Editorial

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What prohibition tells us about sport?

'*Careful consideration has been given to the many comments received*' in response to the annual consultation on the Prohibited List that drives WADA's Anti-Doping Code. This statement introduces the explanatory note that accompanies the new list, reassuring respondents that their contributions have not been ignored, as *'not all suggestions have been accepted or incorporated.*' The annual review of WADA's prohibited list, (inclusion in this list based on three criteria, performance enhancement, health risks and the spirit of sport), is well established. It prompts a flurry of revisions to anti-doping information materials and annually reminds the sport community of the importance of abiding by anti-doping regulations. More importantly, prohibited list revisions map trends in doping in sport; on the one hand suggesting that anti-doping regulations are behind those who dope, on the other anticipating where the dopers will go next. Of all the WADA Code Standards, the Prohibited List is the main driver, influencing the processes involved in Therapeutic Use Exemptions, Testing, Laboratory Analysis and the latest, the Protection of Privacy and Personal Information. This barometer of the fight against doping has grown in sophistication since the early days of sympathomimetic amines and narcotics. So what is the real story behind the 2011 Prohibited List? This editorial takes a look at some of the changes in the ninth edition of the WADA List and considers what this means for the anti-doping world.

A class of its own - S0 Non Approved Substances and Methods

The system of numbered classes was almost confounded by the addition of a catch-all class, S0, any pharmacological substance not addressed elsewhere

in the List, not yet approved or no longer permitted for human use. Evidence that some athletes are trying to play the doping game from within the rules as well as further confirmation that some athletes do not play within the spirit of sport at all. This inclusion signals that laboratory detection is not the only method of investigation; orders placed and financial transactions for non-approved substances and methods can provide evidence of doping. Detection of this type of anti-doping rule violation may require the resources of investigators and collaboration of public authorities with sport. This additional section replaces the 'educational message' introduced in 2005 "THE USE OF ANY DRUG SHOULD BE LIMITED TO MEDICALLY JUSTIFIED INDICATIONS" which has been withdrawn from the list in 2011. Surely athletes should only take drugs if they have a medical need and if the drugs are approved by a registered medical professional?? Perhaps it is time to ban every substance and require athletes to seek approval for any medication with the support of a qualified and registered medical professional. It might provide some accountability for drug use.

PRP – S2 Peptide Hormones, Growth Factors and Related Substances

Despite all the hype and innuendo about PRP, the conclusion of the list review is that platelet derived preparations should be removed from the prohibited list because of lack of any current evidence of potential performance enhancing effects beyond a potential therapeutic effect. This is a complicated conclusion. When does a method enhance performance and when it is simply therapeutic? The fear factor for doping remains with a reminder that purified individual growth factors are still prohibited.

Declaration of Use - not just about S3 Beta-2-Agonists or S9 Glucocorticosteroids

Asthmatic athletes might be breathing a little easier with the changes introduced under this class. Certain inhaled beta2agonists have been given a reprieve and there are rumours in the air that other IBAs will follow suit once evidence is available. Excessive use of beta2 agonists continues to cause concern; the urinary threshold for salbutamol has been increased from 1000ng/ml (2010) to 1600mg in 24 hours (2011). This guidance does not quite have an athlete-friendly ring to it; at least it is in keeping with the Code! The outcome of this change is that doctors will be encouraged to change asthma medications and pharmaceutical companies encouraged to engage with excretion studies on athletes.

Administrators will be relieved too. Removal of the biggest paper chase ever, Declaration of Use, is welcome news. Interestingly, the privacy implication of demanding declaration of sensitive personal medical information, with no sanction for failure to declare, does not seem to be considered by anti-doping organisations. Indoctrination of athletes to share medical information continues to be a standard part of many 'education' programmes. The

relevance of medication declarations requires much closer examination. Are the limited 'advantages' of listing certain medicines on the Doping Control Form outweighed by the invasion of personal privacy and the huge responsibility on anti-doping organisations for the protection of this data? Removal of Declaration of Use should start a new wave of concern for privacy for the declaration of medications at the time of testing. Speculation remains that one high profile athlete went missing from his test as he was too embarrassed to declare the use of medications for a sexually transmitted disease. Laboratories and/or results management bodies might note the declaration of an oral contraceptive by a female athlete to evaluate the presence of norethisterone, but requiring declarations of these medicines could lead us down a path of privacy invasion and potential embarrassment.

The impact of the death of Declaration of Use is also felt under S9 Glucocorticosteroids. Prohibited routes of administration remain but injured and asthmatic athletes will not longer be attempting to complete paperwork for inhaled and local injections of GCS. Threshold levels are being developed to manage better therapeutic use v abuse in the treatment of athletes.

Methylhexaneamine – continuing the problem of supplements

The epidemic of methylhexaneamine findings in 2010 may remind the sporting world of the 1999 phenomenon of 19-nor cases. Athletes are identified as dopers by the inadvertent use of a doping substance, caught by the strict liability trip wire. Re-alignment of MHA as a specified stimulant in the 2011 list will bring little comfort to those caught out by this violation. The trauma of an anti-doping rule violation allegation, economic impact of a provisional suspension and strain of a disciplinary hearing that might conclude no case to answer or a one year sanction should not be underestimated. Greater publicity should be given to supplements to be avoided. The vicarious liability of those supplying these doping substances to athletes should be pursued. And yet the general acceptance of supplement use by athletes as a fact of life and their promotion by sports organisations smacks of double standards. 'It's OK as long as it's not banned'.

Conclusion

The Prohibited List is a work in progress for anti-doping organisations, an ongoing challenge to detect and to anticipate doping. Far from perfect but telling its own story of doping issues. Undoubtedly work on the 2012 list, the one that will regulate the next Olympic Games, is already underway. Consultation on changes for next year could begin as early as April. In the spirit of greater accountability, putting all responses in the public domain would help inform and give confidence to stakeholders. An annual audit of

doping cases by prohibited class would make interesting reading and verify evidence of inclusion of substances.

In future the prospect of the biological passport may supersede the annual revision of a prohibited list. It might be replaced by acceptable physiological parameters. Inevitably some athletes would use this information to enhance their physiology and performance.

In the short term, development of the list from sub-divisions of those substances prohibited in and out of competition, and those additional substances prohibited in-competition, into just one list applying at all times, may be one less complication for athletes and support personnel.

Citation suggestion

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