WADA Prohibited List Changes 1 January 2010

There are significant changes to the WADA Prohibited List on 1 January 2010 that are relevant to Basketball Australia and FIBA competitions.

1. Pseudoephedrine

Pseudoephedrine has been placed back on the prohibited list and must not be consumed at least 24 hours prior to sporting competition. It is not prohibited in non-game day testing but alternatives should be sought to avoid accidental errors.

It is unlikely that a player would be able to get a TUE for pseudoephedrine from ASDMAC or the FIBA TUEC except in exceptional clinical and treatment circumstances.

It is recommended that all players commence avoiding this medication in preparation for the 1 January start date.

It is recommended that all teams and medical staff remove pseudoephedrine medication from first aid supplies to avoid accidental errors.

2. Autologous blood injections

The use of autologous blood injections in the local treatment of musculoskeletal conditions is prohibited for intra-muscular lesions. It is not stated as prohibited for the treatment of tendon conditions.

A TUE should be sought for the treatment of intra-muscular lesions should that be considered necessary.

3. Beta 2 Agonists and asthma

Inhaled treatment of Salbutamol and Salmeterol for the treatment of asthma does not require a TUE. However, if the player is a member of the ASADA or FIBA Registered Testing Pools (RTP) the medication should be declared to BA or in the case of FIBA on ADAMS, the WADA data base, as well as at the time of drug testing. Any such player would have been notified of their name on a RTP.

All non-RTP players are required to declare their use of inhaled Salbutamol or Salmeterol on the doping control forms at the time of drug testing.

All players who use the inhaled beta 2 agonists Terbutaline, Formoterol or Procaterol require a TUE from ASDMAC or the FIBA TUEC depending on the international status of the player. In such circumstances spirometry and/or a challenge test to qualitatively demonstrate asthma will be required.

While no TUE application is required for Salbutamol and Salmeterol for non-RTP players there is a threshold level of 1000 ng/ml which roughly equates to doses less than 1600 mg/ 24 hours. Any level above the cut-off will be investigated as a positive test and a player will have to demonstrate that the cause of the high level was due to inhaled use.

If a player has previously notified FIBA or had an approval from the FIBA TUEC this status will be recognised indefinitely.

All oral treatment with a beta 2 agonist would require a TUE from ASDMAC or where relevant the FIBA TUEC.

4. Glucocorticosteroids (GCS)

The use of inhaled and local injections of glucocorticosteroids requires declaration on the doping control forms at the time of testing.

In the case of ASADA or FIBA RTP players this declaration should be made to BA or in the case of FIBA on ADAMS, the WADA data base, as well as on the doping control forms at the time of drug testing.

Topical use of GCS is not prohibited and does not require declaration.

Systemic use of GCS such as rectal, IM or IV injections or oral medication requires a TUE application to ASDMAC or the FIBA TUEC.

It is recommended that the use of inhaled and local injectable GCS be well documented in medical notes.

5. Oxygen therapy

The use of supplementary oxygen is no longer prohibited.

6. aTUEs

Cease to be valid on 31 December 2009.

Unchanged methods and substances

IV infusions are limited to the treatment of acute medical conditions, hospital and surgical treatment and require a retroactive TUE application to ASDMAC or where appropriate the FIBA TUEC. The clinical circumstances and systemic signs should be well documented to support its use.

Caffeine is not prohibited.

All questions should be directed to the Basketball Australia Chief Medical Officer Dr Peter Harcourt (0417 00 77 44). The link for the new ASADA website is:
http://www.asada.gov.au/media/ad_update.htm – the website provides all the update information in relation to 2010 Anti-doping rules