2018 Letter to National Federations and Athletes from Leslie Buchanan, ITU Anti-doping Director

As another calendar year of triathlon competitions gets under way, I would like to that this opportunity to remind all triathletes and their respective national federations of the importance of maintaining a zero-tolerance attitude towards doping in triathlon and to reiterate that you are all an intrinsic part of the continued success of ITU's anti-doping program.

We first take this opportunity to look back on 2017 and provide you with an overview of our ITU Anti-Doping Program in the form of a year-end report.

2017 Testing Program Year End Report

The 2017 testing program was carried out according to the objectives and parameters of ITU's Test Distribution Plan and within ITU's established anti-doping budget:

ITU Registered Testing Pool

- ITU has approximately 51 athletes in its RTP.

Athlete Biological Passport

- ITU collected 150 out-of-competition blood passport samples as part of the Athlete Biological Passport program.

In-Competition Testing

- 663 in-competition urine samples were collected
- 60 in-competition blood samples were collected

Out-of-Competition Testing

- 145 out-of-competition urine samples were collected
- 42 out-of-competition blood samples were collected
- Athletes from 47 different countries were tested
- 65% of tests were conducted on athletes while they were living or training outside their home country;

Anti-Doping Rule Violations

Three (3) anti-doping rule violations involving the presence of Androgenic Anabolic Steroids were asserted at the international-level in 2017. Each athlete was sanctioned in accordance with the ITU Anti-Doping Rules.

Not all national-level anti-doping rule violations have been reported but as of December 20, 2017, 10 national-level anti-doping rule violation were reported in 2017.

With the help of focused and intelligent testing, education, deterrence and vigilance ITU is confident these numbers should continue to diminish in the coming years.

ITU can proudly and confidently assert that all the testing and education initiatives it has undertaken in the past years have played an instrumental role in keeping the number of anti-doping rule violations and doping cases low.

Code Compliance

In 2017, ITU completed WADA's Code Compliance exercise which aimed to verify that all aspects of the ITU's anti-doping program complied with the World Anti-Doping Code.

For the most part, ITU met expectations. And, where ITU fell short in meeting some of its obligations, WADA outlined by way of a Corrective Action Plan the steps that needed to be taken by ITU to reach full compliance.

After promptly acknowledging the contents of WADA's Corrective Action Plan and outlining the actions ITU would need to implement to meet its compliancy requirements, ITU is proud to assert that all the corrective actions identified by WADA have either already been addressed or are in the process of being rectified. Therefore, ITU is confident all the Code requirements will seamlessly be met within WADA's established deadline and incorporated in the ITU's regulatory mechanisms for 2018.

These Code requirements are many. Among others, the requirements include:

- ✓ Implementing Code compliant anti-doping rules,
- ✓ Having and following proper TUE, results management and disciplinary processes,
- ✓ Operating a thorough and robust testing program including in and out-of-competition testing, a well thought-out RTP and participation in the Athlete Biological Passport Program, and,
- ✓ Administering a well-defined values-based education program.

Meeting all these requirements is not an easy task. However, the team of professionals who are involved in the day to day operation of the ITU's Anti-Doping Program work tirelessly throughout the year to ensure that all compliance requirements are met and that ITU's anti-doping program effectively meets a gold standard. You can be sure that we will continue to do so in 2018!

Looking ahead to 2018

ITU is dedicated in maintaining and implementing its anti-doping program and promoting drug-free sport and shall specifically continue to tackle all anti-doping issues with the same determination and conviction as follows in 2018:

Doping controls

The ITU test distribution plan which has been carefully and mindfully established with the help of our doping control services providers shall, as per usual, be carefully monitored throughout the year. It shall also be evaluated, modified and updated periodically, as required by the ITU Anti-Doping Director and the Canadian Center for Ethics in Sport, who manages the ITU Out-of-Competition testing program.

The monitoring shall focus on efficiency, efficacy and targeted testing all the while taking into account the ongoing importance of deterrence and detection. The monitoring shall apply to both in-competition and out- of- competition testing.

The monitoring shall also be based on ITU's intelligence gathering and shall include the acknowledgment of various red-flags such as significant performance improvements, suspicious behaviour, follow-up testing on atypical findings, filing failures and missed tests, etc.

Athlete Biological Passport

The ITU believes that although the typical doping control approach based on the detection of prohibited substances or their metabolites in an athlete's sample remains an effective approach to combat doping in triathlon, it has limitations when an athlete may be using substances on an intermittent and low-dose basis.

Furthermore, it is hard to argue that notwithstanding all the advances that have been made in this field, new substances or modifications of prohibited substances (designer drugs) or methods continue to be difficult to detect by conventional analytical means. In fact, doping regimes have become much more scientifically planned and have taken full advantage of the weaknesses in traditional protocols.

These elements, among others, endorsed ITU's decision to implement a more sophisticated and complementary strategy to effectively fight doping in triathlon in addition to doping controls: the Athlete Biological Passport (ABP). ITU is steadfast in its belief that the implementation of the ABP has kept our anti-doping rule violations low by not only deterring potential cheaters but by making all our athletes more accountable.

ITU trusts that it has properly integrated the ABP its existing doping control program by weighing all factors including the required resources and capacity to operate such a program. As such, you can all expect for ITU to continue to build is ABP database in 2018 and to use it to effectively and efficiently complement all its other anti-doping initiatives. The fact that the implementation of the ABP continues to be well received by our athletes speaks volumes as to the value that you have all bestowed upon ITU's anti-doping initiatives and your desire to keep our sport clean and the playing field level.

The 2018 Prohibited List

The 2018 Prohibited List can be downloaded from the WADA website at https://www.wada-ama.org/sites/default/files/prohibited_list_2018_en.pdf

Education

ITU firmly believes that education is the cornerstone to successfully deterring all our athletes at all levels of competition from using performance enhancing substances.

ITU shall continue to offer useful information on anti-doping on its website and to distribute various educational materials to triathletes of all levels. We will also continue to work closely with our national federations and NADOs to facilitate the dissemination of these materials. We trust that you will contact ITU directly should you require assistance in this regard.

Finally, the WADA Athlete Outreach Booth continues to be a successful and interactive educational medium. Every year since 2009, ITU has had an outreach booth at its Grand Final and has always partnered with the NADO of the country in which the Grand Final takes place. In 2017, ITU partnered with

the Canadian Centre for Ethics in Sport (CCES) for an outreach booth in Penticton at the Multi-Sport Festival and then ITU hosted another outreach booth at the Grand Final in Rotterdam, Netherlands.

Accordingly, ITU shall continue to promote educational initiatives through this informative and entertaining medium.

Finally, looking ahead to this new year that is upon us, I would like to take this opportunity to thank you all for your continued commitment to drug-free sport. If ITU is proud of the work it continues to accomplish in carrying out its anti-doping program, it is equally proud to acknowledge the work that you have all accomplished in respecting your obligations with regards to anti-doping.

- To our national federations who have respected their testing, reporting and results management obligations;
- To the CCES and SAIDS who are ITU's active partners and allies in the operation of its anti-doping program;
- To all medical staff for being mindful of the Prohibited List, offering Code-compliant consultations and properly filing out timely TUE applications;
- To all athlete support personnel who continue to deter athletes to resort to the use of performance enhance substances by emphasizing the importance of proper training and nutrition and the adoption of ethical sporting values;
- To our RTP athletes who continue to submit timely and accurate whereabouts information notwithstanding the burden this may impose;
  and,
- To each athlete who has made a personal decision to not use prohibited substances or methods to enhance his or her performance and discouraged others to do so as well:

Thank you!

Leslie Buchanan

ITU Anti-Doping Director

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THE WORLD ANTI-DOPING CODE

INTERNATIONAL STANDARD

PROHIBITED LIST

JANUARY 2018

WORLD ANTI-DOPING AGENCY

play true

The official text of the *Prohibited List* shall be maintained by *WADA* and shall be published in English and French. In the event of any conflict between the English and French versions, the English version shall prevail.

This List shall come into effect on 1 January 2018

SUBSTANCES & METHODS
PROHIBITED AT ALL TIMES
(IN- AND OUT-OF-COMPETITION)

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.

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 (17β-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;
- 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 40 ng/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 AND 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;
Testolactone.

2. Selective estrogen receptor modulators (SERMs) including, but not limited to:
Raloxifene;
Tamoxifen;
Toremifene.

3. Other anti-estrogenic substances including, but not limited to:
Clomifene;
Cyclofenil;
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 AND 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 *Therapeutic 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 AND 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 DEFINED ABOVE, 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 (carphedon)];
Furfenorex;
Lisdexamfetamine;
Mefenorex;
Mephentermine;
Mesocarb;
Metamfetamine(*d*-);
p-methylamphetamine;
Modafinil;
Norfenfluramine;
Phendimetrazine;
Phentermine;
Prenylamine;
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 (parahydroxyamphetamine);
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;
Pethidine.

S8 CANNABINOIDS

The following cannabinoids are prohibited:

- Natural cannabinoids, e.g. cannabis, hashish and marijuana,
- Synthetic cannabinoids e.g. Δ9-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.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1 BETA-BLOCKERS

Beta-blockers are prohibited *In-Competition* only, in the following sports, and also prohibited *Out-of-Competition* where indicated.

- Archery (WA)*
- Automobile (FIA)
- Billiards (all disciplines) (WCBS)
- Darts (WDF)
- Golf (IGF)
- Shooting (ISSF, IPC)*
- Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air
- Underwater sports (CMAS) in constant-weight apnoea with or without fins, dynamic apnoea with and without fins, free immersion apnoea, Jump Blue apnoea, spearfishing, static apnoea, target shooting, and variable weight apnoea.

*Also prohibited *Out-of-Competition*

Including, but not limited to:

Acebutolol;
Alprenolol;
Atenolol;
Betaxolol;
Bisoprolol;
Bunolol;
Carteolol;
Carvedilol;
Celiprolol;
Esmolol;
Labetalol;
Levobunolol;
Metipranolol;
Metoprolol;
Nadolol;
Oxprenolol;
Pindolol;
Propranolol;
Sotalol;
Timolol.

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WORLD
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DOPING DECLARATION

TO BE COMPLETED BY ALL PARTICIPANTS

STATE	

I, the undersigned, hereby declare that I am aware of the Doping regulations and procedures as set out by International Triathlon Union (ITU) and Asian Triathlon Confederation (ASTC). I accept that I may be dope tested under these regulations at any stage of the _____ ***(Name of the Championship/Event)*** and subject to the penalties set out by the ITU and ASTC regulations if the test(s) prove positive.

PLAYER: _____ **SIGNATURE:**_____

PLAYER: _____ **SIGNATURE:**_____

PLAYER: _____ **SIGNATURE:**_____

PLAYER: _____ **SIGNATURE:**_____

PLAYER: _____ **SIGNATURE:**_____

MANAGER:_____ **SIGNATURE:**_____

DATE: _____

Complete and sign this form and present it at the **Championship Office at the Championship Venue** at the time of registration.

ANY PLAYER WHO FAILS TO SIGN THIS DECLARATION WILL NOT BE ALLOWED TO COMPETE IN THE CHAMPIONSHIPS