring:

- a) the fitness of combatants;
- b) medical reporting; and
- c) appropriate permits and licensing for all officials and combatants.

In addition, NSW, Western Australia and Tasmania all impose insurance requirements on promoters. WA also requires combat sports participants to demonstrate their industry experience by completing a Statement of Experience form.

Currently, promoters of ACT boxing and kickboxing contests are required to adhere to the requirements of the *Boxing Control (Boxing Contests Code of Practice) Determination 1996*.³⁵ This Code of Practice relates to health and safety matters such as the use of personal protective equipment and the presence of medical practitioners at contests.

Discussion question 11 – Registration of industry participants: Which combat sports participants should require registration e.g. trainers, promoters, judges etc?

Discussion question 12 – Code of Practice: Does the existing *Boxing Control (Boxing Contests Code of Practice) Determination 1996*, available at www.legislation.act.gov.au/dj/1996-233/19961011-11778/pdf/1996-233.pdf, adequately address key industry participant responsibilities for boxing and kick boxing? If so, could this Code of Practice be applied to other combat sports?

³⁵ Available at www.legislation.act.gov.au/dj/1996-233/19961011-11778/pdf/1996-233.pdf