



Doping



On 31 January 1997 the IOC Medical Commission published a list of prohibited classes of substances and prohibited methods. Doping contravenes the ethics of both sport and medical science and consists in the administration of substances belonging to prohibited classes of pharmacological agents and/or the use of various prohibited methods. This list from the IOC medical code is as follows:

I. Prohibited classes of substances

- A. Stimulants
- B. Narcotics
- C. Anabolic agents
- D. Diuretics
- E. Peptide and glycoprotein hormones and analogues

II. Prohibited methods

- A. Blood doping
- B. Pharmacological, chemical and physical manipulation

III. Classes of drugs subject to certain restrictions

- A. Alcohol
- B. Marijuana
- C. Local anaesthetics
- D. Corticosteroids
- E. Beta-blockers

I. Prohibited classes of substances

A. Stimulants

Prohibited substances in class (A) include the following examples: amineptine, amiphenazole, amphetamines, bromantan, caffeine*, cocaine, ephedrine, fencamfamine, mesocarb, pentylentetrazol, pipradol, salbutamol**, salmeterol**, terbutaline**, and related substances.

* For caffeine the definition of a positive result depends on the concentration of caffeine in the urine. The concentration in urine may not exceed 12 micrograms per millilitre.

** Permitted by inhaler only and must be declared in writing, prior to the competition, to the relevant medical authority.

Note: All imidazole preparations are acceptable for topical use, e.g. oxymetazoline. Vasoconstrictors (e.g. adrenaline) may be administered with local anaesthetic agents. Topical preparations (e.g. nasal, ophthalmological) of phenylephrine are permitted.

B. Narcotics

Prohibited substances in class (B) include the following examples: dextromoramide, diamorphine (heroin), methadone, morphine, pentazocine, pethidine, ... and related substances.

Note: codeine, dextromethorphan, dextropropoxyphene, dihydrocodeine, diphenoxylylate, ethylmorphine, pholcodine and propoxyphene are permitted.

C. Anabolic agents

Prohibited substances in class (C) include the following examples:
1. Anabolic androgenic steroids (AAS) clostebol, dehydroepiandrosterone (DHEA), fluoxymesterone, metandienone, metenolone, nandrolone, oxandrolone, stanozolol, testosterone*, and related substances.

* The presence of a testosterone (T) to epitestosterone (E) ratio greater than six (6) to one (1) in the urine of a competitor constitutes an offence unless there is evidence that this ratio is due to a physiological or pathological condition, e.g.

low epitestosterone excretion, androgen producing of tumour, enzyme deficiencies.

In the case of T/E higher than 6, it is mandatory that the relevant medical authority conduct an investigation before the sample is declared positive. A full report will be written and will include a review of previous tests, subsequent tests and any results of endocrine investigations. In the event that previous tests are not available, the athlete should be tested unannounced at least once per month for three months. The results of these investigations should be included in the report. Failure to cooperate in the investigations will result in the sample being declared positive.

2. Beta-2 agonists

When administered systematically, beta-2 agonists may have powerful anabolic effects.

clenbuterol, fenoterol, salbutamol, salmeterol, terbutaline, and related substances.

D. Diuretics

Prohibited substances in class (D) include the following examples: acetazolamide, bumetanide, chlorthalidone, ethacrynic acid, furosemide, hydrochlorothiazide, mannitol*, mersalyl, spironolactone, triamterene, ... and related substances.

* Prohibited by intravenous injection.

E. Peptide and glycoprotein hormones and analogues

Prohibited substances in class (E) include the following examples:

- 1. Chorionic Gonadotrophin (hCG - human chorionic gonadotrophin);
- 2. Corticotrophin (ACTH);

3. Growth hormone (hGH, somatotrophin);

All the respective releasing factors of the above-mentioned substances are also prohibited;

4. Erythropoietin (EPO).

II. Prohibited methods

Blood doping

Blood doping is the administration of blood, red blood cells and related blood products to an athlete. This procedure

may be preceded by withdrawal of blood from the athlete, who then continues to train in a blood-depleted state.

Pharmaceutical, chemical and physical manipulation

Pharmaceutical, chemical and physical manipulation is the use of substances and of methods which alter, attempt to alter or may reasonably be expected to alter the integrity and validity of urine samples used in doping controls, including but not limited to catheterisation, urine substitution and or tampering, inhibition of renal excretion such as by probenecid and related compounds, and alterations of testosterone and epitestosterone measurements such as epitestosterone application or bromantan administration.

The success or failure of the use of a prohibited substance or method is not material. If said substance or procedure was used or attempted, an infraction is considered to have occurred.

III. Classes of drugs subject to certain restrictions

A. Alcohol

In agreement with the International Sports Federations and the responsible authorities, tests may be conducted for ethanol. The results may lead to sanctions.

B. Marijuana

In agreement with the International Sports Federations and the responsible authorities, tests may be conducted for cannabinoids (e.g. marijuana, hashish). The results may lead to sanctions.

C. Local anaesthetics

Injectable local anaesthetics are permitted under the following

List of examples of prohibited substances

CAUTION: This is not an exhaustive list of prohibited substances. Many substances do not appear on this list prohibited under the term “and related substances”.

STIMULANTS:

amineptine, amfepramone, amiphenazone, amphetamine, bromantan, caffeine, cathine, cocaine, cropropamide, crotethamide, ephedrine, etamivan, etilamphetamine, etilefrine, fencamfamine, fenetylline, fenfluramine, heptaminol, methylenedioxyamphetamine, mefenorex, mephentermine, mesocarb, methamphetamine, methoxyphenamine, methylephedrine, methylphenidate, nikethamide, norfenfluramine, parahydroxyamphetamine, pemoline, pentylentetrazol, phendimetrazine, phentermine, phenylpropranolamine, pholedrine, pipradol, prolinatane, propylhexedrine, pseudoephedrine, salbutamol, salmeterol, strychnine, terbutaline.

NARCOTICS:

dextromoramide, diamorphine (heroin), hydrocodone, methadone, morphine, pentazocine, pethidine.

ANABOLIC AGENTS:

boldenone, clenbuterol, clostebol,

danazol, dehydrochlormethyltestosterone, dehydroepiandrosterone (DHEA), dihydrotestosterone, drotanolone, fenoterol, fluoxymesterone, formebolone, mesterolone, metandienone, metenolone, methandriol, methyltestosterone, mibolone, nandrolone, norethandrolone, oxandrolone, oxymesterone, oxymetholone, salbutamol, salmeterol, stanozol, terbutaline, testosterone, trenbolone.

DIURETICS:

acetazolamide, bendroflumethiazide, bumetanide, canrenone, chlortalidone, ethacrynic acid, furosemide, hydrochlorothiazide, indapamide, mersalyl, spironolactone, triamterene.

MASKING AGENTS:

bromantan, epitestosterone, probenecid.

PEPTIDE HORMONES:

ACTH, erythropoietin (EPO), hCG hGH.

BETA BLOCKERS:

acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, labetalol, metoprolol, nadolol, oxprenolol, propranolol, sotalol.

conditions:

1. that bupivacaine, lidocaine, mepivacaine, procaine, etc., are used but not cocaine. Vasoconstrictor agents (e.g. adrenaline) may be used in conjunction with local anaesthetics;
2. only local or intra-articular injections may be administered;
3. only when medically justified. The details including diagnosis, dose and route of administration must be submitted prior to the competition or, if administered during the competition, immediately after injection, in writing to the relevant medical authority.

D. Corticosteroids

The use of corticosteroids is banned except:

1. for topical use (aural, dermatological and ophthalmological) but not rectal;
2. by inhalation:
3. by intra-articular or local injection.

The IOC Medical Commission has introduced mandatory reporting of athletes requiring corticosteroids by inhalation during competitions. Any team doctor wishing to administer corticosteroids by local or intra-articular injection, or by inhalation, to a competitor must give written notification thereof prior to the competition to the relevant medical authority.

E. Beta-blockers

Some examples of beta-blockers are: acebutolol, alprenolol, atenolol, labetalol, metoprolol, nadolol, oxprenolol, propranolol, sotalol, ... and related substances.

In agreement with the rules of the International Sports Federations, tests will be conducted in some sports, at the discretion of the responsible authorities.