

2019 Prohibited List Update: A Guide for Athlete Support Personnel



Introduction

The [World Anti-Doping Agency \(WADA\)](#) has announced the 2019 Prohibited List (the List). The List will come into effect on **1 January 2019**.

So, whilst you prepare your athletes for training and competition in 2019, take some time to become familiar with any changes to substances or methods and consider the impact this may have on your athletes both in-competition and out-of-competition.

What is the List?

The Prohibited List sets out which substances and methods are banned in sport. The list is updated annually in response to scientific research and consultation with a wide range of stakeholders.

It is incredibly important that you remind your athletes to check the changes made to the List each year, so they do not inadvertently break the rules. Athletes are solely responsible for what is in their system, regardless of how it got there, or whether there was an intention to cheat or not. This is the principle of Strict Liability. Likewise, it is imperative that you are aware of any changes made to support your athletes.

We would also advise you to support and remind your athletes to review any current medications that they use and help with any applications for a Therapeutic Use Exemption (TUE) if required.

Key Modifications to the 2019 Prohibited List – 1st January 2019

Check supplements carefully – to minimise the risk use batch-tested products

- Epiandrosterone has been added as an example of an anabolic androgenic steroid.
- You should advise athletes to remain vigilant regarding this substance
- The examples of metabolites of steroids has been simplified and now only includes those known to be found in supplements or used as masking agents.
- More examples of substances which are prohibited have been added, and these can be found in some supplements but not exclusively.

Know Your Agents

The title of **S4.4** was changed to “Agents preventing Activin IIB activation” and the following were listed as examples of such agents:

- activin A-neutralizing antibodies.
- activin receptor IIB competitors
- agents reducing or ablating myostatin expression
- anti-activin receptor IIB antibodies
- myostatin-binding proteins
- myostatin-neutralizing antibodies

Gene Doping Title and Definition Clarified

- The **title** of the prohibited methods section 3 (M3) was changed from ‘Gene Doping’ to **“Gene and Cell Doping”** to clarify the methods permitted and prohibited in the category
- The definition of gene doping was revised to include the term ‘post-transcriptional’ to further define the processes that can be modified by gene editing.
- Stem cells are not prohibited for treating injuries if their use **restores normal function** of the affected area, rather than enhancing function

Remember: *In many categories, examples were removed or added; however, this does not mean the substance is no longer prohibited, just that it is no longer explicitly stated on the Prohibited List.*

It is important to note that not all prohibited substances are explicitly listed in the 2019 Prohibited List. For a complete check if a substance is prohibited, check on Global DRO.

Top Anti-Doping Reminders

Although changes to the 2019 Prohibited List are minor, we wanted to highlight some frequently asked questions (FAQ's) about substances and methods. Below is a brief overview of our top four FAQ's:

- **Cannabidiol:** The use of any cannabidiol (CBD) product is at the athlete's own risk. As a result, CBD products should be considered in the same way as all other dietary supplements. That being, strict liability will still apply, and the appropriate sanctions will be imposed on any athlete returning an adverse analytical finding related to the consumption of a CBD product. Please see our athlete advisory note on CBD products for further information.
- **IVs:** All intravenous (IV) infusions and/or injections of any substance, prohibited or permitted, in excess of 100 mL per 12-hour period are prohibited at all times, except for those legitimately received in the course of hospital treatment, surgical procedures, or clinical diagnostic investigations. Athletes receiving IV infusions outside of these settings or containing prohibited substances are able to apply for a retroactive TUE if it is given as part of emergency treatment. Please see our emergency medicines resource available on the TUE section of our website for further information.
- **ADHD Medications:** Athletes with Attention Deficit Hyperactivity Disorder (ADHD) are often prescribed prohibited stimulant medication to treat their condition. UKAD has a bespoke ADHD TUE policy which outlines the required medical evidence that must be contained within any TUE application. This policy document is available on the TUE section of our website.
- **Inhalers:** Athletes diagnosed with asthma are prescribed medications, such as beta-2 agonists and glucocorticoids which are delivered via an inhaler. It is important to understand what inhalers and doses are permitted, and when a TUE is needed.

Where to go for further information – Medication and Supplements

- You and your athletes should use [Global DRO](#) to search the prohibited or permitted status of their medications or specific ingredients before athletes take any medication.
- There are risks associated with the use of supplements. Encourage your athletes to take a food first approach. If your athletes still choose to use supplements help them to assess the need, risks and consequences before doing so. Remind athletes that they must undertake thorough research of any supplement product they intend to use and that they should only use batch-tested products.
- To check you and your athletes can use the risk minimisation tool on [Informed Sport](#).
- For further clarification on the 2019 List, or general substances, methods, and product enquiries, contact UKAD at substanceenquiry@ukad.org.uk.