

WORLD SQUASH FEDERATION POLICY ON DOPING

Position Statement

The World Squash Federation is unequivocally opposed on ethical and medical grounds to the practice of doping in sport and fully supports the position of the IOC against the use of banned substances and methods. The use, possession and/or trafficking of banned substances, methods, or the encouragement or counselling to use banned substances, or methods; and/or taking measures to mask the use of banned substances, or methods by any participant in competitions over which the WSF has jurisdiction is unacceptable and will not be tolerated.

The WSF Policy on Doping is motivated by a desire for fair and equal competition among athletes and by concern for the health of athletes participating in such competition. This Policy shall apply to all participants in competitions over which the WSF has jurisdiction and provides for sanctions against any player found guilty of doping offence. The policy also extends to all persons connected with such athletes, including medical and paramedical personnel, coaches, trainers and others who may counsel athletes to use drugs, permit such use, or wilfully ignore such use.

Definitions and Interpretations

1. For the purposes of this Policy, infractions consist of:
 - a) Doping Infractions: the use of banned substances or practices; and
 - b) Doping Related Infractions: infractions other than the use of banned substances or practices.
2. A doping infraction is the use of banned substances or practices. Reference for identifying these substances and practices is the International Olympic Committee (IOC) Medical Commission's published categories of banned classes and methods.
3. Doping related infractions are:
 - a) condoning the use of banned substances or practices;
 - b) counselling or advising others to use banned substances or practices;
 - c) avoiding or aiding in avoiding doping control and detection of banned substances or practices;
 - d) securing, supplying or administering banned substances or practices;
 - e) possession of banned substances without valid medical reason;
 - f) importing or selling banned substances or materials;
 - g) refusal to participate in doping control; or
 - h) failing to co-operate as requested in any WSF investigation into a possible doping infraction.
4. For the purposes of this Policy, an athlete is an individual who participates in any

5. Unless otherwise specified, reference in this policy to "person" or "persons" means any and all individuals who participate in any activities of or sanctioned by the WSF.
6. In the case of an individual who participates in more than one role, (for example, as both an athlete and a coach), the role of the individual for the purpose of the application of this Policy shall be that which the individual was performing at the time of the infraction.
7. A person does not commit a doping infraction where, in circumstances of medical reasons for the use of a banned substance, the substance is required for sustaining treatment or control of a medical condition, and where an exemption has been granted upon application to the WSF.

POLICY

1. Use of any substance or manipulation prohibited under the provisions of the WSF Policy, including, without limitation, all prohibited substances and manipulations specified by the International Olympic Committee IOC Medical Commission, is strictly forbidden.
2. Where any person accused of doping activities becomes the subject of possible actions imposed by WSF action under the provisions of this Policy, the WSF shall afford such person the right to be heard in defence of the charges in question, and shall, in such event, use its best efforts to ensure that the rules of natural justice are observed. The WSF's decision in such instances shall be final.
3. All persons involved in WSF competitions shall, in keeping with the WSF's policy guidelines and within the bounds of applicable law, agree to mandatory drug testing under the supervision of qualified personnel. Failure to agree or to present oneself for testing in accordance with pertinent regulations and procedures may be considered by the WSF as sufficient grounds to initiate proceedings on the same basis as if a doping charge had been laid.
4. All persons involved in WSF competitions, including support personnel, shall, as a condition of participation, sign a declaration that they are aware of the WSF Policy on Doping and that they will not act in violation of such policy.
5. For competition and out-of-competition testing not conducted by the WSF, the Anti-Doping Policy of the relevant National Association will apply.
6. If a National Association does not have its own Anti-Doping Policy, then the WSF Anti-Doping Policy will apply.
7. The WSF shall co-operate with all interested organisations to secure the widest possible dissemination of its Policy on Doping and all related information.
8. On the basis of scientific data warranting such action, the WSF shall press for an expansion of the list of prohibited substances and manipulations to include such other substances as may result in enhanced athletic performance or in harm to athletes.

ANTI-DOPING RULES AND REGULATIONS

The following WSF Rules are recommended for inclusion in the rules/regulations of Member

1. Doping is strictly forbidden.
2. Doping is the use or distribution to an athlete of banned substances, as defined by the IOC Medical Commission. (For information see Appendix 1).
3. Doping tests will be implemented at all World Championships conducted by the WSF.
4. Any athlete must, if requested by an official designated by the WSF for the purpose of doping control, submit to a doping control test. Failure to do so will be taken as if a positive test result had been obtained and dealt with accordingly.
5. The identification of a forbidden substance and/or one of its metabolites, or the presence of specified amounts of endogenous (i.e. naturally occurring) substances, the latter being subject to quantitative analysis of a body fluid, will constitute an offence and the offender may be penalised. (See Appendix 1).
6. Any person assisting or inciting others in the contravention of doping regulations shall be considered as having committed an offence against the WSF rules/regulations and may be subject to disciplinary action.
7. The WSF will investigate, to the best of its ability, officials, trainers, team managers, masseurs, team doctors, or other support personnel, if they are suspected to be involved in doping activities.

Advice to Athletes, Coaches and Team Management

1. All athletes, coaches and team management shall, as a condition of participation, sign a declaration that they are aware of the WSF Policy on Doping and all related rules and regulations.
2. Member countries are advised to take every measure to ensure that their athletes, coaches and team management are aware of and understand the rules with regard to doping control.
3. Athletes should be notified of their responsibility to check if any medication that they propose taking, whether purchased or prescribed, contains a banned substance.
4. It should be pointed out that not all Medical Practitioners will be aware of the latest banned substances or products containing them.
5. A checklist of commonly used drugs and medications, which are permissible from the doping control point of view, will be circulated to all Member countries.
6. A comprehensive and up-to-date checklist will be available from the WSF; anything which does not appear in the list should be checked with the WSF.
7. The athlete should be told that if in doubt, he/she should:
 - a) Seek written confirmation from the WSF whether the substance or product is on the permitted IOC list;
 - b) If it is not, the Member country should contact the WSF quoting the name of the substance and/or product.

PROCEDURES

1. All matters pertaining to anti-doping procedures at WSF World Championships will be the responsibility of the WSF Secretary General.
2. At World Championships, the WSF will designate a Doping Control Chairman who will liaise with local doping control officials before and during the competition, and, on behalf of the WSF, will have the final jurisdiction over all matters pertaining to doping controls before, during and after the event. The WSF will provide the Host Country with the Standard Operating Procedures for Doping Controls which conform to the IOC procedures.
3. Versapak sampling containers (or a satisfactory equivalent) are to be used for collecting samples.
4. Samples must be forwarded immediately to an IOC-Accredited Drug Testing laboratory for analysis. If immediate delivery is not possible, the samples should be stored in a refrigerator, preferably in the freezer compartment.
5. Analysis must be carried out in accordance with IOC protocols. A list of the classes of substances which are tested with some examples is included in Appendix 1.
6. The standard "turn-around" time for results is 28 days. Specific requests for a speedier notification may be made. Results are notified in confidence directly to the WSF Secretary General.

ACTION ON RESULTS

General

1. The WSF takes any doping infraction seriously and will initiate action on all positive results.
2. When the IOC Testing Centre issues a negative report, no action need be taken beyond informing the athlete, the athlete's WSF Member Nation and, if appropriate, the Team Manager and/or doctor.
3. In cases when the IOC Testing Laboratory reports an adverse finding, the WSF will act immediately.

Action on Detection of a Banned Substance

1. To ensure clarity and fairness, the following "standard practice" for dealing with reported findings is deemed essential.
2. The existence of a substance or a metabolite of a substance of a forbidden class in the analysis of the first sample will be notified to the WSF Secretary General by the IOC Testing Laboratory.
3. The WSF Secretary General shall immediately inform the individual concerned of the substance detected and of his/her right to be present, or to be represented, at the opening and analysis of the second sample which shall normally be within 7 days of notification.

Investigation

1. When the analysis of the reserve sample confirms the presence of the banned substance, the WSF Secretary General shall immediately identify the individual concerned and the name of the substance detected and shall hold an investigation into the circumstances to which the alleged offender shall be invited.
2. The decision to initiate disciplinary proceedings because of a possible breach of the doping regulations, including a refusal to submit to a test, should be made by the WSF Secretary General.
3. If any support personnel are implicated, the WSF Secretary General should investigate the circumstances and, if necessary, initiate disciplinary hearings.

Rights of the Suspected Individual

1. It is important to protect the confidentiality of the suspected individual until a positive case of doping has been declared and a penalty imposed.
2. Disciplinary proceedings should be conducted before a body constituted by the WSF and this body shall protect the suspected individual's rights to a fair hearing and examination.
3. The persons hearing the case should be separate and distinct from those who may award penalties.
4. The suspected individual should be:
 - a) informed in writing of the case against him/her and provided with all other relevant documentary evidence and material which forms the basis of the accusation;
 - b) informed of the date and place of the proceedings and given sufficient time to prepare his/her defence; and
 - c) allowed the right to present evidence and to comment on the accusation, or to be represented by a person of his/her own choice with the same rights.
5. Advice and assistance in interpreting the result of the analysis should be available to the athlete from the IOC Testing Centre.
6. The proceedings should be thorough and impartial, but need not be modelled on civil court procedures.
7. The suspected individual together with the President of WSF should be informed, in writing, of the decision reached and the reasons given.

Right of Appeal

1. An individual found guilty should be informed of his/her right of appeal to an appropriate body empowered to hear such appeals together with the method of lodging an appeal.
2. The principles of a fair hearing described above apply also to proceedings of the appeal body.

3. No attempt should be made to deny the individual his/her right, as a last resort, to have recourse to law.

Penalties

1. Member countries must undertake to impose sanctions on all persons found guilty of a Doping Infraction, from all forms of competitive Squash.
 - * If the analysis revealed the presence of ephedrine, phenylpropanolamine, etc. administered orally as a cough suppressant or painkiller in association with decongestants and/or anti-histamines:
 - * Maximum three months ban for the first offence
 - * Two years ban for the second offence
 - * Life ban for the third offence
 - * If the analysis revealed the presence of anabolic steroids, amphetamine-related and other stimulants, caffeine, beta-blockers, narcotic analgesics and designer drugs:
 - * Two years ban for the first offence
 - * Life ban for the second offence
2. If the Doping Infraction occurred during a WSF World Championships, the period of suspension will continue up to and including the next World Team Championships even if the date of the event is greater than two years from the date of the Doping Infraction.

Publicity of Results

1. Once the final decision has been reached and notified to the individual concerned, the result and action should be published by the National Association to its membership.
2. The WSF will publish summaries of all testing results, both positive and negative, including the names of individuals found guilty, and the action taken.

APPENDIX 1

1. Some Useful Hints

- * Although the following categories and examples of substances are taken from the IOC list, based on Doping Classes and Methods, not all substances belonging to the class are listed. Do not, therefore, assume that because a substance is not listed it is not banned. List of banned substances are also periodically revised. Always check with your National Association, National Anti-Doping Committee or the WSF Medical Committee if you are in doubt.
- * Banned substances are not only contained in medicines which may be prescribed by doctors. They may be found in over-the-counter preparations. A family doctor or local pharmacists may not be fully aware of the restrictions on medications. Always check medications with your National Association, your National Anti-Doping Committee or the WSF Medical Committee.
- * Do not use medication from overseas unless they have been cleared with the WSF medical Committee. Do not rely on brand names of medications available overseas. A permitted brand name in your country may contain a banned substance in its overseas version.
- * Some so-called 'vitamin' preparation and nutritional supplements may contain banned substances. Beware 'vitamin' preparations which can be purchased here or overseas. There is no legal requirement for manufacturers to list all the contents of food supplements. Therefore, it is difficult to determine whether they would contravene the doping regulations as all ingredients may not be indicated and indeed may vary from batch to batch.

In response to requests for more specific information on particular substances, we note below advice for guidance only.

Ginseng and Herbal Preparations: Some herbal preparations may contain banned substances in naturally occurring plants. If taken, they may bring about a positive finding of a banned substance. Presently, there are no requirements for a comprehensive listing of ingredients in nutritional supplements. It is advisable to avoid products containing the natural occurring plant Ma Huang (Chinese ephedra) as this plant contains the stimulant substance ephedrine. Commercial ginseng preparations may also contain substitute or additional substances.

The IOC Medical sub-commission (Doping and Biochemistry of Sport) would also like to stress the fact that GINSENG ROOT does not contain banned substances, but that it is known that marketed products such as tablets, solutions, teas etc. bearing the name Ginseng may contain other ingredients such as ephedrine, anabolic steroids etc.

Clenbuterol: The Medical Commission of the IOC confirms that the use of Clenbuterol is banned and that the presence of Clenbuterol in the urine of an athlete constitutes an offence. The ban is based on two points:

1. Clenbuterol is an extremely potent Beta2 agonist that is used to treat asthma. However, Clenbuterol is not one of the two Beta2 agonists that are permitted by the aerosol route of administration. (Refer to Doping Class A of the IOC list of Doping Classes and Methods, March 1993).

2. Clenbuterol is also an anabolic agent. It promotes muscle growth and alters body composition in the direction of increased muscle mass and decreased fat. Accordingly it is considered to be covered by Class C: Anabolic Agents.

2. Banned Substances and Methods

The doping definition of the IOC Medical Commission is based on the banning of pharmacological classes of agents. The definition has the advantage that also new drugs, some of which may be especially designed for doping purposes, are banned.

The term 'and related substances' describes drugs that are related to the class by their pharmacological actions and/or chemical structure.

The following list represents examples of the different dope classes to illustrate the doping definition. Unless indicated all substances belong to the banned classes may not be used for medical treatment, even if they are not listed as examples. If substances of the banned classes are detected in the laboratory the IOC Medical Commission will act. It should be noted that the presence of any drug in the urine constitutes an offence, irrespective of the route administration.

(The International Non-Proprietary name {INN}, Proposed INN or Recommended INN is listed and, where different, the British Approved Name or other accepted UK Name given in parentheses).

I. Doping Classes

- A. Stimulants
- B. Narcotics
- C. Anabolic Agents
- D. Diuretics
- E. Peptide Hormones and analogues

II. Doping Methods

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

Examples and explanations of Prohibited Substances

I. Doping Classes

CAUTION: This is not an exhaustive list of Prohibited Substances. Many substances which do not appear on the lists are prohibited under the term "and related substances".

A. Stimulants e.g.

amfepramone (diethylpropion)	mefenorex
amfetamine (amphetamine)	mephentermine
amfetaminil (amphetaminil)	mesocarb
amineptine	methamphetamine
amiphenazole	methoxyphenamine
bambuterol	methylenedioxyamphetamine
benzfetamine (benzphetamine)	methylephedrine **
bromantan	methylphenidate
caffeine *	morazone
carphedon	nikethamide
cathine **	norfenfluramine
chlorphentermine	parahydroxyamphetamine
clobenzorex	pemoline
clorprenaline	pentetrazol
cocaine	phendimetrazine
cropropamide [component of 'Micoren']	phenmetrazine
crotetamide (crotethamide)	phentermine
[component of 'Micoren']	phenylephrine
dimetamfetamine	phenylpropanolamine **
(dimethylamphetamine)	pholedrine
ephedrine **	pipradrol
etafedrine	prolintane
etamivan (ethamivan)	propylhexedrine
etilamfetamine	pseudoephedrine **
etilefrine	pyrovalerone
fencamfamin	reproterol
fenetylline (fenethyliline)	salbutamol ***
fenfluramine	salmeterol ***
fenproporex	selegiline
formoterol	strychnine
furfenorex	terbutaline ***
heptaminol	and related substances

* For caffeine the definition of a positive test depends upon the following:
- if the concentration in urine exceeds 12 micrograms/ml.

** For ephedrine, cathine and methylephedrine, the definition of a positive is a concentration in urine greater than 5 micrograms per millilitre. For Phenylpropanolamine and pseudoephedrine, the definition of a positive is a concentration in urine greater than 10 micrograms per millilitre. If more than one of these substances are present below their respective thresholds, the concentrations should be added. If the sum is greater than 10 micrograms per millilitre, the sample shall be considered positive.

*** Permitted by inhaler only to prevent and/or treat asthma and exercise-induced asthma. Written notification prior to the particular competition of asthma and/or exercise-induced asthma by a respiratory or team physician is necessary to the relevant medical authority.

NOTE: All imidazole preparations are acceptable for topical use, e.g. oxymetazoline. Vasoconstrictors (e.g. adrenaline) may be administered with local anaesthetic agents. Topical preparations (e.g. nasal, ophthalmological) of phenylephrine are permitted.

Stimulants comprise various types of drugs which increase alertness, reduce fatigue and may increase competitiveness and hostility. Their use can also produce loss of judgement, which may lead to accidents to others in some sports. Amphetamine and related compounds have the most notorious reputation in producing problems in sport. Some deaths of sportsmen have resulted even when normal doses have been used under conditions of maximum physical activity. There is no medical justification for the use of 'amphetamines' in sport.

One group of stimulants is the sympathomimetic of which ephedrine is an example. In high doses, this type of compound produces mental stimulation and increased blood flow. Adverse effects include elevated blood pressure and headache, increased and irregular heart beat, anxiety and tremor. In lower doses they, e.g. ephedrine, pseudoephedrine, phenylpropanolamine, norpseudoephedrine, are often present in cold and hay fever preparations which can be purchased in pharmacies and sometimes from other retail outlets without the need of a medical prescription.

THUS NO PRODUCT FOR USE IN COLDS, FLU OR HAY FEVER PURCHASED BY A COMPETITOR OR GIVEN TO HIM/HER SHOULD BE USED WITHOUT FIRST CHECKING WITH AN OFFICIAL DOCTOR ASSOCIATED WITH THE CHAMPIONSHIPS THAT THE PRODUCT DOES NOT CONTAIN A DRUG OF THE BANNED STIMULANTS CLASS. (N.B. NOT ALL DOCTORS ARE FULLY AWARE OF THE RESTRICTIONS ON MEDICATIONS).

- Beta2 agonists

The choice of medication in the treatment of asthma and respiratory ailments has posed many problems. Some years ago, ephedrine and related substances were administered quite frequently. However, these substances are prohibited because they are classed in the category of 'sympathomimetic amines' and therefore considered as stimulants.

The use of only the following beta2 agonists is permitted by inhalation only when it prevents and/or treats asthma and exercise-induced asthma.

salbutamol, salmeterol, terbutaline

Any team doctor wishing to administer these beta2 agonists by inhalation to a competitor must give written notice to the WSF Medical Committee or at World Championships to the WSF Doping Control Chairman.

(A suggested procedure for notifying, at national level, the relevant governing body medical officer is detailed in Appendix 3).

B. Narcotic Analgesics e.g.

C.

alphaprodine	hydrocodone
anileridine	levorphanol
buprenorphine	methadone
codeine	morphine
dextromoramide	nalbuphine
dextropropoxyphene	pentazocine
diamorphine (heroin)	pethidine
dihydrocodeine	phenazocine
dipipanone	trimeperidine (trimeperidinum)
ethoheptazine	and related substances
ethylmorphine	

The drugs related to this class, which are represented by morphine and its chemical and pharmacological analogues, act fairly specifically as analgesics for the management of moderate to severe pain. This description however by no means implies that their clinical effect is limited to the relief of trivial disabilities. Most of these drugs have major side effects, including dose-related respiratory depression, and carry a high risk of physical and psychological dependence. Evidence exists indicating that narcotic analgesics have been and are abused in sports, and therefore the IOC Medical Commission has issued and maintained a ban on their use during the Olympic Games. The ban is also justified by international restrictions affecting the movement of these compounds and is in line with the regulations and recommendations of the World Health Organisation regarding narcotics.

NOTE: codeine, dextromethorphan, dextropropoxyphene, dihydrocodeine, diphenoxylate, ethylmorphine, pholcodine, propoxyphene and tramadol are not banned and may be used as anti-tussives.

C. Anabolic Agents

1. Anabolic androgenic steroids

androstenediol	metandienone (methandienone)
androstenedione	metenolone (methenolone)
bambuterol	methandriol
bolasterone	methyltestosterone
boldenone	mibolerone
chlordehydromethyltestosterone	nandrolone
clenbuterol	19-norandrostenediol
clostebol	19-norandrostenedione
	norethandrolone
danazol	oxandrolone
dehydrochloromethyltestosterone	oxymesterone
dehydroepiandrosterone (DHEA)	oxymetholone
dihydrotestosterone	reproterol
drostanolone	salbutamol *
fenoterol	salmeterol
flouxymesterone	stanozolol
formebolone	terbutaline
formoterol	testosterone
gestrinone	trenbolone
mesterolone	and related substances

Beta-2 agonists

When administered orally or by injection.

bambuterol	reproterol
clenbuterol	salbutamol *
fenoterol	terbutaline *
formoterol	and related substances

* authorized by inhalation as described in I.A. above.

The anabolic androgenic steroid (AAS) class includes testosterone and substances that are related in structure and activity to it. They have been misused by the sports world both to increase muscle strength and bulk, and to promote aggressiveness. The use of AAS is associated with adverse effects on the liver, skin, cardiovascular and endocrine systems. They can promote the growth of tumours and induce psychiatric syndromes. In males AAS decrease the size of the testes and diminish sperm production. Females experience masculinisation, loss of breast tissue and diminished menstruation. The use of AAS by teenagers can stunt growth.

* *Testosterone: the presence of a testosterone (T) to epitestosterone (E) ratio greater than six (6) to one (1) in the urine of a competitor constitutes an offence unless there is evidence that this ratio is due to a physiological or pathological condition, e.g. low epitestosterone excretion, androgen producing tumour, enzyme deficiencies.*

The IOC Medical Commission, while pleased that the testing programme is decreasing the use of anabolic steroids, is nevertheless concerned that some athletes are attempting to cheat by administering testosterone, testosterone precursors and epitestosterone. Accordingly, the IOC Medical Commission recommends giving consideration to a medical examination together with endocrine tests and longitudinal studies to evaluate the possibility that testosterone or any other endogenous steroid has been administered.

In order to assist in this evaluation the IOC accredited laboratories shall report every case to the proper authorities in accordance with the following criteria:

- A. negative, if the ratio is less than 6, or
- B. T/E greater than 6

In the case of B, it is mandatory that the relevant medical authority conducts an investigation before the sample is declared positive. A full report will be written and will include a review of previous tests, subsequent tests and any results of endocrine investigations. In the event that previous tests are not available, the athlete should be tested unannounced at least once per month for three months. The results of these investigations should be included in the report. Failure to co-operate in the investigations will result in declaring the sample positive.

D. Diuretics e.g.

acetazolamide	ethacrynic acid
amiloride	furosemide (frusemide)
bendroflumethiazide (bendrofluazide)	hydrochlorothiazide
benthiazide	indapamide

canrenone
chlormerodrin
chlortalidone (chlorthalidone)
dioclofenamide

mersalyl
spironolactone
triamterene
and related substances

* Prohibited by intravenous injection.

Diuretics have important therapeutic indications for the elimination of fluids from the tissues in certain pathological conditions. However, strict medical control is required.

Diuretics are sometimes misused by competitors for two main reasons, namely: to reduce weight quickly in sports where weight categories are involved and to reduce the concentration of drugs in urine by producing a more rapid excretion of urine to attempt to minimise detection of drug misuse. Rapid reduction of weight in sport cannot be justified medically. Health risks are involved in such misuse because of serious side-effects which might occur.

Furthermore, deliberate attempts to reduce weight artificially in order to compete in lower weight classes or to dilute urine constitute clear manipulations which are unacceptable on ethical grounds. Therefore, the IOC Medical Commission has decided to include diuretics on its list of banned classes of drugs.

E. Peptide Hormones, Minetics and Analogues

Prohibited Substances in class E include the following underlined examples and their analogues and mimetics:

Chorionic Gonadotrophin (hCG - human chorionic gonadotrophin):

It is well known that the administration to males of Human Chorionic Gonadotrophin (hCG) and other compounds with related activity leads to an increased rate of production of endogenous androgenic steroids and is considered equivalent to the exogenous administration of testosterone.

Pituitary and synthetic gonadotrophins (LH):

Corticotrophin (ACTH, tetracosactide):

Corticotrophin has been misused to increase the blood levels of endogenous corticosteroids notably to obtain the euphoric effect of corticosteroids. The application of corticotrophin is considered to be equivalent to the oral, intramuscular or intravenous application of corticosteroids. (See section III D).

Growth Hormone (hGH, Somatotrophin):

The misuse of Growth Hormone in sport is deemed to be unethical and dangerous because of various adverse effects, for example, allergic reactions, diabetogenic effects and acromegaly when applied in high doses.

Insulin-like Growth Factor (IGF-1):

And all the respective releasing factors and their analogues;

Erythropoietin (EPO):

Is the glycoprotein hormone produced in the human kidney which regulates, apparently by a feed-back mechanism, the rate of synthesis of erythrocytes.

Insulin:

Permitted only to treat insulin-dependent diabetes. Written notification prior to the particular competition of insulin-dependent diabetes by an endocrinologist or team physician to the Relevant Medical Authority is necessary.

The presences of an abnormal concentration of an endogenous hormone or its diagnostic marker(s) in the urine of a competitor constitutes doping unless it has been conclusively document to be solely due to a physiological or pathological condition.

II. Doping Methods

A. Blood Doping

Blood transfusion is the intravenous administration of red blood cells or related blood products that contain red blood cells. Such products can be obtained from blood drawn from the same (autologous) or from a different (non-autologous) individual. The most common indications for red blood transfusion in conventional medical practice are acute blood loss and severe anaemia.

Blood doping is the administration of blood, red blood cells and related blood products to an athlete other than for legitimate medical treatment. This procedure may be preceded by withdrawal of blood from the athlete who continues to train in this blood-depleted state.

These procedures contravene the ethics of medicine and sport. There are also risks involved in the transfusion of blood and related blood products. These include the development of allergic reactions (rash, fever, etc.) and acute haemolytic reaction with kidney damage if incorrectly typed blood is used, as well as delayed transfusion reaction resulting in fever and jaundice, transmission of infectious diseases (viral hepatitis and AIDS), overload of the circulation and metabolic shock.

Therefore the practice of blood doping in sport is banned by the IOC Medical Commission.

The IOC Medical Commission bans Erythropoietin as a method of doping. (See section I, Doping Classes, E - Peptide hormones and analogues).

B. Pharmacological, Chemical and Physical Manipulation

The IOC Medical Commission bans the use of substances and methods, including masters agents which alter, attempt to alter or may reasonably be expected to alter the integrity and validity of urine samples used in doping controls. Examples of banned methods, without limitation, are catheterisation, urine substitution and/or tampering, inhibition or renal excretion, e.g. by probenecid and related compounds, and alterations of testosterone and epitestosterone measurements such as epitestosterone* application or bromantan administration.

* If the epitestosterone concentration is greater than 150ng/ml, the laboratories should notify the appropriate authorities. The IOC Medical Commission recommends that further investigations be conducted.

3. Classes of drugs subject to certain restrictions

A. Alcohol

Alcohol is not prohibited. However, breath or blood alcohol levels may be determined at the request of the World Squash Federation and may result in the individual concerned being dealt with under the WSF Disciplinary Code (Section 4 of these regulations).

B. Cannabinoids

The use of these drugs (Marijuana and Hashish) is unacceptable. Evidence of its use will result in the individual concerned being dealt with under the WSF Disciplinary Code (Section 4 of these regulations).

C. Local Anaesthetics

Injectable local anaesthetics are permitted under the following conditions:

- a) that bupivacaine, lidocaine, mepivacaine, procaine etc. can be used but not cocaine.

Vasoconstrictor agents (e.g. adrenaline) may be used in conjunction with local anaesthetics.

- b) only local or intra-articular injections may be administered
- c) only when medically justified, upon written notice prior to the particular competition to the Relevant Medical Authority, when applicable, or during the competition in matters of medical urgency.

D. Corticosteroids

The naturally occurring and synthetic corticosteroids are mainly used as anti-inflammatory drugs which also relieve pain. They influence circulating concentrations of natural corticosteroids in the body. They produce euphoria and side-effects such that their medical use, except when used topically, requires medical control.

Since 1975, the IOC Medical Commission has attempted to restrict their use during competitions by requiring a declaration by doctors, because it was known that corticosteroids were being used non-therapeutically by the oral, rectal, intra-muscular and even the intravenous route in some sports. However, the problem was not solved by these restrictions and therefore stronger measures designed not to interfere with the appropriate medical use of these compounds became necessary.

The use of corticosteroids is banned except for topical use (anal, aural, dermatological, inhalational, nasal and ophthalmological (but not rectal) administration is permitted. Intra-articular and local injections of corticosteroids are permitted.

ANY TEAM DOCTOR WISHING TO ADMINISTER CORTICOSTEROIDS BY LOCAL OR INTRA-ARTICULAR INJECTION OR BY INHALATION TO A COMPETITOR MUST GIVE WRITTEN NOTIFICATION TO THE IOC MEDICAL COMMISSION.

(A suggested procedure for notifying, at national level, the relevant governing body is detailed in Appendix D).

E. Beta-Blockers e.g.

acebutolol	metoprolol
aplrenolol	nadolol
atenolol	oxprenolol
betaxolol	propranolol
bisoprolol	sotalol
bunolol	and related substances
labetalol	

The IOC Medical Commission has reviewed the therapeutic indications for the use of beta-blocking drugs and noted that there is now a wide range of effective alternative preparations available in order to control hypertension, cardiac arrhythmias, angina pectoris and migraine.

F. Caffeine

A urine specimen will be considered positive if the concentration of caffeine exceeds 12µg/ml.

The normal ingestion of coffee, tea or many drinks containing caffeine (such as colas) will NOT cause this limit to be exceeded or even remotely approached.

However, the ingestion of caffeine tablets, or the use of caffeine suppositories or injections may result in a positive doping test.

SUMMARY OF URINARY CONCENTRATIONS ABOVE WHICH ACCREDITED LABORATORIES MUST REPORT FINDINGS FOR SPECIFIC SUBSTANCES

caffeine	> 12 micrograms / millilitre
carboxy-THC	> 15 nanograms / millilitre
cathine	> 5 micrograms / millilitre
ephedrine	> 5 micrograms / millilitre
epitestosterone	> 200 nanograms / millilitre
methylephedrine	> 5 micrograms / millilitre
morphine	> 1 microgram / millilitre
phenylpropanolamine	> 10 micrograms / millilitre
pseudoephedrine	> 10 micrograms / millilitre
T/E ration	> 6

4. Permitted substances

It is important to be aware that *most drugs are not banned* and therefore are available if needed to treat a justifiable condition. Drugs in this category may be prescription or non-prescription drugs. Again, the list is *not complete* but is meant to give you some idea of what is not banned.

Please note: This list should not be taken as a recommendation of the relative efficacy of various substances or as a recommendation to use them. There are other preparations that do not contain banned substances. Check with your National Association, physician, pharmacist, National Anti-Doping Committee or WSF.

Drugs (by Therapeutic Class)	Examples of permitted drugs	Examples of banned or restricted drugs
Analgesics	Advil (ibuprofen) Ansaid (flurbiprofen) Asprin (ASA) Atasol plain (acetaminophen) Bufferin plain Ecotrin (ASA) Ergomar Entrophen (ASA) Excedrin plain Feldene Ibuprofen Motrin (ibuprofen) Nalfon (fenoprofen) Panadol (acetaminophen) Ponstan (mefanamic acid) Tylenol plain(acetaminophen)	Beware: preparations containing stimulants or narcotic analgesics like e.g. caffeine, codeine, ephedrine, phenylephrine, phenylpropanolamine, pseudoephedrine etc.
Antacids	Amphogel Diovol Gelusil Maalox Mylanta Riopan	
Anti-anginals	Calcium ion influx inhibitors e.g. Diltiazem	Beware: β -blocking agents are banned. See section 3E.
Antiasthmatics	* Alupent inhaler (orciprenaline) Aminophylline (rheophylline) * Beclovent inhaler (beclomethasone) *Becloforte inhaler (beclomethasone) *Beclodisk inhaler (beclomethasone) *Bricanyl inhaler (Terbutaline) Choledyl (rheophylline) Intal	Beware: all β -agonist agents are banned except Biorlterol, Orciprenaline, Rimiterol, Salbuterol (albuterol) and Terbutaline which are permitted in the aerosol form only. Adrenaline Berotec (fenoterol) Fenoterol Medihaler-ISO Medihaler-EPI
Antiasthmatics (continued)	Rynarchrom Theo-Dur (rheophylline) Theophylline *Ventolin inhaler (salbutamol) *Apo-Salvent (salbutamol) *Novo-Salmol inhaler (salbutamol) *Ventodisk/diskhaler (salbutamol)	Beware (continued) Pro Air aerosol and tablets of: Bricanyl Novo-Salmol Volmax
	*cortisteroids and some β -agonists agents are permitted in the aerosol form only.	

Drugs <i>(by Therapeutic Class)</i>	Examples of permitted drugs	Examples of banned or restricted drugs
Antibiotics	Amoxyl Bactrim Erythrocyne Keflex Mandelamine Penbritine Penicillin Septra Vibramycin	
Anticonvulsants	Dilantin Mysoline Phenobarbital Tegretol Valium	
Antidepressants	Desyrel (trazodone) Norpramin (desipramine)	Amineprine (stimulant)
Antidiabetics	Diabinese Dimslor Glucophage Insulin Orinase Tolinase	
Antidiarrheals	Cantil Chloroquin Diphenoxylate Donnagel plain Imodium Kaomylin Kaopectate Lomotil Pepto-Bismol	Beware: preparations containing opiates e.g.: Disan (opium) Donnagel-PG (opium)
Antifungals	Canesten Desenex Ecostatin Fulvicin Grisovin Loprox Monistat Mycostatin Tinactin	

Drugs <i>(by Therapeutic Class)</i>	Examples of permitted drugs	Examples of banned or restricted drugs
Antihistaminics	Allerdryl (diphenhydramine) Atarax (hydroxyzine) Benardryl (diphenhydramine) Chlor-Tripolon (chlorpheniramine) Claritin (loratadine) Contac allergy formula Dimetane plain (terfenadine) Hismanal Multipax (hydroxyzine) Nytol plain (diphenhydramine) Optimine Panexyl Periactin Polaramine(dexchlorpheniramine) Pyribenzamine (tripelennamine) Seldane (terfenadine)	Beware: preparations containing stimulants or narcotic analgesics like: codeine, epedrine, hydrcodone, phenylephrine, phenylpropanolamine, pseudoephedrine etc. See section 2IA, 2IB
Anti-inflammatories	All non-steroidal anti-inflammatories are permitted. Anaprox (naproxen) Ansaid (flurbiprofen) Clinoril (sulindac) Dolobid (difunisal) Feldene Ibuprofen Idarac (floctafenin) Indocid (indomethacin) Motrin (ibuprofen) Nalfon (fenoprofen) Naprosyn (naproxen) Orudis (ketoprofen) Voltaren (diclofenac)	
Antinauseants	Antivert Bonamine Gravol Marzine Transderm-V	

Drugs <i>(by Therapeutic Class)</i>	Examples of permitted drugs	Examples of banned or restricted drugs
Antitussives	Balminil plain Balminil DM (dextrometorphan) Balminil expectorant (guaifenesin) Benylin-DM (dextrometorphan) Benelyin-DM-E Benylin-E (dextrometeor - guaifenesin) Broncho-grippol-DM (dextrometophan) Delsym (dextrometorphan) Robidex (dextrometorphan) Robitussin (guaifenesin) Robitussin-DM (dextrometorphan, guaifenesin)	Beware: the majority of these preparations contain banned substances such as codeine, ephedrine, hydrocodone, phenylephrine, phenylpropanolamine, pseudoephedrine etc. See Section 21A.
Antivirals	Zovirax	
Contraceptives	All oral contraceptives are permitted	
Creams/ointments/lotions	All topical, antifungal, anti-histaminic, anti-infective, anti-pruritic, coaltar and protective preparations are permitted.	Beware: the majority of these preparations contain banned substances such as phenylephrine, phenylpropanolamine, pseudoephedrine etc.
Decongestants	Beconase Nasal Spray Dristan Nasal spray Drixoral solution Otrivin Nasal spray Otrivin saline	
Nasal preparations	See also decongestants *Beconase Nasal spray (beclomethasone) Oltrivin Nasal spray Privine * Rhinalar (flunisolide) *corticosteroids: permitted in aerosol form only	Beware: preparations containing: codeine Robaxacet-8 (codeine)

Drugs <i>(by Therapeutic Class)</i>	Examples of permitted drugs	Examples of banned or restricted drugs
Eye/ear preparations	Albalon (naphazoline) Auralgan (antipyrine) Ceromenax Collyrium (tetrahydroxoline) Cortisporin (hydrocortisone) Metimyd (prednisolone) Neosporin (antibiotic) Polysporin (antobiotic) Sodium Sulamyd (sodium sulfacetamide)	
Laxatives	Colace Duloax Doxidan Fleet Metamueil Magnolax	
Lozenges (throat)	Bionet Bradosol Balminil, lozenges Benylin, lozenges Cepacol Dequadin Spec T red Strepsils	Spec T green (stimulant)
Vaginal preparations	see also antifungals AVC Betadine Canesteb Flagyl Flagystatin Monistat Mycostatin Ovoquinol	
Muscle relaxants	Flexeril (cyclobenzaprine) Robaxin (methocarbamol) Robaxisal (methocarbamol)	Beware: preparations containing: codeine
Sedatives	Ativan Dalmane Halcion Librium Valium	

Drugs <i>(by Therapeutic Class)</i>	Examples of permitted drugs	Examples of banned or restricted drugs
Haemorrhoidal preparations	Anugesic-HC Anusol Nypercainal Proctosedyl	
Gastric ulcer therapy	Tagamet (cimetidine) Reglan (metoclopramide) Zantac (ranitidine)	
Premenstrual syndrome and dysmenorrhea therapy	Midol Extra strength Midol PMS extra strength	
Tranquilisers	Equanil Xanax	Beware: preparations containing: caffeine

APPENDIX 2

WSF DOPING CONTROL FORM

Affix sample label here _____

ATHLETE'S SURNAME

GIVEN NAMES

GENDER

ADDRESS: _____

TEL [O] _____ [H]: _____ FAX: _____

EVENT: _____ DATE: _____

ENVOSEAL NO: A

ENVOSEAL NO: B

I declare that I am satisfied with the manner in which the sample-taking procedure was carried out.

SIGNATURE OF ATHLETE

SIGNATURE OF ACCOMPANYING
TEAM OFFICIAL

NAME OF WITNESS (PLEASE PRINT)

NAME OF DOPING CONTROL
STATION OFFICIAL (PLEASE PRINT)

SIGNATURE OF WITNESS

SIGNATURE OF DOPING CONTROL
STATION OFFICIAL

.....

Detach this portion of the white and orange copy and forward both to the laboratory with the sample.

Affix sample label here _____

ENVOSEAL NO: A

ENVOSEAL NO: B

pH

SPECIFIC GRAVITY

PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS TAKEN DURING THE PAST 10 DAYS

STATION TIME EVENT COMPLETED

TIME OF ARRIVAL AT TESTING

TIME SAMPLING PROCEDURE COMPLETED

APPENDIX 3 - DECLARATION OF MEDICATIONS

It is in the interests of competitors selected for testing to declare any medications they may have used. This would be of particular importance where codeine preparations may have been used to treat a medical condition.

The use of permitted β -2agonists (salbutamol and terbutaline) by inhalation and corticosteroids by local, intra-articular injection, or by inhalation should be notified in writing to the WSF Medical Committee. This procedure would operate for athletes participating in WSF World Championships.

Outside of the World Championships the athlete should inform his/her National Association. The procedure of notifying use of treatments should be seen in the context of the health of the competitor rather than any intention to restrict treatments under the rules of sport.

Athletes are encouraged to discuss with their physician whether continued participation during treatment is advisable or whether rest and reduced physical activity would be recommended.

Notification at National Level

The following procedure is suggested (see Appendix D for example of form):

1. Athletes requiring treatment involving a permitted β -2 agonist by inhalation or corticosteroid, administered locally or by intra-articular injection or by inhalation should note details of the treatment in writing (examples form attached).
2. This notification should be sent in confidence to the athlete's National Association.
3. The National Association should acknowledge receipt of the notification. Having reversed the treatment and diagnosis, the National Association may wish to seek further information from the athlete and/or physician before accepting the notification.
4. If the diagnosis, treatment and medication are accepted, confirmation should be forwarded to the athlete by the National Association.
5. Further notification may be required for long term treatment on an annual basis.
6. The National Association should send a copy of the notification to the WSF Medical Committee for any athlete competing in a WSF Championship.

APPENDIX 4 - EXAMPLE - MEDICAL NOTIFICATION FORM

To: National Squash Association

.....
.....
.....

From:

Competitor's Name:

Address:

.....
.....

The following treatment has been administered to the above named competitor:

Diagnosis:

Name of Substance:

Dosage:

Route of Administration:

Duration:

Name of Prescribing Physician:

Address of Prescribing Physician:

.....

Date:

.....

ACKNOWLEDGEMENT FROM NATIONAL SQUASH ASSOCIATION

I acknowledge receipt of this form and confirm agreement to the competitor participating in competitions and training. This confirmation is valid for stated duration of treatment only or

Signature: Date:

* Delete as appropriate