CRICKET
WEST INDIES

ANTI-DOPING CODE

A POCKET GUIDE FOR PLAYERS

1 JANUARY – 31 DECEMBER 2023

You are personally responsible for ensuring that anything you eat, drink, put into your body or use (as well as any medical treatment you receive) does not give rise to an anti-doping rule violation under the CWI Anti-Doping Code

The International Cricket Council (ICC) has been a signatory to the World Anti-Doping Agency (WADA) Code since July 2006.

Cricket West Indies (CWI), as a member of the ICC is therefore mandated to ensure that the CWI's Anti-Doping Code is WADA compliant.

The CWI Anti-Doping Code has been adopted and implemented as part of CWI's continuing efforts to:

(a) maintain the integrity of the sport of cricket;

(b) protect the health and rights of all participants in the sport of cricket; and

(c) keep the sport of cricket free from doping.

Players are required to be familiar with the full CWI Anti-Doping Code, which is the definitive statement of the anti-doping requirements applicable to players.

In the event of any conflict between the information contained in this pocket guide and the CWI Anti-Doping Code, the provisions of the CWI Anti-Doping Code shall apply.

A full copy of the current Code will always be available on the Anti-Doping section of CWI's website (www.cricketwestindies.org).

ADVICE FOR PLAYERS

- Be aware of the CWI Anti-Doping Code and ensure that you have access at all times to a copy of the current WADA Prohibited List
- Always check, or ask your medical advisors to check any medication (including all of its ingredients) or substance against the WADA Prohibited List before using any medication or substance
- Extreme caution is recommended regarding supplement use as some products may contain ingredients not listed on the label
- Keep a list of medications, substances and supplements you are taking so that you can record them on the doping control form at the time of sample collection
- Remember that when travelling overseas, medication with the same brand name as the one you use in your home country may contain different substances. Take care to ensure that each individual substance listed on the label is checked against the current WADA Prohibited List
- Know the sample collection procedure and your rights and responsibilities during testing
- Keep this card with you at all times and ensure that your coach, physician, doctor and team manager are all aware that you are subject to the CWI Anti-Doping Code
- If you have been notified that you are selected into a Testing Pool, (whether national, regional and / or international), make sure that you understand your obligations in relation to filing 'whereabouts' information
- If you have any questions in relation to any aspect of the CWI's Anti-Doping Code, please contact CWI immediately at the contact information provided in this guide

YOUR RESPONSIBILITIES AS A PLAYER

If you are subject to the CWI Anti-Doping Code you are ***personally responsible*** for:

- Making sure that you and every person that you take advice from (including medical personnel) are aware of and understand all of the requirements of the CWI Anti-Doping Code
- Knowing what constitutes an anti-doping rule violation under the CWI Anti-Doping Code and what substances and methods have been included on the WADA Prohibited List which can be found online at:
  - www.wada-ama.org
  - www.cricketwestindies.org
- Making sure that anything you eat, drink, put into your body or use, as well as any medical treatment you receive, does not give rise to an anti-doping rule violation under the CWI Anti-Doping Code

USE OF ANY SUPPLEMENT IS AT YOUR OWN RISK

THERAPEUTIC USE EXEMPTION (TUE)

You may need to use a prohibited substance or a method to treat a legitimate medical condition. If this applies to you, then you must obtain a Therapeutic Use Exemption (TUE) certificate before using the prohibited substance or method.

Who Grants CWI's TUEs?

A player must submit his/her request for a TUE to the Caribbean Regional Anti-Doping Organisation (RADO). The Caribbean RADO Therapeutic Use Exemption Committee (TUEC) evaluates all applications on behalf of CWI in accordance with the criteria set out in Article 4 of the International Standard for Therapeutic Use Exemptions and has the responsibility of granting or denying such applications.

The RADO TUEC consists of a panel of twelve medical experts with experience and sound knowledge of anti-doping and clinical and exercise medicine.

Unless there is an emergency or exceptional circumstances, TUE applications must be lodged with the Caribbean RADO a minimum of 30 days before you require an approved exemption, failing that the application should be sent as soon as possible.

***NOTE: Players representing Jamaican national teams, (i.e. players under the auspices of the Jamaica Cricket Association), must lodge their TUE applications with the Jamaica Anti-Doping Commission (JADCO).**

Key steps to completing your TUE application:

1. Obtain the RADO TUE application form from the following options:
   - The CWI website (www.cricketwestindies.org)
   - The Caribbean RADO website (www.caribbeanrado.com)
   - Request a hard copy from the CWI anti-doping contacts listed on this guide
2. Complete all sections of the form

Warning: Incomplete or illegible forms will not be approved / accepted and will be returned to you for resubmission.

3. Make sure that your doctor has read and signed the Medical Practitioner's Declaration
4. Read and sign the Player Declaration

Note: In addition, any player under the age of 18 will also need the signature of a parent / guardian.

5. Send the TUE application form to the Caribbean RADO as soon as possible

More information on TUEs can be found on the anti-doping section (under rules & regulations) of the CWI website (www.cricketwestindies.org).

Note on TUEs: If you have already obtained a TUE from another anti-doping organisation, (not a National Anti-Doping Organisation), you may apply to have that TUE application recognised by CWI. You must send a copy of the TUE certificate, the original TUE application with supporting documentation, together with cover letter requesting the Caribbean RADO to recognize the exemption. Unless and until such recognition is communicated to you, you use the prohibited substance or method in issue entirely ***at your own risk***.

In all other circumstances, you may not assume that your application for a TUE will be granted. Again, your use of the prohibited substance or method in issue before approval of your TUE application or recognition of another anti-doping organisation's TUE is ***at your own risk***.

SAMPLE COLLECTION PROCEDURE

Testing under the CWI Anti-Doping Code will be conducted in-competition and out-of-competition. This means that all players can be tested at any time on any day of the year whether during an International / Regional Match (in-competition) or at any other time, including when on holiday (out-of-competition).

The testing procedures outlined in this guide follow the most recent version of the International Standard for Testing, which is published from time to time by the World Anti-Doping Agency (WADA).

Notification

1. If you have been selected to provide a sample (urine or blood), you will be notified by a Doping Control Officer (DCO), or Chaperone. They will carry identification and will ask you for some form of identification.

2. The Chaperone will observe you from the moment that you are notified of your selection. You will be supervised until you have provided your sample.

3. You are advised to drink the secure beverages supplied in the doping control station until you have provided your sample. If you choose to consume foods or fluids prior to providing your sample, you do so ***at your own risk***.

Reporting to Doping Control

4. Following notification, you will be followed by a DCO or Chaperone at all times and be required to report to the doping control station as soon as possible, or request for a delay in reporting for valid reasons (e.g. warm down, medical treatment, training session etc).

5. Upon arrival at the doping control station, the procedures will be explained to you and you will be given the opportunity to ask any questions that you might have.

6. In the case of blood, you will be requested to rest for a period of time prior to providing your sample.

Selection of Kits

7. You will be asked to select two types of kits (sample collection and security) from a selection of sealed kits.

8. Always check that the kits you select have not been tampered with or been damaged.

9. Firstly, you will need to select a sample collection kit which will be used to collect your sample. In the case of urine this will be a collection vessel with a lid and in the case of blood, the sample collection kit will contain vacutainer tubes, sterile needle (butterfly or straight) and a plastic syringe.

10. You will then need to select a Security Kit which contains 'A' and 'B' bottles. You should also check that the sample code numbers on the bottles, lids, and labels match.

The security kits will be sent to the laboratory for testing.

Urine Sample Collection

11. You will be required to provide a urine sample under direct supervision and observation of a DCO or chaperone of the same gender. If your sample is not enough, it shall be sealed and you will be required to provide more until enough has been collected.

12. The DCO will also check that your sample is suitable for analysis. If the sample is too weak, you will be required to provide more samples until it is suitable.

13. You will then be asked to divide your sample between the 'A' and 'B' bottles. The DCO will not handle any of the equipment during the procedure.

Blood Sample Collection

14. The Blood Collection Officer (BCO), will select a location from where to draw the blood (preferably on the player's non-dominant arm).

15. The area will be cleaned with a sterile disinfectant swab.

16. The BCO will apply a tourniquet to the upper arm to aid in the collection and insert the needle to begin to draw the blood sample.

17. Two 5ml vacutainer tubes will be filled with blood to complete sample provision.

Securing the Sample

18. Once the sample has been divided, in the case of urine, both the 'A' and 'B' bottles are sealed. The DCO will check in full view of the player that the bottles have been properly sealed before placing them in a box.

19. In the case of blood, each vacutainer tube is labeled with the sample code number, the same as on the security bottles. The BCO will invert both vacutainer tubes gently to initiate clotting and allow the samples to remain at room temperature for approximately 15 minutes prior to the player sealing them inside the security kit.

Completing the Doping Control Form

20. The DCO will record the code number of the security kit on the doping control form. You should take care to check the form, making sure the information is accurate and correct. You should also declare any substances, supplements or medication you have taken during the past seven days. If you have a Therapeutic Use Exemption (TUE) you should note down the details. You will then be asked to complete and sign the doping control form. A copy will be given to you which you should keep in a safe place.

21. If you have any concerns about the testing process, privacy or hygiene of the facility, you should write them down on your form and report your concerns to the CWI Anti-Doping Manager and your Team Manager straight away.

BLOOD TESTING FOR HUMAN GROWTH HORMONE (HGH)

- Human Grown Hormone (hGH) has been identified as a substance at risk of abuse in cricket.
- hGH can only be detected in blood.
- You may be tested in-competition or out-of-competition for both urine and blood at the same time.
- Blood Collection Officers (BCOs), who are responsible for collecting the blood sample, are fully qualified in phlebotomy (the collection of blood).
- The sample will be drawn from your non-dominant arm, unless the BCO identifies the other arm as more suitable or you make a specific request.
- The quantity of blood collected is 10 m/L (2 x 5m/L vacutainer tubes) – less than a tablespoon.
- Samples are required to remain at room temperature for approximately 15 minutes prior to securing the vacutainers in the security kits. You are encouraged to remain and observe your sample during this time.
- In case of three (3) unsuccessful attempts to draw blood, the DCO will decide to terminate collection.
- You are strongly advised to rest the arm from which the sample was drawn for 30 minutes post sample provision.
- Blood samples are treated with the same high level of security and integrity as urine samples.

THE 2023 PROHIBITED LIST

The WADA Prohibited List is the list of prohibited substances and methods incorporated into the CWI Anti-Doping Code. This is the list that players should use to determine what is prohibited in and out-of-competition.

The list is updated annually and comes into effect on 1 January each year. Therefore, with effect from ***1 January 2023***, the 2023 WADA Prohibited List will replace the 2022 Prohibited List.

The Prohibited List can be found on the WADA website (www.wada-ama.org) or CWI website (www.cricketwestindies.org).

In accordance with Article 4.2.2 of the World Anti-Doping Code, all Prohibited Substances shall be considered as "Specified Substances" except Substances in classes S1, S2, S4.4, S4.5, S6.a and Prohibited Methods M1, M2 and M3.

Warning on dietary supplements

Supplements can take the form of sports drinks, gels and bars, carbohydrate supplements, protein supplements, meal replacements, weight loss and weight gain products, vitamins and minerals including antioxidants, herbs, homeopathic remedies or traditional medicines.

Unlike pharmaceutical products, the manufacture and distribution of supplements is not regulated. *Supplements may therefore contain ingredients not listed on the label. Consumption of any supplement is always at your own risk.*

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES (In & Out-of-Competition)

PROHIBITED SUBSTANCES

S0. NON-APPROVED SUBSTANCES

Any pharmacological substance which is not addressed by any of the subsequent sections of the List and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

S1. ANABOLIC AGENTS

(Prohibited at all time, in- and out-of-competition)
All prohibited substances in this class are non-Specified Substances. Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS) *when administered exogenously, including but not limited to:*

1-Androstenediol (5α-androst-1-ene-3β,17β-diol); 1-Androstenedione (5α-androst-1-ene-3,17-dione); 1-Androsterone (3α-hydroxy-5α-androst-1-ene-17-one); 1-Epiandrosterone (3β-hydroxy-5α-androst-1-ene-17-one); 1-Testosterone (17β-hydroxy-5α-androst-1-en-3-one); 4-Androstenediol (androst-4-ene-3β,17β-diol); 4-Hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one); 5-Androstenedione (androst-5-ene-3,17-dione); 7α-hydroxy-DHEA; 7β-hydroxy-DHEA; 7-Keto-DHEA; 17α-methylepithiostanol (epistane); 19-Norandrostenediol (estr-4-ene-3,17-diol); 19-Norandrostenedione (estr-4-ene-3,17-dione); Androst-4-ene-3,11,17- trione; (11-ketoandrostenedione, adrenosterone); Androstanolone (5α-dihydrotestosterone, 17β-hydroxy-5α-androstan-3-one); Androstenediol (androst-5-ene-3β,17β-diol); Androstenedione (androst-4-ene-3,17-dione); Bolasterone; Boldenone; Boldione (androsta-1,4-diene-3,17-dione); Calusterone; Clostebol; Danazol ([1,2] oxazolo[4′,5′:2,3]pregna-4-en-20-yn-; 17α-ol); Dehydrochlormethyltestosterone (4-chloro-17β-; hydroxy-17α-methylandrosta-1,4-dien-3-one); Desoxymethyltestosterone (17α-methyl-5α-; androst-2-en-17β-ol and 17α-methyl-5α-androst-; 3-en-17β-ol); Drostanolone; Epiandrosterone (3β-hydroxy-5α-androstan-17-one); Epi-dihydrotestosterone (17β-hydroxy-5β-androstan-3-one); Epitestosterone; Ethylestrenol (19-norpregna-4-en-17α-ol); Fluoxymesterone; Formebolone; Furazabol (17α-methyl[1,2,5] oxadiazolo[3′,4′:2,3]-5α-androstan-17β-ol); Gestrinone; Mestanolone; Mesterolone; Metandienone (17β-hydroxy-17α-methylandrosta-; 1,4-dien-3-one); Metenolone; Methandriol; Methasterone (17β-hydroxy-2α, 17α-dimethyl-5α-; androstan-3-one); Methyl-1-testosterone (17β-hydroxy-17α-methyl-; 5α-androst-1-en-3-one); Methylclostebol; Methyldienolone (17β-hydroxy-17α-methylestra-4,9-dien-3-one); Methylnortestosterone (17β-hydroxy-17α-; methylestr-4-en-3-one); Methyltestosterone; Metribolone (methyltrienolone, 17β-hydroxy-17α-methylestra-4,9,11-trien-3-one); Mibolerone; Nandrolone (19-nortestosterone); Norboletone; Norclostebol (4-chloro-17β-ol-estr-4-en-3-one); Norethandrolone; Oxabolone; Oxandrolone; Oxymesterone; Oxymetholone; Prasterone (dehydroepiandrosterone, DHEA, 3β-hydroxyandrost-5-en-17-one); Prostanozol (17β-[(tetrahydropyran-2-yl)oxy]-1′H-pyrazolo [3,4:2,3]-5α-androstane); Quinbolone; Stanozolol; Stenbolone; Testosterone; Tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one); Tibolone; Trenbolone (17β-hydroxyestr-4,9,11-trien-3-one); and other substances with a similar chemical structure or similar biological effect(s).

2. Other Anabolic Agents*, including but not limited to:*

Clenbuterol, osilodrostat, ractopamine, selective androgen receptor modulators SARMs, e.g. **andarine, enobosarm (ostarine) LGD-4033 (ligandrol and RAD140, S-23 and YK-11), zeranol** and **zilpaterol**.

S2. PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

(Prohibited at all time, in- and out-of-competition)
All prohibited substances in this class are non-Specified Substances. The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

1. **Erythropoietins (EPO) and agents affecting erythropoiesis,** including, but not limited to:

1.1 Erythropoietin receptor agonists, e.g. darbepoetins (dEPO); erythropoietins (EPO); EPO based constructs [e.g. EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA)]; EPO-mimetic agentsand their constructs (e.g. CNTO-530, peginesatide).

1.2 Hypoxia-inducible factor (HIF) activating agents, e.g. cobalt; daprodustat (GSK1278863); IOX2 molidustat (BAY 85-3934); roxadustat (FG-4592); vadadustat (AKB-6548); xenon.

1.3 GATA inhibitors, e.g. K-11706.

1.4 Transforming growth factor beta (TGF-β) signalling inhibitors, e.g. luspatercept; sotatercept.

1.5 Innate repair receptor agonists, e.g. asialo EPO; carbamylated EPO (CEPO).

2. **Peptide Hormones** and their releasing factors

2.1 Chorionic gonadotrophin (CG) and luteinizing hormone (LH) and their releasing factors in males, e.g. buserelin, deslorelin, gonadorelin, goserelin, leuprorelin, nafarelin and triptorelin;

2.2 Corticotrophins and their releasing factors, e.g. corticorelin;

2.3 Growth hormone (GH), its analogues and fragments including, but not limited to: growth hormone analogues, e.g. lonapegsomatropin, somapacitan and somatrogon; growth hormone fragments, e.g. AOD-9604 and hGH 176-191.

2.4 Growth hormone (GH) releasing factors, including, but not limited to: growth hormone-releasing hormone (GHRH) and its analogues (e.g. CJC-1293, CJC-1295, sermorelin and tesamorelin); growth hormone secretagogues (GHS) and their mimetics (e.g. lenomorelin (ghrelin), anamorelin, ipamorelin, macimorelin and tabimorelin); GH-releasing peptides (GHRPs) [e.g. alexamorelin, GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5, GHRP-6, and examorelin (hexarelin)].).

3. **Growth Factors and Growth Factor Modulators,** including, but not limited to:
Fibroblast growth factors (FGFs); Hepatocyte growth factor (HGF); Insulin-like growth factor-1 (IGF-1) and its analogues; Mechano growth factors (MGFs); Platelet-derived growth factor (PDGF); Thymosin-β4 and its derivatives e.g. TB-500; Vascular Endothelial Growth Factor (VEGF) and other growth factors or growth factor modulators affecting muscle, tendon or ligament protein synthesis / degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

S3. BETA-2 AGONISTS

Prohibited at all time (in- and out-of-competition)
All prohibited substances in this class are Specified Substances. All selective and non-selective **beta-2 agonists** including all **optical isomers** are prohibited Including, but not limited to: **Arformoterol; Fenoterol; Formoterol; Higenamine; Indacaterol; Levosalbutamol; Olodaterol; Procaterol; Reproterol; Salbutamol; Salmeterol; Terbutaline; Tretoquinol (trimetoquinol); Tulobuterol; Vilanterol.**
Exceptions:

- Inhaled **salbutamol**: maximum 1600 micrograms over 24 hours in divided doses not to exceed 600 micrograms over 8 hours starting from any dose;
- Inhaled **formoterol**: maximum delivered dose of 54 micrograms over 24 hours;
- Inhaled **salmeterol**: maximum 200 micrograms over 24 hours;
- Inhaled **vilanterol**: maximum 25 micrograms over 24 hours.

Note: The presence in urine of **salbutamol in excess of 1000 ng/mL or formoterol in excess of 40ng/mL** is not consistent with therapeutic use of the substance and will be considered as an *Adverse Analytical Finding (AAF)* unless the *Athlete* proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of a therapeutic dose (by inhalation) up to the maximum dose indicated above.

S4. HORMONE & METABOLIC MODULATORS

Prohibited at all times (in- and out-of-competition)
Prohibited substances in classes S4.1 and S4.2 are Specified Substances. Those in classes S4.3 and S4.4 are non-Specified Substances. The following **hormone** and **metabolic modulators** are prohibited:

4.1. **Aromatase Inhibitors** including, but not limited to:
2-Androstenol (5α-androst-2-en-17-ol); 2-Androstenone (5α-androst-2-en-17-one); 3-Androstenol (5α-androst-3-en-17-ol); 3-Androstenone (5α-androst-3-en-17-one); 4-Androstene-3,6,17 trione (6-oxo); Aminoglutethimide; anastrozole; Androsta-1,4, 6-triene-3,17-dione (androstatrienedione); Androsta-3,5-diene-7,17-dione (arimistane); Exemestane; Formestane; Letrozole and Testolactone.

4.2. Anti-Estrogenic Substances [Anti-Estrogens and Selective Estrogen Receptor Modulators (SERMs)] including, but not limited to:
Bazedoxifene; Clomifene; Cyclofenil; Fulvestrant; Ospemifene; Raloxifene; Tamoxifen and Toremifene.

4.3. **Agents Preventing Activin Receptor IIB Activation** including, but not limited, to:
Activin A-neutralizing antibodies; Activin receptor IIB competitors such as: Decoy activin receptors (e.g. ACE-031); Anti-activin receptor IIB antibodies (e.g. bimagrumab); Myostatin inhibitors such as:

- Agents reducing or ablating myostatin expression;
- Myostatin-or precursor-binding proteins (e.g. follistatin, myostatin propeptide);
- Myostatin-neutralizing antibodies (e.g. apitegromab, domagrozumab, landogrozumab, stamulumab).

4.4. Metabolic modulators:

4.4.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR, SR9009; and peroxisome proliferator-activated receptor delta (PPARδ) agonists, e.g. 2-(2-methyl-4-((4-methyl-2-(4-(trifluoromethyl) phenyl)thiazol-5-yl)methylthio)phenoxy) acetic acid (GW1516, GW501516)

4.4.2 Insulins and insulin-mimetics

4.4.3 Meldonium

4.4.4 Trimetazidine

S5. DIURETICS & MASKING AGENTS

Prohibited at all times (in- and out-of-competition)
All prohibited substances in this class are Specified Substances. All diuretics and masking agents, including all optical isomers, e.g. *d-* and *l-* where relevant, are prohibited including, but not limited to:

- Desmopressin; probenecid; plasma expanders, e.g. intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol.
- Acetazolamide; amiloride; bumetanide; canrenone; chlortalidone; etacrynic acid; furosemide; indapamide; metolazone; spironolactone; thiazides, e.g. bendroflumethiazide, chlorothiazide and hydrochlorothiazide; torasemide; triamterene and vaptans, e.g. tolvaptan and other substances with a similar chemical structure or similar biological effect(s).

Exceptions:

- **Drospirenone; pamabrom;** and topical ophthalmic administration of carbonic anhydrase inhibitors (e.g. **dorzolamide, brinzolamide**).
- Local administration of felypressin in dental anaesthesia.

Note: The detection in an *Athlete's Sample* at all times or *In-Competition*, as applicable, of any quantity of the following substances subject to threshold limits: **formoterol**, **salbutamol**, **cathine**, **ephedrine**, **methylephedrine** and **pseudoephedrine**, in conjunction with a diuretic or masking agent, (except topical ophthalmic administration of a carbonic anhydrase inhibitor or local administration of felypressin in dental anaesthesia), will be considered as an *Adverse Analytical Finding (AAF)* unless the *Athlete* has an approved Therapeutic Use Exemption *(TUE)* for that substance in addition to the one granted for the diuretic or masking agent.

PROHIBITED METHODS

Prohibited at all times (in- and out-of-competition)
All prohibited methods in this class are non-Specified except methods in M2.2. which are Specified Methods

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

1. The Administration or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood or red blood cell products of any origin into the circulatory system.

2. Artificially enhancing the uptake, transport or delivery of oxygen. Including, but not limited to: **Perfluorochemicals efaproxiral** (RSR13); voxelotor and **modified haemoglobin products**, e.g. haemoglobin-based blood substitutes and microencapsulated haemoglobin products, excluding supplemental oxygen by inhalation.

3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M2. CHEMICAL & PHYSICAL MANIPULATION

The following are prohibited:

1. *Tampering*, or *Attempting to Tamper*, to alter the integrity and validity of *Samples* collected during *Doping Control*. Including, but not limited to: Sample substitution and / or adulteration, e.g. addition of proteases to Sample.

2. Intravenous infusions and / or injections of more than a total of 100 mL per 12-hour period except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

M3. GENE AND CELL DOPING

The following, with the potential to enhance sport performance, are prohibited:

1. The use of nucleic acids or nucleic acid analogues that may alter genome sequences and / or alter gene expression by any mechanism. This includes but is not limited to gene editing, gene silencing and gene transfer technologies.

2. The use of normal or genetically modified cells.

S6. STIMULANTS

(Prohibited in-competition)
All prohibited substances in this class are Specified Substances except those in S6.A which are non-Specified Substances.
Substances of Abuse in this section: cocaine and methylenedioxymethamphetamine (MDMA / "ecstasy") All stimulants, including all optical isomers, e.g. *d-* and *l-* where relevant are prohibited.

Stimulants include:

A: Non Specified Stimulants:

Adrafinil; Amfepramone; Amfetamine; Amfetaminil; Amiphenazole; Benfluorex; Benzylpiperazine; Bromantan; Clobenzorex; Cocaine; Cropropamide; Crotetamide; Fencamine; Fenetylline; Fenfluramine; Fenproporex; Fonturacetam [4-phenylpiracetam (carphedon)]; Furfenorex; Lisdexamfetamine; Mefenorex; Mephentermine; Mesocarb; Metamfetamine (d-); p-methylamfetamine; Modafinil; Norfenfluramine; Phendimetrazine; Phentermine; Prenylamine and; Prolintane.
A stimulant not expressly listed in this section is a Specified Substance.

B: Specified Stimulants:

Including, but not limited to:
3-Methylhexan-2-amine (1,2-dimethylpentylamine); 4-Fluoromethylphenidate; 4-Methylhexan-2-amine (methylhexaneamine); 1,3-dimethylamylamine, 1,3 DMAA); 4-Methylpentan-2-amine (1,3-dimethylbutylamine); 5-Methylhexan-2-amine (1,4-dimethylpentylamine); 1,4-dimethylamylamine, 1,4-DMAA); Benzfetamine; Cathine**;
Cathinone and its analogues, e.g. mephedrone, methedrone and α-pyrrolidinovalerophenone; Dimetamfetamine (dimethylamphetamine); Ephedrine***; Epinephrine**** (adrenaline); Etamivan; Ethylphenidate; Etilamfetamine; Etilefrine; Famprofazone; Fenbutrazate; Fencamfamin; Heptaminol; Hydrafinil (fluorenol); Hydroxyamfetamine (parahydroxyamphetamine); Isometheptene; Levmetamfetamine; Meclofenoxate; Methylenedioxymethamphetamine; Methylephedrine***; Methylnaphthidate [(±)-methyl-2-(naphthalen-2-yl)-2-(piperidin-2-yl)acetate]; Methylphenidate; Nikethamide; Norfenefrine; Octodrine (1,5-dimethylhexylamine); Octopamine; Oxilofrine (methylsynephrine); Pemoline; Pentetrazol; Phenethylamine and its derivatives Phenmetrazine; Phenpromethamine Propylhexedrine; pseudoephedrine*****; Selegiline; Sibutramine; Solriamfetol; Strychnine; Tenamfetamine (methylenedioxyamphetamine); Tuaminoheptane and other substances with a similar chemical structure or similar biological effect(s).
Exceptions:
• Clonidine; Imidazoline derivatives for dermatological, nasal, ophthalmic or otic use (e.g. brimonidine, clonazoline, fenoxazoline, indanazoline, naphazoline, oxymetazoline, tetryzoline, xylometazoline) and those stimulants included in the 2023 Monitoring Program*.
* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2023 Monitoring Program and are not considered *Prohibited Substances*.
** Cathine (d-norpseudoephedrine) and its l-isomer: Prohibited when its concentration in urine is greater than 5 micrograms per milliliter.
*** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per milliliter.
**** Epinephrine (adrenaline): Not prohibited in local administration, e.g. nasal, ophthalmologic, or co-administration with local anaesthetic agents.
***** Pseudoephedrine: Prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

S7. NARCOTICS

(Prohibited in-competition)
All prohibited substances in this class as Specified Substances. Substance of Abuse in this section: diamorphine (heroin).
The following narcotics including all optical isomers, e.g. *d-* and *l-* where relevant, are prohibited: Buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, nicomorphine, oxycodone, oxymorphone, pentazocine; and pethidine.

S8. CANNABINOIDS

(Prohibited in-competition)
All prohibited substances in this class are Specified Substances. Substance of Abuse in this section: tetrahydrocannabinol (THC). All **natural** and **synthetic cannabinoids** are prohibited:

- In **cannabis**, (hashish marijuana) and **cannabis products**
- Natural and synthetic **tetrahydrocannabinols** (THCs)
- Synthetic **cannabinoids** that mimic the effects of THC

Exceptions: Cannabidiol.

S9. GLUCOCORTICOIDS

(Prohibited in-competition)
All prohibited substances in this class are Specified Substances. All glucocorticoids are prohibited when administered by any injectable, oral, [including oromucosal (e.g. buccal, gingival, sublingual)] or rectal route. Including but not limited to: Beclometasone; Betamethasone; Budesonide; Ciclesonide; Cortisone; Deflazacort; Dexamethasone; Fluocortolone; Flunisolide; Fluticasone; Hydrocortisone; Methylprednisolone; Mometasone; Prednisolone; Prednisone; Triamcinolone acetonide.

NOTE: Other routes of administration (including inhaled, and topical: dental-intracanal, dermal, intranasal, ophthalmological, otic and perianal) are not prohibited when used within the manufacturer's licensed doses and therapeutic indications.

CWI ANTI-DOPING CONTACT

For further information about any aspect of the CWI Anti-Doping Code, CWI Sample Collection / Testing procedures, Whereabouts or TUEs please contact CWI:

Email

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IGNORANCE IS NOT AN EXCUSE

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