Anti-doping guidance
Shared roles and responsibilities
Rules, good practices and protection of health

Guidance developed within the ***Get the Health Power (GHP)*** project, co-funded by the **European Union – Erasmus+ Programme**

Partnership

- ASD Dojo Karate Pyros (coordinator), Italy
- FISR – Italian Roller Sports Federation (SKATE ITALIA), Italy
- Gymnastics Club Zagreb, Croatia
- EGSK – Edremit Gençlik ve Spor Kulübü, Türkiye

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Get the Health Power (GHP)

Get the Health Power (GHP) is a project co-funded by the European Union under the Erasmus+ Programme – Small-scale Partnerships, born from a simple idea: helping grassroots sport to protect health and integrity with tools that are really used in everyday practice.

Together with partners from Italy, Croatia and Türkiye, we want to reduce the risk of doping – including "unintentional" doping – through education, training and a more informed and responsible sports community.

Over 24 months we will implement training courses for coaches, seminars and conferences, local campaigns, a virtual help desk and a multilingual forum where real cases can be discussed. We will also work around symbolic moments for clean sport – Play True Day (April) and the European Week of Sport (September) – and we will close the project with a public event to share results and tools.

GHP brings together content on doping risks, physical and mental well-being, mental coaching and healthy lifestyles, turning them into guidelines, toolkits and ready-to-use materials. Our aim is to leave clear, replicable and accessible practices for clubs, coaches, athletes and families: safer, more ethical and more inclusive sporting environments where people can grow and help others grow.

Methodological note

Why this guidance

This document was created to help coaches, athletes, families and clubs make quick, informed decisions on doping prevention. The aim is to translate complex rules into simple operational indications that can be applied in daily practice.

How it was developed

The contents bring together three perspectives:

1. **Regulatory:** principles of responsibility, the Prohibited List of Substances and Methods, TUEs and the essential elements of testing procedures.
2. **Clinical-preventive:** correct use of medicines, risks linked to supplements, management of "unintentional" doping and traceability of all intakes.
3. **Educational:** physical and mental well-being, a culture of clean sport, and shared roles and responsibilities within staff teams and families.

The sections combine definitions, examples, checklists and typical situations to guide the "what to do" before, during and after competitions.

How to use it

- As a quick guide for first orientation (active substance, route of administration, timing in relation to competition).
- As a training support tool in staff meetings and in sessions with athletes and families.

- As an operational reminder: TUEs, behaviour at doping control, and documents that should be kept (prescriptions, batch numbers, declarations on the Doping Control Form).

This document is for educational use. It does not replace official anti-doping rules, medical advice or legal regulations. Always refer to the World Anti-Doping Code, the current Prohibited List and to your National Anti-Doping Organization (NADO), International Federation (IF) and National Federation (NF) for binding rules and procedures.

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Get the Health Power - Resources

1. Purpose of this guidance

This guidance supports coaches, athletes and families in understanding anti-doping rules and adopting behaviours that protect both **health** and **sport integrity**. It translates complex regulations into practical indications that can be used in everyday decisions before, during and after training and competitions.

The main objectives are to:

- **Prevent** doping behaviours, including unintentional anti-doping rule violations (ADRVs) related to medicines, supplements or food.
- Provide **regulatory clarity**, summarising key references (Prohibited List, in- and out-of-competition periods, routes of administration, thresholds and wash-out times).
- Offer **decision support**, with criteria to check products (active substance, dose, route, timing), to understand when a Therapeutic Use Exemption (TUE) is needed, and how to behave at doping control.
- Promote **shared responsibility**, encouraging coherent behaviour from athletes, coaches, medical staff, families and club officials.

This document has an **international scope**: it refers to the World Anti-Doping Code and international standards and can be adapted to different national systems by inserting local contacts and procedures where needed.

2. What is doping? Core principles

Doping means the use, attempted use or possession of substances and methods prohibited by anti-doping rules in order to alter performance, speed up recovery in a non-permitted way, or unduly influence the athlete's biological parameters. The prohibition applies both **in-competition** and **out-of-competition**, according to the current Prohibited List and relevant rules.

Strict liability

Under the principle of **strict liability**, the athlete is responsible for everything that enters their body – regardless of intention, source of the product (medicine, supplement, "natural" preparation) or advice received from others. The same principle applies to methods and manipulations (for example blood manipulation or tampering with samples).

Examples of anti-doping rule violations (non-exhaustive)

- Use or attempted use of prohibited substances or methods.
- Possession, trafficking or administration of prohibited substances to others.
- Tampering or attempted tampering with doping control procedures (including substitution or alteration of samples).
- Refusal or evasion of a test, or failure to comply with whereabouts obligations where applicable.

- Complicity or encouragement by support personnel (coaches, medical staff, managers).

Main prohibited classes (examples)

- Anabolic agents and Selective Androgen Receptor Modulators (SARMs).
- Peptide hormones, growth factors and related substances.
- Erythropoiesis-stimulating agents and blood manipulation methods.
- Stimulants.
- Narcotics/opioids.
- Glucocorticoids (with specific restrictions by route and period).
- Diuretics and masking agents.
- Prohibited methods that alter blood or other biological markers.

Compliance always depends on **active substance, dose, route of administration and timing** in relation to competition. In case of doubt, the active substance must be checked in advance and, where necessary, a TUE procedure must be initiated.

3. Where "unintentional" risk hides

A significant share of positive tests comes from **non-intentional** conduct, often linked to quick decisions, incomplete information or reliance on non-qualified advice. Prevention means traceability of intake, systematic checks and use of reliable sources.

3.1 Medicines (prescription and over-the-counter)

Common treatments for asthma, allergies, cold or pain may be prohibited **in-competition** or allowed only under certain thresholds, for specific routes or with a TUE. Typical risk areas include:

- Oral decongestants with stimulants (e.g. pseudoephedrine) or combined "day/night" products.
- Cough syrups with opioids (e.g. codeine-based), which may cause analytical findings for opioid metabolites.
- Systemic glucocorticoids (oral, intramuscular, intravenous) and some injections.
- Excessive doses of inhaled β_2-agonists beyond permitted limits.

3.2 Dietary supplements

Supplements are not subject to the same regulatory standards as medicines. They may contain **undeclared substances** or contaminants, especially in:

- "Thermogenic" or weight-loss products.
- Pre-workout "boosters" and "energy" products.
- Proprietary blends with non-transparent composition.

Safer practice includes using brands with batch-testing or "doping free" certification where possible, buying through traceable channels and keeping receipts, labels and batch numbers.

3.3 Foods, drinks and "natural remedies"

"Natural" does **not** automatically mean "safe" or "compliant". Analytical findings have been reported, for example, after consumption of:

- Poppy seeds (opioid alkaloids).
- Certain traditional infusions or ethnic products.
- Meat contaminated with β-agonists in some areas.

During trips, athletes should follow their federation's recommendations and avoid unnecessary consumption of "unusual" products near testing periods.

3.4 "Miracle products" and informal advice

Any product or tip that promises to *burn fat*, *give instant energy* or *guarantee fast recovery* is a classic risk factor. Social media, gyms and informal networks are frequent sources of unsafe suggestions. In case of any doubt, **stop** using the product and seek qualified advice (sports physician, team doctor, anti-doping contact), and document the decision.

Cross-cutting indication: compliance is determined by the **active substance**, not the brand name. Before any new product is used:

1. Identify the active substance(s) and dosage.
2. Specify route and timing in relation to competition.
3. Ask a qualified doctor or anti-doping contact for written confirmation.
4. Archive evidence (prescriptions, packages, batch numbers).

4. Main substance classes and risk profiles

This section provides a simplified overview of frequent findings in testing. It is for orientation only and must always be combined with the current Prohibited List.

- **Anabolic agents and SARMs**
  - *Illicit aim:* increase in strength and muscle mass, faster recovery.
  - *Main risks:* liver damage, endocrine disruption (fertility, gynecomastia), cardiovascular events, mood disorders.
  - *Compliance:* prohibited; TUEs are extremely limited and only for exceptional medical conditions.
- **Erythropoiesis-stimulating agents and blood manipulation**
  - *Aim:* increase oxygen transport capacity.
  - *Risks:* increased blood viscosity, thrombosis, stroke, cardiac events; infectious risks with unsafe procedures.
  - *Compliance:* prohibited methods and substances.
- **Stimulants (e.g. amphetamines, ephedrine-like substances, DMAA, synephrine, yohimbine)**
  - *Aim:* reduced perception of fatigue, increased arousal.
  - *Risks:* arrhythmias, high blood pressure, anxiety, insomnia, impaired judgement.

- *Compliance:* many molecules prohibited in competition, sometimes with thresholds.

- **Narcotics/opioids (e.g. tramadol, morphine, fentanyl)**
  - *Aim:* pain relief with masking of injury.
  - *Risks:* sedation, impaired coordination, nausea, dependence; high risk in water sports and high-risk environments.
  - *Compliance:* several molecules prohibited in competition; where medically necessary, other options and TUE procedures should be evaluated.
- **Glucocorticoids**
  - *Aim:* reduce pain and inflammation, potentially affecting recovery.
  - *Risks:* immunosuppression, high blood sugar, bone and tendon fragility with repeated use.
  - *Compliance:* systemic routes (oral, intramuscular, intravenous) and injections are generally prohibited in competition without a TUE and appropriate wash-out. Many local or topical forms may be permitted under defined conditions.
- **Diuretics and masking agents**
  - *Aim:* rapid weight loss, dilution of samples, masking of other substances.
  - *Risks:* dehydration, electrolyte imbalance, loss of performance, cardiac events.
  - *Compliance:* prohibited; use to mask other substances is an aggravating factor.
- **Inhaled β_2-agonists**
  - *Aim (legitimate):* treatment of asthma or rhinitis.
  - *Note:* above specific thresholds or in certain combinations, use may be non-compliant and require a TUE.
- **Prohibited methods to alter samples or biological parameters**
  - Include tampering, substitution, administration of metabolic inhibitors or any manipulation of the Athlete Biological Passport.
  - All are prohibited; attempted tampering is itself an anti-doping rule violation.

5. Everyday medicines that need attention

The following areas require particular care. Examples are for orientation; always verify the current Prohibited List and consult a sports medicine specialist when needed.

5.1 Cold / allergy (ENT area)

- Many common antihistamines and local nasal steroid sprays are usually compliant when used as prescribed.

- Decongestants containing **sympathomimetic agents** (e.g. pseudoephedrine, certain nasal sprays) and combined "cold and flu" medicines may be prohibited in competition or subject to thresholds.
- Opioid cough suppressants (e.g. codeine) are discouraged around competition because of analytical findings and sedative effects.

5.2 Asthma / rhinitis (inhalation therapy)

- Some inhaled β_2-agonists are permitted **within dose limits**; higher cumulative doses can lead to non-compliance and may require a TUE.
- Inhaled corticosteroids are generally compliant at therapeutic doses, but fixed combination inhalers still require verification.

5.3 Pain / injury (analgesia and anti-inflammatories)

- Many non-steroidal anti-inflammatory drugs (NSAIDs) are compliant, but they must be used with medical supervision.
- Several opioids are prohibited in competition; systemic glucocorticoids and injections are also prohibited without a TUE and adequate wash-out. Planning with the sports physician is essential.

5.4 Dermatology / ENT / Ophthalmology (topical and local use)

- Topical and local preparations (creams, eye and ear drops, some nasal sprays) are often compliant, provided systemic absorption is limited and formulations do not include prohibited combinations.
- High-potency steroids and combinations (e.g. steroid + vasoconstrictor) require case-by-case verification.

5.5 Metabolic / endocrine conditions

- Insulin therapy for diabetes typically requires a TUE and careful documentation.
- Thyroid replacement therapy (e.g. levothyroxine) is normally compliant when medically indicated, but combinations and dosing must be checked.

5.6 Weight-loss, "energy" and pre-workout products

- Thermogenic products, "energy boosters" and many pre-workout powders are **high-risk** because of undisclosed stimulants or masking agents.
- Use only products with transparent labels and, where available, independent batch certification. Avoid samples without original packaging.

Minimum operational procedure for any new medicine or supplement

1. Identify the **active substance**(s), route and planned duration.
2. Check relevance to the current Prohibited List (through a recognized database or qualified professional).
3. Ask for written confirmation from the team doctor or anti-doping contact.
4. Record and keep documentation (receipt, label, batch number, dosage schedule).

6. Therapeutic Use Exemption (TUE) – general framework

A **Therapeutic Use Exemption (TUE)** is an authorization that allows the use of a prohibited substance or method when it is medically necessary and no suitable non-prohibited alternative exists.

Conditions for granting a TUE (all must be met)

- Without the treatment, the athlete would suffer significant health impairment.
- The treatment is not expected to produce a performance enhancement beyond returning the athlete to normal health.
- No reasonable permitted alternative is available.
- The need for treatment is not due to prior non-therapeutic use of prohibited substances or methods.

Who evaluates the TUE?

- For **international-level athletes**: according to the rules of the relevant International Federation or Major Event Organization.
- For **other athletes**: according to the procedures of the relevant National Anti-Doping Organization (NADO) or National Federation.

Timing

- **Prospective applications** are strongly recommended for known conditions and planned treatments, with sufficient time for evaluation.
- **Retroactive applications** are possible only in specific circumstances defined by the World Anti-Doping Code and ISTUE (e.g. genuine medical emergencies or defined categories of athletes).

Minimum documentation

- Clinical report from a specialist summarising diagnosis, relevant history and therapeutic objectives.
- Diagnostic evidence (laboratory and/or imaging tests).
- Details of dosage, route, frequency and duration.
- Explanation of why non-prohibited alternatives are not suitable.
- Plan for follow-up and monitoring.

At doping control

During a test, the athlete must:

- Declare all medicines and supplements used recently.
- Indicate any approved TUE (or pending application if retroactivity is allowed).
- Be able to present the TUE decision and essential medical documentation, preferably in both digital and paper form.

7. Doping control: behaviour, rights and duties

Doping controls may take place **in-competition** (from 23:59 of the day before the event until the end of the competition and sample collection) or **out-of-competition**

(without advance notice, for example during training camps or for athletes in registered testing pools).
Once notified by authorised personnel (Doping Control Officer/Chaperone), the athlete must:

- Report promptly to the doping control station and remain under observation until the procedures are completed.
- Present valid identification.
- Be allowed to be accompanied (coach/official, and for minors a parent or guardian).
- Receive clear information about each step of the process.
- Provide urine and/or blood samples as requested; in urine testing, partial samples may be collected until sufficient volume is reached.
- Check that samples are correctly sealed and coded.

The athlete has the right to:

- Privacy during sample provision (within the limits of observing procedures).
- Make comments on the Doping Control Form (DCF).
- Receive a copy of the DCF.

The athlete has the duty to:

- Declare all recent medicines and supplements.
- Declare any existing TUE.
- Cooperate fully and avoid behaviours that can affect sample quality (e.g. deliberate over-hydration immediately before testing, refusing to comply, tampering).

Refusal to be tested, evasion, tampering with samples or obstructing the process constitutes a **separate anti-doping rule violation**, with serious consequences.
For out-of-competition testing, athletes included in whereabouts programmes must provide accurate and updated information about their location as required by the relevant rules.

8. Roles and shared responsibilities

Coaches and support staff

Coaches play a central role in shaping team culture and daily routines. Their responsibilities include:

- Defining and communicating a **clear team anti-doping policy**, supporting early discussion of doubts and concerns.
- Planning training loads and recovery, promoting adequate sleep, nutrition and stress management to reduce pressure towards shortcuts.
- Suspending the use of any medicine or supplement when there is uncertainty and seeking verification of the active substance.

- Informing athletes and families about TUE procedures, testing processes and expected behaviour during controls.
- Encouraging healthy habits and recording any products regularly used by the group.

Athletes

Athletes are responsible for:

- Keeping **traceability** of everything they take (receipts, labels, batch numbers, prescriptions, photos of packages).
- Informing coaches and, for minors, families about relevant therapies or health changes.
- Avoiding products from non-traceable sources or unlabelled samples.
- Seeking medical and anti-doping advice before using new medicines or supplements.
- Cooperating fully during testing and presenting TUE documentation when required.

Families and guardians

Families can:

- Support regular sleep, meals and balanced routines between study/work and training.
- Keep an eye on over-the-counter medicines and "natural" products, especially in competition periods.
- Promote a culture where effort, learning and respect matter more than victory at all costs.
- React early to signs of distress, unusual behaviour or unexplained supplement use by talking with coaches and health professionals.
- Help maintain documentation (receipts, labels, batch numbers) and respect medical and federation guidance.

9. Frequently asked questions (short selection)

Are all cold and flu medicines safe?

No. Many combined products contain stimulants or decongestants that may be prohibited or subject to thresholds in competition. Always check the active substances and consult a doctor or anti-doping contact.

Are herbal or "natural" products always allowed?

No. "Natural" does not mean "risk-free". Some herbal or "energy" products may contain stimulants or non-standardised extracts. Only use products that can be identified and traced.

Can I use pre-workout boosters or fat burners?

These products are among the most frequently implicated in positive tests because of undeclared substances or contamination. They should generally be avoided.

When should I apply for a TUE?
As soon as a medical need arises that involves a prohibited substance, a prohibited route or any treatment that may not be compliant in competition. For planned therapies, apply well in advance.

What should I declare during a doping control?
All medicines and supplements taken recently, relevant medical conditions and any TUE you have (or a pending TUE where retroactive applications are allowed).

How can I keep track of what I take?
A simple digital or paper log with date/time, product, active substance, dose, route, reason, source of purchase and batch number is very helpful for both health and anti-doping purposes.

10. Quick reference – "Sensitive" active substances in competition

This table is for **orientation only** and does not replace official lists.

Active substance / class (examples)	Main route	Status in-competition (general)	Practical indication
Pseudoephedrine and similar oral decongestants	Oral	Thresholds; risk of non-compliance at high or repeated doses	Avoid in competition week if possible; use non-sympathomimetic alternatives and seek medical advice
Nasal sympathomimetic decongestants	Nasal spray	Often prohibited or restricted in competition	Avoid around competitions; prefer saline or local steroid sprays as prescribed
Inhaled β_2-agonists (e.g. salbutamol, formoterol, salmeterol)	Inhalation	Permitted only within specific limits	Stick to prescribed doses; consider TUE if higher doses are needed
Systemic glucocorticoids (oral / i.m. / i.v.) and injections	Systemic / infiltration	Generally prohibited in competition	Plan therapies with wash-out; TUE required where medically indispensable
Topical/local glucocorticoids (creams, eye/ear drops, some nasal sprays)	Topical / local	Often compliant when used as directed	Verify formulation and potency; declare at testing if used
NSAIDs (ibuprofen, diclofenac, etc.)	Oral / topical	Generally permitted	Avoid combined products with stimulants or opioids

Active substance / class (examples)	Main route	Status in-competition (general)	Practical indication
Opioid analgesics (e.g. tramadol, morphine, oxycodone)	Oral / injectable	Several prohibited in competition	Prefer alternative analgesia; if unavoidable, TUE and adjusted competition schedule
Diuretics and masking agents	Oral / i.v.	Prohibited	Do not use unless strictly medically necessary and managed under anti-doping rules
Stimulants in "energy", pre-workout or slimming products	Oral	Many prohibited; high contamination risk	Avoid non-transparent blends and untested products
Cannabinoids (THC; CBD excluded)	Various	Prohibited in competition	Avoid use during the competitive season; be cautious with non-standardised products
Insulin (for diabetes)	Injectable	Requires TUE	Use under specialist supervision; keep documentation available

11. Glossary (short)

- **Strict liability:** principle by which the athlete is responsible for any substance present in their body, regardless of intention.
- **Prohibited List:** document updated annually defining prohibited substances, methods, thresholds and conditions.
- **In-competition / Out-of-competition:** time windows with different rules on what is prohibited.
- **Active substance (INN):** pharmacologically active component of a medicine; determines compliance, not the brand name.
- **Route of administration:** way a product is taken (oral, inhaled, topical, injectable, etc.).
- **Threshold:** quantitative limit beyond which a finding becomes non-compliant or requires a TUE.
- **Wash-out:** minimum time between last administration and the start of the in-competition period to respect the rules.
- **TUE (Therapeutic Use Exemption):** authorization to use a prohibited substance/method for legitimate medical reasons.

- **DCF (Doping Control Form):** official form completed during testing, recording medicines used and details of the procedure.
- **Whereabouts:** system of location information for athletes subject to out-of-competition testing.
- **Biological passport:** longitudinal monitoring of blood or steroid markers to detect abnormal patterns.
- **Masking agent:** substance or method that hides or alters the detection of other substances.
- **Contamination:** unintended presence of prohibited substances in a product that should be legal.
- **Proprietary blend:** partially undisclosed composition of a supplement; associated with higher risk.