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Conference of Parties to the International Convention against Doping in Sport

1CP

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Item 5 of the Provisional Agenda

Approval of the 2007 Prohibited List International Standard

Summary

Documents: International Convention against Doping in Sport and 2007 Prohibited List International Standard (herewith attached as Annex I).

Background: On 1 October 2006, the World Anti-Doping Agency (WADA) issued the 2007 Prohibited List International Standard which came into force on 1 January 2007. The World Anti-Doping Code, which is attached to the Convention as Appendix 1, stipulates that WADA is to publish, as often as necessary and no less often than annually, the Prohibited List containing the substances or methods prohibited in-competition, out-of-competition and by particular sports. The Prohibited List is an integral part of the International Convention against Doping in Sport by virtue of its Article 4.3. It is attached to the Convention as Annex I because it is fundamental to ensure international harmonization in the fight against doping in sport. It is essential to establish a single Prohibited List universally accepted so that athletes and athlete support personnel are fully aware of the prohibited substances and methods and so that uniform standards are applied by the competent national authorities and the sports movement throughout the world.

Pursuant to Article 34.1 of the Convention, WADA has communicated the 2007 Prohibited List to the Director-General who hereby submits it for approval by the Conference of the Parties.

Decision Required: Paragraph 13

INTRODUCTION

1. On 1 October 2006, WADA issued the 2007 Prohibited List International Standard (hereinafter referred to as “the Prohibited List”), which came into force on 1 January 2007. The Prohibited List is essential to the fight against doping in sport. It contains the substances or methods prohibited in-competition, out-of-competition and by particular sports as determined by the World Anti-Doping Agency (WADA). The World Anti-Doping Code (hereinafter referred to as “the Code”), which is attached to the Convention as Appendix 1, stipulates that WADA is to publish, as often as necessary and no less often than annually, the Prohibited List containing the substances or methods prohibited in-competition, out-of-competition and by particular sports.

2. The Prohibited List and the Standards for Granting Therapeutic Use Exemptions are an integral part of the International Convention against Doping in Sport by virtue of its Article 4.3. They are attached to the Convention as Annexes I and II because they are fundamental to ensure international harmonization in the fight against doping in sport. It is essential to establish a single Prohibited List and therapeutic use exemptions are universally accepted so that athletes and athlete support personnel are fully aware of the prohibited substances and methods and so that uniform standards are applied by the competent national authorities and the sports movement throughout the world.

3. The Prohibited List is continually evolving as new substances and methods are uncovered and scientific knowledge advances. According to Article 4.3.1 of the Code, a substance or method must be considered for inclusion on the Prohibited List if WADA determines that the substance or method meets any two of the following three criteria:

   (a) Medical or other scientific evidence, pharmacological effect or experience that the substance or method has the potential to enhance or enhances sport performance;

   (b) 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;

   (c) WADA's determination that the use of the substance or method violates the spirit of sport described in the introduction to the Code.

   A substance or method must also be included on the Prohibited List if WADA determines there is medical or other scientific evidence, pharmacological effect or experience that the substance or method has the potential to mask the use of other prohibited substances and prohibited methods (see Article 4.3.2 of the Code).

4. The Prohibited List serves as the cornerstone of the Code. All signatories to the Code including the International Olympic Committee, International Paralympic Committee, International Sports Federations, National Olympic Committees, National Paralympic Committees, Major Events Organizations, National Anti-Doping Organizations and WADA are required to give effect to the Prohibited List three months after it is published (unless otherwise specified) without any further action. A single set of prohibited substances and prohibited methods across the sports movement is thereby established.

5. As WADA periodically approves amendments to the Prohibited List and to the Standards for Granting Therapeutic Use Exemptions, the Convention sets forth a simplified amendment procedure whereby changes made by WADA can be expeditiously incorporated into the Annexes of the Convention. Article 34.1 provides for the approval of amendments to the Prohibited List and to the Standards for Granting Therapeutic Use Exemptions by the Conference of Parties or through written consultation. This provision is designed to ensure that the same Prohibited List as applied by the sports movement is also binding upon the governments of Member States having ratified the Convention.

REVISION OF THE PROHIBITED LIST

6. The 2005 Prohibited List is currently attached to the Convention as Annex I because this was the latest document approved by WADA at the time the Convention was negotiated and adopted by the 33rd session of the UNESCO General Conference on 19 October 2005. However, a number of changes have been made to the Prohibited List by WADA since then, the Prohibited List was updated for the year 2006 and most recently the 2007 Prohibited List was approved on 1 October 2006.

7. The 2007 Prohibited List was developed in accordance with the guidelines for the annual review and consequent publication of the Prohibited List outlined in the Code under its Article 4.1. The process included the circulation of a draft Prohibited List, consultation with government and sports movement stakeholders and thorough consideration of all submissions received from the consultation process during the finalization of the document. The specific timeline in which this process was completed, and the procedural steps followed, are outlined below.

Preparation of the 2007 Prohibited List

24-25 January 2006	First meeting of the WADA List Committee (a subsidiary body of the WADA Health, Medical and Research Committee composed of 11 scientists chosen for their international expertise) to define new and key areas of activities and allocate tasks
11 April 2006	Second meeting of the WADA List Committee to prepare the draft 2007 Prohibited List
May – July 2006	Draft 2007 Prohibited List circulated to all government and sports movement stakeholders for consultation and comment
August 2006	Stakeholder comments received Compilation of all comments and distribution to WADA List Committee members for review

September 2006	Third meeting of the WADA List Committee to review comments and draft 2007 Prohibited List Draft 2007 Prohibited List circulated to the WADA Health, Medical and Research Committee for discussion and final recommendation Circulation of the 2007 Prohibited List to WADA's Executive Committee for discussion and approval.
1 October 2006	Publication of the 2007 Prohibited List

8. Having been approved by the WADA Executive Committee on 16 September 2006, the 2007 Prohibited List came into effect on 1 January 2007 for all signatories of the Code.

SUMMARY OF THE CHANGES

9. A number of changes have been made to the 2005 Prohibited List since the Convention was adopted by the 33rd session of the UNESCO General Conference. The following is a non-exhaustive summary of the main differences between the 2005 and the 2007 Prohibited Lists.

- The nomenclature of anabolic substances was reviewed based upon International Non-proprietary Name (INN) and International Union of Pure and Applied Chemistry (IUPAC) nomenclatures.

- Desoxymethyltestosterone, methasterone, prostanozol and methyl-1-testosterone were added to the list of examples of exogenous anabolic substances.

- The explanatory notes of the anabolic steroid section (S1.b) were reworded and expanded to clarify the procedures and/or tests to follow when an Adverse Analytical Finding is reported for endogenous anabolic steroids or for a testosterone epitestosterone ratio (T/E ratio). An explanatory note was added to clarify the procedures for follow-up tests after reporting an Adverse Analytical Finding of very low concentrations of boldenone. It was also specified that an Adverse Analytical Finding for 19-norandrosterone reported by a laboratory was sufficient proof and did not require follow-up tests.

- Tibolone was added to the list of examples of other anabolic agents.

- The status of human chorionic gonadotrophin (hCG) and luteinizing hormone (LH) was changed so that these substances are only prohibited in male athletes.

- The mention of restricted diagnosis to the use of beta-2-agonists by inhalation was deleted.

- The concentration of salbutamol greater than 1000 ng/mL is now considered an Adverse Analytical Finding regardless of the granting of any form of Therapeutic Use Exemption.

- It was clarified that drosperinone is not prohibited.

- The wording of S6 Stimulants was amended to clearly define the prohibited status of stimulants, and indicate that non-listed examples may, under certain conditions, be considered as specified substances.

- Adrenaline was clearly named in the list of stimulants.

- Clarification on the permitted status of imidazole derivatives for topical use was inserted.

- Prohibited stimulants cropropamide, crotetamide, etamivan, heptaminol, isometheptene, and the isomers of methlyamphetamine (levmethamfetamine, methamphetamine (D-), p-methylamphetamine, ortetamine, phenpromethamine, propylhexedrine) were reintroduced as examples.

- Stimulants benzylpiperazine, cyclazodone, fenbutrazate, meclofenoxate, norfenefrine, octopamine, oxilofrine, pentetrazol sibutramine and tuaminoheptane were prohibited in competition based on their chemical structure and biological effect(s). A number of these were also added as specified substances.

- Topical glucocorticosteriods preparations to treat dermatological, auricular, nasal, ophthalmic, buccal, gingival and peri-anal ailments no longer require a Therapeutic Use Exemption.

- Changes requested by International Sports Federations were made to the substance prohibited in particular sports.

- Stimulants cathine, cropropamide, crotetamide, ephedrine, etamivan, famprofazone, heptaminol, isometheptene, heptaminol, isometheptene, levmethamfetamine, meclofenoxate, p-methylamphetamine, methylephedrine, nikethamide, norfenefrine, octopamine, ortetamine, oxilofrine, phenpromethamine, propylhexedrine, selegiline, sibutramine and tuaminoheptane and any other stimulant not expressly listed under section S6 for which the Athlete establishes that it fulfils the conditions described in section S6 were added as specified substances.

10. These changes are significant. The addition or removal of a prohibited substance or prohibited method has serious implications for athletes and athlete support personnel. The use or possession of a prohibited substances or methods would constitute an anti-doping rule violation which, if proven, could result in a two year period of ineligibility for a first violation or life for a second anti-doping rule violation. Trafficking, administration or attempted administration of prohibited substances and prohibited methods also constitute anti-doping rule violations which attract a minimum of four years and up to lifetime ineligibility. Therefore, it is important that these changes are reflected in Annex I to the

Convention. International harmonization can be achieved by the approval of the 2007 Prohibited List by the Conference of Parties.

APPROVAL OF THE 2007 PROHIBTED LIST INTERNATIONAL STANDARD

11. Pursuant to Article 34.1 of the Convention, the Director-General hereby submits the 2007 Prohibited List for approval by the Conference of the Parties. Approval of these amendments is considered essential for a uniform application of anti-doping standards in order to ensure a consistent global approach.

12. By virtue of Article 34.2 of the Convention, unless two thirds of the States Parties express their objection to the 2007 Prohibited List, may be approved by the Conference of Parties. In accordance with Article 34.3, the amendments approved by the Conference of Parties will be notified to States Parties by the Director-General and will enter into force 45 days after that notification. If a State Party has previously notified the Director-General that it does not accept one or more of the proposed amendments, it remains bound by Annex I as not amended.

DRAFT RESOLUTION 1CP/5

13. The Conference of Parties may wish to adopt the following resolutions:

The Conference of Parties,

1. *Having* examined document ICDS/1CP/Doc4

2. *Acknowledges* that the 2007 Prohibited List International Standard has been prepared by the World Anti-Doping Agency in accordance with the guidelines for the annual review and consequent publication of the Prohibited List, involving the circulation of a draft Prohibited List and consultation with government and sports movement stakeholders, as outlined in the World Anti-Doping Code,

3. *Recognizes* that the elimination of doping in sport is dependent upon harmonization of anti-doping standards in sport so that they are uniformly applied by competent national authorities and the sports movement,

4. *Approves* the 2007 Prohibited List International Standard.

ANNEX I

WORLD ANTI-DOPING AGENCY

The World Anti-Doping Code

THE 2007 PROHIBITED LIST

INTERNATIONAL STANDARD

This List shall come into effect on 1 January 2007.

THE 2007 PROHIBITED LIST
WORLD ANTI-DOPING CODE

Valid 1 January 2007

The use of any drug should be limited to medically justified indications

SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS, including:

1-androstendiol (5α-androst-1-ene-3β,17β-diol)**; 1-androstendione** (5α-androst-1-ene-3,17-dione)**; bolandiol** (19-norandrostenediol)**; bolasterone; boldenone; boldione** (androsta-1,4-diene-3,17-dione)**; calusterone; clostebol; danazol** (17α-ethynyl-17β-hydroxyandrost-4-eno[2,3-d]isoxazole)**; dehydrochlormethyltestosterone** (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one)**; desoxymethyltestosterone** (17α-methyl-5α-androst-2-en-17β-ol)**; drostanolone; ethylestrenol** (19-nor-17α-pregn-4-en-17-ol)**; fluoxymesterone; formebolone; furazabol** (17β-hydroxy-17α-methyl-5α-androstano[2,3-c]-furazan)**; gestrinone; 4-hydroxytestosterone** (4,17β-dihydroxyandrost-4-en-3-one)**; mestanolone; mesterolone; metenolone; methandienone** (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one)**; methandriol; methasterone** (2α, 17α-dimethyl-5α-androstane-3-one-17β-ol)**; methyldienolone** (17β-hydroxy-17α-methylestra-4,9-dien-3-one)**; methyl-1-testosterone** (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one)**; methylnortestosterone** (17β-hydroxy-17α-methylestr-4-en-3-one)**; methyltrienolone** (17β-hydroxy-17α-methylestra-4,9,11-trien-3-one)**; methyltestosterone; mibolerone; nandrolone; 19-norandrostenedione** (estr-4-ene-3,17-dione)**; norboletone; norclostebol; norethandrolone;**

oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanozol ([3,2-c]pyrazole-5α-etioallocholane-17β-tetrahydropyranol)**; quinbolone; stanozolol; stenbolone; 1-testosterone** (17β-hydroxy-5α-androst-1-en-3-one)**; tetrahydrogestrinone** (18a-homo-pregna-4,9,11-trien-17β-ol-3-one)**; trenbolone** and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS:

androstenediol (androst-5-ene-3β,17β-diol)**; androstenedione** (androst-4-ene-3,17-dione)**; dihydrotestosterone** (17β-hydroxy-5α-androstan-3-one) **; prasterone** (dehydroepiandrosterone, DHEA)**; testosterone**
and the following metabolites and isomers:

5α-androstane-3α,17α-diol; 5α-androstane-3α,17β-diol; 5α-androstane-3β,17α-diol; 5α-androstane-3β,17β-diol; androst-4-ene-3α,17α-diol; androst-4-ene-3α,17β-diol; androst-4-ene-3β,17α-diol; androst-5-ene-3α,17α-diol; androst-5-ene-3α,17β-diol; androst-5-ene-3β,17α-diol; 4-androstenediol (androst-4-ene-3β,17β-diol)**; 5-androstenedione** (androst-5-ene-3,17-dione)**; epi-dihydrotestosterone; 3α-hydroxy-5α-androstan-17-one; 3β-hydroxy-5α-androstan-17-one; 19-norandrosterone; 19-noretiocholanolone.**

Where an anabolic androgenic steroid is capable of being produced endogenously, a *Sample* will be deemed to contain such *Prohibited Substance* where the concentration of such *Prohibited Substance* or its metabolites or markers and/or any other relevant ratio(s) in the *Athlete*'s *Sample* so deviates from the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. A *Sample* shall not be deemed to contain a *Prohibited Substance* in any such case where an *Athlete* proves that the concentration of the *Prohibited Substance* or its metabolites or markers and/or the relevant ratio(s) in the *Athlete*'s *Sample* is attributable to a physiological or pathological condition.

In all cases, and at any concentration, the *Athlete*'s sample will be deemed to contain a *Prohibited Substance* and the laboratory will report an *Adverse Analytical Finding* if, based on any reliable analytical method (e.g. IRMS), the laboratory can show that the *Prohibited Substance* is of exogenous origin. In such case, no further investigation is necessary.

If a value in the range of levels normally found in humans is reported and the reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, but if there are indications, such as a comparison to endogenous reference steroid profiles, of a possible *Use* of a *Prohibited Substance,* further investigation shall be conducted by the relevant *Anti-Doping Organization* by reviewing the results of any previous test(s) or by conducting subsequent test(s),

in order to determine whether the result is due to a physiological or pathological condition, or has occurred as a consequence of the exogenous origin of a *Prohibited Substance*.

When a laboratory has reported a T/E ratio greater than four (4) to one (1) and any reliable analytical method (e.g. IRMS) applied has not determined the exogenous origin of the substance, further investigation may be conducted by a review of previous tests or by conducting subsequent test(s), in order to determine whether the result is due to a physiological or pathological condition, or has occurred as a consequence of the exogenous origin of a *Prohibited Substance*. If a laboratory reports, using an additional reliable analytical method (e.g. IRMS), that the *Prohibited Substance* is of exogenous origin, no further investigation is necessary and the *Sample* will be deemed to contain such *Prohibited Substance*.
When an additional reliable analytical method (e.g. IRMS) has not been applied and a minimum of three previous test results are not available, a longitudinal profile of the *Athlete* shall be established by performing a minimum of three no advance notice tests in a period of three months by the relevant *Anti-Doping Organization*. If the longitudinal profile of the *Athlete* established by the subsequent tests is not physiologically normal, the result shall be reported as an *Adverse Analytical Finding*.

In extremely rare individual cases, boldenone of endogenous origin can be consistently found at very low nanograms per milliliter (ng/mL) levels in urine. When such a very low concentration of boldenone is reported by a laboratory and the application of any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, further investigation may be conducted by subsequent tests. When an additional reliable analytical method (e.g. IRMS) has not been applied, a longitudinal profile of the athlete shall be established by performing a minimum of three no advance notice tests in a period of three months by the relevant *Anti-Doping Organization*. If the longitudinal profile of the *Athlete* established by the subsequent tests is not physiologically normal, the result shall be reported as an *Adverse Analytical Finding*.

For 19-norandrosterone, an *Adverse Analytical Finding* reported by a laboratory is considered to be scientific and valid proof of exogenous origin of the *Prohibited Substance*. In such case, no further investigation is necessary.

Should an *Athlete* fail to cooperate in the investigations, the *Athlete*'s *Sample* shall be deemed to contain a *Prohibited Substance*.

2. Other Anabolic Agents, including but not limited to:

Clenbuterol, tibolone, zeranol, zilpaterol.

For purposes of this section:
** "exogenous" refers to a substance which is not ordinarily capable of being produced by the body naturally.*
*** "endogenous" refers to a substance which is capable of being produced by the body naturally.*

S2. HORMONES AND RELATED SUBSTANCES

The following substances, including other substances with a similar chemical structure or similar biological effect(s), and their releasing factors, are prohibited:

1. **Erythropoietin (EPO);**
2. **Growth Hormone (hGH), Insulin-like Growth Factors (**e.g. **IGF-1), Mechano Growth Factors (MGFs);**
3. **Gonadotrophins (LH, hCG),** prohibited in males only;
4. **Insulin;**
5. **Corticotrophins.**

Unless the *Athlete* can demonstrate that the concentration was due to a physiological or pathological condition, a *Sample* will be deemed to contain a *Prohibited Substance* (as listed above) where the concentration of the *Prohibited Substance* or its metabolites and/or relevant ratios or markers in the *Athlete*'s *Sample* so exceeds the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production.

If a laboratory reports, using a reliable analytical method, that the *Prohibited Substance* is of exogenous origin, the *Sample* will be deemed to contain a *Prohibited Substance* and shall be reported as an *Adverse Analytical Finding*.

The presence of other substances with a similar chemical structure or similar biological effect(s), diagnostic marker(s) or releasing factors of a hormone listed above or of any other finding which indicate(s) that the substance detected is of exogenous origin, will be deemed to reflect the use of a *Prohibited Substance* and shall be reported as an *Adverse Analytical Finding*.

S3. BETA-2 AGONISTS

All beta-2 agonists including their D- and L-isomers are prohibited.

As an exception, formoterol, salbutamol, salmeterol and terbutaline when administered by inhalation, require an abbreviated Therapeutic Use Exemption.

Despite the granting of any form of Therapeutic Use Exemption, a concentration of salbutamol (free plus glucuronide) greater than 1000 ng/mL will be considered an *Adverse Analytical Finding* unless the *Athlete* proves that the abnormal result was the consequence of the therapeutic use of inhaled salbutamol.

S4. AGENTS WITH ANTI-ESTROGENIC ACTIVITY

The following classes of anti-estrogenic substances are prohibited:

1. **Aromatase inhibitors including, but not limited to, anastrozole, letrozole, aminoglutethimide, exemestane, formestane, testolactone.**

2. **Selective Estrogen Receptor Modulators (SERMs) including, but not limited to, raloxifene, tamoxifen, toremifene.**

3. **Other anti-estrogenic substances including, but not limited to, clomiphene, cyclofenil, fulvestrant.**

S5. DIURETICS AND OTHER MASKING AGENTS

Masking agents are prohibited. They include:

Diuretics*, epitestosterone, probenecid, alpha-reductase inhibitors (e.g. **finasteride, dutasteride), plasma expanders (**e.g. **albumin, dextran, hydroxyethyl starch)** and other substances with similar biological effect(s).

Diuretics include:

acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. **bendroflumethiazide, chlorothiazide, hydrochlorothiazide), triamterene**, and other substances with a similar chemical structure or similar biological effect(s) (except for drosperinone, which is not prohibited).

* A Therapeutic Use Exemption is not valid if an *Athlete*'s urine contains a diuretic in association with threshold or sub-threshold levels of a *Prohibited Substance*(s).

PROHIBITED METHODS

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

1. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin.

2. Artificially enhancing the uptake, transport or delivery of oxygen, including but not limited to perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products (e.g. haemoglobin-based blood substitutes, microencapsulated haemoglobin products).

M2. CHEMICAL AND PHYSICAL MANIPULATION

1. *Tampering,* or attempting to tamper, in order to alter the integrity and validity of *Samples* collected during *Doping Controls* is prohibited. These include but are not limited to catheterisation, urine substitution and/or alteration.

2. Intravenous infusions are prohibited, except as a legitimate medical treatment.

M3. GENE DOPING

The non-therapeutic use of cells, genes, genetic elements, or of the modulation of gene expression, having the capacity to enhance athletic performance, is prohibited.

SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION

In addition to the categories S1 to S5 and M1 to M3 defined above, the following categories are prohibited in competition:

PROHIBITED SUBSTANCES

S6. STIMULANTS

All stimulants (including both their (D- & L-) optical isomers where relevant) are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2007 Monitoring Program[*].

Stimulants include:

Adrafinil, adrenaline[**], amfepramone, amiphenazole, amphetamine, amphetaminil, benzphetamine, benzylpiperazine, bromantan, cathine[***], clobenzorex, cocaine, cropropamide, crotetamide, cyclazodone, dimethylamphetamine, ephedrine[****], etamivan, etilamphetamine, etilefrine, famprofazone, fenbutrazate, fencamfamin, fencamine, fenetylline, fenfluramine, fenproporex, furfenorex, heptaminol, isometheptene, levmethamfetamine, meclofenoxate, mefenorex, mephentermine, mesocarb, methamphetamine (D-), methylenedioxyamphetamine, methylenedioxymethamphetamine, p-methylamphetamine, methylephedrine[****], methylphenidate, modafinil, nikethamide, norfenefrine, norfenfluramine, octopamine, ortetamine, oxilofrine, parahydroxyamphetamine, pemoline, pentetrazol, phendimetrazine, phenmetrazine, phenpromethamine, phentermine, 4-phenylpiracetam (carphedon), prolintane, propylhexedrine, selegiline, **sibutramine, strychnine**, **tuaminoheptane** and other substances with a similar chemical structure or similar biological effect(s).

[*] The following substances included in the 2007 Monitoring Program (bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradol, pseudoephedrine, synephrine) are not considered as *Prohibited Substances*.

[**] **Adrenaline** associated with local anaesthetic agents or by local administration (e.g. nasal, ophthalmologic) is not prohibited.

[***] **Cathine** is prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

**** Each of **ephedrine** and **methylephedrine** is prohibited when its concentration in urine is greater than 10 micrograms per milliliter.
A stimulant not expressly mentioned as an example under this section should be considered as a Specified Substance only if the *Athlete* can establish that the substance is particularly susceptible to unintentional anti-doping rule violations because of its general availability in medicinal products or is less likely to be successfully abused as a doping agent.

S7. NARCOTICS

The following narcotics are prohibited:

buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives,

hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

S8. CANNABINOIDS

Cannabinoids (e.g. hashish, marijuana) are prohibited.

S9. GLUCOCORTICOSTEROIDS

All glucocorticosteroids are prohibited when administered orally, rectally, intravenously or intramuscularly. Their use requires a Therapeutic Use Exemption approval.

Other routes of administration (intraarticular /periarticular/ peritendinous/ epidural/ intradermal injections and inhalation) require an Abbreviated Therapeutic Use Exemption except as noted below.

Topical preparations when used for dermatological (including iontophoresis/phonophoresis), auricular, nasal, ophthalmic, buccal, gingival and perianal disorders are not prohibited and do not require any form of Therapeutic Use Exemption.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1. ALCOHOL

Alcohol (ethanol) is prohibited *in-competition* only, in the following sports. Detection will be conducted by analysis of breath and/or blood. The doping violation threshold (haematological values) for each Federation is reported in parenthesis.

- Aeronautic (FAI) (0.20 g/L)
- Archery (FITA, IPC) (0.10 g/L)
- Automobile (FIA)(0.10 g/L)
- Boules (CMSB, IPC bowls) (0.10 g/L)
- Karate (WKF) (0.10 g/L)
- Modern Pentathlon (UIPM) for disciplines involving shooting (0.10 g/L)
- Motorcycling (FIM) (0.10 g/L)
- Powerboating (UIM) (0.30 g/L)

P2. BETA-BLOCKERS

Unless otherwise specified, beta-blockers are prohibited *in-competition* only, in the following sports.

- Aeronautic (FAI)
- Archery (FITA, IPC) (also prohibited *out-of-competition*)
- Automobile (FIA)
- Billiards (WCBS)
- Bobsleigh (FIBT)
- Boules (CMSB, IPC bowls)
- Bridge (FMB)
- Curling (WCF)
- Gymnastics (FIG)
- Motorcycling (FIM)
- Modern Pentathlon (UIPM) for disciplines involving shooting
- Nine-pin bowling (FIQ)
- Sailing (ISAF) for match race helms only
- Shooting (ISSF, IPC) (also prohibited *out-of-competition*)
- Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air
- Wrestling (FILA)

Beta-blockers include, but are not limited to, the following:

acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, carteolol, carvedilol, celiprolol, esmolol, labetalol, levobunolol, metipranolol, metoprolol, nadolol, oxprenolol, pindolol, propranolol, sotalol, timolol.

SPECIFIED SUBSTANCES*

"Specified Substances"* are listed below:

- All inhaled Beta-2 Agonists, except salbutamol (free plus glucuronide) greater than 1000 ng/mL and clenbuterol;
- Probenecid;
- Cathine, cropropamide, crotetamide, ephedrine, etamivan, famprofazone, heptaminol, isometheptene, levmethamfetamine, meclofenoxate, p-methylamphetamine, methylephedrine, nikethamide, norfenefrine, octopamine, ortetamine, oxilofrine, phenpromethamine, propylhexedrine, selegiline, sibutramine, tuaminoheptane, and any other stimulant not expressly listed under section S6 for which the Athlete establishes that it fulfils the conditions described in section S6;
- Cannabinoids;
- All Glucocorticosteroids;

- ALCOHOL;

- ALL BETA BLOCKERS.

* *"The Prohibited List may identify specified substances which are particularly susceptible to unintentional anti-doping rule violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents."* A doping violation involving such substances may result in a reduced sanction provided that the *"…Athlete can establish that the use of such a specified substance was not intended to enhance sport performance…"*