WORLD ANTI-DOPING AGENCY
play true

Stakeholder Notice regarding potential diuretic contamination cases[1]

Following the introduction of new reporting requirements as from 1 June 2021, the World Anti-Doping Agency (*WADA*) is pleased to publish this Stakeholder Notice with instructions for the reporting, investigation, and *Results Management* of potential diuretic contamination cases.

A. New reporting requirements for certain diuretics

The use of diuretics without a *TUE* is prohibited at all time and at any concentration, because diuretics may be abused (a) to mask the presence in urine of other *Prohibited Substances*; and/or (b) to induce artificial weight loss in sports/disciplines where *Athletes* need to meet weight criteria.

However, trace quantities of six specific diuretics (acetazolamide, bumetanide, furosemide, hydrochlorothiazide, torasemide, and triamterene) have been found as contaminants in oral pharmaceutical products, including both products available by prescription and products available over the counter. While these products are still compliant with purity levels required by good manufacturing practices, the trace quantities may be sufficient to cause an *Adverse Analytical Finding* in a *Sample* collected from an *Athlete* who took such a product, due to the improved sensitivity of the testing methods used by *WADA*-accredited laboratories.

A working group of scientific and legal experts (the 'Contaminants Working Group') conducted a thorough assessment of this issue. They concluded that the ingestion of pharmaceutical products contaminated with a diuretic may lead to the presence of the diuretic in an *Athlete's* urine *Sample* at low concentrations, not greater than 20 ng/mL. At such concentrations, a diuretic would not be effective to mask the presence of any other *Prohibited Substances* that may be present in the *Sample*.

Consequently, on the recommendation of the Contaminants Working Group, on 20 May 2021 *WADA's* Executive Committee approved the following changes to the requirements for the reporting of diuretics by *WADA*-accredited laboratories, with effect from 1 June 2021:[2]

1. Subject to paragraph 2 below, a *Minimum Reporting Level* (*MRL*) of 20 ng/mL shall be established for acetazolamide, bumetanide, furosemide, hydrochlorothiazide, torasemide, and triamterene, so that the presence of one or more of these diuretics or their *Metabolite*(s) in an *Athlete's* urine *Sample* at an estimated concentration at or below (≤) 20 ng/mL shall not be reported either as an *Adverse Analytical Finding* or as an *Atypical Finding*.

   Rationale: The new *MRL* for the six diuretics named above will minimize the risk of sanctioning *Athletes* who test positive due to the use of contaminated medications, without undermining the fight for clean sport.

[1] Unless otherwise indicated, words or phrases in italics and/or underlined have the meaning given to them in the World Anti-Doping Code and/or the International Standards.

[2] As an interim measure, while the TD2019MRPL is under review, these are reflected in a new Technical Letter 24 - *Minimum Reporting Level* for Certain Diuretics that are Known Contaminants of Pharmaceutical Products (TL 24).

2. As the sole exception to this new *MRL* for acetazolamide, bumetanide, furosemide, hydrochlorothiazide, torasemide, and triamterene, where a *Sample* is collected from an *Athlete* participating in a sport or discipline that uses weight classes, *WADA*-accredited laboratories shall report the presence of one or more of these six named diuretics or their *Metabolite*(s) at an estimated concentration equal to or below (≤) the *MRL* of 20 ng/mL as an *Atypical Finding*, triggering a mandatory investigation by the *Results Management* Authority to determine whether an anti-doping rule violation should be asserted.

   Rationale: Diuretics may be abused to induce weight loss in sports/disciplines where *Athletes* need to meet weight criteria. This risk exists both *In-* and *Out-Of-Competition*. Therefore when a laboratory reports an *Atypical Finding* in the form of the presence of one or more of the six diuretics identified above (or their *Metabolite*(s)) at an estimated concentration of 20 ng/mL or less in the *Sample* of an *Athlete* competing in such a sport or discipline, the *Results Management* Authority shall conduct an investigation to determine whether it is appropriate in all the circumstances to bring proceedings asserting the commission of an anti-doping rule violation.

This exception applies in respect of *Athletes* competing in the following sports/disciplines:

SPORT	DISCIPLINE
Arm Wrestling	Arm Wrestling
Bodybuilding	Bodybuilding
Boxing	Boxing
Ju-Jitsu	All
Judo	Judo
Karate	Karate
Kickboxing	All
Muaythai	Muaythai
Powerlifting	All
Sambo	Sambo
Savate	All
Sumo	Sumo
Taekwondo	Sparring
Tug of War	Tug of War
Weightlifting	Weightlifting
Wrestling	All
Wushu	Sanda

PARA SPORT	DISCIPLINE
Powerlifting	Para-Powerlifting
Arm Wrestling	Para-Arm Wrestling
Judo	Para-Judo
Taekwondo	Para-Taekwondo-Kyorugi

B. The investigation of an *Atypical Finding*

When a *Results Management* Authority receives an *Atypical Finding* from a *WADA*-accredited laboratory for any of acetazolamide, bumetanide, furosemide, hydrochlorothiazide, torasemide, or triamterene, or their *Metabolite(s*), in a *Sample* collected from an *Athlete* competing in one of the above-listed sports/disciplines, it shall take the following investigative steps:

1. Conduct a review in accordance with Article 5.2 of the *International Standard* for *Results Management* to determine (a) whether an applicable *TUE* has been granted or will be granted for the diuretic in question; or (b) whether there is any apparent departure from the *International Standard* for *Testing* and *Investigations* or the *International Standard* for *Laboratories* that caused the *Atypical Finding*. If so, no further action shall be taken in respect of the *Atypical Finding*. If not, the further investigative steps set out below shall be followed.

2. As soon as possible, and in any event before notifying the *Athlete* of the *Atypical Finding*, collect another urine *Sample* from the *Athlete* in a *No Advance Notice* test.

3. Review the *Athlete's* steroid *Athlete Biological Passport* as well as the *Athlete's* prior *Testing* history for any potential abnormalities.

4. Look at the *Doping Control* form filled out by the *Athlete* when they gave the *Sample* that returned the *Atypical Finding*. All prescription and non-prescription pharmaceutical products (generic and brand name) that the *Athlete* declared to have used within the last 7 days should be considered as possible contamination sources.

5. Determine (e.g., from the *Athlete's* recent whereabouts filings) the *Athlete's* competition schedule before and after the collection of the *Sample* that returned the *Atypical Finding*, as well as the proximity of the *Sample* collection session to competition weigh-ins. Assess this information for indications of the *Athlete's* potential use of the diuretic in question to manipulate body weight.

6. Contact and interview the *Athlete* about the circumstances of the *Atypical Finding*, including determining: (A) their competition schedule and timing of competition weigh-ins (see para 5, above); and (B) their use of pharmaceutical products. Seek full disclosure of products, dosage, timing and frequency of ingestion, as well as records confirming prescription of products (where applicable) and purchase/delivery receipts confirming acquisition of products.

7. Determine if the *Athlete* still possesses any of the pharmaceutical products used at the time of *Sample* collection. If so, arrange for them to be sent under secure chain of custody to a *WADA*-accredited laboratory, and instruct the laboratory to analyze them for the presence of diuretics and/or their *Metabolite(s)*.

8. Obtain – either from the remaining pharmaceutical products or from records maintained by the *Athlete*[3] – specific information about the manufacturer of each product used by the *Athlete*, the date/location that any prescription was filled, and the lot/batch number of the product used. If possible, independently obtain specific details of the lot number and other manufacturing/source details from the pharmacy where the pharmaceutical product was sourced.

[3] The Court of Arbitration for Sport has made it clear that athletes have a duty to maintain records of their ingestion of pharmaceutical products and supplements, as part of their general duty of care to respect anti-doping requirements: CAS 2006/A/1032, para 122.

9. Seek to obtain a sealed container of the pharmaceutical product(s) with the same lot number, either from the same pharmacy or from the manufacturer of the product, send it under secure chain of custody to a laboratory with the appropriate expertise, and instruct the laboratory to analyze it for the presence of diuretics and/or their *Metabolite(s).*

10. The above is not intended to be an exhaustive list of possibly relevant investigative steps. The *Results Management* Authority should pursue all potentially relevant lines of inquiry, and take into account all of the relevant facts and circumstances.

Once the investigation is completed, if the *Results Management* Authority is satisfied that the *Atypical Finding* was caused by inadvertent contamination from a pharmaceutical product taken by the *Athlete* prior to *Sample* collection, the *Results Management* Authority shall take no further action against the *Athlete.* However, it shall report that conclusion (with reasons) to all parties with a right of appeal pursuant to Article 13.2.3 of the World Anti-Doping Code, and the decision to take no further action remains subject to appeal by any such party.

On the other hand, where the *Results Management* Authority is not satisfied that the *Atypical Finding* was caused by inadvertent contamination from a pharmaceutical product taken by the *Athlete* prior to *Sample* collection, the *Results Management* Authority shall pursue the *Atypical Finding* as an *Adverse Analytical Finding* in accordance with Article 5.1 of the *International Standard* for *Results Management.* The *Athlete* may still contend, in support of a plea in mitigation of *Consequences*, that the *Adverse Analytical Finding* was a result of ingestion of a contaminated product, but it will be his or her burden to establish that on the balance of probabilities.

The *WADA* Science team may be contacted for further guidance.