

SCHEDULE 1

PROHIBITED SUBSTANCES

Where a Prohibited Substance (as listed below) is capable of being produced by the body naturally, a sample will be deemed to be positive where the concentration of the Prohibited Substance or its metabolites or markers and/or any other relevant ratio(s) in the athlete's body tissues or fluids so exceeds, or deviates from, the range of values normally found in humans so as not to be consistent with normal endogenous production.

A sample may not be regarded as positive for a Prohibited Substance in any such case where the athlete proves by clear and convincing evidence that the concentration of the Prohibited Substance or its metabolites or markers and/or the relevant ratio(s) in the athlete's body tissues or fluids is attributable to a pathological or physiological condition.

Evidence from metabolic profiles and/or the measurement of isotopic ratios (isotope ratio mass spectrometry) may be used to draw definitive conclusions as to the exogenous origin of a Prohibited Substance or its metabolites.

PART I

(a) Anabolic Agents

(I) Anabolic Androgenic Steroids e.g.

androstenediol	methandriol
androstenedione	methenolone
1-androstenedione	methyltestosterone
bolasterone	mibolerone
boldenone	nandrolone
clostebol	19-norandrostenediol
danazol	19-norandrostenedione
dehydrochlormethyltestosterone	norbolethone
dehydroepiandrosterone	norethandrolone
dihydrotestosterone	oxandrolone
drostanolone	oxymesterone
fluoxymesterone	oxymetholone
formebolone	stanozolol
gestrinone	testosterone*
mesterolone	trenbolone
methandienone	

and chemically or pharmacologically related compounds and precursors.

* In the case of a suspicious finding for testosterone, it is mandatory that a further investigation be conducted in accordance with the IAAF T/E Protocol before the sample is declared positive.

(II) Other Anabolic Agents e.g.

Beta-2-agonists

clenbuterol, salbutamol*

*The definition of a positive finding for salbutamol as an anabolic agent is one in which the concentration of non-sulphated salbutamol in urine exceeds 1000 nanograms per millilitre. If the concentration of non-sulphated salbutamol in urine is less than 1000 nanograms per millilitre, it will be treated as a positive finding for a stimulant (see Part II(a) below).

(b) Amphetamines: e.g.

amphetamine	methylamphetamine
amphetaminil	methylenedioxyamphetamine
benzphetamine	methylenedioxymethamphetamine
bromantan	methylphenidate
carphedon	morazone
dimethylamphetamine	pemoline
ethylamphetamine	phendimetrazine
fenethylamine	phenmetrazine
fenproporex	pipradrol
furfenorex	pyrovalerone
mefenorex	selegiline
mesocarb	

and chemically or pharmacologically related compounds.

(c) Cocaine

(d) Peptide Hormones, Mimetics and Analogues

Chorionic Gonadotrophin (hCG - human chorionic gonadotrophin – prohibited in males only): it is known that the administration to males of human chorionic gonadotrophin and other compounds with related activity can lead to an increased rate of production of endogenous androgenic steroids and is considered equivalent to the exogenous administration of testosterone.

Pituitary and Synthetic Gonadotrophins (LH – prohibited in males only)

Corticotrophins (ACTH, Tetracosactide): corticotrophin has been misused to increase the blood levels of endogenous corticosteroids notably to obtain the euphoric effect of corticosteroids. The application of corticotrophin is considered to be equivalent to the oral, intra-muscular or intravenous application of glucocorticosteroids (see PART I (e) below).

Growth Hormone (hGH, somatotrophin): the misuse of growth hormone in sport is deemed to be unethical and dangerous because of various adverse effects, for example, allergic reactions, diabetogenic effects, and acromegaly when applied in high doses.

Insulin-like Growth Factor (IGF-1)

Recombinant Erythropoietin (r-EPO) – a sample will be deemed to be positive for r-EPO where a laboratory detects its presence in a urine sample provided by an athlete. Blood samples may be used as an aid to the detection of r-EPO, or as providing (where relevant and appropriate) corroborative evidence of its presence in a urine sample.

Darbepoietin, NESP, Dynepo and any other substance which is an analogue or mimetic of these substances (or of r-EPO) is also prohibited. In such cases, the circumstances in which a sample is to be deemed to be positive, and the evidence necessary to establish this, shall be those described in the definition of r-EPO above.

Insulin: permitted only to treat insulin-dependent diabetes, with written notification by an endocrinologist (for IAAF exemption procedure, see Chapter 5 above).

All the respective releasing factors (and their mimetics and analogues) of the above-mentioned substances are also banned.

(e) Glucocorticosteroids

The systemic use of glucocorticosteroids is prohibited when administered orally, rectally, or by intravenous or intramuscular injection. Where medically necessary, local and intra-articular injections of glucocorticosteroids are permitted.

(f) Agents with Anti-Oestrogenic Activity

Aromatase inhibitors, clomifene, cyclofenil, tamoxifen - prohibited in males only.

(g) Prohibited Techniques:
(see SCHEDULE 2)

PART II

(a) Stimulants: e.g.

amfepramone	heptaminol
amiphenazole	mephentermine
bambuterol	methoxyphenamine
caffeine*	methylephedrine*
cathine*	nikethamide
chlorphentermine	norfenfluramine
clobenzorex	parahydroxyamphetamine
clorprenaline	pentetrazol
cropropamide	phentermine
crotethamide	phenylpropanolamine*
ephedrine*	pholedrine
etafedrine	prolintane
ethamivan	propylhexedrine
etilefrine	pseudoephedrine*
fencamfamin	reproterol
fenfluramine	salbutamol
fenoterol	salmeterol
formoterol	terbutaline

and chemically or pharmacologically related compounds

- * For caffeine, the definition of a positive finding is one in which the concentration in urine exceeds 12 micrograms per millilitre. A sample may not be regarded as positive for caffeine where an athlete proves by clear and convincing evidence that the elevated concentration is attributable to the athlete having an impaired caffeine metabolism condition.

For cathine, the definition of a positive finding is one in which the concentration in urine exceeds 5 micrograms *per* millilitre. For ephedrine and methylephedrine, the definition of a positive finding is one in which the concentration in urine exceeds 10 micrograms per millilitre. For phenylpropanolamine and pseudoephedrine, the definition of a positive finding is one in which the concentration in urine exceeds 25 micrograms per millilitre.

Exceptionally, the administration of the Beta-2-agonists formoterol, salbutamol, salmeterol or terbutaline are permitted by inhalation where prescribed for therapeutic purposes by properly qualified medical personnel and where prior clearance has been given by the relevant National Federation or the IAAF in accordance with the IAAF Beta-2-agonists exemption procedure.

- (b) Narcotic Analgesics: e.g.

alphaprodine	methadone
anileridine	morphine*
buprenorphine	nalbuphine
dextromoramide	pentazocine
diamorphine	pethidine
dipipanone	phenazocine
ethoheptazine	trimeperidine
hydrocodone	
levorphanol	

and chemically or pharmacologically related compounds

- * For morphine, the definition of a positive finding is one in which the concentration of free and conjugated morphine in the urine exceeds 1 microgram *per* millilitre unless there is a simultaneous finding of codeine or other permitted substance which may explain the finding of morphine.

PART III

Substances and prohibited techniques to be detected during Out-Of-Competition Testing.

- (a) Anabolic Agents
(see PART I (a))
- (b) Peptide Hormones, Mimetics and Analogues
(see PART I (d))
- (c) Agents with Anti-Oestrogenic Activity
(see PART I (f))
- (d) Prohibited Techniques
(see SCHEDULE 2)

SCHEDULE 2

PROHIBITED TECHNIQUES

The expression "prohibited techniques" shall include the following:

- (a) Enhancement of Oxygen transfer
 - i) Blood doping including any sort of blood transfusion or administration of red blood cell products of any origin, other than for legitimate medical treatment purposes.
 - ii) The administration of r-EPO or other erythropoiesis-stimulating proteins (e.g. Darbepoietin, NESP, Dynepo and others) or products that enhance the uptake, transport or delivery of oxygen, e.g. modified haemoglobin products including, but not limited to, bovine and cross-linked haemoglobins, microencapsulated haemoglobin products, perfluorocarbons, and RSR13.

- (b) Masking agents and pharmacological, chemical and physical manipulation

The use or attempted use of substances and/or techniques which may alter, the integrity and validity of samples used in doping controls are prohibited.

Examples of masking agents: diuretics (e.g. furosemide, hydrochlorothiazide), epitestosterone*, probenecid, plasma expanders (e.g. hydroxyethylstarch).

*The definition of a positive finding for epitestosterone is one in which the concentration of epitestosterone exceeds 200 ng/ml.

Examples of prohibited techniques are catheterisation, urine substitution and/or tampering, inhibition of renal excretion.

- (c) Gene Doping

Gene or cell doping is defined as the non-therapeutic use of genes, genetic elements and/or cells that have the capacity to enhance athletic performance.