

## Key Changes to World Anti-Doping Agency (WADA)

### 2010 Prohibited List.

From January 1, 2010, these key changes will apply to all Australian athletes on ASADA's registered testing and domestic testing pool.

If you are unsure of your status on these lists, please contact Matt Bialkowski at Rowing Australia to confirm at [mbialkowski@rowingaustralia.com.au](mailto:mbialkowski@rowingaustralia.com.au)

If you have any questions regarding the below changes, please do not hesitate to contact Dr. Carmel Goodman, PMO Rowing Australia on 0409 889 139 or at [cgoodman@wais.org.au](mailto:cgoodman@wais.org.au)

Key Changes	Advice from WADA	What this means for you
<b>Beta – 2 agonists (Asthma medications)</b>	<p>The status of inhaled salbutamol /salmeterol, beta 2 agonists, will change. Therapeutic use of inhaled salbutamol (maximum 1600 micrograms per day) and salmeterol will not be prohibited as of 1<sup>st</sup> January 2010 with a declaration of use.</p> <p>If the urinary concentration is above 1000 nanograms per millilitre, there will be a presumption that the substance was not taken by inhalation and the athlete will have to demonstrate through a controlled pharmacokinetic study that the level found in his/her urine was the result of</p>	<p>Use of inhaled salbutamol (Ventolin, Asmol) or salmeterol (Seretide) treatments no longer need a TUE, just a declaration of use on the doping form when drug tested.</p> <p>Other asthma treatments including use of terbutaline (Bricanyl), Eformoterol (Oxis, Symbicort) still require a Therapeutic Use Exemption (TUE) for ongoing use. Use of these asthma medications without a TUE constitutes an <i>adverse analytical finding</i> which will incur a penalty.</p> <p>Make sure you check your asthma medication at <a href="http://www.asada.gov.au">www.asada.gov.au</a> or by calling 13 000 ASADA (13 000 27232).</p>

	therapeutic inhaled use.	
<b>Pseudoephedrine</b>	<p>Pseudoephedrine (PSE) will be reintroduced to the list and will be prohibited above 150 micrograms per milliliter.</p> <p>Athletes are to stop taking pseudoephedrine at least 24 hours before competition.</p> <p>For therapeutic applications in-competition, consider the use of alternative permitted medications upon previous consultation with a physician, or apply for a TUE.</p> <p>The threshold level has been established based on the intake of therapeutic doses, defined as a maximum daily dose of 240mg PSE taken either as four (4) daily administrations (one every 4-6 hours) of a 60mg pill (or 2x30mg pills), (8 Codral original cold and flu tablets in 24 hours), or two (2) daily administrations (one every 12 hours) of a 120mg pill, or</p>	<p><b>Don't take pseudoephedrine 24 hours prior to or during competition.</b> There are permitted alternatives which you can take in this time period. If you take any cold and flu preparations before and during competition please check whether they contain any pseudoephedrine at <a href="http://www.asada.gov.au">www.asada.gov.au</a> or by calling 13 000 ASADA (13 000 27232).</p> <p>Out-of-competition there is no need for a TUE to take pseudoephedrine.</p> <p>However, out-of-competition, only use pseudoephedrine as directed. Taking more than the directed amount may result in a positive test result in-competition and therefore a sanction.</p>

	<p>one (1) daily administration.</p> <p>In line with this dosing regimen, the intake, for example, of a single daily dose of 3 x 60mg pills constitutes a suprathreshold administration that may lead to an <i>Adverse Analytical Finding</i>.</p>	
<p><b>Platelet-derived preparations</b></p>	<p>The status of platelet-derived preparations (e.g. Platelet-Rich Plasma (PRP), ‘blood spinning’) has been clarified and is prohibited when administered by intramuscular route.</p> <p>Other routes of administration will require declaration of use on the doping control form in compliance with the International Standard for TUEs.</p>	<p>If you plan on using a platelet-derived preparation for a muscle injury, you must have an approved TUE prior to the procedure.</p> <p>Injections of platelet-derived preparations into joints, tendon sheaths and bursae will not require a TUE but will require a declaration of use on the doping form when drug tested.</p> <p>Injections with glucocorticoids (cortisone) will continue to follow the WADA guidelines as per 2009. Use of glucocorticoids intramuscularly, intravenously and orally will continue to require a TUE prior to use. Intraarticular, intrabursal, intrasynovial and inhaled use of glucocorticoids will only require a declaration of use on the doping control form during a doping test</p> <p>If you have any questions at all regarding use of PRP in the treatment of your injury, please contact Dr.</p>

		Carmel Goodman on 0409 889 139, prior to starting any such treatment.
<b>Glycerol</b>	Prohibited under S5 as a plasma expander.	Avoid substances with high levels of glycerol.
<b>Supplemental oxygen</b>	Supplemental oxygen is no longer prohibited.	Oxygen-enhancing and oxygen-depriving activities are permitted. This includes hypobaric chambers and bottled oxygen.
<b>Intravenous infusion (IV therapy)</b>	Intravenous infusions are prohibited except for those legitimately received in the course of hospital admissions or clinical investigations	<p>If an athlete has an IV prior to transport to hospital and is hospitalised, no TUE is necessary.</p> <p>To manage severe dehydration out of hospital a TUE will be required.</p> <p>Using a drip to re-hydrate is prohibited without a TUE.</p> <p>IV iron infusions should not be undertaken.</p>