



## **PROHIBITED CLASSES OF SUBSTANCES AND PROHIBITED METHODS**

**(art. 2 of the Antidoping Examination Regulations)**

Adopted by the UCI President on the proposal of the Antidoping Commission of the UCI.

Entry into effect: 1<sup>st</sup> April 2000

List Nr.01/2000

### **I. PROHIBITED CLASSES OF SUBSTANCES**

- A. Stimulants
- B. Narcotics
- C. Anabolic agents:
  - 1. *Androgenic anabolising steroids*
  - 2. *Non-steroidal anabolic agents*
- D. Diuretics
- E. Peptide hormones, mimetics and analogues

### **II. PROHIBITED METHODS**

- A. Blood doping
- B. Pharmacological, chemical or physical manipulation

### **III. CLASSES OF PROHIBITED SUBSTANCES SUBJECT TO CERTAIN CONDITIONS**

- A. Marijuana and other cannabinoids
- B. Local anaesthetics
- C. Glucocorticosteroids

### **IV. SUBSTANCES REFERRED TO IN ARTICLE 90 § 2 OF THE UCI ANTIDOPING EXAMINATION REGULATIONS**

- A. The stimulants at figure I.A.1. below (light stimulants)
- B. Narcotic analgesics
- C. Local anaesthetics
- D. The beta 2 agonists, if the rider is not able to produce a medical prescription
- E. Marijuana in the discipline "downhill" of MTB

### **V. SUBSTANCES PROHIBITED AT OUT-OF-COMPETITION TESTS**

- A. Anabolic agents
- B. Peptidic hormones, mimetics and analogues
- C. Masking agents, such as
  - bromantan
  - probenecid
  - epitestosterone
  - diuretics

- D. The following amphetamines' related products and stimulants:

amineptine	mesocarb
amphetamine	methoxyphenamine
amphetaminil	methylamphetamine
bambuterol	methylphenidate
benzphetamine	morazone
carphedon	pemoline
cocaine	phendimetrazine
dimethylamphetamine	phenmetrazine
ethylamphetamine	pipradol
fenetylline	pyrovalerone
fenproporex	reproterol
formoterol	selegiline
furfenorex	

E. Compounds chemically or pharmacologically related to the products mentioned under A to C above.

F. Prohibited methods

Notes :

- 1) This list is based on that of the International Olympic Committee but is not wholly identical thereto. It stays in effect until a new list is published.
- 2) It is recalled that under the Antidoping Examination Regulations, all products, regardless of denomination, containing even a minor amount of the above-mentioned substances are prohibited.

**EXAMPLES AND EXPLANATIONS**

**I. CLASSES OF PROHIBITED SUBSTANCES**

**A. 1. "LIGHT" STIMULANTS**

Examples:

amfepramone	etaphedrine	orciprenaline
amineptine	etilefrine	pentetrazol
amiphenazole	ethamivan	phentermine
caffeine *	fencamfamine	phenylpropanolamine ****
cathine (norpseudoephedrine) **	heptaminol	pipradol
chlorphentermine	isoprenaline	procaterol
clobenzorex	mefenorex	prolintane
clorprenaline	mesocarb	propylhexedrine
cropropamide (constituant of "Micorene")	metaraminol	pseudoephedrine ****
crothétamide (constituant of "Micorene ")	methylephedrine ***	strychnine (nux vomica)
ephedrine ***	nikhetamide	and related substances

\* for caffeine, a sample shall be considered as positive if the concentration in the urine exceeds 12 micrograms/ml;

\*\* for cathine (norpseudoephedrine) a sample shall be considered as positive if the concentration in the urine exceeds 5 micrograms/ml;

\*\*\* for ephedrine and methylephedrine, a sample shall be considered as positive if the concentration in the urine exceeds 10 micrograms/ml;

\*\*\*\* for pseudoephedrine and phenylpropanolamine, a sample shall be considered as positive if the concentration in the urine exceeds 25 micrograms/ml.

**Beta 2 agonists**

The use of aerosols containing the following beta 2 agonists only is permitted:

salbutamol	terbutaline	salmeterol
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The rider must be able to produce a medical certificate from a specialised doctor or team doctor during the drug test (for riders of Trade Teams I and II only the registration on the health record booklet will be taken into consideration). If not and the laboratory finds a trace of one of those substances, he will be considered positive.

**2. "HEAVY" STIMULANTS (amphetamines and related)**

Examples:

amphetamine	ethylamphetamine	methylphenidate
amphetaminil	fenethylline	morazone
bambuterol	fenoterol	pemoline
benzphetamine	fenproporex	phendimetrazine
bromantan	formoterol	phenmetrazine
carphedon	furfenorex	pyrovalerone
cocaine	methoxyphenamine	reproterol
dimethylamphetamine	methylamphetamine	selegiline

## B. NARCOTIC ANALGESICS

Examples:

alphaprodine	methadone
anileridine	morphine *
buprenorphine	nalbuphine
dextromoramide	pentazocine
diamorphine (heroin)	pethidine
dipipanone	phenazocine
ethoheptazine	trimeperidine
levorphanol	and related substances

Note: Codeine, dextromethorphan, dextropropoxyphene, dihydrocodeine, diphenoxylate, ethylmorphine, propoxyphene, tramadol and pholcodine are permitted.

\* for morphine a sample shall be deemed positive if the concentration in the urine exceeds 1 microgramme/ml.

## C. ANABOLIC AGENTS

### 1 - Androgenic anabolic steroids\*

Examples:

androstenedione	19-norandrostenediol
androstenediol	19-norandrostenedione
bolasterone	methandienone
boldenone	methyltestosterone
clostebol	nandrolone***
dehydrochlormethyltestosterone	norethandrolone
dehydroepiandrosterone	oxandrolone
dihydrotestosterone **	oxymesterone
fluoxymesterone	oxymetholone
gestrinone	stanozolol
mesterolone	testosterone ****
methenolone	and related substances

\* The Antidoping Commission can have any sample or part of a sample analysed by a Gas-chromatography/Combustion/Isotope Ratio Mass Spectrometry (GC/C/IRMS) in any laboratory which has this apparatus. The Commission will inform the rider about this. If this analysis shows an exogenous application, the rider will be considered positive. In other cases, the Antidoping Commission can ask for further tests. If the rider refuses to undergo these tests, he will be considered positive.

\*\* For dihydrotestosterone a sample will be considered positive if the concentrations of dihydrotestosterone and its metabolites and/or their ratio of non-5alpha steroids exceed the normal level of a human being in such a way that they cannot be attributed to endogenous production.

\*\*\* As for nandrolone and its derivatives, a sample will be considered positive if the norandrosterone concentration found in the urine after hydrolysis exceeds 5 ng/ml. If the concentration is between 2 and 5 ng/ml or is equal to 5 ng/ml, the Antidoping Commission can request further analyses. If the rider refuses to undergo them, he will be considered positive.

\*\*\*\* For analyses other than those performed with a GC/C/IRMS apparatus (see point \* above) a sample will be considered positive for testosterone if the level of testosterone/epitestosterone (T/E) is higher than 6.

Nevertheless, the rider can request an endocrinological examination to determine if the level is due to a physiological or pathological state.

The request for the endocrinological examination must be made to the UCI Antidoping Commission at the latest 5 working days after receipt of the registered letter to the rider's national federation informing it of the positive result, i.e. within the deadline for the request of a counter-analysis (article 64 AER). The Antidoping Commission will decide which laboratory and date will be chosen for the analysis. The cost of the analysis must be paid in advance by the rider. The date of the analysis cannot be postponed. If the results of the endocrinological examination show that the level of T/E is owing to a physiological or pathological state, the UCI will refund the rider the cost of the examination and issue him with a certificate. In all other cases the cost of the examination is to be paid by the rider.

If the rider requests a counter-analysis, he must do so within the deadline stipulated in article 64 of the Antidoping examination regulations, even if he requests an endocrinological examination. If the counter-analysis does not confirm a positive result, the rider will not be considered positive and the endocrinological examination will not be conducted.

Instead of an endocrinological examination the rider can request, within the same deadline, that the Antidoping Commission carries out a retrospective analysis of previous results, which should be addressed to the Commission within 3 working days of the request. If the Antidoping Commission judges that the request is not valid, it may oblige the rider to have an endocrinological examination. If the circumstances are justifiable, the Antidoping Commission may immediately propose a retrospective analysis.

The Antidoping Commission may also demand a long term examination consisting of random tests conducted during a period, which it will determine.

## 2 - Non-steroidal anabolic agents

Examples:

bambuterol	formoterol
clenbuterol	reproterol
fenoterol	Salbutamol*
zeranol	and related substances

\* Except with a therapeutical justification for use by inhaling as described under point I. A. 1, for salbutamol a sample shall be considered as positive if the concentration in the urine exceeds 1000 nanograms per millilitre.

## **D. DIURETICS**

Examples:

acetazolamide	hydrochlorothiazide
bumetanide	mannitol*
chlortalidon	mersalyl
etacrynic acid	spironolactone
furosemide	triamterene
	and related substances

\* Prohibited by intravenous injection

## **E. PEPTIDE HORMONES, MIMETICS AND ANALOGUES**

- 1. Chorionic Gonadotrophin (h.C.G. - Human Chorionic Gonadotrophin):** it is well known that the administration of human chorionic gonadotrophin and other related compounds leads to an increase in the production of natural androgenic steroids and is considered equivalent to the exogenous administration of testosterone.  
A sample would be considered positive if the concentration is above 20 ImU/ml. During the analysis two different immunoassays methods are requested;
- 2. Pituitary and synthetic gonadotrophins (LH – prohibited in males only);**
- 3. Corticotrophin (A.C.T.H.):** corticotrophin has been misused to increase the levels of endogenous corticosteroids in the blood, particularly to obtain the mood-elevating effect of corticosteroids. The administration of corticotrophin is regarded as equivalent to the oral, intramuscular or intravenous administration of corticosteroids. (See section III. C);
- 4. Growth Hormone (h.G.H. Somatotrophin):** The use of growth hormone in sport is regarded as amoral and dangerous by reason of its various side-effects such as allergic reactions, diabetogenic effects, and acromegaly when administered in large doses;
- 5. Insulin-like Growth Factor (IGF-1);**
- 6. Erythropoietine (EPO):** a glycoprotein hormone produced in the human kidney which regulates, apparently by retroaction, the rate of synthesis of erythrocytes;
- 7. Insulin:** Permitted only to treat insulin-dependent diabetes. Written notification of insulin-dependent diabetes by an endocrinologist is necessary (for riders of Trade Teams I and II only the registration on the health record booklet will be taken into consideration);

N.b. all release agents of the above-mentioned substances are also prohibited, e.g. **clomiphene, cyclofenil and tamoxifen (substances prohibited for males only)**.

Without prejudice to the concentration stipulated for h.C.G., the presence of an abnormal concentration of an endogenous hormone in class (E) or its diagnostic marker(s) in the urine of a competitor constitutes an offence unless it has been proven to be due to a physiological or pathological condition.

## **II. PROHIBITED METHODS**

### **A. Blood doping and artificial oxygen carriers (for example PFC)**

Blood transfusion is the intravenous administration of red blood corpuscles or blood compounds containing red corpuscles. These products may be obtained from blood extracted either from the same individual (auto-transfusion) or from different individuals (hetero-transfusion). The most common indication for the transfusion of red blood corpuscles in current traditional medicine is a large blood loss or severe anaemia.

Blood doping is the administration of blood or related substances containing red blood corpuscles to an athlete except for proven medical need. This procedure may be preceded by the taking of blood from the athlete, who then goes on with his training in a state of blood insufficiency.

These practices contravene the ethics both of sportsmanship and of the medical profession. Moreover, there are risks associated with the transfusion of blood or blood substances. These risks include the development of allergic reactions (skin rashes, fevers, etc.) and also acute haemolytic reactions with kidney damage if an incorrect blood type is used, as well as delayed reactions to transfusion such as fever or jaundice, the transmission of infectious diseases (viral hepatitis and AIDS), the overloading of the circulatory system and metabolic shock. Consequently the practice of blood doping in sport is prohibited.

### **B. Pharmacological, chemical or physical manipulation**

The use of substances and methods which alter the integrity and validity of urine samples used in drug tests is prohibited. Amongst the methods prohibited let us cite catheterisation, the substitution and/or alteration of urine and the inhibition of renal excretion, particularly through probenecide and related compounds, and the administration of epitestosterone. If the concentration of epitestosterone is above 200 ng/ml, laboratories are requested to notify the authorities concerned. The Antidoping Commission recommends in this event that additional checks be carried out.

## **III. CLASSES OF PROHIBITED SUBSTANCES SUBJECT TO CERTAIN CONDITIONS**

### **A. Marijuana and other cannabinoids**

Marijuana is not prohibited, except in the discipline "downhill" in MTB, where a sample will be declared positive as from the detection of more than 40 ng/ml. of THC-COOH (main metabolite of cannabis).

### **B. Local anaesthetics**

The use of local anaesthetics is permitted on the following conditions only to be proved by the rider :

- a) that procaine, xylocaine, carbocaine, etc. be used - but not cocaine,
- b) that only local and intra-articular injections be given,
- c) only when their use is justified on medical grounds.

### **C. Glucocorticosteroids**

Natural or synthetic glucocorticosteroids are used above all as anti-inflammatory substances which also relieve pain. They also have an effect on the concentrations of natural corticosteroids in circulation in the body. They bring about a certain euphoria and have such side-effects that their medical use, except for topical application, necessitates medical checking.

The use of corticosteroids is prohibited, except when used for topical application (auricular, ophthalmological or dermatological), inhalations (asthma and allergic rhinitis) and local or intra-articular injections. Such forms of utilisation are to be proved by the rider with a medical prescription (for riders of Trade Teams I and II only the registration on the health record booklet will be taken into consideration).

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**Note for**

- the UCI accredited Laboratories,
- the Antidoping Doctors and
- the UCI Antidoping Inspectors.

**For any questions with respect to this list, members of the Antidoping Commission must be contacted by telephone or facsimile. The addresses of the members of the Antidoping Commission are as follows:**

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