CWI Anti-Doping Code

A Pocket Guide for Players

FOR THE PERIOD
1 JANUARY – 31 DECEMBER 2018

*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.*

Introduction

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 the 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 WADA Prohibited List
- Know the sample collection procedure and your rights and responsibilities during testing
- Always check, or ask your medical advisors to check, any medication (including all of its ingredients), substance or supplement against the WADA Prohibited List *before* using any medication, substance or supplement
- 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
- Extreme caution is recommended regarding supplement use as some products may contain ingredients not listed on the label
- Remember medications that have the same brand name but are made in different countries may contain different substances / ingredients. Take care to ensure that each individual substance listed on the label is checked against the WADA Prohibited List
- 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 understands 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 not be unsupervised 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 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 2018 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 2018, the 2018 WADA Prohibited List will replace the 2017 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

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS, *including:*

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-testosterone (17β-hydroxy-5α-androst-1-en-3-one)
4-hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one);
bolandiol (estr-4-ene-3β,17β-diol);
bolasterone;
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);
drostanolone;
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);
methyldienolone (17β-hydroxy-17α-methylestra-4,9-dien-3-one);
methyl-1-testosterone (17β-hydroxy-17α-methyl-5α-androst-1-en-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;
norboletone;
norclostebol;
norethandrolone;
oxabolone;
oxandrolone;
oxymesterone;
oxymetholone;
prostanozol (17β-[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5α-androstane);
quinbolone;
stanozolol;
stenbolone;
tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one);
trenbolone (17-hydroxyestr-4,9,11-trien-3-one);
and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS *when administered exogenously:*
19-norandrostenediol (estr-4-ene-3,17-diol);
19-norandrostenedione (estr-4-ene-3,17-dione);

androstanolone (5α-dihydrotestosterone, 17β-hydroxy-5α-androstan-3-one);
androstenediol (androst-5-ene-3β,17β-diol);
androstenedione (androst-4-ene-3,17-dione);
boldenone;
boldione (androsta-1,4-diene-3,17-dione);
nandrolone (19-nortestosterone);
prasterone (dehydroepiandrosterone, DHEA 3β-hydroxyandrost-5-en-17-one);
testosterone
and their **metabolites** and **isomers**, including but not limited to:
3β-hydroxy-5α-androstan-17-one;
5α-androst-2-ene-17-one;
5α-androstane-3α, 17α-diol;
5α-androstane-3α, 17β-diol;
5α-androstane-3β, 17α-diol;
5α-androstane-3β-17β-diol;
5β-androstane-3α,17β-diol;
7α-hydroxy-DHEA;
7β-hydroxy-DHEA;
4-androstenediol (androst-4-ene-3β,17β-diol);
5-androstenedione (androst-5-ene-3,17-dione);
7-keto-DHEA;
19-norandrosterone;
19-noretiocholanolone;
androst-4-ene-3α, 17α-diol;
androst-4-ene-3α, 17β-diol;
androst-4-ene-3β, 17α-diol;
androst-5-ene-3α, 17α-diol;
androst-5-ene-3α, 17β-diol;
androst-5-ene-3β, 17α-diol;
androsterone;
epi-dihydrotestosterone;
epitestosterone;
etiocholanolone.

2. Other Anabolic Agents, *including but not limited to:*
Clenbuterol, selective androgen receptor modulators (SARMs, e.g. **andarine, LGD-4033, ostarine and RAD140), tibolone, zeranol** and **zilpaterol.**

For purposes of this section:
** "exogenous" refers to a substance which is not ordinarily produced by the body naturally.*
*** "endogenous" refers to a substance which is ordinarily produced by the body naturally.*

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

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** [EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA)]; **EPO-mimetic agents and their constructs** (e.g. CNTO-530, peginesatide).
1.2 **Hypoxia-inducible factor (HIF) activating agents,** e.g. **Argon; cobalt; molidustat; roxadustat** (FG-4592); **xenon**.
1.3 **GATA inhibitors,** e.g. **K-11706**.
1.4 **TGF-beta** (TGF-β) **inhibitors,** e.g. **Luspatercept; sotatercept**.
1.5 **Innate repair receptor agonists,** e.g. **Asialo EPO; carbamylated EPO** (CEPO).
2. **Peptide Hormones and Hormone Modulators,**
2.1 **Chorionic Gonadotrophin** (CG) and **Luteinizing Hormone** (LH) and their releasing factors, e.g. **Buserelin, deslorelin, gonadorelin, goserelin, leuprorelin, nafarelin** and **triptorelin**, in males;
2.2 **Corticotrophins** and their releasing factors, e.g. **Corticorelin;**
2.3 **Growth Hormone** (GH), its fragments and releasing factors, including, but not limited to: **Growth Hormone fragments,** e.g. **AOD-9604** and **hGH 176-191; Growth Hormone Releasing Hormone** (GHRH) and its **analogues,** e.g. **CJC-1293, CJC-1295, sermorelin and tesamorelin; Growth Hormone Secretagogues** (GHS), e.g. **ghrelin** and

ghrelin mimetics, e.g. **anamorelin, ipamorelin** and **tabimorelin; GH-Releasing Peptides** (GHRPs), e.g. **alexamorelin, GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5, GHRP-6,** and **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).
Additional 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

All selective and non-selective **beta-2 agonists** including all **optical isomers** are prohibited
Including, but not limited to: **Fenoterol; formoterol; higenamine; indacaterol; olodaterol; procaterol; reproterol; salbutamol; salmeterol; terbutaline; tulobuterol; vilanterol.** Except:

- Inhaled **salbutamol**: maximum 1600 micrograms over 24 hours in divided doses not to exceed 800 micrograms over 12 hours starting from any dose;
- Inhaled **formoterol**: maximum delivered dose of 54 micrograms over 24 hours; and
- Inhaled **salmeterol**: maximum 200 micrograms over 24 hours.

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

The following **hormone** and **metabolic modulators** are prohibited:

1. **Aromatase inhibitors** including, but not limited to: **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.**

2. **Selective estrogen receptor modulators** (SERMs) including, but not limited to: **raloxifene; tamoxifen** and **toremifene.**

3. **Other anti-estrogenic substances** including, but not limited to: **clomifene; cyclofenil** and **fulvestrant**.

4. **Agents modifying myostatin function(s)** including, but not limited, to: **myostatin inhibitors**.

5. **Metabolic modulators:**

5.1 **Activators of the AMP-activated protein kinase** (AMPK), e.g. **AICAR, SR9009**; and **Peroxisome Proliferator Activated Receptor δ** (PPARδ) **agonists,** e.g. **2-(2-methyl-4-((4-methyl-2-(4-(trifluoromethyl) phenyl)thiazol-5-yl)methylthio)phenoxy) acetic acid** (GW1516, GW501516);

5.2 **Insulins** and **insulin-mimetics;**

5.3 **Meldonium**

5.4 **Trimetazidine**

S5. DIURETICS & MASKING AGENTS

The following **diuretics** and **masking agents** are prohibited, as are other substances with a similar chemical structure or similar biological effect(s). 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;**

- **triamterene** and **vaptans,** e.g. **tolvaptan.**

Except:

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

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, will be considered as an *Adverse Analytical Finding (AAF)* unless the *Athlete* has an approved Thereputic Use Exemption (*TUE)* for that substance in addition to the one granted for the diuretic or masking agent.

Prohibited 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) 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: Urine substitution and/or adulteration (e.g. proteases).
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 DOPING

The following, with the potential to enhance sport performance, are prohibited:
1. The use of polymers of nucleic acids or nucleic acid analogues.
2. The use of gene editing agents designed to alter genome sequences and/or the transcriptional or epigenetic regulation of gene expression.
3. The use of normal or genetically modified cells.

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

In addition to the categories S0 to S5 and M1 to M3, the following categories are prohibited *In-Competition*:

Prohibited Substances

S6. STIMULANTS

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 (carphdeon)];
furfenorex;
lisdexamfetamine;
mefenorex;
mephentermine;
mesocarb;
metamfetamine (d-);
p-methylamphetamine;
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:
1,3-Dimethylbutylamine;
4-methylhexan-2-amine (methylhexaneamine)**;**
benzfetamine;
cathine;**
cathinone and its **analogues,** e.g. **mephedrone, methedrone** and **α-pyrrolidinovalerophenone;**
dimethylamphetamine;
ephedrine*;**
epinephrine**** (adrenaline);
etamivan;
etilamfetamine;
etilefrine;
famprofazone;

fenbutrazate;
fencamfamin;
heptaminol;
hydroxyamfetamine (parahydroamphetamine);
isometheptene;
levmetamfetamine;
meclofenoxate;
methylenedioxymethamphetamine;
methylephedrine***;
methylphenidate;
nikethamide;
norfenefrine;
octopamine;
oxilofrine (methylsynephrine);
pemoline;
pentetrazol;
phenethylamine and its **derivatives;**
phenmetrazine;
phenpromethamine;
propylhexedrine;
pseudoephedrine****;
selegiline;
sibutramine;
strychnine;
tenamfetamine (methylenedioxyamphetamine);
tuaminoheptane;
and other substances with a similar chemical structure or similar biological effect(s).
Except:

- Clonidine
- Imidazole derivatives for topical / ophthalmic use and those stimulants included in the 2018 Monitoring Program*.

* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2018 Monitoring Program, and are not considered *Prohibited Substances*.
** Cathine: 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

The following narcotics are prohibited:
Buprenorphine, dextromoramide, diamorphine (heroin)**, fentanyl** and its **derivatives, hydromorphone, methadone, morphine, nicomorphine, oxycodone, oxymorphone, pentazocine; and pethidine.**

S8. CANNABINOIDS

The following cannabinoids are prohibited:
Natural cannabinoids e.g. **cannabis, hashish** and **marijuana,**
Synthetic cannabinoids e.g. **D9-tetrahydrocannabinol** (THC) and **other cannabimimetics.**
Except: Cannabidiol.

S9. GLUCOCORTICOIDS

All **glucocorticoids** are prohibited when administered by oral, intravenous, intramuscular or rectal routes. Including but not limited to:
Betamethasone;
budesonide;
cortisone;
deflazacort;
dexamethasone;
fluticasone;
hydrocortisone;
methylprednisolone;
prednisolone;
prednisone;
triamcinolone.

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CWI Anti-Doping Contacts

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

Player Development Manager Phone:

+1(268)481-3454

+1(268)481-2450-2

Fax:

+1(268)481-2498

E-mail:

anti-doping@windiescricket.com

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IGNORANCE IS NOT AN EXCUSE

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