

# **WORLD DODGEBALL**

World Dodgeball Association  
Anti Doping Policy  
2016

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## **1. Foreword**

The World Dodgeball Association (WDA) Anti-Doping Code has been designed to protect all athletes within the Dodgeball Family and is set in accordance with the adoption of the World Anti-Doping Agency (WADA) Code. This document sets out the WDA rules and regulations, however it does not constitute business, medical or other professional advice. The WDA is committed to the principles of drug-free sport for the following reasons:

- To uphold and preserve the ethics of the Sport.
- To safeguard the physical and mental health of Players
- To ensure that all Players have an opportunity to compete equally

To underpin that commitment the WDA will:

- Educate and inform players about the dangers of drugs and consequences of taking drugs or breaching the Anti-Doping Regulations
- Comply with the WADA Code
- Test Players to confirm and maintain their drug free status

This Code will either provide, or direct you to, the information you need on the rights and responsibilities of Players and Support Personnel taking part in Dodgeball in relation to the World Anti-Doping Code (the Code) and the WDA Anti-Doping Regulations.

At the heart of the Code is the desire to achieve a level playing court on which Players in all sports can compete with confidence and natural sporting ability. It is there to preserve sport by harmonising the anti-doping rules and regulations across all sports in all countries.

The WDA wants to ensure that all players across the World at all levels have been given all the support they need to perform to the very best of their ability. We want to ensure that all our players are able to make well informed and positive decisions so they can say with honesty and pride, "That was 100% me".

Tom Hickson  
President  
World Dodgeball Association

## **2. Anti-Doping Rules**

All sports including Dodgeball are governed by a set of anti-doping rules called the World Anti-Doping Code (the Code).

The Code is the basis of the World Anti-Doping Programme and the WDA Anti-Doping Regulations are compliant with the Code. The Code aims to harmonise the rules and regulations governing anti-doping for all Players, in all sports, throughout the world. A fundamental principle of the Code is to protect the rights of all Players committed to competing in sport cleanly and fairly.

Players are bound by the rules of the Code as a condition of their participation in the sport of Dodgeball.

Player Support Personnel are expected to abide by the rules of the Code by virtue of their involvement in Dodgeball and are subject to the WDA Anti-Doping Regulations.

An important principle of the Code and the Regulations is that of „strict liability“. This means that you are personally responsible for any banned substance found in your body - regardless of how it got there.

### **INTERNATIONAL STANDARDS**

The Code is supported by five International Standards that outline mandatory systems and processes for: testing, the therapeutic use of a prohibited substance or method, the Prohibited List, and WADA accredited laboratories.

### **WDA ANTI-DOPING RULES**

The WDA Anti-Doping Rules are available from your continental governing body, national governing body or the WDA or can be downloaded from the WDA website [www.planetdodgeball.com](http://www.planetdodgeball.com) - About Us - Rules and Regulations - Anti-Doping.

### **ANTI-DOPING RULE OFFENCES 5**

In order not to break the rules, you'll need to make sure you know what they are. Under the Code and the WDA Anti-Doping Regulations, you don't need to test positive to break an anti-doping rule so it is important that you understand and are aware of the following offences.

You would be breaking the rules of anti-doping if:

- A prohibited substance and/or prohibited method is found in your bodily specimen, including blood and urine
- You use or attempt to use a prohibited substance or prohibited method
- You avoid or refuse to undertake a drugs test
- You fail to provide your whereabouts details (International players only) for out of competition testing - a „strike“
- You give inaccurate whereabouts details leading to a missed test (International players only) - a „strike“
- You receive 3 „whereabouts strikes“ (International players only)
- You tamper or attempt to tamper with any part of the doping control process
- You possess or traffic prohibited substances and/or methods
- You administer or attempt to administer a prohibited substance and/or prohibited method to any Player, or assist, encourage, aid, abet or cover up an anti-doping rule offence.

It is not just players who can commit anti-doping rule violations (ADRVs); coaching, support and medical staff are all subject to the WDA Anti-Doping rules so need to be fully aware of their responsibilities.

### **3. Responsibilities**

Your role as a Player carries with it many responsibilities, and your responsibility to compete cleanly and fairly is fundamental. Be responsible: Under the rules of the World Anti-Doping Code and the WDA Anti-Doping Regulations you are ultimately responsible for any prohibited substance found in your system. This is referred to as **STRICT LIABILITY**. 6

## **WHAT IS STRICT LIABILITY?**

**STRICT LIABILITY** means that the absence of a warning or a guarantee as to the safety of a product from a manufacturer does not reduce the seriousness of the doping offence. Players are personally responsible for any substance found in their specimen.

## **WHO DO YOU TRUST?**

You are responsible for whom you trust to take advice from about substances, medication and supplements and you are accountable for those you entrust with access to your food and drink. This means that if you take medication from your doctor (GP or national team doctor) and do not check whether it is permitted you are at fault if you provide a positive sample. Likewise, if you take a supplement that is contaminated, even after getting a guarantee from the manufacturer or anyone else, you are still responsible for choosing to use that product.

All Players have 4 key responsibilities they must fulfil:

1. Stay up to date with the latest Prohibited List of Substances and Methods
2. Check the status of any substance before you use it. Note: It is considered an anti-doping offence if a Prohibited Substance is found in your system - regardless of how it came to be there
3. Inform all medical personnel responsible for your health and well being that you compete under specific anti-doping rules and ensure that medical treatment received does not violate anti-doping rules
4. Submit a Therapeutic Use Exemption (TUE) for any prohibited substance and/or method you are prescribed for a legitimate medical condition.

Those players in the National Registered Testing Pool (further details below) are also responsible for:

Providing accurate whereabouts details for out of competition testing if required by the WDA - you will receive notification informing you that you are in the International Registered Testing Pool of players who must provide whereabouts information.

## **PLAYER SUPPORT PERSONNEL RESPONSIBILITIES**

In your role as Player Support Personnel either Coaching or Medical Staff, you have a responsibility to ensure that you fully understand and promote the rules of anti-doping - so you can guide your Players through a clean and successful Dodgeball career.

Player Support Personnel have a highly influential and important role. Your views and actions could have great impact on decisions taken by your Players and it is therefore vital that you set a positive and moral example by consistently enforcing clean anti-doping messages.

Remember that it is your job to support and lead your Players, and you need to take responsibility for setting and enforcing the rules.

Player Support Personnel should:

- Make it clear to all Players that doping in Dodgeball is simply not acceptable and not necessary in order to win
- Ensure your Players understand the Anti-Doping Regulations of the WDA, including the prohibited substances and methods, testing procedures and therapeutic use exemption applications
- Be aware of your role in the testing procedures so you can support your Players during the testing process
- Encourage and remind your Players to provide accurate and up-to-date whereabouts information (if they are required to do so)
- Safeguard the health of your players by emphasizing the risks associated with Prohibited Substances.

If you are supporting a Player, you should not:

- Ignore possible evidence of doping in your team; take positive action and speak to the WDA.
- Avoid enforcing rules or enforce the rules selectively
- Ignore doping because the team needs a particular Player
- Ignore drug misuse by Player Support Staff

The penalty: Under the rules of the Code and the WDA Anti-Doping Regulations, if you administer or attempt to administer a prohibited substance and /or prohibited method to any Player, or assist, encourage, aid, abet or cover up an anti-doping rule offence - you are 8

breaking the rules of anti-doping and may have a sanction of four years or a life ban from sport.



#### **4. Doping Control Procedures**

Urine Sample Collection Doping Control plays an essential part in promoting and protecting doping free Dodgeball. Testing worldwide is conducted in accordance with the World Anti-Doping Code and applicable International Standards. Testing may take place at anytime, anywhere. The following is a guide to the Urine Sample Collection process and although slight variations may exist depending on the Anti-Doping Organisation, the principles are the same and will not affect the integrity of the process.

1. Notification You can be selected for testing either at random or targeted. A Doping Control official will notify you that you have been selected for Doping Control showing you their identification and authority to test. They will inform you of your rights and responsibilities, ask you to sign a Doping Control form confirming your acceptance to complete the test and will then escort you to the Doping Control Station. A failure to comply with the request to provide a Sample may be considered an anti-doping rule violation and may result in a sanction of four years. You are entitled to have a representative and/or interpreter accompany you to the Doping Control Station. If you are a Minor you are strongly advised to bring a representative with you. You should report to the Doping Control Station as soon as possible however you may request a delay to complete any of the following activities whilst remaining in direct view of a Doping Control official and within one hour of being notified:

- i. Attend a victory ceremony;
- ii. Fulfil media commitments;
- iii. Perform a warm-down or take an ice bath;
- iv. Be medically assessed and receive any necessary medical attention;
- v. Attend a post-match team meeting in the team change room;
- vi. Change out of your playing uniform.
- vii. Locate a representative and/or interpreter;
- viii. Obtain relevant identification;
- ix. Complete a training session if selected for out of competition testing;
- x. Any other exceptional circumstances which may be justified and which shall be documented.

2. Selection of Collection Vessel You will be provided with a choice of individually sealed collection vessels in which to provide your Sample. After making your selection check the collection vessel has not been tampered with and is clean inside.

3. Provision of Sample You are required to provide a Sample in direct view of a Doping Control official of the same gender. This means you should remove items of clothing from your knees to your midriff and from your hands to your elbows to provide an unobstructed view of the Sample leaving your body. You should also wash your hands prior to and after providing your Sample.

4. Volume of Urine The minimum volume of urine required is 90ml. However, you should provide more if possible. If you provide less than 90ml it will be treated as a Partial Sample, temporarily sealed, documented and stored by the Doping Control Officer (DCO) until you are ready to provide a further Sample which will be added to your Partial Sample to meet the minimum volume.

5. Selection of Sample Collection Kit Once you have provided 90ml you will be asked to choose a tamperproof Sample collection kit in which to seal your Sample. Check the kit has not been tampered with, open the kit, remove the A and B bottles and verify that the numbers on the bottles are identical.

6. Splitting the Sample The DCO will instruct you to pour the correct amount of urine into the B bottle and then the A bottle. You will be asked to leave a small amount of urine in the collection vessel.

7. Sealing the Sample The bottles can now be sealed. The DCO should verify that both bottles have been sealed correctly

**Blood Sample Collection** The process for blood collection follows much of the same principles as those for the collection of urine however the drawing of blood is carried out by a trained Phlebotomist or Blood Collection Official (BCO). Doping Control can involve the collection of blood only, urine only, or both. The notification process of your selection for blood testing is the same as it is for urine. Reporting to the Doping Control Station and your rights and responsibilities are also the same. In general, the blood collection procedure is as follows:

1. You will be asked to rest for a period of time before the drawing of blood starts, usually 10 minutes.

2. You will be asked to select a blood collection kit containing all the necessary equipment for blood collection. The equipment typically includes a sterile needle, syringe, and the relevant vacutainer tubes for collecting your sample.

3. You will also be asked to select a sample sealing kit in which your blood sample will be secured and transported to the laboratory. As always you should check the equipment thoroughly to be sure it is clean and has not been tampered with.
4. The BCO will assess the most suitable site to draw blood (usually on your non dominant arm), apply a tourniquet if necessary, and clean the skin at the puncture site.
5. The BCO will then draw the necessary volume of blood filling a minimum of two tubes.
6. The amount of blood collected in each tube is up to a maximum of 5ml which is approximately 1 teaspoon.
7. If the BCO is unable to find a vein after three attempts to insert the needle, the blood collection will be cancelled.
8. Once the blood has been drawn, the tubes can then be sealed in tamperproof bottles ready for transport.
9. The DCO will record the relevant sample code numbers on the Doping Control form and complete the remainder of the process with you.
10. If you are also required to provide a urine sample this can be completed before or after blood collection depending on when you are ready to provide a urine sample.
11. Your sample will then be transported to a WADA accredited laboratory for analysis.

## **Frequently Asked Questions**

Why collect blood? The analysis of blood can detect prohibited substances and methods that cannot be detected in urine. What if I'm afraid of needles? The BCO is experienced and trained to make the process as easy and painless as possible. If you are prone to fainting or are scared of needles it is recommended you bring a representative with you. When can I resume physical activity? The volume of blood is very small so should not prevent you from exercising, however it is recommended that you avoid strenuous activity using the arm from which the blood was drawn for at least 30 minutes after sample collection to minimise bruising. What if I refuse to provide a sample? There is no acceptable reason to refuse to provide a sample or complete the process once you have been notified. World Rugby's Anti-Doping Regulations clearly state that blood samples can be collected from Players. A failure to comply with the request to provide a Sample is an anti-doping rule violation which may result in a sanction of 4 years. Where can I find more information on blood collection procedures? See blood collection guidelines at Schedule 1, Section 2

## **5. Substance Information**

Many medications that you may need to take for common illnesses, such as asthma or hay fever, contain prohibited substances.

It is vital that you do not accidentally take a prohibited substance, the consequences are too great. For a first offence, the usual sanction is a 2 year suspension, depending upon the substance and individual circumstances.

### **Ignorance is no excuse!**

You are responsible for checking the status of any substance before you use it. If you unknowingly take a banned medication you will still face a sanction.

The Prohibited List (the List) outlines which substances and methods are prohibited in competition and/or out of competition.

A new version of the List comes into effect every January. However, it may be changed from time to time so it is important that you check for changes on a regular basis.

Unless reported otherwise, any new version of the List will come into effect three months after its publication by the World Anti-Doping Agency (WADA).

If you are consulting this Directory you should check the WADA website ([www.wada-ama.org](http://www.wada-ama.org)) to be sure you are referring to the correct version of the Prohibited List when checking your medication.

The most current Prohibited List is always available on WADA's website: [www.wada-ama.org](http://www.wada-ama.org)

You can also find out the status of a substance according to the rules by logging on to the Global Drug Reference Online website (GlobalDRO) at [www.globaldro.com](http://www.globaldro.com). This site only includes medications and drugs; it does not include supplements as these are unregulated. Supplements are discussed in depth in Section 3.

The WDA will always endeavour to keep Dodgeball medical staff up to date with any changes in the WADA regulations.

### **THE 2016 PROHIBITED LIST INCLUDES THE FOLLOWING:**

**PROHIBITED SUBSTANCES ALL TIMES - ANABOLIC AGENTS** Anabolic

agents are prohibited. 1. ANABOLIC ANDROGENIC STEROIDS (AAS) a. Exogenous\* AAS, including: 1-Androstenediol (5 $\alpha$ -androst-1-ene-3 $\beta$ ,17 $\beta$ -diol); 1-Androstenedione (5 $\alpha$ -androst-1-ene-3,17-dione); 1-Testosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androst-1-en-3-one); 4-Hydroxytestosterone (4,17 $\beta$ -dihydroxyandrost-4-en-3-one); 19-Norandrostenedione (estr-4-ene-3,17-dione); Bolandiol (estr-4-ene-3 $\beta$ ,17 $\beta$ -diol ); Bolasterone; Boldenone; Boldione (androsta-1,4-diene-3,17-dione); Calusterone; Clostebol; Danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 $\alpha$ -ol); Dehydrochlormethyltestosterone (4-chloro-17 $\beta$ -hydroxy- 17 $\alpha$ -methylandrosta-1,4-dien-3-one); Desoxymethyltestosterone (17 $\alpha$ -methyl-5 $\alpha$ - androst-2-en-17 $\beta$ -ol); Drostanolone; Ethylestrenol (19-norpregna-4-en-17 $\alpha$ -ol); Fluoxymesterone; Formebolone; Furazabol (17 $\alpha$ -methyl [1,2,5]oxadiazolo[3',4':2,3]-5 $\alpha$ - androstan-17 $\beta$ -ol); Gestrinone; Mestanolone; Mesterolone; Metandienone (17 $\beta$ -hydroxy-17 $\alpha$ -methylandrosta-1,4-dien- 3-one); Metenolone; Methandriol; Methasterone (17 $\beta$ -hydroxy-2 $\alpha$ ,17 $\alpha$ -dimethyl-5 $\alpha$ - androstan-3-one); Methyldienolone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestra-4,9-dien- 3-one); Methyl-1-testosterone (17 $\beta$ -hydroxy-17 $\alpha$ -methyl-5 $\alpha$ - androst-1-en-3-one); Methylnortestosterone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestr-4-en- 3-one); Methyltestosterone; Metribolone (methyltrienolone, 17 $\beta$ -hydroxy-17 $\alpha$ -methylestra-4,9,11-trien-3-one); Mibolerone; Nandrolone; Norboletone; Norclostebol; Norethandrolone; Oxabolone; Oxandrolone; Oxymesterone; Oxymetholone; Prostanazol (17 $\beta$ -[(tetrahydropyran-2-yl)oxy]-1'Hpyrazolo[3,4:2,3]-5 $\alpha$ -androstan); Quinbolone; Stanozolol; Stenbolone; Tetrahydrogestrinone (17-hydroxy-18 $\alpha$ -homo-19-nor- 17 $\alpha$ -pregna-4,9,11-trien-3-one); Trenbolone (17 $\beta$ -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: Androstenediol (androst-5-ene-3 $\beta$ ,17 $\beta$ -diol); Androstenedione (androst-4-ene-3,17-dione); Dihydrotestosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androstan-3-one); Prasterone (dehydroepiandrosterone, DHEA, 3 $\beta$ -hydroxyandrost-5-en-17-one); Testosterone; Androstenediol (androst-5-ene-3 $\beta$ ,17 $\beta$ -diol); Androstenedione (androst-4-ene-3,17-dione); Dihydrotestosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androstan-3-one); Prasterone (dehydroepiandrosterone, DHEA, 3 $\beta$ -hydroxyandrost-5-en-17-one); Testosterone;

and their metabolites and isomers, including but not limited to: 3 $\beta$ -Hydroxy-5 $\alpha$ -androstan-17-one; 5 $\alpha$ -Androstane-3 $\alpha$ ,17 $\alpha$ -diol; 5 $\alpha$ -Androstane-3 $\alpha$ ,17 $\beta$ -diol; 5 $\alpha$ -Androstane-3 $\beta$ ,17 $\alpha$ -diol; 5 $\alpha$ -Androstane-3 $\beta$ ,17 $\beta$ -diol; 5 $\beta$ -Androstane-3 $\alpha$ ,17 $\beta$ -diol; 7 $\alpha$ -Hydroxy-DHEA; 7 $\beta$ -Hydroxy-DHEA; 4-Androstenediol (androst-4-ene-3 $\beta$ , 17 $\beta$ -diol) 5-Androstenedione (androst-5-ene-3,17-dione); 7-Keto-DHEA; 19-Norandrosterone; 19-Noretiocholanolone. Androst-4-ene-3 $\alpha$ ,17 $\alpha$ -diol; Androst-4-ene-3 $\alpha$ ,17 $\beta$ -diol; Androst-4-ene-3 $\beta$ ,17 $\alpha$ -diol; Androst-5-ene-3 $\alpha$ ,17 $\alpha$ -diol; Androst-5-ene-3 $\alpha$ ,17 $\beta$ -diol; Androst-5-ene-3 $\beta$ ,17 $\alpha$ -diol; Androsterone Epi-dihydrotestosterone; Epitestosterone; Etiocholanolone. 2. OTHER ANABOLIC AGENTS Including, but not limited to: Clenbuterol, selective androgen receptor modulators (SARMs, e.g. andarine and ostarine), 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 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. Erythropoietin-Receptor agonists:
  - 1.1 Erythropoiesis-Stimulating Agents (ESAs) including e.g. Darbepoietin (dEPO); Erythropoietins (EPO); EPO-Fc; EPO-mimetic peptides (EMP), e.g. CNTO 530 and peginesatide; methoxy polyethylene glycol-epoetin beta (CERA).
  - 1.2 Non-erythropoietic EPO-Receptor agonists, e.g. ARA-290; asialo EPO; carbamylated EPO.
2. Hypoxia-inducible factor (HIF) stabilizers, e.g. cobalt and FG-4592; and HIF activators, e.g. argon, xenon;
3. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, e.g. buserelin, gonadorelin and leuprorelin, in males;
4. Corticotrophins and their releasing factors, e.g corticorelin;

**Growth Hormone (GH)** and its releasing factors including: Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g. CJC-1295, sermorelin and tesamorelin; Growth Hormone Secretagogues (GHS), e.g. ghrelin and ghrelin mimetics, e.g. anamorelin and ipamorelin; GH-Releasing Peptides (GHRPs), e.g. alexamorelin, GHRP-6, hexarelin and pralmorelin (GHRP-2).

Additional prohibited growth factors: 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); Vascular-Endothelial Growth Factor (VEGF) and any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

**BETA-2 AGONISTS All beta-2 agonists**, including all optical isomers, e.g. d- and l- where relevant, are prohibited. Except: • Inhaled salbutamol (maximum 1600 micrograms over 24 hours); • Inhaled formoterol (maximum delivered dose 54 micrograms over 24 hours); and • Inhaled salmeterol in accordance with the manufacturers' recommended therapeutic regimen. The presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40 ng/mL is presumed not to be an intended 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 the use of the therapeutic inhaled dose up to the maximum indicated above.

**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); 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: Clomiphene; 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; and Peroxisome Proliferator Activated Receptor  $\delta$  (PPAR $\delta$ ) agonists, e.g. GW 1516; 5.2 Insulins and insulin-mimetics; 5.3 Meldonium; 5.4 Trimetazidine.

## **PROHIBITED METHODS**

### **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. glycerol and 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 unless the Athlete has an approved TUE for that substance in addition to the one granted for the diuretic or masking agent.

### **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.
3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

### **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 50 mL per 6 hour period except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations.

## **GENE DOPING**

The following, with the potential to enhance sport performance, are prohibited: 1. The transfer of polymers of nucleic acids or nucleic acid analogues; 2. The use of normal or genetically modified cells.

## **SUBSTANCES & METHODS PROHIBITED IN-COMPETITION**

### **STIMULANTS**

All stimulants, including all optical isomers, e.g. d- and l- where relevant, are prohibited.

Stimulants include:

#### **a: Non-Specified Stimulants:**

**A**drafinil; **A**mfepramone; **A**mfetamine; **A**mfetaminil; **A**miphenazole;  
**B**enfluorex; **B**enzylpiperazine; **B**romantan;  
**C**lobenzorex; **C**ocaine; **C**ropropamide; **C**rotetamide;  
**F**encamine; **F**enetylline; **F**enfluramine; **F**enproporex; **F**onturacetam [4-phenylpiracetam (carphedon)]; **F**urfenorex;  
**M**efenorex; **M**ephentermine; **M**esocarb; **M**etamfetamine(d-); **p**-Methylamphetamine; **M**odafinil;  
**N**orfenfluramine;  
**P**hendimetrazine; **P**hentermine; **P**renylamine; **P**rolintane.

A stimulant not expressly listed in this section is a Specified Substance.

#### **b: Specified Stimulants.**

Including, but not limited to:

**B**enzfetamine;  
**C**athine; **C**athinone and its analogues, e.g. mephedrone, methedrone, and  $\alpha$ -pyrrolidinovalerophenone;  
**D**imethylamphetamine;  
**E**phedrine, **E**pinephrine (adrenaline); **E**tamivan; **E**tilamphetamine;  
**E**tilefrine;  
**F**amprofazone; **F**enbutrazate; **F**encamfamin;  
**H**eptaminol; **H**ydroxyamphetamine (parahydroxyamphetamine);  
**I**sometheptene;  
**L**evmetamphetamine;  
**M**eclofenoxate; **M**ethylenedioxymethamphetamine;  
**M**ethylephedrine\*\*\*; **M**ethylhexanamine (dimethylpentylamine);  
**M**ethylphenidate;  
**N**ikethamide; **N**orfenefrine;  
**O**ctopamine; **O**xilofrine (methylsynephrine);

**P**emoline; Pentetrazol; Phenethylamine and its derivatives; Phenmetrazine; Phenpromethamine; Propylhexedrine; Pseudoephedrine  
**S**elegiline; Sibutramine; Strychnine;  
**T**enamfetamine (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 2016 Monitoring Program.
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- Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2016 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.

## **NARCOTICS**

Prohibited:

**B**uprenorphine;  
**D**extromoramide; Diamorphine (heroin);  
**F**entanyl and its derivatives;  
**H**ydromorphone;  
**M**ethadone; Morphine;  
**O**xycodone; Oxymorphone;  
**P**entazocine; Pethidine.

## **CANNABINOIDS**

Prohibited:

- Natural, e.g. cannabis, hashish and marijuana, or synthetic  $\Delta^9$ -tetrahydrocannabinol (THC).
- Cannabimimetics, e.g. "Spice", JWH-018, JWH-073, HU-210.

## **GLUCOCORTICOIDS**

All glucocorticoids are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

The Informed-Sport programme evaluates supplement manufacturers for their process integrity, and screens supplements and ingredients for the presence of prohibited substances; go to **[www.informed-sport.com](http://www.informed-sport.com)** for more information. It is also recommended that you keep records of all the checks you carry out before taking any medications or supplements. Please be aware that under the principles of **Strict Liability** contaminated supplements are not a valid defence for a player who tests positive; Players are wholly responsible for any substance found in a sample they provide.

### **HEALTH RISKS**

One of the criteria for WADA to include a particular substance on the Prohibited List is that a substance does or may cause a risk to health. The use of a Prohibited Substance can seriously damage health and all players should be aware of these risks.

### **PERMITTED SUBSTANCES**

For athletes requiring treatment for an illness or injury, there are many permitted substances that your doctor or pharmacist may find suitable for you.

Note: If your doctor cannot find a permitted alternative to treat a legitimate illness or injury, you can use the Therapeutic Use Exemption process outlined in Section 6 to apply for an exemption to use that prohibited substance or method. Due to the changing nature of the pharmaceutical market, the WDA is able to provide a definitive list of products that contain permitted substances, but we can provide a list of permitted substances that can be found in some over the counter medications.



## **CHECKING YOUR MEDICATION GUIDANCE**

The advice is simple - check every single substance or medication before you use it - even if it's a medication you have used and checked before. The Services and Resources section of this booklet gives you information on the services available to help you check the status of your medication. Reading the information below will help you to use and interpret these services correctly, enabling you to get the right answer to your query.

### **When checking your medication, make sure:**

- You check the status of all the active ingredients listed on the contents label of your medication;
- You ensure that the ingredients listed on the response page match the substances listed on the contents label of your product

### **If using the Global DRO website**

- You check the correct „route of administration“; see below for more information;
- You check if there are any conditions attached to the response, e.g. this substance is only permitted with a Therapeutic Use Exemption; and
- You check if there are any specific regulations for a substance in rugby league (check the WDA anti-doping regulations).

## **ROUTE OF ADMINISTRATION**

The route of administration refers to the way in which a medication or substance is taken or used, for example, tablets, injections or creams. Always check your medication according to the route of administration as its status may change according to how the medication is used.

The information below should be used as a guide only. If you are unsure about the route of administration, check with your doctor or a local pharmacist.

Oral Preparations: E.g. tablets, capsules and syrups are called "ORAL" or "SYSTEMIC" preparations that are taken through the mouth and go directly into your system.

Topical Preparations (not including Dermatological): E.g. drops, sprays (eye, ear, nasal) and nasal inhalers are called "TOPICAL" or "LOCAL" preparations because they affect only the area to which they are applied.

Dermatological Preparations: E.g. creams, ointments and gels that are applied externally to treat a dermatological condition. For the purposes of the TUE process, this route of administration does not include eye drops, ear drops, nasal sprays and oral gels containing a glucocorticosteroid 13

Rectal Preparations: e.g. suppositories are called "RECTAL" or "SYSTEMIC" preparations and are systemic because they are applied in the rectum and go directly into your system.

Local or intra-articular injections: These types of injections are called "LOCAL" preparations because they affect only the area to which they are applied.

if it's a medication you have used and checked before. The Services and Resources section of this booklet gives you information on the services available to help you check the status of your medication. Reading the information below will help you to use and interpret these services correctly, enabling you to get the right answer to your query.

**When checking your medication, make sure:**

- You check the status of all the active ingredients listed on the contents label of your medication;
- You ensure that the ingredients listed on the response page match the substances listed on the contents label of your product

**If using the Global DRO website;**

- You check the correct „route of administration“; see below for more information;
- You check if there are any conditions attached to the response, e.g. this substance is only permitted with a Therapeutic Use Exemption; and
- You check if there are any specific regulations for a substance in Dodgeball (check the WDA anti-doping regulations).

Intra muscular or intravenous injections: These are injections that are considered "SYSTEMIC" preparations that are administered to the muscle or the vein and go directly into the system.

### **PERMITTED MEDICATION**

The list below outlines some of the substances that are permitted for use. You are allowed to use these medications to treat common illnesses.

#### **Allergies and hay fever**

acrivastine, cetirizine, chlorpheniramine, desloratadine, fexofenadine, levocetirizine, levocabastine, loratadine, mizolastine, oxymetazoline, promethazine, sodium cromoglicate, tramazoline, xylometazoline. Corticosteroids in eye drops and nasal sprays are permitted.

#### **Antibiotics**

antibiotic medication

#### **Asthma**

ipratropium, montelukast, sodium cromoglicate, salmeterol, salbutamol 1, theophylline, formoterol 2. All inhaled corticosteroids (beclomethasone, budesonide, fluticasone, ciclesonide)

1 Please note that a threshold applies and it is an Anti-Doping Rule Violation to take more than 1600 micrograms in a 24 hour period.

2 Please note that a threshold applies and it is an Anti-Doping Rule Violation to take more than 36 micrograms in a 24 hour period.

#### **Constipation**

bisacodyl, isphagula husk, methylcellulose, senna.

#### **Cough and cold**

codeine, guaifenesin, oxymetazoline, paracetamol, phenylephrine, phenylpropanolamine, pholcodine, steam and menthol inhalations, xylometazoline.

#### **Diarrhoea**

atropine, diphenoxylate, loperamide.

#### **Ear**

chloramphenicol, clioquinol, clotrimazole, gentamicin, neomycin, docusate sodium. Corticosteroids in ear drops are permitted.

#### **Eye**

antazoline, azelastine, levocabastine, nedocromil sodium, sodium cromoglicate, topical 16

dorzolamide, topical brinzolamide. Corticosteroids in eye drops are permitted.

**Haemorrhoids**

topical creams and ointments containing corticosteroids are permitted.

**Indigestion and bowel**

atropine, calcium carbonate, charcoal, cimetidine, famotidine, lansoprazole, mesalazine, omeprazole, paracetamol, ranitidine, sulfasalazine.

**Local anaesthesia**

local anaesthetics are permitted (except for cocaine).

**Nose**

acrivastine, levocabastine, oxymetazoline, phenylephrine, sodium cromoglicate, xylometazoline. Corticosteroids in nasal drops and sprays are permitted.

**Oral contraception**

desogestrel, drospirenone, ethinylestradiol, etynodiol, gestodene, levonorgestrel, mestranol, norethisterone, norgestimate.

**Pain and inflammation**

aspirin, codeine, diclofenac, dihydrocodeine, ibuprofen, non-steroidal anti-inflammatory drugs (NSAIDs) paracetamol, tramadol.

**Skin**

topical creams and ointments containing corticosteroids are permitted.

**Sleeplessness**

alprazolam, diazepam, diphenhydramine, nitrazepam, temazepam, zopiclone, zolpidem.

**Vaccination**

vaccines are permitted.

**Viral infection**

aciclovir, famciclovir, idoxuridine, penciclovir.

**Vomiting and nausea**

cinnarizine, cyclizine, domperidone, hyoscine, meclozine, metoclopramide, prochlorperazine, promethazine.

**Other** Platelet Derived Preparations are permitted

**MONITORING PROGRAM - INCLUDING NICOTINE**

In order to detect potential patterns of abuse, nicotine is currently on the WADA Monitoring Program. It is not WADA's intention to target smokers, rather to monitor the effects nicotine can have on performance when taken in oral tobacco products such as snus. Nicotine is one of several stimulants included in the Monitoring Program, along with the narcotics

hydrocortisone and tramadol. Out of competition use of glucocorticosteroids are also included.

## **6. Supplements**

Some Players take supplements in the belief that it will help maintain their health and improve their performance. However, it is now generally accepted that any Player who is liable to be tested in or out of competition, may be at risk of a positive drug test from the use of supplements that are contaminated.

Studies of supplements have shown that up to 25% of dietary supplements on sale to Players may contain small amounts of prohibited substances, commonly including anabolic androgenic steroids and stimulants. These quantities would cause, and have been found to cause, positive drug tests which have led to players and athletes being banned from sport.

As a result, the WDA cannot guarantee that supplements, including vitamins and minerals, ergogenic aids and herbal remedies, are free from prohibited substances and it is for this reason that the WDA strongly advise Players to assess the need to use supplements and to assess the risks associated with supplements.

### **WHY ARE SUPPLEMENTS UNSAFE FOR PLAYERS?**

The manufacture, distribution and promotion of dietary supplements are covered by a variety of regulations that relate mainly to their safety for the general human population, i.e. not professional players who are subject to stringent Anti-Doping regulations. There are Pharmaceutical Industry Standards in place to protect the consumer against the risk of ingesting substances that are potentially harmful to their health. These standards are set to ensure that levels of contamination in medicines or supplements do not exceed 0.1% by mass. As the general human population are not subject to the anti-doping rules of sport and are not drug tested as Players are, these Pharmaceutical Industry Standards are satisfactory for the majority. In the case of some doping substances, however, much smaller levels of contamination may cause a Player to test positive. This is because all WADA Accredited 18

Laboratories are required to analyse your urine or blood sample to a standard that could detect a level of contamination of 0.00001%, or ten thousand times less than the pharmaceutical standard of 0.1%. Where supplements are consumed in relatively large amounts, for example, protein powders where daily intakes by Players may reach 100g, contamination could result in a positive drug test and an anti-doping rule offence.

It is important to realise that these substances may not be an ingredient in the supplement, but a contaminant from other products made on the same production line

Manufacturers that advertise their products as being „IOC Permitted“ or „WADA approved“ are misleading Players as the IOC, WADA do not endorse the safety or legality of any supplements for Players.

### **ASSESS THE NEED**

Players should look to optimize diet, lifestyle and training before considering supplements. However, The WDA recognise that the lifestyle, training and game demands on some players may not allow sufficient time to be able to ingest sufficient food to meet energy needs and there may be possible circumstances that necessitate supplement use.

Players should assess the need for supplements by consulting an accredited sports dietician and/or registered nutritionist and a sports and exercise medicine doctor before taking supplements.

### **ASSESS THE RISK**

Due to the risk of contamination, minimising the risk is essential.

Although the risk of supplements can be nullified by not taking any, avoiding the use of supplements for some players is not realistic.

To minimise the risk of supplements containing even trace amounts of any Prohibited Substance the following may be checked during the manufacturing process:

- No Prohibited Substance can be introduced as a by-product of any part of the manufacturing process. 19

- The product (including the raw ingredients) is physically separate from potential sources of contamination at all stages of manufacture, processing, packaging and distribution.
- Has the product been manufactured, packaged and distributed in such a way that will minimise the risk of a contaminated product reaching an athlete?
- Avoid purchasing supplements from a manufacturer who also produces supplements that contain Prohibited Substances
- Understand the reason why some supplements could contain Prohibited Substances as contaminants
- Understand what supplement testing for Prohibited Substances is. Look for supplements that are produced by companies which batch test their products.
- Seek expert guidance to assess your dietary and performance needs and supplement requirements (registered nutritionist or accredited sports dietician).

### **SUPPLEMENT TESTING**

Getting your supplements tested by a reliable laboratory does not provide a guarantee to the safety or legality of your supplements.

Supplement testing is one step towards assessing the risk of contamination to your product and it should be encouraged of manufacturers to test their product. However you must be aware that this is not a guaranteed method of identifying safe products.

Some supplement manufacturers test their products and there are services which are available that can be used as a useful tool to minimise the risk of a supplement being contaminated. One such example is Informed Sport ([www.informed-sport.com](http://www.informed-sport.com))

However, please note that sites of this nature do not give any guarantees regarding the status of a particular supplement and players are responsible for any supplements they decide to use.

## **7. Services & Resources**

To assist athletes and their support personnel in making well informed and safe choices in relation to medication the 20



WDA recommends that players use the many drug information services and resources offered by GlobalDRO.

### **GLOBAL DRUG REFERENCE ONLINE (GLOBALDRO)**

For an immediate answer to an enquiry about the status of a substance in Dodgeball, log on to the Global Drug Reference Online (GlobalDRO) - [www.globaldro.com](http://www.globaldro.com)

GlobalDRO allows you to search for the status of a licensed medication that can be purchased and also allows you to search for the status of generic ingredients that can be found in all products. Please note that GlobalDRO cannot be used to check the status of supplements.

### **ANTI-DOPING RESOURCES**

Athletes and Support Personnel looking for additional information on anti-doping should visit [www.wada-ama.org](http://www.wada-ama.org)

From here you will find the following information and resources:

- The Prohibited List
- TUE process and application forms
- Fact sheets on Prohibited Substances and Methods
- Advice about Supplements
- Anti-Doping Rules and Policy documents

### **TRAVELLING ABROAD - MEDICATION ADVICE**

For athletes that travel abroad to train or play it is important that you don't take a holiday from checking your medication. When you're in another country, although your medication may sound or look the same, the ingredients will often vary from country to country.

### **BE SAFE!**

If you are planning a trip abroad, make sure you complete the following checklist before you board the plane:

- Check that you have taken enough medication to allow continuation of a treatment
- Check that you have notified the WDA of any changes to your whereabouts details if required.
- Check the status of all products you buy before you leave 21

- Check that any medication you take into the country is permitted through customs

### **TRAVELLING ABROAD - CUSTOMS ADVICE**

Some countries have different customs laws that may prohibit you from taking some substances into a particular country. If you are carrying a prohibited substance for a legitimate medical condition, you should carry the following documents with you at all times:

- Your prescription from your prescribing physician including the name of the substance, dosage and strength; and
- Your Therapeutic Use Exemption Certificate to demonstrate that the anti-doping authorities have permitted you to use a prohibited substance for medical purposes.

Remember: If you need to buy a product overseas you must check carefully as common medications can and do contain different substances to those available in your home country. Wherever possible you should take your own medication when travelling.

## **8. Therapeutic Use Exemptions (TUEs)**

Any athlete that is eligible for drug testing will need to apply for a Therapeutic Use Exemption (TUE) if they are prescribed a prohibited substance or prohibited method by their doctor to treat a legitimate medical condition. Before applying for a TUE, you should check with your doctor to see if there are any permitted alternative treatments or medications. If there are not, you will need to apply for a TUE according to the information and process outlined below.

1. What is a TUE? A TUE provides  
An athlete with authorisation to use a Prohibited Substance or Method to treat a legitimate medical condition/illness whilst continuing to play Dodgeball. Players with a documented medical condition requiring the use of a Prohibited Substance or Method are required to obtain a Therapeutic Use Exemption (TUE). Without a TUE, Players risk committing an Anti-Doping Rule Violation, an offence that may result in a sanction regardless of the medical circumstances.
2. . When should an athlete apply for a TUE?
  - A. When an athlete is advised by their medical doctor / specialist that they require a Prohibited Substance to treat their medical condition / illness and has supporting medical evidence to prove this.
  - B. When an athlete is administered a Prohibited Substance in a medical emergency. In this case the athlete is required to apply retroactively for a TUE. Note that a Retroactive TUE will only be granted in emergency situations or in exceptional circumstances where there was insufficient time or opportunity for a Player to

submit, or the TUE Committee to consider an application prior to Doping Control.

- C. In addition to the circumstances outlined in (a) and (b) above a Player should only submit a TUE to either the WDA or their National Anti-Doping Organisation (NADO) when they meet the required criteria.

**3. What are the criteria for granting a TUE?**

A TUE will be granted only in strict accordance with the following criteria:

A . The athlete would experience significant health problems without taking the prohibited substance or method;

B. The therapeutic use of the substance is highly unlikely to produce any additional enhancement of performance other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition; and

C. There is no reasonable therapeutic alternative to the use of the otherwise prohibited substance or method.

**4. What about my asthma medication?**

All beta-2 agonists are prohibited with the exception of inhaled salbutamol (maximum 1600 micrograms over 24 hours), inhaled formoterol (maximum delivered dose 54 micrograms over 24 hours) and inhaled salmeterol in accordance with the manufacturers' recommended therapeutic regimen. Notes:

A. The presence of salbutamol in urine in excess of 1000 ng/mL, or formoterol in excess of 40ng/mL will be presumed to be not intended for therapeutic use and considered an Adverse Analytical Finding.

B. The status of inhaled terbutaline remains unchanged and still requires a TUE to be submitted prior to use.

C. Glucocorticosteroids administered by oral, intravenous, intramuscular or rectal routes require a TUE.

**5. Who has to apply for a TUE and where do they submit it?**

Players included in the WDA's Registered Testing Pool or Testing Pool, or athletes who participate in an International Match or Tournament directly organised by the WDA must obtain a TUE in advance of the administration of the Prohibited Substance or Method from the WDA TUEC. A Player may also provide a copy of any existing and valid TUE for review.

The WDA has also arranged with a number of NADOs to be responsible for all TUE applications from Dodgeball athletes in their country. Athletes should check with their NADO to see if they fall under this arrangement. Applications should be submitted at least

30 days prior to a athletes' participation in an International Match or Tournament organised by the WDA by with the exception of medical emergencies which can be submitted within this period or retroactively. The WDA TUE Application Form can be downloaded from WDA planet dodgeball website at [www.planetdodgeball.com/about/antidoping](http://www.planetdodgeball.com/about/antidoping) and can be submitted by email to [info@planetdodgeball.com](mailto:info@planetdodgeball.com) . All other athletes should consult the rules of their NADO with regard to the submission of TUEs within their own country.

**6. What is Mutual Recognition of TUEs?**

The WDA will recognise TUEs granted by other Anti-Doping Organisations under the mutual recognition provision of the WADA Code upon submission of a current and valid copy of the TUE application and certificate of approval subject to the approval of the WDA TUEC. The WDA TUEC has the right to review and appeal all TUE approvals submitted to the WDA where approval has been granted by another Anti Doping Organisation.

**7. How do I know if my application has been approved?**

The WDA TUEC or other TUEC will issue a Certificate of Approval to the Athlete via their NF which will be for the specified medication, the defined route of administration, dose and will outline the expiry date. Players must comply with all the treatment conditions outlined in their TUE Certificate of Approval and should reapply well in advance of their current TUE expiring.

**8. What if my TUE is denied?**

If an athlete who is part of the WDA's Registered Testing Pool or Testing Pool or who is due to participate in a Match or Tournament has a TUE application denied then they may appeal the decision of the WDA TUEC to WADA. Any decision by WADA reversing the granting or denial of a TUE may be appealed exclusively to the Court of Arbitration for Sport (CAS) by the athlete. Decisions by the WDA TUEC which are not reversed by WADA may be appealed by the Player to CAS.

## **9. Testing**

Where the National Anti Doping Agency conducts testing whether under its own jurisdiction or on behalf of the WDA, another Anti-Doping Organisation or WADA, it conducts that testing according to the International Standard for Testing.

Under the WDA's Anti-Doping Programme, Players are required to submit to testing when notified by a Doping Control Officer or Chaperone - with little or no notice.

Testing can take place in the following three ways **for all players:**

- In-Competition testing (i.e at a match)
- Out-of-competition testing at squad training
- Out-of-competition testing of individuals at home or other venues

## **DRUG TESTING IN YOUR COUNTRY**

The doping control procedures used by your National Anti Doping Agency adhere to the World Anti-Doping Code's International Standard for Testing. This International Standard ensures that the integrity, anonymity and security of samples are maintained throughout the whole procedure, from the notification of Players through to transporting the samples to the laboratory. A departure from the International Standard for Testing will not invalidate a test result unless it is determined that the integrity of the sample has been affected. You should ensure that the following aspects of the doping control procedure are maintained:

- The Doping Control Officer (DCO) has official identification and evidence of his/her authority to carry out the test from your official anti-doping agency.
- The DCO or official chaperone accompanies you at all times until you are required to report to the doping control station.
- At the doping control station, the DCO remains with you at all times until the sample collection procedures are complete.
- The DCO offers you the right to take a representative of your choice to the Doping Control Station.
- The DCO offers you an explanation of the testing procedures.
- You are given a choice of sample collection equipment.
- You are given a copy of the notification and sample collection documentation.
- That the DCO observed the sample provision process.
- That your name is not on any documentation to be sent to the laboratory.

### **YOUR OBLIGATIONS**

In accordance with the international Standard for Testing and the WDA Anti-Doping Regulations, players have certain responsibilities they must uphold when providing a sample, these are:

- **Report immediately to the Doping Control Station upon notification.** The Lead Doping Control Officer may allow you to return to the dressing room under the supervision of a Chaperone at his discretion
- Hydrate
- Check the sample collection equipment 28

- Record any recent medication or supplement taken and any concerns on the Sample Collection Form



## **YOUR RIGHTS**

The same principles for doping control are applied to all Players, including Players with a disability and young Players. As a Player, you should know your rights and responsibilities during the doping control procedure.

You have the right to:

- Take a representative of your choice with you to the doping control station
- Complete the following before reporting for doping control (with the DCOs agreement and in the presence of the DCO or chaperone at all times):
  - Locate a representative and/or an interpreter
  - Warm down and collect your personal belongings
  - Participate in a Cup/medal/man of the match presentations
  - Fulfil a media commitment
  - Complete a training session
  - Receive treatment for an injury
  - A choice of sample collection equipment
  - Receive a copy of the sample collection documentation
  - Ask your representative to handle your sample only when: - You have a genuine reason for requiring assistance with holding the sample collection equipment - You have an intellectual or visual impairment
  - Designate your representative to fill in the documentation for Doping Control if: - You have difficulty writing - You have a visual or intellectual impairment.

## **SAMPLE COLLECTION - FURTHER INFORMATION**

If you wish to take part in a team debrief, then you must ask a DCO or a Chaperone for permission. The DCO or Chaperone will try to accommodate your request and will stay with you at all times.

Players are now asked to consent, via the Sample Collection Form, to their sample being used for anti-doping research purposes. The anonymity of the player will be upheld at all times and there will be no adverse implications should you decline permission. 29

Players should ensure that any concerns they may have about a test or a Doping Control Officer are recorded on the Sample Collection Form.

## **TESTING YOUNG PLAYERS**

If you are considered a „minor“ according to the rules of Dodgeball (under 18), you may require some modifications to the sample collection procedure if you are eligible for testing.

Testing conducted under the National Anti-Doping Policy and Rules may only be conducted on a minor where a person with legal responsibility of that minor has given prior written consent. In order to compete in Dodgeball, your Parent or Guardian must have given their consent.

Any Player considered a minor has the right during the doping control process to be accompanied by a representative of their choice at all times during the sample collection process.

The WDA encourages all minors to be accompanied by a representative of their choice at all times.

As a minor during a sample provision, your representative should be present to observe the DCO (at the request of the Player) when you are providing a urine sample. Your representative should not 31

directly watch the provision of the sample (unless requested to do so by yourself).

## **TESTING PROGRAMME**

The WDA works in partnership with each relevant National Anti Doping Agency to determine the levels of testing for each year. Depending on the level in which you compete, you will be required to fulfil certain obligations for anti-doping. These obligations are outlined below.

### **IN-COMPETITION TESTING**

In-Competition testing is where Players are selected for testing whilst participating in a match. At a match, a team of Doping Control Officers (DCOs) authorised by the National Anti Doping Agency, will be present to oversee the Player selection process, verify and coordinate the collection of samples and securely dispatch samples to the laboratory.

### **OUT OF COMPETITION TESTING OF SQUADS**

The National Anti Doping Agency conduct tests at squad training sessions. These tests are known as Out of Competition Squad tests.

### **OUT OF COMPETITION TESTING OF INDIVIDUALS (ALL PLAYERS)**

**All athletes should note that they should make themselves available for testing at all times and all locations when notified.**

### **OUT OF COMPETITION TESTING OF INDIVIDUALS (International Athletes)**

Each National Anti Doping Agency, together with the WDA will nominate certain athletes for the Whereabouts programme. These players are known as the National Registered Testing Pool

International Athletes - The athletes who are selected to be represent their country or continent will be the elite players in the top level of competition. These athletes will be required to update the National Anti Doping Agency of their whereabouts to allow no-advance notice testing to take place at any time or anywhere.

If you are selected for providing Whereabouts information by the National Anti Doping Agency or the WDA, you will be required to submit whereabouts information for 1 hour a day 7 days a week. You will be contacted directly and informed of this requirement if you are selected to be an International Player.

If you have been selected as an International Athlete you will be notified by the WDA or the National Anti Doping Agency and inducted onto the online whereabouts system at [www.myadams.co.uk](http://www.myadams.co.uk). You should ensure that you keep your details up to date at all times as you are eligible for out of competition testing unless told otherwise because failure to do so could result in an Anti-Doping Rule Violation.

## **MISSED TESTS**

If you miss a test carried out under the circumstances outlined above, you will be given a „strike“.

## **PROVIDING PLAYER WHEREABOUTS**

We understand that for many athletes providing detailed whereabouts information can be difficult because of the many factors that may affect your lifestyle. Below are some tips to help minimise any inconvenience to your schedule and to reduce, as much as possible, the amount of changes you have to make to your regular whereabouts details in order to avoid incurring any missed tests.

- You must specify a minimum of 1 hour a day for 7 days of the week at a location where you will be available for testing.

## **WHEREABOUTS TIPS:**

- Try to find a location that you know you will definitely be at that is unlikely to change at the last minute
- Do provide your training details if they are unlikely to change regularly
- Don't provide your training locations if you cannot guarantee that you will be training at those times or if your training schedule is subject to last minute changes
- Even if you intend to be at a location for more than one hour, this doesn't mean you are required to provide more than one hour on your whereabouts details. You must record at least one hour and should ensure you are there for the hour specified
- Don't provide location details for times when you know you will be in a hurry. Try to find times when you aren't in a hurry to leave. If you are selected for a drug test, it is not acceptable to refuse to submit to doping control because you have arranged other plans
- Do provide as much detail as you can for all locations so that the DCO will be able to locate you easily, for example, directions to your overnight accommodation if it is difficult to find.
- A lot of players use early morning time slots, e.g 6-7am as they know they will be at home, however, you need to use whatever time slots are best for you.
- Try to plan ahead. If you have an away game where you need to change your whereabouts, try to change your details as soon as you can so you do not forget.
- It may be best to factor in any chance of being late or leaving early from a location, for example, although you may train between 9-12, you might want to record 10-11 as your whereabouts time slot. You have the right to complete a training session before reporting to testing.
- If you want the DCO to knock on the back door or a particular window, rather than the front door, you must make this clear on your whereabouts submission.

If your plans change and if this would affect your whereabouts submissions you need to submit this information.

You should make sure that you have the Emergency Whereabouts numbers saved in your mobile phone so that you can call or text with any unexpected changes, e.g if your car breaks down.

## **WHAT HAPPENS IF I DON'T SUBMIT MY WHEREABOUTS INFORMATION?**

Failure to enter whereabouts information will result in the National Anti Doping Agency issuing you with a „strike.“

## **STRIKES**

If a player has 3 strikes, either 3 missed test strikes or 3 whereabouts (failure to enter) strikes, or any combination of strikes, within an 18 month period, he will be charged with an Anti-Doping Rule Violation and

may be subject to disciplinary action, which could lead to a suspension between 12 and 24 months.

## **10. Results**

On completion of a drug test conducted under the International Standard for Testing, your A and B sample bottles and doping control paperwork will be sent by a secure chain of custody to a WADA accredited laboratory. The A-sample is then analysed, while the B-sample is securely stored, in case of an adverse finding in the A-sample. There are two possible scenarios that will follow sample analysis; a negative result may be reported or an adverse analytical finding may be reported.

1. A negative result is reported. 2. An Adverse Analytical Finding is reported.

### **NEGATIVE RESULTS**

If a negative result is reported this means that no prohibited substances are found in your sample. The negative test result will be reported to you by the WDA and the B-sample will be destroyed. If you have not been notified of your test results within eight weeks of taking the test, we recommend you contact the WDA Council to find out if the result has been received.

### **ADVERSE ANALYTICAL FINDINGS**

The process for dealing with an adverse finding is conducted in three stages:

i) Review ii) Hearing iii) Appeal

i) Review - If an adverse finding is reported, the National Anti Doping Agency will undertake an initial review to determine whether an applicable TUE has been granted or if there was any apparent departure from the International Standards for Testing or Laboratories that may have undermined the validity of the finding. If it is determined from this review that there is a „Case to Answer“, the Player will be notified of the result by the WDA and you may then be provisionally suspended. A Player has the right to request the analysis of their B Sample and the Player also has the right to witness, or nominate a representative to witness, the B Sample opening and analysis. The B sample should be analysed within 30 days of the A-sample result being reported to the Player. If a Player does not request the B-sample analysis, this right may be deemed waived.

ii) Hearing - A Player has the right to a fair hearing. This should be on a timely basis (within 3 months of the initial A-sample report). The hearing provides a Player with the opportunity to present their case to a panel with the aim of reducing or eliminating the period of ineligibility. More information about the hearing and the reduction or elimination of sanctions can be found in the WDA Anti-doping Regulations

- ii) Appeal - Players have the right to appeal a Panel's decision. Please refer to the WDA Anti- Doping regulations for further information.

### **WDA SUPPORT**

The WDA have made available counselling and support services for any player who tests positive for a Prohibited Substance. Details will be provided with the correspondence regarding the case and any queries should be directed to the WDA.

### **SANCTIONS FOR ANTI-DOPING RULE VIOLATIONS**

WADA outlines a clear and definitive set of sanctions for athletes found to have committed a doping offence and these sanctions have been adopted by the WDA and are detailed in the Anti-doping Regulations.

In the majority of cases first offenders will face a two year ban from competing in Dodgeball and any other sport. Players caught a second time are likely to be banned for life.

Player support personnel found guilty of violating the anti-doping code face harsh penalties. It is outlined in the Code that individuals involved in aiding, abetting, encouraging or covering up doping in sport, will be subject to more severe sanctions than Players that test positive.

Athlete support personnel found guilty of the administration or trafficking of prohibited substances may face a minimum of four years or a lifetime ban.

### **11. Keeping Records**

It is important for you to keep a list of the medication or substances that you have taken and the dates that you took them. This will ensure that you record them accurately on the Sample Collection Form at the time of testing.

**Tip: you may want to take this Directory with you to the Doping Control Station so you can record each substance accurately.**

### **DOSAGE**

Players are encouraged to keep a record of any drug test they have undertaken.



Your record of drug tests taken is also a great way of demonstrating you've been tested and that you're clean! The WDA publishes a list of all negative results once a year.

Test Example:

Date of test:

In competition Out of competition

Venue of test:

Name of Doping Control Officer (DCO):

Authority conducting the test (see DCO authorisation letter):

Result of test:

Date received: