Introduction

The ICC Anti-Doping Code has been adopted and implemented as part of the ICC's continuing efforts to: (a) maintain the integrity of the sport of cricket; (b) protect the health and rights of all participants in the sport of cricket; and (c) keep the sport of cricket free from doping.

The ICC Anti-Doping Code applies at all times to all players (men and women) who participate (or who have participated) in the last 24 months in an 'International Match'.

Players are required to be familiar with the full ICC Anti-Doping Code, which is the definitive statement of the anti-doping requirements applicable to players.

In the event of any conflict between the information contained in this pocket guide and the ICC Anti-Doping Code, the provisions of the ICC Anti-Doping Code shall apply.

The ICC Anti-Doping Code is reviewed on an annual basis to ensure it remains fit for purpose, *with any amendments being effective from 1 January every year.* A full copy of the current Code will always be available on the anti-doping section of the ICC's website (www.icc-cricket.com).

GLUE

Your Responsibilities as a Player

If you are subject to the ICC Anti-Doping Code you are ***personally responsible*** for:

- Making sure that you and every person that you take advice from (including medical personnel) are aware of and understands all of the requirements of the ICC Anti-Doping Code
- Knowing what constitutes an anti-doping rule violation under the ICC Anti-Doping Code and what substances and methods have been included on the WADA Prohibited List (which can be found online at www.wada-ama.org and www.icc-cricket.com)
- Making sure that anything you eat, drink, put into your body or use, as well as any medical treatment you receive, does not give rise to an anti-doping rule violation under the ICC Anti-Doping Code

You can be tested by the ICC on any day, 365 days of the year.

Therapeutic Use Exemption (TUE)

You may need to use a prohibited substance or a method to treat a legitimate medical condition. If this applies to you, then you must obtain a Therapeutic Use Exemption (TUE) certificate before using the prohibited substance or method. Unless there are emergency or exceptional circumstances, TUE applications must be lodged with the ICC a minimum of 30 days before you require an approved exemption, failing that the application should be sent as soon as possible.

Key steps to completing your TUE application:

1. Obtain the TUE application form from the ICC website (www.icc-cricket.com) or request a hard copy from the ICC anti-doping contacts listed on this guide
2. Complete all sections of the form

Warning: Incomplete or illegible forms will not be approved/accepted and will be returned to you for resubmission

3. Make sure that your doctor has read and signed the Medical Practitioner's Declaration
4. Read and sign the Player Declaration

Note: In addition, any player under the age of 18 will also need the signature of a parent/guardian.

5. Send the TUE application form to the ICC as soon as possible

More information on TUEs can be found on the anti-doping section of the ICC website (www.icc-cricket.com).

Note on TUEs: If you have already obtained a TUE from another anti-doping organisation (such as your National Cricket Federation or a National Anti-Doping Organisation), you may apply to have that TUE recognised by the ICC. You must send a copy of the TUE certificate, the original TUE application with supporting documentation, together with a covering letter requesting the ICC to recognise the exemption. Unless and until such recognition is communicated to you, you use the prohibited substance or method in issue entirely ***at your own risk.***

In all other circumstances, you may not assume that your application for a TUE will be granted. Again, your use of the prohibited substance or method in issue before approval of your TUE application, or recognition of another anti-doping organisation's TUE is ***at your own risk.***

WHEREABOUTS

These ICC whereabouts rules have seen the development of two pools of players, (i) International Registered Testing Pool (IRTP) and (ii) National Player Pool (NPP). Players included in each pool are required to provide whereabouts information specific to their respective pool as detailed in the current 'Whereabouts Requirements for Out-of-Competition Testing' and in the respective documents 'About the IRTP' and 'About the NPP' available on the anti-doping section of the ICC website (www.icc-cricket.com). Any person who is included in either pool will receive formal notification from the ICC.

INTERNATIONAL REGISTERED TESTING POOL (IRTP)

If you have been notified that you are in the ICC's IRTP, it is your personal responsibility to:

- be familiar with the process and requirements for submitting certain information relating to your 'whereabouts'
- ensure you submit your 'whereabouts' information on time for the following quarter (3 months)
- update that whereabouts information as necessary, so that it remains accurate and complete at all times
- make sure that you are available for testing at the times and places you have submitted on your 'whereabouts'

NATIONAL PLAYER POOL (NPP)

If you have received notification that you are in the NPP, it is your personal responsibility (amongst other things) to:

- file the required domestic cricket whereabouts information on a monthly basis for every day during the respective month
- on each day in the month that you have no domestic (home or foreign domestic) cricket activities, indicate whether it is because either (a) you have no cricket activities; or (b) you are with your international team
- ensure that all of the information you provide in your cricket whereabouts filing is accurate and in sufficient detail to enable a Doping Control Officer to locate you for Testing at or during any of your domestic cricket related activities
- update your domestic (both home and foreign domestic) cricket whereabouts information if your plans change
- make sure that you are available for testing at the times and places you have submitted on your 'whereabouts'

All IRTP & NPP forms, instructions and help documents are available on the anti-doping section of the ICC website (www.icc-cricket.com).

You might also be included in other Registered Testing Pools, whether established by your National Cricket Federation (NCF) or National Anti-Doping Organisation. The ICC will liaise with the other organisation and agree on how you should file your 'whereabouts' information to avoid any duplication.

Sample Collection Procedure

Testing under the ICC Anti-Doping Code will be conducted both in-competition and out-of-competition. This means that all players can be tested at any time on any day of the year whether during an 'International Match' (in-competition) or at any other time, including when on holiday (out-of-competition).

The testing procedures outlined in this guide follow the most recent version of the International Standard for Testing, which is published from time to time by the World Anti Doping Agency (WADA).

Summary of Sample Collection/ Testing Procedure

1. If you have been selected to provide a urine sample, you will be notified by a Doping Control Officer (DCO) or Chaperone. They will carry identification and will ask you for some form of identification.
2. Following notification, you will be followed by a DCO or Chaperone at all times and will be required to report to the doping control station as soon as possible, and no later than one hour after notification.
3. The Chaperone will observe you from the moment that you are notified of your selection until you provide your sample. You will not be allowed to go to the toilet unsupervised until you have provided your sample.

4. You are advised to drink the secure beverages supplied in the Doping Control Station until you have provided your urine sample. If you choose to consume foods or fluids not supplied in the doping control station, you do so **at your own risk.**
5. Upon arrival at the doping control station, the procedures will be explained to you and you will be given the opportunity to ask any questions that you might have.
6. You will be asked to select two types of containers from a selection of sealed containers. You should check those that you select have not been tampered with. Firstly, you will need to select a sealed collection vessel which will be used to collect your urine sample. Then you will need to select the sample kit (which contains the 'A' and 'B' sample containers) into which you will split your sample. The sample containers are the ones that will be sent to the laboratory for testing.

You can be tested by the ICC on any day, 365 days of the year.

7. You will be required to provide a urine sample under direct supervision and observation of a DCO of the same gender. If your sample is not enough, it shall be sealed and you will be required to provide more until enough has been collected.
8. The DCO will also check that your sample is suitable for analysis. If the sample is too weak, you will be required to provide more samples until it is suitable.
9. You will then be asked to divide and seal your sample between the 'A' and 'B' sample containers. The DCO will not handle any of the equipment during the procedure.
10. Once sealed, the DCO will check in full view of the player that the bottles have been properly sealed before placing them in a box.

11. The DCO will record the code number of the 'A' and 'B' bottles on the doping control form. You should take care to check the form, making sure the information is accurate and correct. You should also declare any substances or medication you have taken during the past seven days. If you have a Therapeutic Use Exemption (TUE) you should note down the details. You will then be asked to complete and sign the doping control form. A copy will be given to you which you should keep in a safe place.
12. If you have any concerns about the testing process you should write them down on your form and report your concerns to the ICC Anti-Doping Manager and your Team Manager straight away.

The 2013 Prohibited List

The WADA Prohibited List is the list of prohibited substances and methods incorporated into the ICC Anti-Doping Code. This is the list that players should use to determine what is prohibited in and out-of-competition.

The list is updated annually and comes into effect on ***1 January each year***. Therefore, with effect from 1 January 2013, the 2013 WADA Prohibited List will replace the 2012 Prohibited List. The Prohibited List can be found on the WADA website (www.wada-ama.org) or ICC website (www.icc-cricket.com).

In accordance with Article 4.2.2 of the World Anti-Doping Code, all Prohibited Substances shall be considered as "Specified Substances" except Substances in classes S1, S2, S4.4, S4.5, S6.a and Prohibited Methods M1, M2 and M3.

Warning on dietary supplements

Supplements can take the form of sports drinks, gels and bars, carbohydrate supplements, protein supplements, meal replacements, weight loss and weight gain products, vitamins and minerals including antioxidants, herbs, homeopathic remedies or traditional medicines.

Unlike pharmaceutical products, the manufacture and distribution of supplements is not regulated. *Some products may therefore contain ingredients not listed on the label.*

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES (In & Out-of-Competition)

Prohibited Substances

S0. NON-APPROVED SUBSTANCES

Any pharmacological substance which is not addressed by any of the subsequent sections of the List and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS, including:

1-androstenediol (5α-androst-1-ene-3β,17β-diol);
1-androstenedione (5α-androst-1-ene-3,17-dione);
bolandiol (estr-4-ene-3β,17β-diol);
bolasterone;
boldenone;
boldione (androsta-1,4-diene-3,17-dione);
calusterone;
clostebol;
danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17α-ol);
dehydrochlormethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol);
drostanolone;
ethylestrenol (19-norpregna-4-en-17α-ol);
fluoxymesterone;
formebolone;
furazabol (17α-methyl[1,2,5]oxadiazolo[3',4':2,3]-5α-androstan-17β-ol);
gestrinone;
4-hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one);
mestanolone;
mesterolone;
metenolone;
methandienone (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
methandriol;
methasterone (17β-hydroxy-2α, 17α-dimethyl-5α-androstan-3-one);
methyldienolone (17β-hydroxy-17α-methylestra-4,9-dien-3-one);
methyl-1-testosterone (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one);
methylnortestosterone (17β-hydroxy-17α-methylestr-4-en-3-one);
methyltestosterone;
metribolone (methyltrienolone, 17β-hydroxy-17α-methylestra-4,9,11-trien-3-one);
mibolerone;
nandrolone;
19-norandrostenedione (estr-4-ene-3,17-dione);
norboletone;
norclostebol;
norethandrolone;
oxabolone;
oxandrolone;
oxymesterone;
oxymetholone;
prostanozol (17β-[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5α-androstane);
quinbolone;
stanozolol;
stenbolone;
1-testosterone (17β-hydroxy-5α-androst-1-en-3-one);
tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one);
trenbolone (17-hydroxyestr-4,9,11-trien-3-one);
and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS when administered exogenously:

androstenediol (androst-5-ene-3β,17β-diol);
androstenedione (androst-4-ene-3,17-dione);
dihydrotestosterone (17β-hydroxy-5α-androstan-3-one);
prasterone (dehydroepiandrosterone, DHEA 3β-hydroxyandrost-5-en-17-one);
testosterone
and their metabolites and isomers, including but not limited to:
5α-androstane-3α, 17α-diol;
5α-androstane-3α, 17β-diol;
5α-androstane-3β, 17α-diol;
5α-androstane-3β, 17β-diol;
androst-4-ene-3α, 17α-diol;
androst-4-ene-3α, 17β-diol;
androst-4-ene-3β, 17α-diol;
androst-5-ene-3α, 17α-diol;
androst-5-ene-3α, 17β-diol;
androst-5-ene-3β, 17α-diol;
4-androstenediol (androst-4-ene-3β,17β-diol);
5-androstenedione (androst-5-ene-3,17-dione);
epi-dihydrotestosterone;
epitestosterone;
etiocholanolone;
3α-hydroxy-5α-androstan-17-one;
3β-hydroxy-5α-androstan-17-one;
7α-hydroxy-DHEA;
7β-hydroxy-DHEA;
7-keto-DHEA;
19-norandrosterone;
19-noretiocholanolone.

2. Other Anabolic Agents, including but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs), tibolone, zeranol, zilpaterol.

For purposes of this section:
* "exogenous" refers to a substance which is not ordinarily capable of being produced by the body naturally.
** "endogenous" refers to a substance which is capable of being produced by the body naturally.

S2. PEPTIDE HORMONES, GROWTH FACTORS & RELATED SUBSTANCES

The following substances and their releasing factors, are prohibited:

1. **Erythropoiesis-Stimulating Agents [e.g. erythropoietin (EPO), darbepoetin (dEPO), hypoxia-inducible factor (HIF) stabilizers, methoxy polyethylene glycol-epoetin beta (CERA), peginesatide (Hematide)];**
2. **Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH)** in males;
3. **Corticotrophins;**
4. **Growth Hormone (GH), Insulin-like Growth Factor-1 (IGF-1), Fibroblast Growth Factors (FGFs), Hepatocyte Growth Factor (HGF), Mechano Growth Factors (MGFs), Platelet-Derived Growth Factor (PDGF), Vascular-Endothelial Growth Factor (VEGF)** as well as any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching;

and other substances with similar chemical structure or similar biological effect(s).

S3. BETA-2 AGONISTS

All beta-2 agonists including all optical isomers (e.g. *d*- and *l*-) where relevant are prohibited except inhaled salbutamol (maximum 1600 micrograms over 24 hours), inhaled formoterol (maximum delivered dose 54 micrograms over 24 hours) and salmeterol when taken by inhalation in accordance with the manufacturers' recommended therapeutic regimen.

The presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40ng/mL is presumed not to be an intended therapeutic use of the substance and will be considered as an *Adverse Analytical Finding* unless the *Athlete* proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of the therapeutic inhaled dose up to the maximum indicated above.

S4. HORMONE & METABOLIC MODULATORS

The following are prohibited:

1. **Aromatase inhibitors** including, but not limited to: **aminoglutethimide, anastrozole, androsta-1,4,6-triene-3,17-dione (androstatrienedione), 4-androstene-3,6,17 trione (6-oxo), exemestane, formestane, letrozole, 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.**
4. **Agents modifying myostatin function(s)** including, but not limited, to: **myostatin inhibitors.**
5. **Metabolic modulators: a) Insulins b) Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists (e.g. GW 1516), PPARδ-AMP-activated protein kinase (AMPK) axis agonists (e.g. AICAR).**

S5. DIURETICS & OTHER MASKING AGENTS

Masking agents are prohibited. They include:
Diuretics, desmopressin, plasma expanders (e.g. **glycerol**; intravenous administration of **albumin, dextran, hydroxyethyl starch and mannitol), probenecid;** and other substances with similar biological effect(s). Local administration of felypressin in dental anaesthesia is not prohibited.
Diuretics include:
Acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. **bendroflumethiazide, chlorothiazide, hydrochlorothiazide**), **triamterene,** and other substances with a similar chemical structure or similar biological effect(s) (except drospirenone, pamabrom and topical dorzolamide and brinzolamide, which are not prohibited).

The use *In-* and *Out-of-Competition*, as applicable, of any quantity of a substance subject to threshold limits (i.e. formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine) in conjunction with a diuretic or other masking agent requires the deliverance of a specific Therapeutic Use Exemption for that substance in addition to the one granted for the diuretic or other masking agent.

Prohibited Methods

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:
1. The administration or reintroduction of any quantity of autologous, homologous or heterologous blood or red blood cell products of any origin into the circulatory system.
2. 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), excluding supplemental oxygen.
3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M2. CHEMICAL & PHYSICAL MANIPULATION

The following are prohibited:
1. Tampering, or attempting to tamper, in order to alter the integrity and validity of *Samples* collected during *Doping Control*. These include but are not limited to urine substitution and/or adulteration (e.g. proteases).
2. Intravenous infusions and/or injections of more than 50 mL per 6 hour period except for those legitimately received in the course of hospital admissions or clinical investigations.

M3. GENE DOPING

The following, with the potential to enhance sport performance, are prohibited:
1. The transfer of polymers of nucleic acids or nucleic acid analogues;
2. The use of normal or genetically modified cells.

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

In addition to the categories S0 to S5 and M1 to M3, the following categories are prohibited *In-Competition*:

Prohibited Substances

S6. STIMULANTS

All stimulants, including all optical isomers (e.g. *d*- and *l*-) where relevant are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2013 Monitoring Program*.

Stimulants include:

a: Non Specified Stimulants:
adrafinil;
amfepramone;
amiphenazole;
amphetamine;
amphetaminil;
benfluorex
benzphetamine;
benzylpiperazine;
bromantan;
clobenzorex;
cocaine;
cropropamide;
crotetamide;
dimethylamphetamine;
etilamphetamine;
famprofazone;
fencamine;
fenetylline;
fenfluramine;
fenproporex;
furfenorex;
mefenorex;
mephentermine;
mesocarb;
methamphetamine(*d*-);
p-methylamphetamine;
methylenedioxyamphetamine;
methylenedioxymethamphetamine;
modafinil;
norfenfluramine;
phendimetrazine;
phenmetrazine;
phentermine;
4-phenylpiracetam(carphedon);
prenylamine;
prolintane.

A stimulant not expressly listed in this section is a Specified Substance.

b: Specified Stimulants (examples):
adrenaline**;
cathine***;
ephedrine****;
etamivan;
etilefrine;
fenbutrazate;
fencamfamin;
heptaminol;
isometheptene;
levmetamfetamine;
meclofenoxate;
methylephedrine****;
methylhexaneamine (dimethylpentylamine);
methylphenidate;
nikethamide;
norfenefrine;
octopamine;
oxilofrine (methylsynephrine);
parahydroxyamphetamine;
pemoline;
pentetrazol;
phenpromethamine;
propylhexedrine;
pseudoephedrine*****;
selegiline;
sibutramine;
strychnine;
tuaminoheptane;
and other substances with a similar chemical structure or similar biological effect(s).

* The following substances included in the 2013 Monitoring Program (bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradol, synephrine) are not considered as Prohibited Substances.

** Local administration (e.g. nasal, ophthalmologic) of **Adrenaline** or co-administration with local anaesthetic agents is not prohibited.

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

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

***** **Pseudoephedrine** is prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

S7. NARCOTICS

The following are prohibited:
Buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

S8. CANNABINOIDS

Natural (e.g. cannabis, hashish, marijuana) or synthetic delta 9-tetrahydrocannabinol (THC) and cannabimimetics (e.g. "Spice" JWH018, JWH073, HU-210) are prohibited.

S9. GLUCOCORTICOSTEROIDS

All glucocorticosteroids are prohibited when administered by oral, intravenous, intramuscular or rectal routes.