

Editorial

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Changing times - this year's prohibited list and what it really means

World Anti-Doping Code compliance is transforming doping and anti-doping activities. Practical implementation of the Code's main activity – testing – is directed through five mandatory standards covering The Prohibited List, Testing, Therapeutic Use Exemptions, Laboratory Analysis and the Protection of Privacy and Personal Information. Revisions to the Standards have significant impact on anti-doping operations and of course on athletes. The Code mandates that the Prohibited List is reviewed annually following a period of consultation. List amendments are responsive to doping practices, scientific advances and legal arguments, and occasionally the views of signatories.

As the Prohibited List applies to all sports, arguments of the lack of relevance of listed substances and methods to a particular sport are useless. The Code makes it clear:

“WADA's determination of the Prohibited Substances and Prohibited Methods that will be included on the Prohibited List and the classification of substances into categories on the Prohibited List is final and shall not be subject to challenge by an Athlete or other Person based on an argument that the substance or method was not a masking agent or did not have the potential to enhance performance, represent a health risk or violate the spirit of sport. “

So the List is the List. Amendments cause anti-doping organisations to get busy with the revision of information resources. For 2010, the Prohibited List includes some significant changes, indicating interesting trends and developments.

For some the headline will be the reintroduction of pseudoephedrine, a mild stimulant found in several proprietary cold remedies. Professor Ivan Waddington examined this “curious decision” in October’s INHDR editorial. The removal of pseudoephedrine from the list came in 2003 and caused a sigh of relief amongst many who saw its potential for accidental positives. It remained under scrutiny through WADA’s monitoring programme. Surveillance of sample analysis revealed a sustained increase in use over the past 5 years at high levels that exceeded the expected therapeutic dose “in a number of sports and regions”. The situation cannot be explained by talk of swine flu and we are left to speculate which sports and which countries.

For others the illogical decision to introduce a two tier policy on inhaled beta2 agonists (IBAs) will be the main cause for concern. Previous policies restricting the abuse of asthma inhalers and requiring extensive and expensive testing to demonstrate the athlete was in fact asthmatic have caused considerable bureaucracy, cost and distress. Now the 2010 List will permit two IBAs salbutamol and salmeterol to be declared by the athlete (official declaration form template awaited) and a requirement to record the use of these inhalers on the multi-part Doping Control Form. Why these two and not other inhaled beta 2 agonists such as formoterol or terbutaline? What is the science behind this decision? OK there is a reporting level for salbutamol – which translates into an advised maximum inhalation of 1600 micrograms over 24 hours. Calculators at the ready for asthmatics using this medication!

The most significant revision to the list is a long overdue righting of a wrong regarding the Testosterone to Epitestosterone ratio. Sadly not a revision upwards of the reporting level – no there is too much paranoia about misuse by micro dosing, some concern may be well founded. Fears that its misuse is not deterred or detected by the whereabouts requirement on athletes. The latest revision is to clarify the point at which anti-doping authorities can step away from the pursuit of an athlete who has a T:E ratio greater than 4.0 “*when the IRMS (isotope ratio mass spectrometry or other reliable analytical method) has not revealed evidence of exogenous administration of a Prohibited Substance, no further collections or analyses are required*”.

This advice comes too late for those athletes pursued by anti-doping authorities for T:E ratios greater than 4 where there is no supporting evidence of the use of exogenous prohibited substances. Lives and careers have already been adversely affected by additional investigations that have cast doubt on reputations. Convinced that everyone is one step ahead and using

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undetectable methods to use performance enhancing drugs – even when the evidence of enhanced performance is not there, the anti-doping authorities are being informed by WADA that this is no longer necessary. It took an extraordinary case involving the Irish athlete Gareth Turnbull to overturn an injustice regarding the pursuit of one slightly elevated T:E ratio (with no IRMS evidence of exogenous administration) in a series of tests on the athlete. BUT it cost the athlete over € 200,000 in legal costs to raise his suspension and get the case to answer withdrawn.

Ever since WADA reduced the reporting level of T:E from 6 to 4 in 2005, there has been a massive increase in reported findings that result in no case to answer. However the quality control on the authorities pursuing these cases is lacking. Athletes have been handled inconsistently, many authorities presume the athlete as guilty rather than part of the investigation to identify the truth. This particular revision is a small but significant step towards commonsense. Hopefully we will not have to wait too long for another.

The catch all is that *“At any time relevant anti-doping organizations may conduct any additional investigations as they deem appropriate in assessing an atypical sample.”* And of course there is no need for the athlete to be informed they are under surveillance.

Citation suggestion

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