

Anti-Doping News

The World Anti-Doping Agency (WADA) has published the [2010 Prohibited List](#) which will come into effect on 1 January 2010. The Prohibited List is an international standard that outlines the substances and methods that are prohibited in sport.

I encourage you and your relevant team members to familiarise yourself with the new Prohibited List to ensure your athletes are ready for the change on 1 January 2010.

Please find attached a summary of significant changes for your convenience. Please pay particular attention to the following key changes.

- The status of **salbutamol** and **salmeterol** (used for the treatment of asthma). Therapeutic use of inhaled salbutamol (maximum 1600 micrograms per day) and salmeterol will not be prohibited as of 1 January 2010 with a declaration of use.
- Supplemental oxygen (**hyperoxia**) will no longer be prohibited.
- The status of **platelet-derived preparations** (such as Platelet Rich Plasma (PRP), 'blood spinning') has been clarified by WADA. It will be prohibited when administered by intramuscular route, but other routes of administration will require a declaration of use.
- **Pseudoephedrine** will be reintroduced to the Prohibited List and will be prohibited above 150 micrograms per millilitre.

These changes are effective from 1 January 2010. If you have any questions regarding the new Prohibited List, please contact ASADA

See Key Changes Doc attached

As you may already be aware, Abbreviated Therapeutic Use Exemptions (ATUEs) for beta-2 agonists have been progressively phased out during 2009.

Please note that all ATUEs will expire on 31 December 2009. Any athlete with an existing ATUE will need to apply for a Therapeutic Use Exemption (TUE) before this time. Please see attached table which outlines which body (either their International Federation or ASDMAC) athletes should be applying to for their TUEs.

We are expecting that ASDMAC will be quite busy processing TUE applications in the lead up to 31 December 2009, so it is strongly recommended that athletes undertake the appropriate medical tests and apply for their TUE ASAP to allow time for the TUE to be processed. Athletes who do not have a TUE approved by 1 January 2010 will not be covered by their previous ATUE.

For more information about TUE applications, please visit the ASDMAC website at www.asdmac.gov.au or call 13 000 ASADA and press '4' for 'TUEs'.

See ASDMAC Fact Sheet attached

ASADA will be conducting a comprehensive testing program in the lead up to the 2010 New Delhi Commonwealth Games. As a part of this program, ASADA will be testing every athlete in the 2010 Australian Commonwealth Games Team (this testing may also include shadow squad members who do not make the final team).

This testing program began on 3 October 2009 (one year out from the Games) and will continue until the beginning of the Games in October 2010.



Key changes to Prohibited List 2010

Key changes	Advice from the World Anti-Doping Agency (WADA)	What this means for you
Beta-2 agonists	<p>The status of inhaled salbutamol and salmeterol, beta-2 agonists, will change. Therapeutic use of inhaled salbutamol (maximum 1600 micrograms per day) and salmeterol will not be prohibited as of 1 January 2010 with a declaration of use.</p> <p>If the urinary concentration is above 1,000 nanograms per millilitre, there will be a presumption that the substance was not taken by inhalation and the athlete will have to demonstrate through a controlled pharmacokinetic study that the level found in his urine was the result of therapeutic inhaled use.</p>	<p>Some asthma treatments no longer need a TUE, just a declaration of use at a testing session. Some treatments will still need a TUE.</p> <p>Make sure you check your asthma medication at www.asada.gov.au or by calling 13 000 ASADA (13 000 27232).</p>
Pseudoephedrine	<p>Pseudoephedrine will be reintroduced to the List and will be prohibited above 150 micrograms per millilitre.</p> <p>Athletes are to stop taking pseudoephedrine at least 24 hours before competition.</p> <p>For therapeutic applications <i>in-competition</i>, consider the use of alternative permitted medications upon previous consultation with a physician, or apply for a Therapeutic Use Exemption (TUE).</p> <p>The threshold level has been established based on the intake of therapeutic doses, defined as a maximum daily dose of 240mg PSE taken either as:</p> <ul style="list-style-type: none"> ▪ four (4) daily administrations (one every 4-6 hours) of a 60mg pill (or 2 x 30mg pills), (8 Codral original cold and flu tables in 24 hours), or ▪ two (2) daily administrations (one every 12 hours) of a 120mg pill, or ▪ one (1) daily administration of a 240mg pill. <p>In line with this dosing regimen, the intake, for example, of a single daily dose of 3 x 60mg pills constitutes a suprathreshold administration that may lead to an <i>Adverse Analytical Finding</i>.</p>	<p>Don't take pseudoephedrine 24 hours prior to or during competition. There are permitted alternatives which you can take in this time period.</p> <p>Out-of-competition there is no need for a TUE to take pseudoephedrine.</p> <p>However, out-of-competition, only use pseudoephedrine as directed. Taking more than the directed amount may result in a positive test result in-competition and therefore a sanction.</p>
Platelet-derived preparations	<p>The status of platelet-derived preparations (e.g. Platelet-Rich Plasma (PRP), 'blood spinning') has been clarified and is prohibited when administered by intramuscular route.</p> <p>Other routes of administration will require declaration of use in compliance with the International Standard for TUEs.</p>	<p>If you plan on using a platelet-derived preparation for a muscle injury, you must have an approved TUE prior to the procedure.</p> <p>Injections of platelet-derived preparations into joints will not require a TUE but will require a declaration.</p>
Glycerol	Prohibited under S5 as a plasma expander.	Avoid substances with high levels of glycerol.
Supplemental oxygen	Supplemental oxygen is no longer prohibited.	Oxygen-enhancing and oxygen-depriving activities are permitted. This includes hypobaric chambers and bottled oxygen.



<p>Intravenous infusion (IV therapy)</p>	<p>Intravenous infusions are prohibited except for those legitimately received in the course of hospital admissions or clinical investigations</p>	<p>If an athlete has an IV prior to transport to hospital and is hospitalised, no TUE is necessary.</p> <p>To manage severe dehydration out of hospital a TUE will be required.</p> <p>Using a drip to re-hydrate is prohibited without a TUE.</p>
<p>Elevated Testosterone: epitestosterone ration (T:E)</p>	<p>No further collections or analyses will be required in cases where the testosterone to epitestosterone (T/E) ratio is greater than 4 and an isotope ratio mass spectrometry (IRMS) test or any other reliable analytical method has not revealed evidence of exogenous administration of a prohibited substance.</p>	<p>Currently many athletes undergo follow up testing because their initial test reveals elevated T/E ratios.</p> <p>This change means fewer athletes will require follow up testing</p>

Glossary of terms

TUE: athletes may at times require the use of a prohibited medication to treat a legitimate medical condition. A TUE allows athletes to use, for therapeutic purposes only, a medication that would be otherwise prohibited. Athletes apply to the Therapeutic Use Exemption Committee, which in Australia is the Australian Sports Drug Medical Advisory Committee.

Declaration of use: some substances on the Prohibited List are frequently used to treat athletes' medical conditions. Where the route of administration is not prohibited, the athlete is required to note the use of the prohibited substance. This can be done during a testing session by noting the use on the Doping Control Form, or it can be done by emailing declaration@asada.gov.au with the sport copied in, detailing the athlete's:

- name
- date of birth
- sport
- address
- substance
- name of treating doctor and
- circumstances of use.

Route of administration: the method of using a substance. For example: nasal, oral, or local injection.

Isotope ratio mass spectrometry (IRMS): an analytical technique which accurately determines the abundance of naturally occurring isotopes for a given compound.

Platelet-Rich Plasma (PRP) therapy: removing blood from an individual's body, spinning the blood to make serum or plasma enriched with platelets, and injecting the platelet-enriched fluid at an injured site to improve the body's ability to heal and speed recovery.



TUEs for athlete types

THERAPEUTIC USE EXEMPTIONS FOR ATHLETE TYPES			
Athlete Type	Is a TUE required for a Prohibited Substance?	TUE for inhaled Beta-2 agonists (formoterol, salmeterol, salbutamol, terbutaline)	Non-Systemic Glucocorticosteroids (e.g. inhaled or local injection)
International Federation Registered Testing Pool	YES Apply to International Federation	In-Advance TUE	Required to declare on doping control form when tested #
ASADA Registered Testing Pool *	YES Apply direct to ASDMAC	In-Advance TUE	Required to declare on doping control form when tested
ASADA Domestic Test Pool and Professional Sports *	YES Apply direct to ASDMAC	Retroactive TUE ^	Required to declare on doping control form when tested
All other athletes *	YES Apply direct to ASDMAC	Retroactive TUE ^	Required to declare on doping control form when tested

* if competing internationally, check TUE requirements with the relevant International Federation

^ in-advance TUE can be applied for (if athlete wishes)

declare on ADAMS where possible (some International Federations require a declaration form)