

DRUGS IN SPORTS

A. Introduction

The use of drugs in sports has had a long and well documented history. The IAAF became the first International Sporting Federation to prohibit doping, doing so in 1928 by including the following wording in its Handbook:

“Doping is the use of any stimulant not normally employed to increase the pposer of action in athletic competition above the average. Any person knowingly acting or assisting as explained above shall be excluded from any place where these rules are in force or, if he is a competitor, be suspended for a time or otherwise from further participation in amateur athletics under the jurisdiction of this Federation.”

However, soon after World War II it became clear that many athletes in a wide range of sports were using drugs to enhance their performance. This practice was widespread, while measures to resist such use were limited. The death of athletes in cycling events in 1960 and 1967, which was traced to doping, aroused strong reactions and the demand was made that sports authorities should intervene.

The Council of Europe first defined doping in 1963 as the use of certain substances or the use of methods that could have the effect of unnaturally improving the physical and/or mental condition of a contestant before or during competition and thus enhance his or her sports performance. Although the danger associated with the use of drugs was the initial incentive for doping control, doping is now no less regarded as cheating and unethical.

In general, athletes have used drugs both to speed up development during training and to enhance their performance in the competition itself. The International Olympic Committee (IOC) established a Medical Commission in 1967 and approved a ban on doping in 1968. The Committee defined the list of Prohibited Substances and the first tests for stimulants were performed at the Winter Olympics in 1968. Steroids only became detectable in 1974.

International Sports Federations (IFs) also initiated doping controls at their own events and IAAF became the first IF to perform systematic out-of-competition tests, which are considered the most effective form of testing.

The authorities (such as National Anti-Doping Agencies) of various countries have taken over doping controls within their own borders and in some countries doping has been banned by law, and is therefore also punishable as such.

In 1998, several doping incidents occurred in various parts of the world, and several governments declared their dissatisfaction with the current doping control situation. As a result, the IOC called a conference in Lausanne in early 1999 with the participation of National Olympic Committees (NOCs), Government authorities, IFs, and athletes. More stringent measures were approved and “The Lausanne Declaration” was issued and the decision was made to establish The World Anti-Doping Agency (WADA), with the participation of the IOC, IFs, and governments.

The purpose of WADA is to harmonise and strengthen anti-doping actions and rules across all sports and countries.

At a conference in Copenhagen in March 2003 “The World Anti-Doping Code” was formally approved and replaced the IOC anti-doping rules. The “Code” sets stricter anti-doping aims, rules, and controls than were previously in effect.

WADA also took over the role of publishing the list of Prohibited Substances, which is continually under review and formally updated on 1 January each year. A substance or method is considered for inclusion on the List if WADA determines it meets any two of the following three criteria: a) it is performance enhancing, b) be dangerous to the athlete’s health, c) be contrary to the spirit of sport. A substance or method can also be added to the list if WADA determines it has the capacity to mask the use of other prohibited substances or methods.

The scope of the doping problem continues to shift and expand as new compounds, chemical and pharmacological classes, and methods of doping are embraced by succeeding generations of athletes, coaches, and unscrupulous chemists. As a result, anti-doping analytical laboratories have evolved continuously to face these new challenges.

In order to meet numerous legal challenges to the anti-doping rules and regulations, more-detailed legal definitions and clarifications were devised. Today’s anti-doping regulations, testing procedures, and adjudication processes are developed and refined constantly by teams of legal, medical, and pharmacological-analytical experts.

Substances may be prohibited either in-competition, or both in- and out-of-competition, depending upon their short- or long-term potential to enhance performance or endanger the athlete’s health. The determination as to whether a substance or method is banned, or whether it is to be sought either in-competition or both in- and out-of-competition, or neither, may be updated from year to year, depending on current scientific knowledge and an evaluation of the extent to which a substance is being abused. Hence, it is essential that sports physicians, athletes, coaches, and sports administrators regularly apprise themselves of the contents of the WADA Code and List of Prohibited Substances and Methods, which is revised and published at least annually. Each new version comes into effect on 1 January.

The List is now published and revised by WADA and is made available to each member and published on the website (www.wada-ama.org) and also on the IAAF website (www.iaaf.org). WADA determination of the prohibited list and methods is not subject to legal challenge.

B. Prohibited Substances and Methods: A Brief History

Following is a brief history and selection of how the Prohibited List has evolved over the years. The classes of substance are listed by their current WADA Prohibited List titles, however these too have changed often.

The Prohibited List (the List) originally consisted only of:

- Psychomotor stimulant drugs
- Miscellaneous central nervous system stimulants

- Narcotic Analgesics
- Anabolic Steroids

At first, few individual drugs were specifically named on the List, which remained divided by substance class. The List has subsequently been under constant revision and changed considerably, with more individual substances mentioned within each group and some even deleted. In addition to Classes of Substances, the categories Prohibited Methods, Substances Prohibited Out-of-Competition, Specified Substances, and Substances Prohibited in Particular Sports have been added.

1. Anabolic Steroids

- a. *Anabolic steroids* initially included on the prohibited list were: methandienone, stanozolol, esters of nortestosterone, and related compounds.
- b. Testosterone and its esters were added in 1979 and in 1986 the list was expanded to include any substance that increased the testosterone:epi-testosterone (T:E) ratio, which was initially set at 6:1 by the IOC, but decreased to 4:1 in 2005. Further investigation may be needed to determine whether the ratio is due to a physiological or pathological condition.
- c. In 1993 Anabolic Agents were divided into two categories:
 - i. Androgenic Anabolic Steroids; and
 - ii. Other Anabolic Agents (e.g. beta-2 agonists)
- d. Dihydrotestosterone was added to the list in 1995 and deemed to be positive where the concentration in urine exceeds the range of normal values. A sample is not regarded positive for dihydrotestosterone or testosterone where an athlete proves that the ratio or concentration is attributable to pathological or physiological condition. This principle was also applied in 2002 to any Prohibited Substance that is capable of being produced by the body naturally. In 2000 it was stated that evidence obtained from metabolic profiles and/or isotopic ratio measurement may be used to draw definite conclusions.
- e. Epitestosterone was listed in 1995 under Prohibited Techniques.

2. Hormones and Related Substances

- a. 1990 the hCG, ACTH and hGH were included in the list
- b. In 1992 Erythropoietin (EPO) was added
- c. In 2000 the following were added as well: Pituitary and Synthetic Gonadotrophins (LH), Insulin-like Growth Factor (IGF-1) and Insulin (but permitted to treat insulin-dependent diabetes), all other erythropoiesis-stimulating proteins.
- d. In 2005 Mechano-Growth Factors (MGFs) were added to the prohibited list.

3. Beta-2 Agonists

- a. Beta-2 Agonists first appeared on the list in 1993 as Other Anabolic Agents with clenbuterol as an example.

- b. Salbutamol and Terbutaline by inhalation were permitted in 1995 as exceptions, when prescribed for therapeutic purposes by properly qualified medical personnel.
 - c. Salmeterol was added to the “permissible list” in 1996 and Formoterol in 2000.
 - d. In 2004 it was emphasised that all beta-2 agonists are prohibited except that formoterol, salbutamol, salmeterol, and terbutaline are permitted by inhalation only to prevent and/or treat asthma and exercise-induced asthma/bronchoconstriction. However, a concentration of salbutamol greater than 1000 ng/mL is considered an adverse finding, despite the granting of a Therapeutic Use Exemption (TUE). In 2004 Beta-2 Agonists were classified as a Specified Substance.
4. Agents with Anti-Oestrogenic Activity
 - a. Agents with Anti-Oestrogenic Activity appear on the list in 2002 as Clomifene, cyclofenil, tamoxifen, and aromatase inhibitors (prohibited in males only).
 - b. In 2004 Selective Oestrogen Receptor Modulators were added.
5. Diuretics and Other Masking Agents
 - a. Masking Agents were placed on the list as their own category in 2004, including but not limited to: diuretics, epitestosterone, probenecid, and plasma expanders.
 - b. In 2005 the name of the group was changed to Diuretics and other Masking Agents, and alpha-Reductase Inhibitors were added to the list.
 - c. Diuretics were classified as Specified Substance in 2004, but deleted from that list in 2005.
6. Stimulants
 - a. Stimulant substances were initially classified in two groups as indicated previously;
 - i. in 1985 they were all grouped together and simply known as Stimulants;
 - ii. in 1990 they were divided into Amphetamines and Stimulants;
 - iii. and in 2004 they were again merged into one group as Stimulants.
 - b. Caffeine was placed on the list in 1983 but removed in 2004.
 - c. Ephedrine was on the original list and in 2002 a positive finding was stipulated as concentration of more than 10 mcg/ml in urine. In 2004 it became classified as a Specified Substance.
 - d. Cocaine was included in the list in 1990.
7. Narcotic Analgesics
 - a. Only a few narcotic analgesics were listed initially.
 - b. In 1979 Codeine was “permitted for therapeutic uses.”
 - c. In 2006 analgesics are prohibited only in competition.

8. Cannabinoids

Cannabinoids were placed on the list in 2004 and classified as a specified Substance. They are prohibited in competition only.

9. Glucocorticosteroids

- a. Corticosteroids were put on the list in 1992 and prohibited by oral, intramuscular or intravenous application.
- b. Rectal administration was added in 2000.
- c. In 2006 Glucocorticosteroids are only prohibited in competition, and are classified as a Specified Substance.

10. Enhancement of Oxygen Transfer

- a. Prohibited techniques were first introduced as such in 1990 and defined as “blood doping and techniques.”
- b. Erythropoietin (EPO) was added in 1992; and blood plasma expanding products (e.g. HES) and artificial oxygen carriers were included in 2000.
- c. In 2002 any sort of blood transfusion was prohibited as well as all erythropoiesis-stimulating proteins.
- d. The term Blood Doping was changed to Enhancement of Oxygen Transfer in 2004 and defined as the use of autologous, homologous or heterologous or red blood products of any origin, other than for medical treatment.
- e. Use of products that enhance the uptake, transport, or delivery of oxygen is prohibited.

11. Chemical and Physical Manipulation

- a. Originally entitled “Techniques,” these were defined as the use of substances that alter the integrity of the urine samples such as catheterisation, urine substitution and/or tampering, or inhibition of renal excretion, e.g. by probenecid and related compounds.
- b. Epitestosterone was added in 1995, diuretics in 1996, and bromantan in 1998.
- c. In 2004 the term Prohibited Techniques was changed to Pharmacological, Chemical and Physical Manipulation.
- d. In 2005 intravenous infusions were prohibited except as legitimate acute medical treatment.

12. Gene Doping

Gene Doping appears on the list for the first time in 2004.

13. Substances Prohibited in Particular Sports

Substances Prohibited in Particular Sports were added to the List in 2005 and consist of Alcohol and Beta-blockers. Each International Sporting Federation is able to choose whether or not they prohibit these substances. Neither of these two substances are currently prohibited by the IAAF.

14. Specified Substances

Specified Substances were introduced in 2004 as substances that are susceptible to unintentional anti-doping rule violations because of availability in medicinal products. Athletes who test positive to these substances may receive a reduced sanction if they can prove they were not taken to enhance performance.

Examples of substances included on this list are: Ephedrine, L-methylamphetamine, Cannabinoids, Inhaled Beta-2 Agonists (except clenbuterol), Diuretics (deleted 2005), Probenecid, and Glucocorticosteroids.

DOPING CONTROL

A. Extracts of IAAF Anti-Doping Rules

At the 44th IAAF Congress in Paris, August 2003, it was decided to accept the World Anti-Doping Code as a basis for the fight against doping and adapt the existing IAAF anti-doping rules to the Code. Following is a brief outline of the IAAF Anti-Doping Rules.

Note: The latest IAAF Rules are available on the IAAF website and these should be referred to when required, as changes may occur.

1. Anti-Doping Roles

The Anti-Doping Rules must be incorporated into each Member Federation's rules, and specify that all athletes and support personnel are bound by them. Members must guarantee that national-level testing complies with IAAF rules.

IAAF Anti-Doping Organisation is overseen by the IAAF Council, which delegates authority to the Medical and Anti-Doping Commission, Doping Review Board, and the IAAF Anti-Doping Administrator.

The Commission meets once to twice a year to review its anti-doping activities. It publishes the Procedural Guidelines, which are fully compliant with the standards set by WADA. The Commission implements and monitors anti-doping programmes and education, publishes updated information on prohibited substances and methods, health consequences of doping, doping control procedures, and athletes' rights and responsibilities. It also grants TUEs, and establishes guidelines for the selection of athletes to be tested.

The Doping Review Board determines whether or not exceptional circumstances exist in the case of adverse analytical findings, decides on referral to the Court of Arbitration for Sports (CAS), and on acceptance of sanctions made by other sporting bodies.

The IAAF Anti-Doping Administrator is responsible for day-to-day management, implements the anti-doping programme, and conducts the results management process.

2. Testing and Sample Analysis.

Testing is done both in-competition and out-of-competition, and any athlete may at any time be subject to testing. It is a condition of membership of the IAAF that each Member includes in its constitution the authority for them as well as for IAAF to conduct out-of-competition testing on its athletes and that the IAAF has the authority to test at all National Championships if required. In-competition testing is the responsibility of IAAF at certain International Competitions and selection is based on final position/random basis and may include target testing and athletes breaking an Area and/or World Records.

The IAAF concentrates its out-of-competition testing efforts on international-level athletes who are required to provide their whereabouts information directly to

the IAAF in order for this testing to occur. There are sanctions in place if athletes do not comply with this requirement.

Analysis of samples shall be done at WADA-accredited laboratories to detect prohibited substances and methods and samples remain the property of the IAAF. When analysis indicates the presence of a prohibited substance or substances, the WADA laboratory informs the IAAF of this fact.

Results management in a case of an adverse analytical finding, is first done by reviewing the case to determine if there is a Therapeutic Use Exemption (TUE) on file, or a departure from the required collection process has occurred. If this is not the case, the athlete must be informed of the adverse finding and can ask for analysis of the B sample at which they are entitled to have a representative present. If the B sample confirms the A sample the athlete must bear the costs of this analysis.

An Anti-doping rule violation, i.e. doping is defined as:

- a. the presence of a banned substance or metabolite in an athlete's body;
- b. the use or attempted use of prohibited substances or methods;
- c. the refusal or failure to submit to doping control or undergo an anti-doping test;
- d. 3 missed out-of-competition tests in a period of 5 years;
- e. tampering or attempting to tamper with any part of the doping process;
- f. possession of a prohibited substance or methods, without TUE;
- g. trafficking in prohibited substance or method;
- h. the administration of a prohibited substance or method or assisting in an anti-doping violation;
- i. competing, or attempting to compete, whilst suspended or ineligible.

Standards of proof of doping are the burden of the IAAF or other prosecuting authority, which must establish that an anti-doping rule violation has occurred. The proof is a positive sample analysis by a WADA-accredited laboratory.

3. Disciplinary Procedures, Hearings, and Appeals

Disciplinary procedures if a doping violation has been committed involve:

- a. provisional suspension,
- b. hearing,
- c. sanction or exoneration.

Provisional suspension shall be imposed by the IAAF or Member if there is no adequate explanation for the cause of the adverse analytical finding, or this provisional suspension can be accepted voluntarily.

In all doping cases the athlete has the right to a hearing of their case before the relevant disciplinary body or tribunal, however he or she must confirm in writing within 14 days of notification that they would like a hearing, otherwise it is assumed that the athlete accepts that a violation has occurred. The hearing before a tribunal must be held within 2 months from the date of notification to the athlete. The athlete has the right to legal counsel, to call witnesses, and to have an interpreter (at the

athlete's expense). The decision of the tribunal will be sent to the IAAF. If the IAAF does not agree with the sanction the case will be reviewed by the IAAF Doping Review Board, which decides whether it appeals to CAS; if so, it may re-impose suspension. The athlete also has a right of appeal to CAS

Exceptional circumstances may occur but do not include:

- a. allegation that the substance was given to the athlete by another person without his or her knowledge;
- b. that the substance was taken by mistake;
- c. that it was contained in contaminated food supplements; or
- d. that it was prescribed by support personnel in ignorance.

If an athlete provides substantial evidence or assistance to IAAF or National Federation in other doping cases, this may be accepted as an exceptional circumstance and result in a reduced sanction.

If a National Tribunal decides in the case of an international athlete that exceptional circumstances exist, it shall be referred to the IAAF Doping Review Board. If the Doping Review Board determines that there are no exceptional circumstances, this determination is binding on the relevant tribunal, which shall impose sanctions. The athlete has the right to appeal to CAS.

4. Disqualification, Sanctions, and Return to Competition Requirements

Disqualification of the athlete shall be automatic from the event when a violation occurs in connection with an in-competition test, with forfeiture of titles, awards, medals, points, and prize and appearance money. When the athlete is part of a relay team the team shall be automatically disqualified. All competitive results from the date the sample was provided shall be annulled with resulting consequences for the individual and the team (unless fairness requires).

Sanctions against individuals:

- a. If prohibited substance is found or prohibited methods established the sanctions:
 - i. First violation, minimum 2 years;
 - ii. Second violation: ineligibility for life.
- b. For refusal to submit to doping or tampering with doping control:
 - i. First violation: minimum 2 years ineligibility;
 - ii. Second violation: ineligibility for life.
- c. For 3 missed out-of-competition tests or other whereabouts violations:
 - i. First violation: one year ineligibility;
 - ii. Second and subsequent violations: two years ineligibility.
- d. For trafficking or administration of prohibited substance or methods:
 - i. Ineligibility for life.

Elimination, reduction, or replacement of ineligibility period can be reduced to half of the minimum period and if life sanction to 8 years, where there are exceptional circumstances, such as no fault or provided substantial evidence or assistance.

Specified substances include a few medications, acknowledged to be susceptible to unintentional violation because of their general availability in medicinal products and not intended to enhance performance. For specified substances the following sanctions apply:

- a. First violation: public warning and disqualification from the event to maximum 1 year;
- b. Second violation: 2 years ineligibility;
- c. Third violation: ineligibility for life.

Commencement of ineligibility period shall start on the date of the hearing decision, with the period of any provisional suspension credited against the total period.

Status during ineligibility is such that no athlete or support personnel may participate in competition or activity other than education programmes whilst ineligible. While ineligible, the athlete is not entitled to any payment by virtue of appearance and/or performance. If he or she receives any payment contrary to this rule the athlete shall not be entitled to return to competition until it has been repaid.

Requirements for return to competition are that after any period of 2 years ineligibility the athlete shall undergo 3 out-of-competition tests at his or her cost with at least 4 months between each test, and immediately prior to the end of the period must undergo testing for the full range of prohibited substances and methods. If any of these tests reveal an adverse finding, it constitutes a separate violation leading to sanctions as appropriate. If the athlete has complied with these rules he or she shall automatically be re-eligible after the period has ended.

5. Member Federation Reporting Obligations and Sanctions against Members

- a. Members should report to the IAAF within 14 days any adverse finding and the name of the athlete associated with that finding.
- b. Members should report to the IAAF any TUE granted to their athletes.
- c. Members should report to the IAAF within the first 3 months of each year on the doping control conducted during the previous year.

Sanctions against members may be taken by the council against any Member in breach of the Anti-Doping Rules, such as:

- a. failure to guarantee athletes' eligibility;
- b. failure to hold a hearing within 2 months;
- c. failure to assist IAAF in whereabouts information;
- d. failure to report an adverse analytical finding.

If a Member is deemed to be in breach of its obligations the Council may, for instance:

- a. suspend or caution the member;
- b. issue fines;
- c. withhold grants; or
- d. exclude the Member's athletes from competitions.

B. Extracts of IAAF Procedural Guidelines for In- and Out-of-Competition Testing

Following is a brief outline of the IAAF Procedural Guidelines for Doping Control. All athletes and support personnel should acquaint themselves with the IAAF Procedural Guidelines for Doping Control, which should be followed as far as is reasonably practicable.

Note: The latest IAAF Procedural Guidelines can always be found on the IAAF website and these should be referred to when required as changes can occur.

1. In-Competition Testing

The Doping Control Station shall be clean and clearly identified and consist of a waiting room, working room, and WCs (men and women) equipped with all necessary material. Only authorised persons are allowed in the Doping Control Station.

Selection of athletes to be tested shall be done on a final position and/or random basis. Sample collection shall be conducted on any athlete who has broken or equalled an Area and/or World record. Tests for rh-EPO shall be conducted on any athlete who has broken or equalled Area or World record in races of 60 m upwards including multi-events and walks. Notification of the athlete shall be done appropriately by the Doping Control Officer (DCO) and the athlete's identity must be confirmed. The DCO shall inform the athlete:

- a. which type of sample collection he or she is required to undergo;
- b. his or her right to an assistant/representative;
- c. that he or she must remain within the sight of the DCO;
- d. that he or she must report to the doping station in no later than 60 minutes.

The athlete shall sign an appropriate form to accept the notification.

The DCO shall consider any request by the athlete to delay reporting to the Doping Control Station or to leave after reporting for testing for the following reasons only if the athlete can be continuously chaperoned:

- a. medals ceremony;
- b. media commitments;
- c. further competition;
- d. warm down;
- c. medical treatment;
- d. locating an appropriate witness.

The urine sample collection process shall be explained to the athlete after his or her arrival and the athlete is offered a choice of sample collection vessels when he or she is ready to provide a sample. The athlete shall check that all seals are intact and if not satisfied select another.

After selection, only the athlete and DCO of the same gender shall proceed to the WC. The DCO shall witness the sample leaving the athlete's body and record this fact. The athlete is required to disrobe as necessary for the witnessing to take place.

Athletes shall provide no less than 75 ml of urine. For EPO testing no less than 100 ml is required. Where the volume is insufficient the athlete shall be asked to provide more urine but the originally obtained sample shall be kept in a sealed container. The athlete shall remain under observation and be able to drink. When the athlete is ready to provide the remaining amount needed, the sample collection procedure shall be repeated.

Once a sample has been provided, the athlete him or herself shall pour the provided urine into the bottles he/she has previously selected. A small amount is retained to measure specific gravity. The athlete seals the bottles. The DCO tests the specific gravity; 1.010 or higher is recommended. If the specific gravity is too low the athlete is required to provide a further sample, but not until after one hour has elapsed. The collection procedure shall be the same. The athlete shall have fulfilled his or her duty to submit to doping control only after having delivered the required volume of acceptable urine, irrespective of the time necessary for this.

Blood sample collection may be required and begins after the procedure has been explained to the athlete and he or she has signed the consent form. If the athlete refuses this procedure, it shall be regarded as refusal to submit to doping control. The athlete may nevertheless be required to provide a urine sample.

The athlete chooses a sampling kit from a selection. The Collection official shall provide proof of his or her qualification to withdraw blood. The sample should be taken from a superficial vein only from the arm or hand. No more than 25 ml should be withdrawn and no more than three attempts made. The athlete is only entitled to refuse if the above criteria are not fulfilled.

2. Out-of-Competition Testing (OOCT)

The testing pool is established by IAAF, which may appoint a third party to conduct the testing. Registered athletes may be subject to no advance notice OOCT at any time. Athletes are required to inform IAAF of their whereabouts and notify IAAF of changes. If the athlete fails to provide the information or is unable to be located 3 times in 5 years, he or she will be evaluated for anti-doping rule violation.

Selection of athletes for testing is done by IAAF by random and targeted methods. Notification of athletes shall usually be the no advance notice method for OOCT. Only exceptionally will there be advance notice. For no advance notice OOCT, the DCO shall make reasonable attempts to locate and notify the selected athlete and include attempts at alternative times and locations. If the athlete cannot be contacted it shall be reported to the IAAF. When in exceptional cases advance notice is given, the DCO shall arrange with the athlete a time and place for the testing. It is the athlete's responsibility to check that there is no confusion over the agreed time and location. Identification of each party and the same sample procedures shall be applied as in competition.

Following the sample collection, any behaviour by the athlete or associated persons that may compromise the sample collection shall be recorded. The athlete shall have the opportunity to document any concerns. Detailed information shall be recorded on the Doping Control Form, such as: time of notification and sampling,

athlete's name, date of birth, gender, address and discipline, the code number and name of responsible officials, and signature of the athletes and officials.

C. Extracts of IAAF Therapeutic Use Exemptions (TUEs)

Athletes with a medical condition that requires the use of medication on the prohibited list can apply to IAAF or their National Authority for permission for their use, i.e. a Therapeutic Use Exemption or TUE. A TUE will be granted only in cases of clear need in accordance with the following criteria:

- a. that the application was submitted no less than 21 days before competition (this applies for standard applications, not for abbreviated ones);
- b. that the athlete would experience a significant impairment to his or her health if the substance was withheld;
- c. that the use would produce no additional enhancement other than return to normal health. The use of a substance to increase "low-normal" levels of hormones is not acceptable;
- d. there is no reasonable alternative;
- e. that the necessity for use is not a consequence of prior non-therapeutic use of any prohibited substance.

A TUE will not be granted if it might give the athlete a competitive advantage.

A retroactive TUE will not be granted except in cases where:

- a. emergency treatment was necessary;
- b. due to exceptional circumstances, there was insufficient time to submit an application.

A TUE will only be considered following the receipt of a completed application form and relevant documents and a statement by a physician attesting to the necessity of the substance and why an alternative medication cannot be used. A specific IAAF Commission of a minimum of three members reviews each application. No member of the Commission shall decide on a TUE from his or her own country. The decision of the commission will be conveyed to the athlete and respective authorities in writing. Each TUE will be for a specified duration. A TUE may be cancelled by the IAAF at any time; the athlete can nevertheless reapply or appeal this decision.

An abbreviated TUE process is used for Beta-2 agonist by inhalation and most glucocorticosteroids. An application for use of Beta-2 agonists by International athletes shall be accompanied by detailed medical records and provocation test results (see Chapter 14, Part 2, *Asthma and Exercise-Induced Bronchospasm*).

References

The Prohibited List is now revised and published by WADA. The current list may be found on the web sites of WADA (www.wada-ama.org) and the IAAF (www.iaaf.org).

