

QUESTIONS AND ANSWERS ON CHANGES APPEARING ON THE WADA 2005 PROHIBITED LIST OF SUBSTANCES AND METHODS

Q: Why was the order of categories changed in the 2005 Prohibited List?

A: As opposed to the 2004 List, the 2005 Prohibited List first describes the substances prohibited AT ALL TIMES (in and out of competition). This section clearly indicates substances that should NEVER be used. Substances prohibited in competition only, are subsequently listed and come in addition to those prohibited at all times.

Q: Why was the testosterone to epitestosterone (T/E) ratio modified in the 2005 Prohibited List?

A: For 2005, the T/E ratio threshold has been set at 4 to 1 (as compared to 6 to 1 in 2004). The probability of occurrence of a naturally occurring T/E ratio above 4/1 is extremely low. Furthermore, a ratio of 4/1 or above will not necessarily lead to a sanction, but will require that the anti-doping organization conducts further investigation to determine whether the elevated T/E ratio is a result of anabolic steroid intake or is due to the athlete's physiological condition.

Q: Why are gonadotrophins and anti-estrogenic compounds now prohibited also in women?

A: Scientific evidences demonstrate that gonadotrophins and anti-estrogenic compounds administered to women have the capacity to enhance performance. Therefore, these substances are now also prohibited in women.

Q: Why are beta-2 agonists prohibited out-of-competition?

A: Depending on their route of administration, some beta-2 agonists have anabolic effects and could enhance performance. Therefore, just as with other anabolic agents, they are now prohibited at all times. This modification will not be detrimental to asthmatic athletes, since they would have already received a Therapeutic Use Exemption for the use of beta-2 agonists in competition.

Q: Why is Finasteride prohibited?

A: A recent research project sponsored by WADA demonstrated that the intake of Finasteride can alter urinary steroid profiles used for the detection of doping. Therefore, this substance is banned as a masking agent.

Q: If I have a strong allergic reaction and am at risk of anaphylactic shock, can I use my adrenaline (epinephrine) autoinjector (e.g. Epipen®, Anapen®, Fastjekt®, Adreject®, etc)?

A: Since anaphylactic shock is an emergency situation, the use of injectable adrenaline (epinephrine) is not prohibited. It will be necessary, however, to apply retroactively for a Therapeutic Use Exemption.

Q: Do I need a Therapeutic Use Exemption if I use a cream containing glucocorticosteroids?

A: Beginning in 2005 with the new List, no Therapeutic Use Exemption is required for the use of creams containing glucocorticosteroids, when used for treating skin disorders.

Q: Do I need a Therapeutic Use Exemption if I use an inhaler containing glucocorticosteroids?

A: You need to have an ABBREVIATED Therapeutic Use Exemption on file for the use of inhaled glucocorticosteroids.

Q: Do I need a Therapeutic Use Exemption if I use glucocorticosteroids as eye drops, nasal spray, local injection or infiltration?

A: You need to have an ABBREVIATED Therapeutic Use Exemption on file for the use glucocorticosteroids by such local routes of administration.

Q: Do I need a Therapeutic Use Exemption if I need an intravenous infusion?

A: Beginning in 2005 with the new List, intravenous infusions must be administered only under the authority of a physician and for legitimate acute medical treatment. Only under such strict medical control are intravenous infusions not prohibited, and no Therapeutic Use Exemption is required. No other reasons for the use of intravenous infusions are acceptable. A Doping Control Officer witnessing such practice without the proof of legitimate acute medical treatment can report this as a doping violation and the athlete may be subject to a sanction.