



WE CARE ABOUT FOOTBALL

Union des associations européennes de football



No.025

TO UEFA MEMBER ASSOCIATIONS

For the attention of
the President and the General Secretary

TO CLUBS TAKING PART IN UEFA
COMPETITIONS

Your reference	Your correspondence of	Our reference	Date
		KCDAD/MAC/vou	12.05.2009

2009 UEFA ANTI-DOPING REGULATIONS AND 2009 WADA PROHIBITED LIST

Dear Sir or Madam,

Please find enclosed the 2009 edition of the UEFA Anti-Doping Regulations, which have been harmonised with those of FIFA and the World Anti-Doping Agency (WADA).

These regulations apply for in- and out-of-competition controls and came into force on 1 January 2009 (as already announced in circular letter No. 3 /2009).

Also enclosed is an anti-doping folder, which contains important information for your association or club, to enable them to take the necessary anti-doping measures.

Responsibility

Given the disciplinary consequences that a player could face in the event of an anti-doping rule violation, we would strongly recommend that your head team doctor organises an information session for the club staff, his medical staff and, last but not least, the players themselves, since this subject concerns them in particular.

Player leaflet

To help you organise this information session for your players, the UEFA Anti-Doping Unit has produced a new leaflet for the forthcoming season warning players about the risks and dangers of doping.

All players must be fully informed about the risks involved in taking any form of medication or food supplement. Players should also be aware that doping controls can be carried out at any time, both in and out of competition.

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The leaflet deals with the most important anti-doping issues that players should know about. It is written in a straightforward and comprehensible style. Seven language versions are available: English, French, German, Italian, Portuguese, Russian and Spanish.

If you need additional player leaflets, please do not hesitate to contact us.

2009 Anti-Doping Regulations

The amendments related to the 2009 WADA Prohibited List and TUEs are explained below and in the enclosures. The main changes made in order to comply with the World Anti-Doping Code are as follows:

2.01a-h and 3.02

- Amendments regarding anti-doping rule violations under paragraph 2.01 and regarding the burden of proof in order to improve the wording and be more precise and specific.

11.05, 11.07 and 11.11

- 90ml of urine is required (previously 75ml) and a suitable minimum specific gravity ratio is also required (1.005 or higher if measured with a refractometer/1.010 or higher if measured with sticks). Urine samples must continue to be collected until a suitable S/G is reached. However, some flexibility is allowed in the sense that the DCO may decide to stop urine sampling if justified by the circumstances. We enclose a new step by step doping control procedure for players which includes these new amendments.

12.03 and 12.08

- A sample may be retested. For instance, UEFA could decide to ask the laboratory to keep all samples collected during a competition phase (e.g. EURO 2008) for a certain length of time (maximum of eight years) and re-analyse the samples at a later stage when new detection methods have been accredited. This article, from the WADA Code, is intended as a deterrent. Should UEFA decide to use it, it will inform the national associations and clubs in advance and coordinate with FIFA. For instance, the IOC has kept all the samples collected during the Olympic Games and will store them for eight years.

18.01 to 21.02

- The sanctions related to anti-doping rule violations have been removed from the UEFA Disciplinary Regulations and added to the Anti-Doping Regulations. The main reason for this is that the sanctions must be implemented word for word and therefore could not reasonably be incorporated into the Disciplinary Regulations. The other reason is that the sanctions have become so specific and detailed that it was considered more logical to include them in the Anti-Doping Regulations. All provisions regarding anti-doping sanctions contained in the Disciplinary Regulations (2008 edition) are only applicable until 31 December 2008 in order to coincide with the entry into force on 1 January 2009 of the new Anti-Doping Regulations (2009 edition).



The sanctions have become more flexible and enable an individual case by case approach. The reduction or increase of a suspension depends on the following conditions:

- Fairer (i.e. reduced) sanctions will be applied to players who inadvertently use medications and break anti-doping rules.
- If the player can prove he/she bears no fault or negligence, he/she will not be suspended.
- Firmer sanctions will be applied to players involved in serious doping (for instance, intentional doping) since the sanction can be doubled (up to four years for a first offence).
- Aggravating circumstances: more than a two-year suspension, taking into account the gravity of the rule violation.

Appendix E: Definitions

- The definitions “in-competition” and “out-of-competition” have been added. Similar definitions have been introduced in the FIFA regulations. It is essential for FIFA and UEFA to have a precise description of the in-competition phase. During this period (UEFA matches or UEFA tournaments) only UEFA can test its players. UEFA has, however, agreed to coordinate doping controls with the NADOs and may also authorise a NADO to conduct tests during the in-competition phase.

Appendix F and 2.01d

- The period for which missed tests and/or filing failures are counted has been reduced to 18 months (previously 24 months).

Other minor change to improve the wording:

4.07 to 4.09

- A clause was added to specify that a player can appeal against a WADA decision to not reverse a decision of the UEFA TUE Committee refusing a TUE. Likewise, UEFA can appeal against a WADA decision that reverses a decision of the UEFA TUE Committee. These provisions were mentioned in documents attached to the circular letter sent at the beginning of each season, but for legal reasons they must be inserted in the Anti-Doping Regulations as well.

2009 WADA Prohibited List

In compliance with paragraph 4.01 of the 2009 UEFA Anti-Doping Regulations, the 2009 WADA Prohibited List, which applies for all UEFA competitions, came into effect **on 1 January 2009**.

For this purpose, we enclose the new 2009 WADA Prohibited List and a WADA summary of the changes. This information is also available on the WADA website (www.wada-ama.org).



Specified substances (and paragraph 4.03 of the 2009 UEFA Anti-Doping Regulations)

- The list of specified substances (subject to more flexible sanctions) has been broadened. It now includes all the prohibited substances on the list except S1. Anabolic Agents, S2. Hormones and Related Substances, S4.4. Hormone Antagonists and Modulators (only agents modifying myostatin function) and S.6. Non-specified Stimulants and all prohibited methods (M1. Enhancement of Oxygen Transfer, M2. Chemical and Physical Manipulation, and M3. Gene Doping).

S3. Beta-2 agonists

- Should the presence of salbutamol in urine exceed 1,000ng/ml, the result will be considered to be an adverse analytical finding unless the player proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of a therapeutic dose of inhaled salbutamol. This examination will be conducted at a hospital appointed by UEFA.

S5. Diuretics and other masking agents

- Alpha-reductase inhibitors, a class of masking agent that includes finasteride for instance, have been removed from the list. According to WADA experts, this class of substance is now ineffective as a steroid masking agent since anti-doping laboratories now have the technical means to detect the prohibited substance it was intended to mask.
- Inhalation of mannitol is authorised (e.g. used to perform bronchial provocation testing in asthma).
- It is now stated that the carbonic anhydrase inhibitors dorzolamide and brinzolamide, when administered topically in the eye (for instance eye drops to treat glaucoma), are not prohibited. These drugs, when applied topically, do not have a diuretic effect.

Prohibited methods

M2. Chemical and physical manipulation

- Intravenous infusions are prohibited except in the management of surgical procedures, medical emergencies or clinical investigations.
The legitimate medical uses of intravenous infusions that follow are not prohibited:
 1. emergency intervention including resuscitation;
 2. blood replacement as a consequence of blood loss;
 3. surgical procedures;
 4. administration of drugs and fluids when other routes of administration are not available (e.g. intractable vomiting) in accordance with good medical practice, exclusive of exercise-induced dehydration.

An intravenous infusion is defined as the delivery of fluids through a vein using a needle or similar device. Injections with a simple syringe are not prohibited if the injected substance is not prohibited and if the volume does not exceed 50ml.

The aim of this section is to prohibit hemodilution, overhydration and the administration of prohibited substances by means of intravenous infusion.



S6. Stimulants

- Two categories of stimulants have been created: one considered as non-specified substances (S6.a) and the other as specified substances (S6.b). In summary, the WADA List Committee took the following criteria into consideration in order to classify these stimulants: ability to enhance performance in sport, risk to health, general use in medicinal products, illicit use, legal/controlled status, pharmacology.

TUE (therapeutic use exemption) applications

The changes in the WADA Code 2009 and the 2009 WADA Prohibited List have modified the TUE procedure and rules. As a consequence, abbreviated TUEs will no longer exist and asthma cases will be considered and treated as standard TUEs, now simply called TUEs.

The three main changes in the TUE procedure and rules are the following:

- **Local use** of glucocorticosteroids (GCS) will no longer be subject to a TUE. However, it **must** be declared on the Declaration of Medication form (D3) by the player/doctor when tested. This means that UEFA will have to check if there is any declaration of use that can explain the presence of GCS in the player's sample to close such a case.
 - **Caution:** particularly in the case of players moving from clubs to national teams, it is advised that local use of GCS is declared to the relevant body at the time of use. UEFA may be informed by fax or email using the enclosed form. If a player is tested positive, no declaration of use was submitted prior to testing and nothing was declared on the doping control form, he may face disciplinary sanctions. The national team doctor may be totally unaware of treatment administered by the club doctor and vice versa.
 - **Systemic use** of GCS remains subject to a TUE.
 - No TUE or declaration of use is required for topical administration of GCS (auricular, buccal, dermatological (including iontophoresis/phonophoresis), gingival, nasal, ophthalmic and perianal).
 - Treatment of **asthma** and its clinical variants (inhalation of the beta-2 agonists salbutamol, salmeterol, formoterol and terbutaline) will require the submission of a **TUE** and therefore be subject to a stricter procedure and requirements (see enclosed "Asthma – Minimum Requirements" (January 2009 version), in conformity with the FIFA requirements and the WADA International Standard for TUEs. Should inhalation of GCS be part of the treatment, it must be declared on the TUE application form.
- We take this opportunity to clarify the issue of the platelet-rich-plasma (PRP) treatment method, otherwise known as blood spinning. WADA has confirmed that this method falls



under section S.2 Hormones and related substances of the 2009 WADA Prohibited List. Consequently, a TUE must be submitted

Transition phase

Granted or recognised abbreviated TUEs remain valid after 1 January 2009 until the earliest of the following three dates:

- date on which the abbreviated TUE is cancelled by the competent TUE Committee following review, in accordance with the 2005 ISTUE;
- TUE expiry date (as specified on the TUE);
- 31 December 2009.

Mutual recognition

According to the 2009 World Anti-Doping Code, NADOs may not grant TUEs to players known to take part in UEFA competitions.

However, in accordance with the mutual recognition principle (Article 15.4.1 of the WADA Code), for players moving into one these categories at short notice, the UEFA TUE Committee recognises TUEs granted by NADOs, provided that the following three conditions are all fulfilled:

- the NADO follows the UEFA criteria for granting a TUE, in particular with regard to asthma treatment;
- a copy of the original application form, including all medical information submitted to the authorising body, is provided to the UEFA Anti-doping Unit; and
- the UEFA TUE Committee confirms that the application complies with the UEFA TUE rules and requirements (same as FIFA and WADA rules).

Please carefully read the relevant enclosures to this circular for more detailed information regarding the above-mentioned main changes and other changes in the procedure.

Testing Pools

We enclose the “FIFA roadmap for implementation of the World Anti-Doping Code 2009”, which defines the different FIFA testing pools (Part II. Plan for out-of-competition testing in 2009).

- Some players involved in UEFA competitions are concerned by these pools. The 32 UEFA Champions League clubs are part of the **FIFA TP** and, as in the past, are subject to team whereabouts until their elimination.



- UEFA is responsible for collecting their whereabouts and for testing from the group stage onwards (September 2009 – May 2010).
- FIFA is responsible for collecting the whereabouts of eight selected teams and for out-of-season testing (between June and August 2009).
- Players included in the **IRTP** and subject to individual whereabouts are those under suspension and other potentially high-risk players, and are under the responsibility of FIFA.
- The **PCTP** includes all national teams participating in the FIFA Confederations Cup 2009, which are subject to team whereabouts, under the responsibility of FIFA.

All above-mentioned teams/players concerned will be notified and informed of their requirements within due time by FIFA or UEFA respectively.

Doping controls

We remind you that doping controls may be conducted not only by UEFA but also by other anti-doping organisations. We will try to coordinate our doping controls as much as possible but please be aware that this may not always be possible.

All the above-mentioned documents (2009 UEFA Anti-Doping Regulations, 2009 WADA Prohibited List, TUE applications, player leaflets and other related documents) may be downloaded from the UEFA website at <http://www.uefa.com/uefa/keytopics/kind=1/index.html>.

Should you have any queries or require additional information, your anti-doping contacts in the UEFA administration are Marc Vouillamoz (marc.vouillamoz@uefa.ch), Caroline Thom (caroline.thom@uefa.ch) and Richard Grisdale (richard.grisdale@uefa.ch). You can also contact us at anti-doping@uefa.ch.

Yours faithfully,

U E F A

A handwritten signature in black ink that reads "David Taylor".

David Taylor
General Secretary



Enclosures

- UEFA Anti-Doping Regulations, 2009 edition
- 2009 WADA Prohibited List
- WADA Summary of Changes, 2009 Prohibited List
- Prohibited List Q&As
- TUE form
- Declaration of use form
- Procedure for completing TUE forms
- TUE Q&As
- Asthma – Minimum Requirements
- Step by step for players
- Player leaflets
- FIFA Roadmap

Copies (with enclosures)

- UEFA Honorary President
- UEFA Executive Committee
- UEFA Anti-Doping Panel
- UEFA Medical Committee
- UEFA TUE Committee
- Doping Control Officers Panel
- European members of the FIFA Executive Committee
- FIFA, Zurich
- European national anti-doping organisations
- European WADA-accredited laboratories