

Ice Hockey Queensland Inc Policy Document

Alcohol, Tobacco, and Drug Use

Policy Objective

- To provide alcohol free environment for players under the age of 18
- To promote to responsible use of alcohol by individuals over the age of 18
- To provide a tobacco and drug free environment for all individuals
- To ensure the use any drugs are for a medically justified indications

Policy

No individual in the team contingent regardless of age will consume alcohol, tobacco, or drugs while participating in an IHQ sponsored practice, game, event or while travelling in team designated transport to or from an IHQ sponsored practice, game or event. The only exception to this rule is for individuals who have received a **Therapeutic Use Exemption** (or its equivalent) from Ice Hockey Australia. Drugs shall be considered to all substances listed on the World Anti-Doping Agency Prohibited list.

It is recognized that some rinks and locations where hospitality is provided at practices, games and events are on licensed premises. These are the only areas at where alcohol should be consumed and only by individuals age 18 and over.

Minors found possessing any alcohol, tobacco, or drugs will have these items confiscated, and will be subject to further discipline.

No members of IHQ regardless of age shall allow themselves to become intoxicated at any IHQ event or in team accommodations.

Adults (individuals age 18 and over) shall not consume alcohol, tobacco, or drugs in designated team accommodations where minors are also billeted, nor shall they be under the influence of alcohol or drugs at any time they are performing their official duties during an IHQ sponsored game or event. Subject to the policy requirement

respecting appropriate behavior, parents may consume alcohol as permitted by law in team accommodations provided there are no minor age players present or are billeted who are not related to the parent.

Any breach of the above policy by an individual at an IHQ sponsored practice, game, sponsored event, or in team accommodation will be subject to discipline as outlined out in IHQ's Violation Code.

Drugs are substances defined on the World Anti-Doping Agency's Prohibited List.

Authority	Ice Hockey Queensland Inc Executive on 14 October 2008 <i>Associations Incorporation Act 1981 (Qld)</i> <i>Associations Incorporation Regulation 1999 (Qld)</i>
Application	IHQ Inc and all of its affiliates
Policy No. B27/2008	Review date October 2011 Effective from 15 October 2008



The World Anti-Doping Code

THE 2008 PROHIBITED LIST INTERNATIONAL STANDARD

The official text of the *Prohibited List* shall be maintained by *WADA* and shall be published in English and French. In the event of any conflict between the English and French versions, the English version shall prevail.

This List shall come into effect on 1 January 2008

THE 2008 PROHIBITED LIST WORLD ANTI-DOPING CODE

Valid 1 January 2008

The use of any drug should be limited to medically justified indications

SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous

* AAS, including:

1-androstendiol (5 α -androst-1-ene-3 β ,17 β -diol); **1-androstendione** (5 α -androst-1-ene-3,17-dione); **bolandiol** (19-norandrostenediol); **bolasterone**; **boldenone**; **boldione** (androsta-1,4-diene-3,17-dione); **calusterone**; **clostebol**; **danazol** (17 α -ethynyl-17 β -hydroxyandrost-4-eno[2,3-d]isoxazole); **dehydrochlormethyltestosterone** (4-chloro-17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one); **desoxymethyltestosterone** (17 α -methyl-5 α -androst-2-en-17 β -ol); **drostanolone**; **ethylestrenol** (19-nor-17 α -pregn-4-en-17-ol); **fluoxymesterone**; **formebolone**; **furazabol** (17 β -hydroxy-17 α -methyl-5 α -androstano[2,3-c]-furazan); **gestrinone**; **4-hydroxytestosterone** (4,17 β -dihydroxyandrost-4-en-3-one); **mestanolone**; **mesterolone**; **metenolone**; **methandienone** (17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one); **methandriol**; **methasterone** (2 α , 17 α -dimethyl-5 α -androstane-3-one-17 β -ol); **methyldienolone** (17 β -hydroxy-17 α -methylestra-4,9-dien-3-one); **methyl-1-testosterone** (17 β -hydroxy-17 α -methyl-5 α -androst-1-en-3-one); **methylnortestosterone** (17 β -hydroxy-17 α -methylestr-4-en-3-one); **methyltrienolone** (17 β -hydroxy-17 α -methylestra-4,9,11-trien-3-one); **methyltestosterone**; **mibolerone**; **nandrolone**; **19-norandrostenedione** (estr-4-ene-3,17-dione); **norboletone**; **norclostebol**; **norethandrolone**; **oxabolone**; **oxandrolone**; **oxymesterone**; **oxymetholone**; **prostanazol** ([3,2-c]pyrazole-5 α -etioallocholane-17 β -tetrahydropyranol); **quinbolone**; **stanozolol**; **stenbolone**; **1-testosterone** (17 β -hydroxy-5 α -androst-1-en-3-one); **tetrahydrogestrinone** (18 α -homo-pregna-4,9,11-trien-17 β -ol-3-one);

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

b. Endogenous

** AAS:

— **androstenediol** (androst-5-ene-3 β ,17 β -diol); **androstenedione** (androst-4-ene-3,17-dione); **dihydrotestosterone** (17 β -hydroxy-5 α -androstan-3-one) ; **prasterone** (dehydroepiandrosterone, DHEA); **testosterone** and the following metabolites and isomers:

5 α -androstane-3 α ,17 α -diol; 5 α -androstane-3 α ,17 β -diol; 5 α -androstane-3 β ,17 α -diol; 5 α -androstane-3 β ,17 β -diol; androst-4-ene-3 α ,17 α -diol; androst-4-ene-3 α ,17 β -diol; androst-4-ene-3 β ,17 α -diol; androst-5-ene-3 α ,17 α -diol; androst-5-ene-3 α ,17 β -diol; androst-5-ene-3 β ,17 α -diol; 4-androstenediol (androst-4-ene-3 β ,17 β -diol); 5-androstenedione (androst-5-ene-3,17-dione); epi-dihydrotestosterone; 3 α -hydroxy-5 α -androstan-17-one; 3 β -hydroxy-5 α -androstan-17-one; 19-norandrosterone; 19-noretiocholanolone.

Where an anabolic androgenic steroid is capable of being produced endogenously, a *Sample* will be deemed to contain such *Prohibited Substance* and an *Adverse Analytical Finding* will be reported where the concentration of such *Prohibited Substance* or its metabolites or markers and/or any other relevant ratio(s) in the

Athlete's Sample so deviates from the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. A *Sample* shall not be deemed to contain a *Prohibited Substance* in any such case where an *Athlete* proves that the concentration of the *Prohibited Substance* or its metabolites or markers and/or the relevant ratio(s) in the *Athlete's Sample* is attributable to a physiological or pathological condition. In all cases, and at any concentration, the *Athlete's Sample* will be deemed to contain a *Prohibited Substance* and the laboratory will report an *Adverse Analytical Finding* if, based on any reliable analytical method (e.g. IRMS), the laboratory can show that the *Prohibited Substance* is of exogenous origin. In such case, no further investigation is necessary.

When a value does not so deviate from the range of values normally found in humans and any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, but if there are indications, such as a comparison to endogenous reference steroid profiles, of a possible *Use* of a *Prohibited Substance*, or when a laboratory has reported a T/E ratio greater than four (4) to one (1) and any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, further investigation shall be conducted by the relevant *Anti-Doping Organization* by reviewing the results of any previous test(s) or by conducting subsequent test(s). When such further investigation is required the result shall be reported by the laboratory as atypical and not as adverse. If a laboratory reports, using an

additional reliable analytical method (e.g. IRMS), that the *Prohibited Substance* is of exogenous origin, no further investigation is necessary, and the *Sample* will be deemed to contain such *Prohibited Substance*. When an additional reliable analytical method (e.g. IRMS) has not been applied, and the minimum of three previous test results are not available, a longitudinal profile of the *Athlete* shall be established by performing three no-advance notice tests in a period of three months by the relevant *Anti-Doping Organization*. The result that triggered this longitudinal study shall be reported as atypical. If the longitudinal profile of the *Athlete* established by the subsequent tests is not physiologically normal, the result shall then be reported as an *Adverse Analytical Finding*. In extremely rare individual cases, boldenone of endogenous origin can be consistently found at very low nanograms per milliliter (ng/mL) levels in urine. When such a very low concentration of boldenone is reported by a laboratory and the application of any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, further investigation may be conducted by subsequent test(s). For 19-norandrosterone, an *Adverse Analytical Finding* reported by a laboratory is considered to be scientific and valid proof of exogenous origin of the *Prohibited Substance*. In such case, no further investigation is necessary. Should an *Athlete* fail to cooperate in the investigations, the *Athlete's Sample* shall be deemed to contain a *Prohibited Substance*.

**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. HORMONES AND RELATED SUBSTANCES

The following substances and their releasing factors, are prohibited: **1. Erythropoietin (EPO); 2. Growth Hormone (hGH), Insulin-like Growth Factors (e.g. IGF-1), Mechano Growth Factors (MGFs); 3. Gonadotrophins (e.g. LH, hCG), prohibited in males only;**

4. Insulins; 5. Corticotrophins.

and other substances with similar chemical structure or similar biological effect(s). Unless the *Athlete* can demonstrate that the concentration was due to a physiological or pathological condition, a *Sample* will be deemed to contain a

Prohibited Substance (as listed above) where the concentration of the *Prohibited Substance* or its metabolites and/or relevant ratios or markers in the *Athlete's Sample* so exceeds the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. If a laboratory reports, using a reliable analytical method, that the *Prohibited*

Substance is of exogenous origin, the *Sample* will be deemed to contain a *Prohibited Substance* and shall be reported as an *Adverse Analytical Finding*.

S3. BETA-2 AGONISTS

All beta-2 agonists including their D- and L-isomers are prohibited. As an exception, formoterol, salbutamol, salmeterol and terbutaline when administered by inhalation, require an abbreviated Therapeutic Use Exemption. Despite the granting of any form of Therapeutic Use Exemption, a concentration of salbutamol (free plus glucuronide) greater than 1000 ng/mL will be considered an *Adverse Analytical Finding* unless the *Athlete* proves that the abnormal result was the consequence of the therapeutic use of inhaled salbutamol.

S4. HORMONE ANTAGONISTS AND MODULATORS

The following classes are prohibited:

1. Aromatase inhibitors including, but not limited to: **anastrozole, letrozole, aminoglutethimide, exemestane, formestane, 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.**

S5. DIURETICS AND OTHER MASKING AGENTS

Masking agents are prohibited. They include:

Diuretics* **dehydroepiandrosterone, probenecid, alpha-reductase inhibitors (e.g. finasteride, dutasteride), plasma expanders (e.g. albumin, dextran, hydroxyethyl starch)** and other substances with similar biological effect(s).

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 for drosperinone, which is not prohibited).

* A Therapeutic Use Exemption is not valid if an *Athlete's* urine contains a diuretic in association with threshold or sub-threshold levels of a *Prohibited Substance(s)*.

PROHIBITED METHODS

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

1. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin. 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).

M2. CHEMICAL AND PHYSICAL MANIPULATION

1. *Tampering*, or attempting to tamper, in order to alter the integrity and validity of *Samples* collected during *Doping Controls* is prohibited. These include but are not limited to catheterisation, urine substitution and/or alteration. 2. Intravenous infusion is prohibited. In an acute medical situation where this method is deemed necessary, a retroactive Therapeutic Use Exemption will be required.

M3. GENE DOPING

The non-therapeutic use of cells, genes, genetic elements, or of the modulation of gene expression, having the capacity to enhance athletic performance, is prohibited.

A stimulant not expressly mentioned as an example under this section should be considered as a Specified Substance only if the *Athlete* can establish that the substance is particularly susceptible to unintentional anti-doping rule violations because of its general availability in medicinal products or is less likely to be successfully abused as a doping agent.

S7. NARCOTICS

The following narcotics are prohibited:

Buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

S8. CANNABINOIDS

Cannabinoids (e.g. hashish, marijuana) are prohibited.

S9. GLUCOCORTICOSTEROIDS

All glucocorticosteroids are prohibited when administered orally, rectally, intravenously or intramuscularly. Their use requires a Therapeutic Use Exemption approval. Other routes of administration (intraarticular /periarticular/ peritendinous/ epidural/ intradermal injections and inhalation) require an Abbreviated Therapeutic Use Exemption except as noted below. Topical preparations when used for dermatological (including iontophoresis/phonophoresis), auricular, nasal, ophthalmic, buccal, gingival and perianal disorders are not prohibited and do not require any form of Therapeutic Use Exemption.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1. ALCOHOL

Alcohol (ethanol) is prohibited *In-Competition* only, in the following sports. Detection will be conducted by analysis of breath and/or blood. The doping violation threshold (haematological values) for each Federation is reported in parenthesis.

- | | |
|---|---|
| <input type="checkbox"/> Aeronautic (FAI) (0.20 g/L) | <input type="checkbox"/> Karate (WKF) (0.10 g/L) |
| <input type="checkbox"/> Archery (FITA, IPC) (0.10 g/L) | <input type="checkbox"/> Modern Pentathlon (UIPM) (0.10 g/L) for disciplines involving shooting |
| <input type="checkbox"/> Automobile (FIA) (0.10 g/L) | <input type="checkbox"/> Motorcycling (FIM) (0.10 g/L) |
| <input type="checkbox"/> Boules (IPC bowls) (0.10 g/L) | |
| <input type="checkbox"/> Powerboating (UIM) (0.30 g/L) | |

P2. BETA-BLOCKERS

Unless otherwise specified, beta-blockers are prohibited *In-Competition* only, in the following sports.

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|---|--|
| <input type="checkbox"/> Aeronautic (FAI) | <input type="checkbox"/> Modern Pentathlon (UIPM) for disciplines involving shooting |
| <input type="checkbox"/> Archery (FITA, IPC) (also prohibited <i>Out-of-Competition</i>) | <input type="checkbox"/> Nine-pin bowling (FIQ) |
| <input type="checkbox"/> Automobile (FIA) | <input type="checkbox"/> Powerboating (UIM) |
| <input type="checkbox"/> Billiards (WCBS) | <input type="checkbox"/> Sailing (ISAF) for match race helms only |
| <input type="checkbox"/> Bobsleigh (FIBT) | <input type="checkbox"/> Shooting (ISSF, IPC) (also prohibited <i>Out-of-Competition</i>) |
| <input type="checkbox"/> Boules (CMSB, IPC bowls) | <input type="checkbox"/> Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air |
| <input type="checkbox"/> Bridge (FMB) | |
| <input type="checkbox"/> Curling (WCF) | |
| <input type="checkbox"/> Gymnastics (FIG) | |
| <input type="checkbox"/> Motorcycling (FIM) | |
| <input type="checkbox"/> Wrestling (FILA) Beta-blockers include, but are not limited to, the following: | |

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

SPECIFIED SUBSTANCES*

"Specified Substances"* are listed below:

- All inhaled Beta-2 Agonists, except salbutamol (free plus glucuronide) greater than 1000 ng/mL and clenbuterol (listed under S1.2: Other Anabolic Agents);
- Alpha-reductase inhibitors, probenecid;
- Cathine, cropropamide, crotetamide, ephedrine, etamivan, famprofazone, heptaminol, isometheptene, levmethamphetamine, meclofenoxate, p-methylamphetamine, methylephedrine, nikethamide, norfenefrine, octopamine, ortetamine, oxilofrine, phenpromethamine, propylhexedrine, selegiline, sibutramine, tuaminoheptane, and any other stimulant not expressly listed under section S6 for which the Athlete establishes that it fulfils the conditions described in section S6;
- Cannabinoids;
- All Glucocorticosteroids;
- Alcohol;
- All Beta Blockers.

* *"The Prohibited List may identify specified substances which are particularly susceptible to unintentional anti-doping rule violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents."* A doping violation involving such substances may result in a reduced sanction provided that the *"...Athlete can establish that the Use of such a specified substance was not intended to enhance sport performance..."*