



**Memo To:** IIHF Council  
IIHF Member National Associations  
IIHF Medical Committee Members  
IIHF Medical Supervisors  
IIHF Directorate Chairmen  
N/A Chief Medical Officers

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**From:** Dave Fitzpatrick

**Date:** Friday September 21, 2001

**Subject:** IOC List of Prohibited Classes of Substances & Prohibited Methods

Dear Friends,

Further to our March 26<sup>th</sup> letter concerning the IOC List of Prohibited Classes of Substances and Prohibited Methods, we are writing to all member national associations and those listed above to provide the latest such list for our use in IIHF competitions. This list will remain in effect until December 31, 2002.

Please distribute this latest document to all members within your national association who are or will be working with your athletes and your teams. Please ensure that your national teams participating in IIHF competitions are aware of this revised listing of banned substances and methods. This list supersedes any list previously distributed for IIHF Doping Controls.

As per the IIHF Doping Control Regulations, we will follow this *IOC Prohibited Classes of Substances and Prohibited Methods List (September 2001)* except *Classes of Prohibited Substances in Certain Circumstances - Cannabinoids and Beta-blockers*, when performing Doping Control at our IIHF Championship events.

We thank you for your continued co-operation as we collectively strive to ensure that this great game is played in a safe and fair environment.

Regards,

Dave Fitzpatrick  
Sport Director  
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Enclosure



CITIUS - ALTIUS - FORTIUS

INTERNATIONAL OLYMPIC COMMITTEE

To: IOC Medical Commission Members  
Presidents of National Olympic Committees  
Heads IOC Accredited Laboratories  
International Olympic Sports Federations  
Recognised International Federations  
WADA  
Council of Europe

Lausanne, 29<sup>th</sup> May 2001

Ref. : ME/C/LAB/F/Fr/164/2001/sch

Re : IOC and WADA adopt a common list

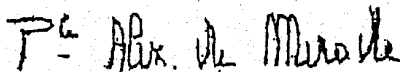
Mr President,  
Dear Colleague,  
Madam, Sir,

During its meeting of 15 May 2001, the Executive Board of the International Olympic Committee, upon recommendation of the Board of the World Anti Doping Agency (Chapter VII - article 2 of the Olympic Movement Anti-doping Code) and in agreement with the IOC Medical Commission has approved the enclosed list of prohibited classes of substances and prohibited methods which substitutes Appendix A of the Olympic Movement Anti-doping Code.

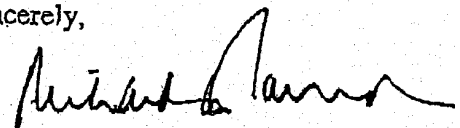
This list will enter into force on 1 September 2001, three months after the International Federations and the National Olympic Committees have been notified and will remain valid at least until 31 December 2002. The IOC list published on 1 April 2000 is still into force until 31 August 2001.

Any amendments to the list published by the IOC on 1 April 2000 are mentioned in the explanatory note enclosed.

Yours sincerely,



Prince Alexandre de MERODE  
Chairman IOC Medical Commission



Richard W. POUND Q.C.  
WADA Chairman

Enc.



CITIUS - ALTIUS - FORTIUS

INTERNATIONAL OLYMPIC COMMITTEE

To: IOC Medical Commission Members  
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Lausanne, 29<sup>th</sup> May 2001

Ref. : ME/C/LAB/F/Fr/163/2001/sch

Re : Explanatory document on the IOC List of Prohibited Substances and Prohibited Methods 2001 - 2002

1. **Beta 2 Agonists**

At the Olympic Games, athletes who require an inhaled beta 2 agonist to treat asthma and/or exercise-induced bronchoconstriction (exercise-induced 'asthma') in Salt Lake City will be required to submit to the IOC-MC clinical and laboratory (including respiratory function tests) evidence that justifies such treatment. This must be received by the IOC-MC at least one week prior to the athlete's first competition. A panel of scientific and medical experts will review the submitted information. In doubtful cases, the panel has the authority to perform appropriate scientifically validated tests

Inhaled formoterol and terbutaline are permitted with notification prior to the competition.

2. **Blood doping**

The definition of blood doping as stated in the Olympic Movement Anti-Doping Code is included in the list.

3. **Glucocorticosteroids**

Glucocorticosteroids administered by local or intra-articular injection remain permitted, but International Federations may require written notification of such injection.

4. **Expanded list of examples**

Bupropion : is added on this list as a prohibited stimulant.

Aromatase inhibitors\* : is added to the list and are prohibited in males only.

*P<sup>ce</sup> Alex. de Mero de*

Prince Alexandre de MERODE  
Chairman, IOC Medical Commission

SUBSTITUTES APPENDIX A OF THE OMAC 1999

OLYMPIC MOVEMENT ANTI-DOPING CODE  
APPENDIX A

PROHIBITED CLASSES OF SUBSTANCES AND PROHIBITED METHODS  
2001-2002

1 September 2001

I. PROHIBITED CLASSES OF SUBSTANCES

A. Stimulants

Prohibited substances in class (A) include the following examples:

amineptine, amiphenazole, amphetamines, bromantan, caffeine\*,  
carphedon, cocaine, ephedrines\*\*, fencamfamin, formoterol \*\*\*, mesocarb,  
pentetrazol, pipradrol, salbutamol\*\*\*, salmeterol\*\*\*, terbutaline\*\*\*,  
... and related substances.

\* For caffeine the definition of a positive is a concentration in urine greater than  
12 micrograms per millilitre.

\*\* For cathine, the definition of a positive is a concentration in urine greater than 5  
micrograms per millilitre. For ephedrine and methylephedrine, the definition of a positive is a  
concentration in urine greater than 10 micrograms per millilitre. For phenylpropanolamine and  
pseudoephedrine, the definition of a positive is a concentration in urine greater than  
25 micrograms per millilitre.

\*\*\* Permitted by inhaler only to prevent and/or treat asthma and exercise-induced asthma.  
Written notification by a respiratory or team physician that the athlete has asthma and/or  
exercise-induced asthma, is necessary to the relevant medical authority prior to competition. At  
the Olympics Games, athletes who request permission to inhale a permitted beta agonist will be  
assessed by an independent medical panel.

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

B. Narcotics

Prohibited substances in class (B) include the following examples:

buprenorphine, dextromoramide, diamorphine (heroin), methadone,  
morphine, pentazocine, pethidine,  
... and related substances.

NOTE: codeine, dextromethorphan, dextropropoxyphene, dihydrocodeine, diphenoxylate, ethylmorphine, pholcodine, propoxyphene and tramadol are permitted.

### C. Anabolic agents

Prohibited substances in class (C) include the following examples:

#### 1. Anabolic androgenic steroids

a.  
clostebol, fluoxymesterone, metandienone, metenolone, nandrolone, 19-norandrostenediol, 19-norandrostenedione, oxandrolone, stanozolol, ... and related substances.

b.  
androstenediol, androstenedione, dehydroepiandrosterone (DHEA), dihydrotestosterone, testosterone\*, ... and related substances.

Evidence obtained from metabolic profiles and/or isotopic ratio measurements may be used to draw definitive conclusions.

\* 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.

In the case of T/E greater than 6, 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.

#### 2. Beta-2 agonists

bambuterol, clenbuterol, fenoterol, formoterol\*, reproterol, salbutamol\*, salmeterol\*, terbutaline\*, ... and related substances.

\*Authorized by inhalation as described in Article (I.A.).

For salbutamol the definition of a positive under the anabolic agent category is a concentration in urine greater than 1000 nanograms per millilitre.

#### D. Diuretics

Prohibited substances in class (D) include the following examples:

**acetazolamide, bumetanide, chlortalidone, etacrynic acid, furosemide, hydrochlorothiazide, mannitol\*, mersalyl, spironolactone, triamterene, ... and related substances.**

\* Prohibited by intravenous injection.

#### E. Peptide hormones, mimetics and analogues

Prohibited substances in class (E) include the following examples and their analogues and mimetics:

1. **Chorionic Gonadotrophin (hCG)** prohibited in males only;
2. **Pituitary and synthetic gonadotrophins (LH)** prohibited in males only;
3. **Corticotrophins (ACTH, tetracosactide)**;
4. **Growth hormone (hGH)**;
5. **Insulin-like Growth Factor (IGF-1)**;

and all the respective releasing factors and their analogues;

6. **Erythropoietin (EPO)**;

7. **Insulin**;

permitted only to treat athletes with certified insulin-dependent diabetes. Written certification of insulin-dependent diabetes must be obtained from an endocrinologist or team physician.

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

The following procedures are prohibited:

1. **Blood doping** : means the administration of blood, red blood cells and/or related blood products to an athlete, which may be preceded by withdrawal of blood from the athlete, who continues to train in such a blood-depleted state.
2. **Administering artificial oxygen carriers or plasma expanders**;
3. **Pharmacological, chemical and physical manipulation.**

### III. CLASSES OF PROHIBITED SUBSTANCES IN CERTAIN CIRCUMSTANCES

#### A. Alcohol

Where the rules of a responsible authority so provide, tests will be conducted for ethanol.

#### B. Cannabinoids

Where the rules of a responsible authority so provide, tests will be conducted for cannabinoids (e.g. Marijuana, Hashish). At the Olympic Games, tests will be conducted for cannabinoids. A concentration in urine of 11-nor-delta 9-tetrahydrocannabinol-9-carboxylic acid (carboxy-THC) greater than 15 nanograms per millilitre constitutes doping.

#### C. Local anaesthetics

Injectable local anaesthetics are permitted under the following conditions:

- a. bupivacaine, lidocaine, mepivacaine, procaine, and related substances, can be used but not cocaine. Vasoconstrictor agents may be used in conjunction with local anaesthetics;
- b. only local or intra-articular injections may be administered;
- c. only when medically justified.

Where the rules of a responsible authority so provide, notification of administration may be necessary.

#### D. Glucocorticosteroids

The systemic use of glucocorticosteroids is prohibited when administered orally, rectally, or by intravenous or intramuscular injection.

When medically necessary, local and intra-articular injections of glucocorticosteroids are permitted. Where the rules of a responsible medical authority so provide, notification of administration may be necessary.

#### E. Beta-blockers

Prohibited substances in class (E) include the following examples:

acebutolol, alprenolol, atenolol, labetalol, metoprolol, nadolol, oxprenolol,  
propranolol, sotalol,  
... and related substances.

Where the rules of a responsible authority so provide, tests will be conducted for beta-blockers.

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

caffeine	> 12 micrograms/millilitre
carboxy-THC	> 15 nanograms/millilitre
cathine	> 5 micrograms / millilitre
ephedrine	> 10 micrograms / millilitre
epitestosterone	> 200 nanograms / millilitre
methylephedrine	> 10 micrograms / millilitre
morphine	> 1 microgram / millilitre
19-norandrosterone	> 2 nanograms /millilitre in males
19-norandrosterone	> 5 nanograms/millilitre in females
phenylpropanolamine	> 25 micrograms / millilitre
pseudoephedrine	> 25 micrograms / millilitre
salbutamol	
(as stimulant)	> 100 nanograms/millilitre
(as anabolic agent)	>1000 nanograms/millilitre
T/E ratio	> 6

#### IV. OUT-OF-COMPETITION TESTING

Unless specifically requested by the responsible authority, out-of-competition testing is directed solely at prohibited substances in class I.C. (Anabolic Agents), I.D. (Diuretics), I.E. (Peptide Hormones, Mimetics and Analogues), and II (Prohibited Methods).



**LIST OF EXAMPLES OF PROHIBITED SUBSTANCES  
AND PROHIBITED METHODS**

CAUTION: This is not an exhaustive list of prohibited substances. Many substances that do not appear on this list are considered prohibited under the term "and related substances".

Athletes must ensure that any medicine, supplement, over-the-counter preparation or any other substance they use does not contain any Prohibited Substance.

STIMULANTS:

amineptine, amfepramone, amiphenazole, amphetamine, bambuterol, bromantan, bupropion, caffeine, carphedon, cathine, cocaine, cropropamide, crotethamide, ephedrine, etamivan, etilamphetamine, etilefrine, fencamfamin, fenetylline, fenfluramine, formoterol, heptaminol, mefenorex, mephentermine, mesocarb, methamphetamine, methoxyphenamine, methylenedioxyamphetamine, methylephedrine, methylphenidate, nikethamide, norfenfluramine, parahydroxyamphetamine, pemoline, pentetrazol, phendimetrazine, phentermine, phenylephrine, phenylpropanolamine, pholedrine, pipradrol, prolintane, propylhexedrine, pseudoephedrine, reproterol, salbutamol, salmeterol, selegiline, strychnine, terbutaline,

NARCOTICS:

buprenorphine, dextromoramide, diamorphine (heroin), hydrocodone, methadone, morphine, pentazocine, pethidine,

ANABOLIC AGENTS :

androstenediol, androstenedione, bambuterol, boldenone, clenbuterol, clostebol, danazol, dehydrochlormethyltestosterone, dehydroepiandrosterone (DHEA), dihydrotestosterone, drostanolone, fenoterol, fluoxymesterone, formebolone, formoterol, gestrinone, mesterolone, metandienone, metenolone, methandriol, methyltestosterone, mibolerone, nandrolone, 19-norandrostenediol, 19-norandrostenedione, norethandrolone, oxandrolone, oxymesterone, oxymetholone, reproterol, salbutamol, salmeterol, stanozolol, terbutaline, testosterone, trenbolone,

DIURETICS

acetazolamide, bendroflumethiazide, bumetanide, canrenone, chlortalidone, ethacrynic acid, furosemide, hydrochlorothiazide,

indapamide, mannitol (by intravenous injection), mersalyl,  
spironolactone, triamterene,

#### MASKING AGENTS

bromantan, diuretics (see above), epitestosterone, probenecid,

#### PEPTIDE HORMONES, MIMETICS AND ANALOGUES

ACTH, erythropoietin (EPO), hCG\*, hGH, insulin, LH\*, clomiphene\*,  
cyclofenil\*, tamoxifen\*, aromatase inhibitors\*

\* prohibited in males only

#### BETA BLOCKERS

acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, carteolol,  
celiprolol, esmolol, labetalol, levobunolol, metipranolol, metoprolol,  
nadolol, oxprenolol, pindolol, propranolol, sotalol, timolol.