

# Anti-Doping Regulations

## Guidelines for Anti Doping Regulations

- 1** These Guidelines are issued to help in explaining the policy and procedure of the Discipline Standing Committee of the ECB in relation to Prohibited Substances and Doping Control Tests (DCT) and do not replace the Regulations which should be read carefully by all those falling under the jurisdiction of the ECB and particularly Cricketers playing in First Class, Second Eleven and Minor Counties Cricket. These Guidelines do not form part of the Regulations and are not binding on the ECB.
- 2** Note that lawfully prescribed medicines may contain a prohibited substance and it is your duty (Schedule A) to ensure that you do not take it. The ECB is determined to ensure that drugs do not enter cricket and intends to use all possible powers to achieve this. The Discipline Standing Committee wishes every Cricketer to know that the guideline penalties as laid down by WADA is the yardstick which it recommends to Disciplinary and Appeal Panels set up under the Regulations - these include by way of example a two year suspension for a first offence of using any of the stimulants, narcotic analgesics or anabolic agents with a life ban for any subsequent offence. It follows that anyone using a prohibited substance is likely to suffer very serious penalties including being banned from playing for very long periods.
- 3.1** A refusal or failure to take, or interference with the

process of taking, a DCT is as serious an offence as if a DCT were taken and demonstrated the presence of a prohibited substance. (See Regulation 2.5). A Cricketer who asserts that his failure to take a DCT was 'reasonable' will have the onus of proving that to the Disciplinary Panel which hears his case (See Regulation 2.1.6).

**3.2 The ECB has the power to require a cricketer to take a DCT other than in the random circumstances previously provided for, that is, to 'target' test a Cricketer.** This is a power which the ECB will not exercise unless the circumstances demand it, but the ECB will not hesitate to use it in appropriate cases.

**3.3** The ECB expects all officials of the DCT appointed by UK Sport to be treated with the same courtesy and consideration as officials of the ECB.

**4** Medicines lawfully prescribed may contain prohibited substances - you must not take them (see Schedule A). Always show the list of prohibited substances to your doctor or medical officer when obtaining a prescription and remember - the onus is on you to ensure that the prescribed medicine contains none of them. If necessary, consult your GP or Club doctor or physio-therapist and ask about alternative prescriptions which will not breach Schedule A. Further information is available from the UK Sport Drug Information Database **[www.uksport.gov.uk/did](http://www.uksport.gov.uk/did)**

**5** In order to be helpful to Cricketers, a list of permitted substances is set out in the Schedule to these Guidelines. The list is not exhaustive but you should

also be aware that medicines obtainable without prescription may contain a prohibited substance. **Keep a copy of the 'banned list' (Schedule A) and the 'safe list' (schedule of permitted medicines) to hand so that you can consult it or readily show it to your doctor.**

- 6 Cricketers are advised to pay particular attention to Schedules B and C which set out in plain language the system for notifying a Cricketer that he has been selected to give a sample and the procedure which must be followed by the Cricketer thereafter. Selection of matches and cricketers for a DCT will normally be on a random basis but whether you think you have been fairly selected or not, you are obliged to submit to a DCT when requested to do so.
- 7 The random DCT procedure for in-competition testing will involve the unannounced arrival of DCT Officials at a Ground. The home Secretary/Chief Executive and the Captains will be made aware of the DCT Officials' presence and the Captains will be invited to send observers to the random selection of cricketers for the test. Usually, two cricketers from each team will be selected - but the DCT official determines the number in any particular case. The selected cricketers will be notified as soon as practicably possible after selection, which will normally (but not always) take place during an interval. In some circumstances, cricketers may not be notified - because, for example, they are on the field of play - until a few minutes before they are due to take the test. This notification may come at an inconvenient time, or when the match is not going well and may be an unpleasant surprise. Please note, however, there is no

excuse for failing to comply with the Notice to take the DCT and if you do not take it you are liable to be dealt with as if you had been shown to have had a prohibited substance in your body.

- 8** Normally the random DCT will be either administered during playing hours or immediately after the close of play. Tests may be carried out whether there is any prospect of play or not.
- 9** The random DCT procedure for out-of-competition testing is broadly similar to that during matches and will involve the unannounced arrival of DCT officials at a Ground. The Chief Executive of the County will be made aware of the DCT officials' presence and a representative of the Club will be invited to attend the random selection of cricketers for the test. Any number of cricketers may be selected to be tested. The selected cricketers will be notified as soon as practicably possible after the selection.
- 10** At the start of the DCT the Cricketer will be asked to sign a section of the DCT control form and this will be completed by the DCT Official as the various procedures take place. The DCT Official will have a copy of the Regulations and these Guidelines if you wish to study them.
- 11** Cricketers should drink as much as possible before taking the test. Non-alcoholic, caffeine-free drinks are recommended. Broadly speaking, a DCT consists of giving a sample of urine under supervision which is then despatched for analysis at an accredited laboratory.

- 12** The precise mechanics of conducting a DCT may vary from time to time as medical science advances - please follow the instructions you are given when they conflict with these Guidelines and note that minor departures by the DCT Officials from the laid down procedures are highly unlikely to invalidate the result of a DCT.
- 13** In the event that a cricketer provides a positive test note the procedure arising under Regulation 3 and the following:
- There will be a Preliminary Hearing within five days of the result being communicated to you (which may take place anywhere in the country) at which no charges will be laid but you will have the opportunity to explain why you may have provided a positive DCT. The ECB will issue a Public Statement after the Preliminary Hearing which will simply set out the factual position and reduce the inevitable speculation (see Schedule D).
- 14** The Full Hearing date is likely to be well within the 28 days allowed by the Regulations from the date of the setting up of a Disciplinary Panel and you will note the new provisions - the Discipline Standing Committee wishes it to be known that it is now likely that a Disciplinary Panel will order the interim suspension of a player where a second test has been analysed with a positive result, that is, suspension from all cricket until the Full Hearing takes place. In some exceptional cases suspension may be ordered from the date of the Preliminary Hearing.
- 15** Cricketers are also invited to note that the Discipline Standing Committee is likely to act more leniently in the

case of a Cricketer who admits at an early stage that he has taken a prohibited substance.

- 16** Cricketers should note that any use of a prohibited substance - whether revealed through a DCT or in some other way will be treated as a serious breach of these Regulations which is liable to render the user liable to a heavy penalty and in all probability a lengthy suspension from the game. The prohibited substances are not confined to performance enhancing drugs and compounds and the Committee will not necessarily draw any distinction in terms of the penalty to be imposed between the use of a non-performance enhancing drug and one which may be performance enhancing.

### **Schedule of Permitted Medicines**

The following medicines do not contravene the Anti Doping regulations:

#### **Asthma**

medical notification:

*Formoterol, salbutamol, salmeterol and terbutaline when administered by inhalation to prevent and/or treat asthma and exercise-induced asthma/bronchoconstriction require an abbreviated Therapeutic Use Exemption.*

#### **Pain**

Local applications: Boots PR spray, algipan, ibuprofen cream, local anaesthetics (not cocaine).

Tablets: paracetamol, soluble aspirin, ibuprofen and other non-steroidal anti-inflammatory drugs e.g.

indomethacin, diclofenac, codeine, dextromethorphan, dextropropoxyphene, dihydrocodeine, difenoxylate, pholcodine, propoxetina, tramadol and ethyl-morphine.

### **Coughs and Colds:**

Otrivine nasal spray, Otrivine-Antihistina eye drops, Rynacrom nasal spray, Tinc Bex Co Inhalation, Vick's Inhaler, Karvol Inhalation, Beecham's Powders (not Extra), Menthol and Eucalyptus Inhalation, Meggezone pastilles.

**Note:** Other decongestants are now permitted provided they are taken in medicinal doses, such as ephedrine, pseudoephedrine, etilefine, phenylpropanolamine and phenylephrine.

### **Coughs:**

Dry:	Simple linctus, Pholcodine, Mucolax, Codeine linctus
Chesty:	Fabrol, Benylin Chesty Cough
Hayfever:	Triludan, Piriton, Clarityn, Hismanal, Penergana, Tavegil
Sore Throats:	Dequadin lozenges, TCP lozenges, Chloraseptic spray, Strepsils, Merocets, Tyrozets.

### **Gastrointestinal tract:**

Diarrhoea:	Loperamide 2mg, Celevac, Kaopectate, products containing electrolytes e.g. Dioralyte.
Constipation:	Senna tablets, Regularan sachets, glycerol suppositories, Bisocodyl

tablets

Acidity: Magnesium trisilicate mixture,  
Actal, Asilone, Aluminium hydroxide  
gel, Gavescon, cimetadine, raniti  
tidine, omiprazol

Some of these drugs are available over the counter,  
other drugs require prescription.

# Anti-Doping Regulations

## 1 Application

The Regulations apply to all Cricketers playing, or a member of a squad selected to play, in any match at any level, controlled by, or held under the auspices of, the ECB, and to all others subject to the ECB's jurisdiction.

## 2 Doping Control Tests

### 2.1 Random Sampling Requirements

In the knowledge of recommendations made by the UK Sports Council, the ECB has instituted random urine sampling of Cricketers (Doping Control Test: DCT) to test for the presence of any prohibited substance in the body. Those substances prohibited are set out in Schedule A.

2.1.1 A Cricketer is required to submit to a Doping Control Test (DCT) if notified in writing in approved form (see Schedule B) of such requirement.

2.1.2 A Cricketer is required to follow the procedures for such DCT as laid down in Schedule C.

2.1.3 A Cricketer may not:

- a) act in any way calculated to delay or defeat the proper administration of a DCT, and/or
- b) knowingly do anything which may adversely affect his ability to participate in or provide an unadulterated sample for a DCT, and/or
- c) do anything which is calculated to influence the

integrity of any sample given or due to be given.

2.1.4 A Cricketer failing to meet either or both of the requirements of Regulations 2.1.1 and 2.1.2 above and/or acting in breach of Regulation 2.1.3 shall have the fact reported to the Chief Executive of the ECB and he shall refer such conduct and/or breach to the Chairman (or in his absence a Deputy Chairman) of the Discipline Committee of the ECB as a 'Complaint' as defined in Regulation 3.1 of the Discipline Standing Committee Regulations, which shall thereafter be dealt with as provided for by those Regulations.

2.1.5 Any proven breach of Regulations 2.1.1, 2.1.2 or 2.1.3 a, b and c above shall each be a separate breach of the ECB's Anti Doping Regulations and any Disciplinary Panel or Appeal Panel hearing such complaint shall have the same powers in relation to penalty as if the Cricketer had used a prohibited substance.

2.1.6 In a case where there is a proven breach of Regulations 2.1.1, 2.1.2 or 2.1.3, above and the cricketer seeks to put forward a reasonable excuse for such breach, the onus shall be on the cricketer to establish such reasonable excuse on the balance of probabilities.

## 2.2 Target Sampling Requirements

2.2.1 The ECB may require a Cricketer to undertake a DCT (or more than one) at such times and places as the ECB may reasonably determine to test for the presence of any prohibited substance in the body. Those substances prohibited are set out in Schedule A. Save that the provisions of paragraph 1 of Schedule C shall not apply, the provisions of Regulations 2.1.1 - 2.1.6

above inclusive shall apply to any DCT required under this Regulation.

### **3 Doping Control Tests - Results**

Every DCT urine example shall be analysed and a signed written result of such analysis shall be sent to the ECB as soon as reasonably practicable thereafter.

- 3.1 The provision by a Cricketer of a sample of urine, pursuant to a DCT, which contains any prohibited substance (as defined in Schedule A) shall constitute an offence contrary to these Regulations, save in any case where any second sample tested is recorded a negative as defined in 3.2 herein.
- 3.2 In any case in which analysis of the DCT demonstrates the presence of no prohibited substance in the urine sample, the Cricketer and his County Secretary/Chief Executive will be notified of that fact and the test recorded as negative.
- 3.3 In any case in which analysis of the DCT proves positive, (that is, the laboratory analysis as carried out by such WADA accredited laboratory as has been designated by the ECB from time to time shows that the urine sample contains at least one prohibited substance), the following procedure shall be followed:
  - 3.4 Upon receipt by the ECB of such result, the ECB shall regard such result as a 'Complaint' as defined by Regulation 3.1 of the Discipline Regulations, and shall forthwith orally and in writing notify:
    - 3.4.1 The Cricketer.

3.4.2 His County Secretary/Chief Executive.

3.4.3 The Chairman (or in his absence a Deputy Chairman) of the Discipline Standing Committee of the ECB.

that the Cricketer has tested positive and the type of prohibited substance said to be present in the sample.

3.5 Within three days of being so notified, the Chairman of the Discipline Standing Committee shall appoint a Disciplinary Panel and thereafter the procedures set out in Regulation 6 and the penalty and costs available as set out in Regulation 7 (and where subsequently appropriate, the Appeal procedure as set out in Regulation 8) of the Discipline Regulations shall take effect save that:

3.5.1 the hearing date envisaged under Regulation 6.3 shall be arranged for not later than 28 days from the date of appointment of a Disciplinary Panel and shall be fixed at the Preliminary Hearing;

3.5.2 a Preliminary Hearing (to which the Cricketer shall be summoned) shall be fixed by the Chairman of the Panel for a date within five days of the appointment of the Disciplinary Panel, which shall consider the following in the light of any information, admission or submission made by, or on behalf of the Cricketer or the ECB;

a) Such arrangements as may be necessary for the analysis of the second urine sample; (should such an analysis be ordered, the procedures for analysing and receiving the result of such analysis shall be identical to those relating to the first, but the Cricketer shall have the right to be present or be represented at the second analysis)

- b) Such arrangements (for any subsequent hearing) by way of the obtaining of expert or other evidence as the Panel may deem appropriate in all the circumstances of the case
- c) the question of whether any interim suspension from playing any or all cricket held under the control or auspices of the ECB be imposed pending the second analysis result and/or any full Disciplinary Panel hearing.

3.6 It shall be open to a Disciplinary Panel at a Preliminary Hearing to invite the Cricketer's response to the positive result of the DCT, but any failure to respond at that stage shall not be capable of being construed as evidence against the Cricketer.

3.7 Following a decision taken at a Preliminary Hearing to refer the matter to a Full Disciplinary Panel Hearing, the ECB shall issue a public statement in the form set out at Schedule D.

3.8 No charges shall be brought at the Preliminary Hearing and should a second test be ordered which subsequently proves negative, the cricketer shall be notified of that fact and that proceedings are thereby terminated and the ECB shall forthwith issue a statement to that effect. In such circumstances, no full hearing of the Disciplinary Panel shall take place.

#### **4 Prohibited Substances**

It shall be an offence under these Regulations for any Cricketer knowingly to use any prohibited substances as set out in Schedule A.

- 4.1 Any Cricketer deliberately taking any medication or preparation containing a prohibited substance shall be deemed to know that it did contain such substance at the time of taking it.
- 4.2 Any criminal conviction relating to the use of such prohibited substance shall be regarded as incontrovertible proof that the cricketer has knowingly used such substance.
- 4.3 Any complaint arising from breach of Regulation 4 shall be referred to the Chief Executive of the ECB and the procedures set out in the Discipline Standing Committee Regulations shall then apply.

## **5 Therapeutic Use Exemptions**

- 5.1 A Cricketer's physician may request prior permission to use for valid medical reasons a Prohibited Substance or Prohibited Doping Method. Therapeutic Use Exemptions (TUE) will not normally be granted in cases of acute disease and never when sporting activity may be hazardous to the cricketer. The procedure is as follows:
- 5.2 A Cricketer's physician must submit a request for TUE to UK Sport as soon as there is a medical recommendation to use a Prohibited Substance or a Prohibited Doping Method.
- 5.3 A TUE must provide all information concerning the history and medical records of the condition or illness to be supplied by the Cricketer's treating physician. The request must be supported by a statement from a qualified physician setting out the reasons why the

administration of a Prohibited Substance or use of a Prohibited Doping Method is necessary for the health of the cricketer. It must also contain the dosage and duration of medication, as well as an explanation as to why a non-listed drug cannot be used.

- 5.4 A TUE will not be effective until the cricketer and the cricketer's physician are notified in writing.

It should be emphasised that only prior exemption is contemplated by this Regulation 5. Exemption will not be granted after a Prohibited Substance has been found to be present in a sample provided by a cricketer. Any such substance so found will be regarded as a breach of the Anti-Doping Regulations and treated accordingly.

## **6 Assisting, Inciting, Encouraging Breaches**

Any person or body subject to the jurisdiction of the ECB who knowingly assists and/or encourages and/or incites a Cricketer to commit any breach of the Anti Doping Regulations, himself commits an offence for which he is liable to be referred to the Discipline Committee by way of complaint and subsequently dealt with by way of the procedures set out under the Discipline Standing Committee Regulations.

## **7 Miscellaneous**

These Regulations give a Disciplinary Panel at any Preliminary or subsequent Hearing the power to order interim suspension upon any cricketer for any period between the Preliminary Hearing and any subsequent hearing of a complaint brought under these Regulations.

# Schedule A

## *The 2005 WADA Prohibited List*

### **SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES (IN- AND OUT- OF-COMPETITION)**

#### ***Prohibited Substances***

## **S1 ANABOLIC AGENTS**

*Anabolic agents are prohibited.*

### **1 Anabolic Androgenic Steroids (AAS)**

#### **a Exogenous\* AAS, including:**

**18 $\alpha$ -homo-17 $\beta$ -hydroxyestr-4-en-3-one; bolasterone; boldenone; boldione; calusterone; clostebol; danazol' dehydrochloromethyltestosterone; delta1-androstene-3, 17-dione; delta1-androstenediol; delta1-dihydro-testosterone; drostanolone; ethylestrenol; fluosymesterone; formebolone; furazabol; gestrinone; 4-hydroxytestosterone; 4-hydroxy-19-nortestosterone; mestanolone; mesterolone; metenolone; methandienone; methandriol; methyldienolone; methyltrienolone; methyltestosterone; mibolerone; nandrolone; 19-norandrostenediol; 19-norandrostenedione; norbolethone; norclostebol; nerethandrolone; oxabolone; oxandrolone; oxytestosterone; oxymetholone; quinbolone; stanozolol; stenbolone; tetrahydrogestrinone; trenbolone and other substances with a similar chemical structure or**

similar biological effect(s).

b Endogenous\*\* AAS:

**androstenediol (androst-5-ene-3 $\beta$ , 17 $\beta$ -diol); androstenedione (androst-4-ene-3, 17-dione); dehydroepiandrosterone (DHEA); dihydrotestosterone;**

and the following metabolites and isomers:

**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; 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; 4-androstenediol (androst-4-ene-3 $\beta$ , 17 $\beta$ -diol); 5-androstenedione (androst-5-ene-3, 17-dione); epi-dihydrotestosterone; 3 $\alpha$ -hydroxy-5 $\alpha$ -androstan-17-one; 3 $\beta$ -hydroxy-5 $\alpha$ -androstan-17one; 19-norandrosterone; 19-noretiocholanolone.**

Where a Prohibited Substance (as listed above) is capable of being produced by the body naturally, a Sample will be deemed to contain such Prohibited Substance where the concentration of the Prohibited Substance or its metabolites or markers and/or any other relevant ratio(s) in the Athlete's Sample so deviates from the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. A Sample shall not be deemed to contain a Prohibited Substance in any such case where the Athlete proves by evidence that the concentration of the Prohibited Substance or its metabolites or markers

*and/or the relevant ratio(s) in the Athlete's Sample is attributable to a physiological or pathological condition. In all cases, and at any concentration, the laboratory will report an Adverse Analytical Finding if, based on any reliable analytical method, it can show that the Prohibited Substance is of exogenous origin.*

*If the laboratory result is not conclusive and not concentration as referred to in the above paragraph is found, the relevant Anti-Doping Organization shall conduct a further investigation if there are serious indications, such as a comparison to reference steroid profiles, for a possible Use of a Prohibited Substance.*

*If the laboratory has reported the presence of a T/E ratio greater than four (4) to one (1) in the urine, further investigation is obligatory in order to determine whether the ratio is due to a physiological or pathological condition, except if the laboratory reports an Adverse Analytical Finding based on any reliable analytical method, showing that the Prohibited Substance is of exogenous origin.*

*In case of an investigation, it will include a review of any previous and/or subsequent tests. If previous tests are not available, the Athlete shall be tested unannounced at least three times within a three month period.*

*Should the Athlete fail to cooperate in the investigations, the Athlete's Sample shall be deemed to contain a Prohibited Substance.*

## **2 Other Anabolic Agents, included but not limited to:**

***Clenbuterol, zeranol, zilpaterol.***

*For the purposes of this section:*

*\*"exogenous" refers to a substance which is not capable of being produced by the body naturally.*

*\*\*"endogenous" refers to a substance which is capable of being produced by the body naturally.*

## **S2 HORMONES AND RELATED SUBSTANCES**

*The following substances, including other substances with a similar chemical structure or similar biological effect(s), and their releasing factors, are prohibited:*

- 1 Erythropoietin (EPO);**
- 2 Growth Hormone (hGH), Insulin-like Growth Factor (IGF-1), Mechano Growth Factors (MGFs);**
- 3 Gonadotrophins (LH, hGH);**
- 4 Insulin**
- 5 Corticotrophins.**

*Unless the Athlete can demonstrate that the concentration was due to a physiological or pathological condition, a Sample will be deemed to contain a Prohibited Substance (as listed above) where the concentration of the Prohibited Substance or its metabolites and/or relevant ratios or markers in the Athlete's Sample so exceeds the range of values normally found in humans so that it is unlikely to be consistent with normal endogenous production.*

*The presence of other substances with a similar chemical structure or similar biological effect(s), diagnostic marker(s) or releasing factors of a hormone*

*listed above or of any other finding which indicate(s) that the substance detected is of exogenous origin, will be reported as an Adverse Analytical Finding.*

### **S3 BETA-2 AGONISTS**

*All beta-2 agonists including their D- and L-isomers are prohibited. Their use requires a Therapeutic Use Exemption.*

*As an exception, formoterol, salbutamol, salmeterol and terbutaline, when administered by inhalation to prevent and/or treat asthma and exercise-induced asthma/broncho-constriction require an abbreviated Therapeutic Use Exemption.*

*Despite the granting of a Therapeutic Use Exemption, when the Laboratory has reported a concentration of salbutamol (free plus glucuronide) greater than 1000 ng/mL, this will be considered as an Adverse Analytical Finding unless the athlete proves that the abnormal result was the consequence of the therapeutic use of inhaled salbutamol.*

### **S4 AGENTS WITH ANTI-ESTROGENIC ACTIVITY**

*The following classes of anti-estrogenic substances are prohibited:*

- 1 Aromatase inhibitors including, but not limited to, anastrozole, letrozole, aminoglutethimide, exemestane, formestane, 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.*

## **S5 DIURETICS AND OTHER MASKING AGENTS**

*Diuretics and other masking agents are prohibited.*

*Masking agents include but are not limited to:*

***Diuretics\**, epitestosterone, probenecid, alpha-reductase inhibitors (e.g. finasteride, dutasteride), plasma expanders (e.g. albumin, dextran, hydrox-ethyl starch).**

*Diuretics include:*

***acetazolamide, amiloride, bumetanide, canrenone, chlortalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. bendorflumethiazide, chlorothiazide, hydrochlorothiazide), triamterene, and other substances with a similar chemical structure or similar biological effect(s).***

*\*A Therapeutic Use Exemption is not valid if an Athlete's urine contains a diuretic in association with threshold or sub-threshold levels of a Prohibited Substance(s).*

# **PROHIBITED METHODS**

## **M1 ENHANCEMENT OF OXYGEN TRANSFER**

*The following are prohibited:*

- a *Blood doping. Blood doping is the use of autologous, homologous or heterologous blood or red blood cell products of any origin, other than for medical treatment.*
- b *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, microencapsulated haemoglobin products).*

## **M2 CHEMICAL AND PHYSICAL MANIPULATION**

*The following is prohibited:*

*Tampering, or attempting to tamper, in order to alter the integrity and validity of Samples collected in Doping Controls.*

*These include but are not limited to intravenous infusions\*, catheterisation, and urine substitution.*

*\*Except as a legitimate acute medical treatment, intravenous infusions are prohibited.*

## **M3 GENE DOPING**

*The non-therapeutic use of cells, genes, genetic elements or the modulation of gene expression, having the capacity to enhance athletic performance, is prohibited.*

# SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION

*In addition to the categories S1 to S5 and M1 to M3 defined above, the following categories are prohibited in competition:*

## PROHIBITED SUBSTANCES

### S6 STIMULANTS

*The following stimulants are prohibited, including both their optical (D- and L-) isomers where relevant:*

*Adrafinil, amfepramone, amiphenazole, amphetamine, amphetaminil, benzphetamine, bromantan, carphedon, cathine\*, clobenzorex, cocaine, dimethylamphetamine, ephedrine\*\*, etilamphetamine, etilefrine, famprofazone, fencamfamin, fencamine, fenetylline, fenfluramine, fenproporex, furfenorex, mefenorex, mephentermine, mesocarb, methamphetamine, methylamphetamine, methylenedioxyamphetamine, methylenedioxymethamphetamine, methylephedrine\*\*, methylphenidate, modafinil, nikethamide, norfenfluramine, parahydroxyamphetamine, pemoline, phendimetrazine, phenmetrazine, phentermine, prolintane, selegiline, strychnine, and other substances with similar chemical structure or similar biological effect(s)\*\*\*.*

*\* **Cathine** is prohibited when its concentration in urine is greater than 5 micrograms per millilitre.*

*\*\* Each of **ephedrine** and **methylephedrine** is prohibited when its concentration in urine is greater than 10 micrograms per millilitre.*

*\*\*\* The substances included in the 2005 Monitoring Programme (bupropion, caffeine, phenylephrine, phenyl-*

*propranolamine, pipradrol, pseudoephedrine, synephrine) are not considered as Prohibited Substances.*

*NOTE: Adrenaline associated with local anaesthetic agents or by local administration (e.g. nasal, ophthalmologic) is not prohibited.*

## **S7 NARCOTICS**

*The following narcotics are prohibited:*

***buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.***

## **S8 CANNABINOIDS**

*Cannabinoids (e.g. hashish, marijuana) are prohibited.*

## **S9 GLUCOCORTICOSTEROIDS**

*All glucocorticosteroids are prohibited when administered orally, rectally, intravenously or intramuscularly. Their use requires a Therapeutic Use Exemption approval.*

*All other routes of administration require an abbreviated Therapeutic Use Exemption.*

*Dermatological preparations are not prohibited.*

## **SPECIFIED SUBSTANCES\***

*"Specified Substances"\* are listed below:*

*Ephedrine, L-methylamphetamine, methylephedrine.*

*Cannabinoids.*

*Inhaled Beta-2 Agonists (except clenbuterol).*

*Probenecid*

*All Glucocorticosteroids*

*All Beta Blockers*

*Alcohol*

*"The Prohibited List may identify specified substances which are particularly susceptible to unintentional anti-doping rule violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents." A doping violation involving such substances may result in a reduced sanction provided that the... "Athlete can establish that the Use of such a specified substance was not intended to enhance sport performance..."*

# PROHIBITED METHODS

## Schedule B

### Notice of Doping Control Test (DCT)

A Notice shall be in approved form which specifies:

- The name of the Cricketer
- The date, time and place of the DCT, which is signed by a duly authorised DCT Official or other person authorised in writing to act on behalf of the ECB in this capacity.

## Schedule C

### Procedure for a DCT

Upon receipt of such Notice as is specified in Schedule B the Cricketer must comply with all instructions contained therein and with those given to him by the authorised DCT officials.

- 1 A DCT may take place (i) In competition at any time between two hours before the scheduled commencement and two hours after the scheduled close of play for the day of the match selected, whether or not there is any prospect of play taking place; or (ii) out of competition.
- 2 A Cricketer selected for a DCT must attend at the appointed place at the appointed time and identify himself to a DCT official.
- 3 A DCT Control form will be completed as the test progresses which the Cricketer will be asked to confirm from time to time.
- 4 The Cricketer shall select a collecting vessel from those provided and, accompanied by a DCT Official, at a

convenient place shall provide at least such minimum quantity of urine in the vessel as the DCT shall from time to time require.

- 5 Either the Cricketer, or if the Cricketer wishes, a DCT Official, shall put the sample into two labelled bottles provided for the DCT which shall be used for the first and second tests as necessary. These bottles must be sealed, either by the Cricketer or at his election, by the DCT Official. The Cricketer must be present whilst these procedures are carried out.
- 6 The Cricketer is required to sign the DCT control form and confirm that the procedure has been followed to his satisfaction and if it has not, to state his reasons. IF the DCT Official accepts the reasons, he may require the Cricketer to undertake the procedure again from the beginning and such sample shall be selected for analysis in place of any taken during the first testing. Failure or refusal by the Cricketer to sign the form, or state reasons for dissatisfaction with the procedure shall not of itself invalidate the result.
- 7 A signed DCT form without notification of dissatisfaction shall be conclusive proof that the DCT test was carried out to the Cricketer's satisfaction.
- 8 Any DCT carried out where the Cricketer does not sign the form and/or states reasons for dissatisfaction shall be reported to the ECB who shall determine whether the test result is thereby affected.
- 9 The Cricketer shall receive a copy of the DCT control form.
- 10 The sample shall be sent for analysis to such accredited laboratory as the ECB may from time to time designate.
- 11 Any Disciplinary or Appeal Panel shall be entitled to disregard departures from the above procedures if satisfied that they would have had no significant adverse effect upon the DCT result and did not adversely prejudice any right of the Cricketer which would have been his but for the departure from the stated practice.

## Schedule D - Public Statement

The Public Statement shall be in this form:

At a Preliminary Hearing of a Disciplinary Panel held at ..... on..... (date), Mr .....(cricketer) was formally notified that a DCT test of a sample of his urine taken on .....(date) had proved positive in that the sample was shown to have contained..... (prohibited substance).

(and a-d where appropriate)

- a The Cricketer has admitted that he used the substance and alleges that he did so in the following circumstances (brief summary).
- b The Disciplinary Panel has ordered that the second sample of urine be tested and has provisionally set the date of ..... for a Full Hearing.
- c The Disciplinary Panel has ordered the Cricketer's interim suspension from the game from now until the Full Hearing (this may be issued as a separate statement following a second positive DCT if appropriate).
- d The Disciplinary Panel wishes to emphasise the fact that no charge has been brought against the Cricketer at this time and until the result of the second test is known it should not be assumed that the Cricketer has used any Prohibited Substance.