

WAKO

WAKO ANTI-DOPING GUIDELINES



WORLD ASSOCIATION OF KICKBOXING ORGANIZATION

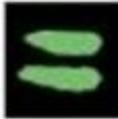




WAKO GUIDELINES - Anti-Doping- V.1.6

This guide is intended to provide additional practical guidance on how the Prohibited List may affect you. This guide is not intended to be exhaustive, and should be read in conjunction with the Prohibited List Anti-Doping rules. Ultimately, the athlete is solely responsible for the substances in his or her body. Further information on the topics contained in this guide can be obtained by consulting the references and resources below.

SAY NO! TO DOPING

In partnership with  **WADA**





Useful Reference Sites

- WAKO Anti Doping Website
 - <http://www.wakoweb.com/en/page/anti-doping-update/6fba01fb-dc09-40f0-a39a-33c50fd1de22>
- WADA ANTI-DOPING SITE
 - <https://www.wada-ama.org/>
- WADA ANTI DOPING STRATEGY
 - <https://www.wada-ama.org/en/strategy>
- ATHLETE REFERENCE GUIDE TO 2015 CODE (ONLINE VERSION)
 - <https://www.wada-ama.org/en/resources/the-code/athlete-reference-guide-to-2015-code-online-version>
- The 2015 WADA/WAKO Prohibited List can be downloaded at
 - <http://list.wada-ama.org/>
- GLOBAL DRO (www.GlobalDRO.com) is a searchable online database of medications available in the United States, Canada, United Kingdom, and Japan that details the status of medications
- WADA GUIDELINES
 - [https://www.wada-ama.org/en/resources/search?f\[0\]=field_resource_collections%3A190](https://www.wada-ama.org/en/resources/search?f[0]=field_resource_collections%3A190)

Note: WAKO does not provide medical advice or recommendations. Athletes should make all treatment-related decisions with their physician in conjunction with the active WADA Prohibited List, which is available on the WAKO Website.



Substances Prohibited at All Times

(Both In- and Out-of Competition)

The first section of the Prohibited List discusses substances and methods that are prohibited at all times, both in-competition and out-of-competition. Any athlete, including elite (Registered

Testing Pool) or non-national level (e.g. Masters, juniors) athletes, can be tested for these substances at any time:

Non-Approved Substances

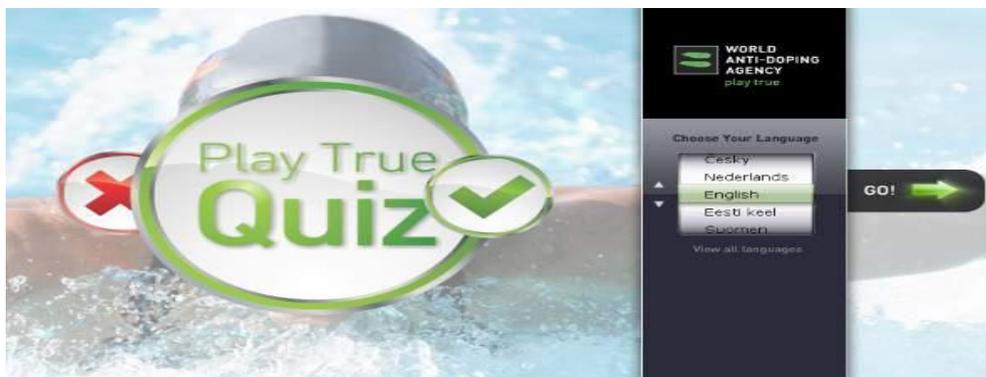
This “open” section addresses the abuse of pharmacological substances for performance enhancement that are not included in other sections of the Prohibited List. It includes substances that are not approved by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical, development, discontinued, or designer drugs, and veterinary drugs). These substances are prohibited at all times (in- and out-of-competition).

Advisory:

Athletes that want to participate in drug research trials for drugs that are not yet approved for human use by the FDA should contact their local NADO

We strongly Advise all Kickboxers to complete the play true quiz online which will give them a better understanding of the requirements and controls relating to Anti Dop[ing within WAKO

<http://quiz.wada-ama.org/>



Diuretics/Masking Agents

The largest proportion of positive tests within WAKO and Kickboxing is for a substance called FUROSEMIDE, Over 50% of our positive tests over the last five years have been for this substance

This is the banned drug most often used and found in Kickboxing disciplines, particularly in young women. Listed as a category S5, Furosemide is a diuretic which is prohibited both in and out of competition, and its presence in urine merits a sanction of two years suspension, stripping an athlete of medals, ranking and the like.

Furosemide is not a doping substance in and of itself; rather it is a masking agent, which means it hides a doping substance during analysis, including hormonal anabolic substances. In short, reasons for finding the product in urine might include:



- 1) Treatment for cardiac, renal or hepatic oedema, used to eliminate excess water hindering normal body functioning. A serious abnormality, it would be difficult in such a case for an athlete to practice a sport.
- 2) Treatment for arterial hypertension; such treatment is compatible with sport practice, if there are no complications and only in very distinct cases. The condition usually affects adults over 40 years of age, and such a case requires an AUT, in light of the fact that the product can easily be replaced by a variety of non-prohibited antihypertension drugs.
- 3) Losing weight by eliminating water, especially in the buttocks and thighs, went from being a roundabout method to being a poor, even dangerous, medical practice.
- 4) An intent to cheat by masking the presence of banned drugs.



Anabolic Agents

This category includes the use of prescription testosterone creams (such as Androgel) or injections, and the use of any other anabolic substances (such as DHEA) in a dietary supplement. The list of anabolic agents is extensive and even if one is not specifically listed, it is still prohibited if it is a metabolite or has “a similar chemical structure or similar biological effect(s)” to anabolic agent.

Advisory:

Clenbuterol is sometimes prescribed to treat asthma, and may be used to “bulk up” livestock. There is no threshold limit for clenbuterol, meaning the detection of any amount of clenbuterol in the sample is a positive test.

Clenbuterol may also be found in some products marketed as dietary supplements, and may be publicized as a weight loss drug. Make sure to review the WADA Q&A on Clenbuterol.

SARMS (selective androgen receptor modulators), such as andarine and ostarine, are prohibited under this category.

There have been many instances of products marketed as dietary supplements that contain one or more anabolic agents. For a few examples, see the High Risk List on Supplement411.org. The use of any supplement is at your own risk.

Peptide Hormones, Growth Factors, Related Substances, and Mimetics

This section includes erythropoietin-receptor agonists and anything that stimulates erythropoiesis (the production of red blood cells). Also prohibited are hypoxia-inducible factor stabilizers (HIF stabilizers).

Growth hormone (GH), growth-hormone releasing-hormone and analogues, insulin-like growth factor-1 (IGF-1), corticotrophins, and a number of other growth factors are all prohibited. The WADA definition of growth factors includes “any other growth factor affecting muscle, tendon, or ligament protein synthesis/degradation, vascularization, energy utilization, regenerative capacity or fiber type switching.”

Chorionic gonadotropin (hCG), luteinizing hormone (LH), and their releasing factors are prohibited only in males.





Advisory:

In 2015, this section was expanded to include releasing factors and all analogues associated with Growth Hormone or Growth Hormone Releasing Hormone and Hypoxia-inducible factor (HIF) stabilizers (e.g., Argon, Xenon). Non-erythropoietic EPO-receptor agonists were also added.

There are products marketed as dietary supplements that claim to contain these substances or boost the release of EPO, IGF-1, and growth hormone. Peptide hormones, their releasing factors, AND other substances with similar chemical structure or biological effect(s) are prohibited. If such products actually contain what they claim, they are prohibited.[1]

Human chorionic gonadotrophin (HCG) is prohibited in sport at all times, and is a Food and Drug Administration (FDA) approved prescription medication for the treatment of female infertility. **It is not approved as a weight loss drug.** The FDA warns consumers to avoid “homeopathic” HCG weight-loss products because they are illegal. These are sold in the form of oral drops, pellets, and sprays and can be found online and in some retail stores.

Supplement Facts		
Servings Size: 1 Level Scoop (1.5g) Servings Per Container: 60		
	Amount Per Serving	% DV*
Custom Engineered Bio-Pro Bio-Active Peptides	1.5g	**
Extracted from Micro-Concentrated Colostrum, yielding:		
Proline Rich Peptides, Growth Factors (IGF-1, IGF beta-2, EGF, PDGF)		
Immunoglobulins (IgG, IgA), Lactoferrin, Fibroblast-GF		
** Daily value not established		

Even though Platelet Rich Plasma (PRP) contains some growth factors, WADA has clarified that PRP is permitted. Note that individual growth factors are still prohibited when given separately as purified substances as described in S.2.5.

According to a WADA statement, colostrum is not prohibited per se, however it contains certain quantities of IGF-1 and other growth factors which are prohibited and can influence the outcome of anti-doping tests. Therefore WADA does not recommend the ingestion of such products.

Beta-2 Agonists

All oral (taken by mouth and swallowed) or injected beta-2 agonists are prohibited.

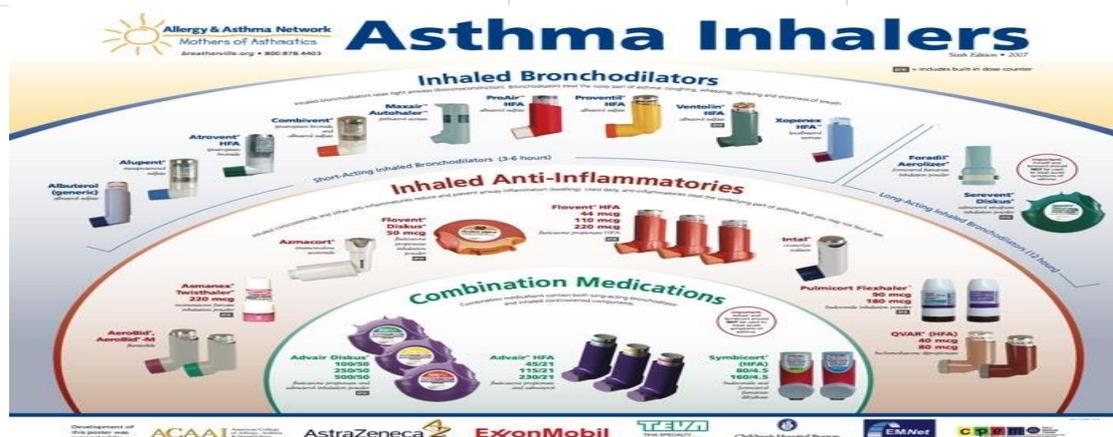
Inhaled beta-2 agonists are prohibited and require a therapeutic use exemption (TUE), except for albuterol (also called salbutamol) dosages under 1600 micrograms/24 hours, formoterol dosages less than 54 micrograms/24 hours, and salmeterol when taken according to manufacturer’s instructions. If you use more than the amounts listed in the table below, you are required to submit a TUE for use. Search GlobalDRO.com to determine if the inhaler that





you are using contains a substance that requires a TUE for use in sport. Here are some examples:

Inhaler Brands and Strengths	Recommended Dosing by Manufacturer	WADA Maximum doses per 24 hours (do not exceed)
Advair Diskus 100/50, 250/50, or 500/50 Each have salmeterol 50mcg per puff	1 puff twice each day (100 mcg)	Take as directed by the drug manufacturer
Advair HFA 45/21, 115/21, or 230/21 Each has salmeterol 21 mcg per puff	2 puffs twice each day (84 mcg)	Take as directed by the drug manufacturer
Albuterol 90mcg per puff	1-2 puffs every 4 hours as needed for wheezing	Salbutamol 90 mcg per puff: 17 puffs a day (<1600 mcg)
Dulera 100mcg/5mcg per puff or 200mcg/5mcg per puff	2 puffs twice each day (20 mcg)	Formoterol 5 mcg per puff: 10 puffs a day (<54 mcg)
ProAir (albuterol) 108 mcg/puff	1-2 puffs every 4 hours as needed for wheezing	Salbutamol 108 mcg per puff: 14 puffs a day (<1600 mcg)
Proventil (albuterol) 108 mcg/puff	1-2 puffs every 4 hours as needed for wheezing	Salbutamol 108 mcg per puff: 14 puffs a day (<1600 mcg)
Serevent Diskus 50 mcg per puff	1 puff twice each day (100 mcg)	Take as directed by the drug manufacturer





WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

Advisory:

The dosage of albuterol or formoterol that may be used in sport without a TUE may translate into a different range of “puffs.” You should examine your inhaler closely to determine the dosage. You must apply for a TUE if you need to take more than the permitted dosage. See the chart above for examples.

Some dietary supplements claim to contain ingredients that have beta-2 agonist activity such as norcoclaurine. It is not known whether such products actually contain these ingredients, but WAKO considers such products to be high risk.

The dosage of albuterol or formoterol that may be used in sport without a TUE may translate into a wide range of “puffs.” You should examine your inhaler closely to determine the dosage. You must apply for a TUE if you need to take more than the non-prohibited dosage.

Albuterol (urine amount over 1000 ng/mL) and formoterol (urine amount over 40 ng/mL) are “threshold substances”, which means they may be used in sport without a TUE as long as they are used under a certain threshold. However, if you also take a substance that falls into the category of Diuretics and Masking Agents you need to have a TUE for albuterol or formoterol even if you already have a TUE for the diuretic or masking agent.

Supplement Facts			
Serving Size 1 Scoop (3.65 g)			
Servings Per Container:			
	40	20	
Amount per serving	1 Scoop %DV	2 Scoops %DV	
Super Performance System™	2247 mg *	4494 mg *	
L-Citrulline, Arginine Nitrate, Arginine Sulfate, Grape Seed (95% Proanthocyanidins) Extract			
CNS Contractile Stimulant System™	182 mg *	364 mg *	
Caffeine (125 mg)	Norcoclaurine HCl		
3,4-Dihydroxycinnamic Acid			
Vitamin C (Ascorbic Acid)	50 mg 84%	100 mg 167%	

*Daily value not established

The presence of albuterol in urine in excess of 1000ng/mL is presumed NOT to be an intended therapeutic use, and may be considered as an adverse analytical finding, possibly leading to a sanction.

Use of *oral* beta-2 agonists are prohibited even if you have a TUE for the same *inhaled* beta-2 agonist. If your doctor prescribes an oral beta-2 agonist, you should submit an application for a TUE.





Some inhalers have more than one active ingredient. Make sure you check all the ingredients on GlobalDRO.com.

Hormone and Metabolic Modulators

In short, the following are prohibited:

- Aromatase inhibitors
- Selective estrogen receptor modulators (SERMs)
- Other substances that block estrogen effects (anti-estrogens)
- Agents modifying myostatin function(s)
- Metabolic modulators (including insulin)
- Activators of the AMP-activated protein kinase
- Trimetazidine

Please consult the Prohibited List for examples of substances in each of the above classes.

Advisory:

Athletes diagnosed with insulin-dependent diabetes are required to submit a TUE for use of insulin.

Diuretics and Masking Agents

Masking agents are prohibited, including diuretics (water pills) and plasma expanders, which increase blood volume.

Advisory:

WADA has clarified that drospirenone, pamabram, topical dorzolamide and brinzolamide, and the local administration of Felypressin for dental anesthesia are permitted.

The use of any quantity of a threshold substance (i.e., albuterol, formoterol, cathine, ephedrine, methylephedrine and pseudoephedrine) at the same time as using a diuretic or other masking agent requires a TUE for the threshold substance AND the diuretic. This means two TUEs are needed. If there is any reason you need to be on a diuretic and asthma medication at the same time, please email Your National Anti Doping Officer or National Anti Doping Agency or call the TUE department on 719-785-2045.

Some dietary supplements that claim to be “natural” water pills may contain prescription diuretics not listed on the label. Use of any dietary supplement is at your own risk.





Glycerol is prohibited as a plasma expander which requires the ingestion of quantities far beyond those commonly found in foodstuffs and toiletries. Such use will not cause a competitor to test positive for this Prohibited Substance.

Methods Prohibited At All Times (Both In- and Out-of Competition)

Manipulation of Blood and Blood Components

Blood doping, the use of red blood cells from any source, or otherwise artificially enhancing the uptake, transport, or delivery of oxygen, is prohibited. Any type of intravenous (IV) manipulation of the blood or blood components by physical or chemical means is prohibited.

Advisory:

Supplemental oxygen (e.g. breathing an oxygen rich air mixture temporarily, is permitted.

Use of hyperbaric or hypobaric tents is permitted. Similarly, training or sleeping/living at high altitudes is permitted.

Hemodialysis is prohibited under M1.1, as blood is taken out from the patient (in a closed circuit) and then reintroduced into the circulatory system. An athlete needing this treatment requires a TUE.

Donating plasma (plasmapheresis) is prohibited for the donor because the donor's own red blood cells and other blood components are being reintroduced into the circulatory system after the plasma has been separated. Plasmapheresis is permitted for the recipient because they are only receiving plasma (other blood cells are removed). For more information, see the WADA FAQ.

Intravenous laser therapy, such as ozone and/or ultraviolet light therapies which includes the removal, treatment, and manipulation of blood or blood components are prohibited.



Chemical and Physical Manipulation

Tampering or attempting to tamper with a collected sample in order to affect its validity is prohibited.

Intravenous infusions or any intravenous injection of more than 50mL per a six-hour period are prohibited except for those legitimately received in the course of hospital admissions, surgical procedures, or clinical investigations.

Advisory:

Even if the substance delivered by intravenous infusion is permitted (e.g., iron), the method is prohibited if given outside of a hospital admission/clinical investigation).

In an emergency, you should always receive appropriate medical care. If the emergency service providers need to insert an intravenous line to save your life or provide emergency medication, request copies of all the clinical documentation for the diagnosis, decision to start the IV, and the amount of fluid administered during your stay. Once the emergency is over you can communicate with WAKO to determine if a TUE is required for the emergency.

Physicians frequently raise concerns about the use of IV infusions in place of or in addition to oral fluid intake, such as to relieve severe gastrointestinal (GI) distress during travel causing dehydration. WADA clarified “the use of IV fluid replacement following exercise to correct mild re-hydration is not clinically indicated nor substantiated by the medical literature.”

Gene Doping

The transfer of polymers of nucleic acids or nucleic acid analogues, or the use of normal or genetically-modified cells is prohibited.

Substances and Methods Prohibited In-Competition Only

This section focuses on substances that are prohibited in-competition only. These substances are not tested for out-of-competition.





It is very important to be aware of the definition of “in-competition” defined as 48 hours before the start of the competition and different rules may apply to multi-day events. It is an athlete’s responsibility to learn the definition of in-competition for the sporting events in which he/she is competing.

Athletes must ensure that all substances prohibited in-competition have been completely cleared from their body before competition. This means the substances are not detected in the sample. It is not possible for WAKO to list specific stop times for substances prohibited in-competition. If the on-going or daily use of a substance is needed, or the medication cannot be stopped before an event long enough to allow it to clear from your body, apply for a therapeutic use exemption (TUE).

Stimulants

All stimulants and their optical isomers are prohibited, except for imidazole derivatives for topical/ophthalmic use and stimulants on the 2015 Monitoring Program (i.e., bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine).

Advisory:

Athletes diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) who are taking stimulants should obtain a TUE for their medication.

Athletes who are not competing do not need to obtain a TUE in order to use these medications.

Athletes diagnosed with Parkinson’s Disease and taking selegiline, or with narcolepsy and taking medications that contain modafinil or armodafinil should obtain a TUE.

Nicotine and caffeine are permitted, but they are part of the WADA monitoring program. So reasonable levels need to be maintained.

Pseudoephedrine is an ingredient in many cold and flu medications. WADA advises athletes to discontinue taking pseudoephedrine at a dose of less than 240mg per day AT LEAST 24 hours prior to the time defined as “in-competition.” Be advised, in some cases this may not be enough time for the medication to clear the body, such as a slow-metabolizer or because of drug interactions. WAKO recommends avoiding pseudoephedrine-containing cold and flu products for several days in advance of competition, and using a non-prohibited alternative instead.

Levmetamfetamine is prohibited in-competition and is found in some cold and flu products. Read the label of your cold and flu, or allergy product, carefully and check the active ingredients on GlobalDRO.com. Common cough, cold and flu active ingredients are in the label below.





Narcotics

Certain narcotics are prohibited in-competition: buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, and pethidine (meperidine). Use of these narcotics in-competition requires an approved TUE.

Advisory:

Opium, the latex extract of the poppy plant, contains morphine and therefore it is also prohibited. Poppy seeds can contain trace amounts of opium.

Hydrocodone, mitrigynine, tapentadol and tramadol are in the monitoring program and are permitted.

Cannabinoids

Natural or synthetic tetrahydrocannabinol (THC) and THC-like cannabinoids (e.g. hashish, marijuana, Spice, JWH018, HU-210) are prohibited and this is the third highest positive testing scenario in Kickboxing.

Advisory:

Athletes should be aware that cannabinoids may be retained in fat tissue following frequent or repeated use and may be detected weeks after use. There have been situations where sudden weight loss has caused cannabinoid metabolites stored in fat to be released in detectable levels, even if not used recently. WAKO strongly advises athletes not to use cannabinoids at any time.

Athletes who choose to consume hemp products may be at risk for a positive anti-doping test, even though many of these products claim not to contain THC.

While the use of medical marijuana may be decriminalized or legalized in some states, it is still illegal under federal law. Currently, WAKO will only consider TUE applications for legal, FDA-approved uses of THC, such as the drug Dronabinol, to manage some of the symptoms of AIDS, or to treat nausea and vomiting caused by cancer chemotherapy. WAKO will not accept any applications for “medical marijuana.”





Glucocorticoids

The systemic use of glucocorticoids (often called “steroids” by prescribers) is prohibited in-competition. This includes oral intake (taken by mouth and swallowed, such as Medrol Dose Pak), a systemic injection by IV or intramuscular (IM), or by rectal routes.

Advisory:

Athletes who are prescribed oral, rectal, IV or IM glucocorticoids may take these medications out-of-competition without submitting a TUE, as long as the prohibited substance has cleared their system prior to the time defined as “in-competition”. If athletes need to use these routes shortly before or during competition, they must obtain a TUE.

The time it takes for glucocorticoids to clear from the athlete’s body depends on many variables and cannot be predicted by USADA. This is up to the athletes, their doctor, and their pharmacist to determine. Read the Clearance Time FAQ on the TUE page.

Injections of glucocorticoids around tendons, into joints, and epidurals (into the spine) are permitted, but an injection into a muscle is prohibited.

Inhalation of glucocorticoids (e.g. for asthma) is permitted.

Topical use of glucocorticoids (e.g., anti-rash cream, hemorrhoidal creams used on the surface, etc.) are permitted. Be aware, however, that some hemorrhoidal suppositories or rectal creams contain glucocorticoids and are prohibited in-competition.

The Importance of always being aware of what enters your body as an Athlete, remains one of the fundamental components of your surroundings and interactions. Ignorance will not be taken as a factor, it is solely your responsibility to be aware and diligent,