



SOUTHERN AFRICA PGA TOUR NPC

(Association Incorporated under Section 21)

ANTI-DOPING PROGRAM GUIDE 2020

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SECTION 1

PLAYER GUIDE TO THE SUNSHINE TOUR ANTI DOPING PROGRAM

Who is covered by the Sunshine Tour's Anti-Doping Program?

The anti-doping program (the "Program") was developed in co-operation with the South African Institute for Drug-Free Sport ("SAIDS") to protect the integrity that is inherent in the sport of golf and to ensure the health and safety of all players. SAIDS was established as a statutory body by the South African Institute for Drug-Free Sport Act no. 14 of 1997 as the independent National Anti-Doping Organisation for South Africa. The SUNSHINE TOUR recognises the independence and jurisdiction of SAIDS. All SUNSHINE TOUR members and BIG EASY TOUR members are bound by the Program. Additionally, any player who participates in a SUNSHINE TOUR co-sanctioned, sanctioned, approved or coordinated tournament is bound by the Program.

What substances and methods are prohibited?

The World Anti-Doping Agency (WADA) List of Prohibited Substances and Methods (the "List"), in force at the time, defines what is prohibited and the SUNSHINE TOUR List of Prohibited Substances and Methods is based on the List. The most current edition will be provided by the Tour to players and is posted on www.sunshinetour.com and is also available on www.drugfreesport.org.za. The List is included in Section 5 of this guide. It is the member's responsibility to keep him updated with the latest information as published on the website.

Am I liable for a prohibited substance in my body even if I did not intend to take a substance?

You are strictly liable whenever a prohibited substance is in your body. This means that if the sample analysis indicates the presence of a prohibited substance(s) in your sample, you have committed an anti-doping rule violation, regardless of how the prohibited substance entered your body. It does not matter whether you unintentionally or unknowingly used or administered a prohibited substance or method. It is, therefore, very important for players to understand not only what is prohibited, but also how a prohibited substance may get into your body, potentially causing an inadvertent violation.

What should players know about nutritional supplements and health products?

You should always make your doctors and other health care, nutrition and fitness advisors aware that you are bound by the Program and SAIDS Rules.

SUNSHINE TOUR members should ensure that their decision to use a dietary supplement is a safe one. Unlike medicines which are regulated by the Medicines Control Council, there is currently no governing body to control and regulate the supplement industry in South Africa. As a result many supplements may contain banned substances, and there is a chance that not all the ingredients in the supplement are accurately listed on the accompanying label. National and international sporting bodies place the responsibility of using supplements on the sportsperson. The legal clause "strict liability" means that the sportsperson is responsible for any and all substances that may appear in their urine or blood in a doping test. Please note that you cannot search for dietary or sport "supplements" as they are **not** regulated and are not subjected to rigorous controls to

verify ingredients, dosage, efficacy, safety. As such, you simply don't know for sure what's in it and therefore SAIDS, similar to WADA, caution athletes against the use of dietary supplements. Please refer to information on supplements at the following link:

<http://www.drugfreesport.org.za/education-2/supplements-and-their-risks/>

What about medical treatment?

You may at times experience a medical condition that results in your prescribing medications. Some medicines and methods are banned under the List. However, by applying for and obtaining a therapeutic use exemption (a "TUE") in advance from the SUNSHINE TOUR, who will consult with SAIDS, a player may be allowed to take the necessary medication.

If you obtain a TUE, and the prohibited substance allowed by the TUE is detected in your test sample, it will protect you from sanctions under the Program. If you need to apply for a TUE, you should refer to Section 6 of this guide to learn about the TUE application process. If you are a member of another Tour (and not a member of the Sunshine Tour) you should ask your governing Tour about its TUE process. The SUNSHINE TOUR may recognize TUEs granted by other international golf organizations provided the medical waiver is granted in a manner consistent with the SAIDS' TUE guidelines.

What medications are permitted?

You can check the status of your medication and whether the medication or substances you are using are permitted, prohibited and/or restricted via the following means:

1. Via the SAIDS website at the following link: <http://www.drugfreesport.org.za/>. When the webpage opens click on the "Medication Check" button.
2. Via the SAIDS phone app. This is an HTML5 app that can be used on all the android phones, iPhone, and iPad. The link is: <http://www.drugfreesport.org.za/app/>

If you are playing internationally in any of the following countries, Australia, Canada, Japan, Switzerland, United Kingdom and the USA and you would like to check the status of any medications that you want to use in these countries please consult the following link:

<http://www.globaldro.com/Home>

Who conducts the testing and who will be tested?

The South African Institute for Drug-Free Sport (SAIDS), the national anti-doping authority in the country, will conduct the actual testing of samples on behalf of the SUNSHINE TOUR. SAIDS currently performs drug testing in sport in South Africa. In addition, the agency also provides anti-doping education services to sports governing bodies and athletes.

The procedure for drug testing on the SUNSHINE TOUR will be in accordance with World Anti-Doping Agency's (WADA) *International Standards for Testing and Investigations (ISTI)*.

What are the steps in the testing process?

The following is a general overview of the testing process. Departures from these procedures will not invalidate a test result unless it is determined that the integrity of the sample has been affected.

(1) Notification

When you are selected for testing, the Tournament Director will notify you and identify you to the Doping Control Office (“DCO”), who will inform you of your rights and responsibilities, including the right to have a representative present (except during the time you actually provide the sample). The DCO will also provide information to ensure a successful sample provision (e.g. avoiding over-hydrating or under-hydrating prior to the collection). You will be required to sign a form confirming that you have been notified of your selection for drug testing. Even though your identity will be confirmed to the DCO by the Tournament Director, it is advised to bring a photo identification (e.g., valid driver’s license or ID book or passport) as well as your player credential with you to the area on-site where testing will be conducted (also known as the testing station).

(2) Report to the Testing Station

Once notified, you should report to the designated doping control station (“DCS”) as soon as possible. The DCO may allow you to delay reporting to the testing station for media obligations or awards; however, you will remain under observation of the DCO from the time of notification until completion of the sample collection process. Failure to report to the testing station by the required time may result in a failure to comply with the sample collection process and a possible anti-doping rule violation under the Program.

(3) Hand washing

You will be required to rinse and dry your hands prior to the sample collection process.

(4) Selection of Collection Vessel

You will be given a choice of individually sealed collection vessels, and you will select one. You should verify that the seal on the vessel is intact and has not been tampered with. You should maintain control of your collection vessel at all times until it is sealed as described below.

(5) Provision of Sample

Only you and the DCO are permitted in the restroom during the sample collection. If you have a disability, you may also have your representative present; however, any such representative is not permitted to view the sample collection. The collector’s objective is to ensure that he correctly observes the sample collection process.

(6) Volume of Urine

The DCO shall use the relevant laboratory specifications to verify, in your presence, that the volume of the urine sample satisfies requirements for analysis. The required volume of urine is 90ml. However, we may require more than the 90ml.

(7) Selection of the Sample Collection Kit

You will be given a choice of individually sealed sample collection kits, and you will choose one. You should verify that the seal on the kit is intact and has not been tampered with. You will open the kit.

(8) Splitting the Sample

You will split the sample, pouring the urine yourself, unless assistance is required due to disability. You will pour the required volume of urine into the bottle labelled with a “B”; and pour the required volume of urine into the bottle labelled with an “A”. You will be asked to leave a small amount of urine in the collection vessel so that the DCO can measure the specific gravity.

(9) Sealing the Samples

You will seal both of the “A” and “B” bottles. You and/or your representative, if applicable, and the DCO should verify that the bottles are sealed properly.

(10) Measuring Specific Gravity

If your sample does not meet the specific gravity (i.e. density) you may be asked to provide additional samples. This may include your having to wait in the DCS waiting area until you have provided a sample meeting the specifications.

(11) Completion of Information

You will provide information, including your name, on either a written form or an electronic hand-held device provided by the DCO. Be sure to confirm that all of the information you provide is correct, including the code number of your sample.

(12) The Laboratory Process

Your samples are packaged for shipping to ensure that their security is tracked. They are sent to a WADA accredited laboratory, which will adhere to the International Standard for Laboratories when processing your samples, ensuring the chain of custody is maintained at all times. Your “A” sample is analyzed first. Your “B” sample is securely stored and may be used to confirm a potential violation if the “A” sample comes back positive for a banned substance or method. The laboratory will confidentially report the results of your sample analysis to SAIDS.

What happens once my sample is analysed?

The results of your “A” sample is sent directly to the SUNSHINE TOUR Anti-Doping Program Administrator (“Program Administrator”). Samples analyzed by the WADA accredited laboratory are identified by code numbers and not player names. If your “A” sample is negative for a prohibited substance or method (indicating no violation), the Program Administrator will notify you. If your “A” sample is positive for a substance or method (indicating a potential violation), the Program Administrator will conduct an initial review to determine whether you have an approved TUE for the particular substance found in your sample. You will be notified in writing of the positive test and the place, date and time to appear before the anti-doping tribunal.

The correspondence informing you of the notice to appear before the tribunal will include information pertaining to your rights regarding the analysis of your “B” sample. If you decide to request a “B” sample analysis, you may attend that analysis or choose to send a representative on your behalf. You will have seven (7) calendar days to notify the Program Administrator whether you will attend the scheduled “B” sample analysis. If the Program Administrator has not timeously received a written request including the information referred to above by the date for notification that you wish to have your B Sample analyzed he/she will assume that you have waived your right to have your B Sample analyzed.

If this is the case, then the Program Administrator will rely on the analytical report received from the Laboratory in respect of your A Sample as evidence of the Anti-Doping Rule violation

What if I dispute the Anti-Doping Rule Violation?

You have the right to dispute the assertion of an Anti-Doping Rule Violation, and should you elect to do so you must give notice of the dispute in writing within seven (7) days of the date of the notice, or, should you have requested that your B Sample be analyzed, within seven (7) days of notification of the result of the B Sample analysis (whichever date is the later).

Should you dispute the assertion of an Anti-Doping Rule Violation you are required to set out precisely what it is that you dispute and to provide such information and/or arguments as are relevant to the matter to enable Program Administrator to understand the nature of your dispute and so ensure that the appropriate matters are investigated and placed before a Anti-Doping Tribunal if necessary.

The anti-doping tribunal will lead the presentation of evidence. You may provide written or verbal explanations. You may also choose to have legal counsel present to advise you on the anti-doping charges levelled against you. The tribunal will be composed of officials representing the SUNSHINE TOUR and will pass a sanction in accordance with the stated anti-doping or disciplinary policies of the Tour.

What is involved in sanctioning?

Sanctions may include disqualification, forfeiture of prize money/points and other awards, ineligibility and fines. Sanctions for Drugs of Abuse may include rehabilitation or medical treatment in lieu of or in addition to other sanctions.

Can a sanction be appealed?

Sanctions can be appealed. See section on Appeals under Section 3 (H) of this policy. Decisions of the Independent Tribunal cannot be appealed. See Section 3 (J) and (P) of this policy.

What other conduct violates the Program?

Other conduct may lead to the finding of a violation and sanctions under the Program, including the possession of a prohibited substance or prohibited method, use or attempted use of a prohibited substance or method; evading, refusing or failing to submit to sample collection; whereabouts failures; tampering or attempted tampering with any part of the doping control processes or a sample; trafficking or attempted trafficking in any prohibited substance or administration or attempted administration of any prohibited substance; admitting to any conduct that violates the Program; complicity; association by a player in a professional or sport related capacity with the any athlete support person who is serving a period of ineligibility.

SECTION 2

PLAYERS GUIDE TO PROHIBITED SUBSTANCES

ANABOLIC STEROIDS

(also called steroids, anabolic agents and anabolic androgenic steroids)

What are they?

Anabolic steroids are natural or manmade substances which mimic the hormone testosterone. Both men and women have testosterone naturally in their bodies. Males have more, which is why they tend to grow larger, stronger and hairier than females. Steroids stimulate the development of male sexual characteristics and the build-up of muscle tissue. They are sometimes used medically to help recovery from an operation, as hormone replacement, to treat breast cancer or if testicular tissue is lost.

Examples

Methyltestosterone (Android), 19-Norandrosterone (Nandrolone and 19-norandrostenedione)¹, testosterone² (Testim, Androderm, Androgel), DHEA (Prastera, Fidelin) and Clenbuterol, epitestosterone, tetrahydrogestrinone (THG or The Clear).

Why do some athletes use them?

Because of their effect on the build-up of muscle tissue, athletes may be tempted to use steroids in any sport where strength, speed or size is an advantage in order to increase their muscle strength and power. Athletes have been known to take steroids during training to allow them to train harder and in competition to increase their aggression and competitiveness.

What are the risks?

Steroids affect the body's natural hormonal balance and cause a range of serious side effects. Many of the side effects are permanent and do not disappear once steroid use has stopped. Harmful effects on both men and women can include:

- Increased violence, aggression, extreme mood swings and personality changes sometimes known as Roid Rage
- Serious damage to the liver, an increased risk of heart disease, kidney damage, cancer and an increased risk of muscle injury
- For men – impotence, development of breasts and shrinking of testicles
- For women – development of male features, halted menstrual periods, changes in sexual organs, miscarriage or damage to babies if steroids used during pregnancy and infertility.

Are they prohibited?

Yes. Anabolic steroids are obtained by prescription or illegal methods. Some forms of anabolic steroids such as DHEA may be available over the counter in some countries as supplements in tablet or powder form.

How could Anabolic Steroids enhance performance in golf?

Anabolic Steroids aid tissue repair and recovery and reduce the feeling of fatigue. If used to increase power in the muscles, they could assist the driving distance by increasing club head speed in the golf

¹ Prohibited at concentrations greater than 20 nanograms per millilitre.

² except if the concentration is attributable to a pathological or physiological condition

swing. Injury recovery and reduction in tissue breakdown could allow a player to train longer, more intensely and return to competition faster.

PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

What are they?

Chemicals that send signals to parts of the body and control certain functions. Hormones are made of peptides, which are chains of amino acids.

Examples

Erythropoietin (EPO, Epogen, Procrit, Eprex and aranesp), human growth hormone (hGH) (Humatrope, Genotropin), Peginesatide (Hematide), Gonadotrophins (FSH,LH,hCG), Insulin-like Growth Factors (IGF-1), Insulin (Glulisine, Humulin, Novolog). These are used medically to treat serious deficiencies and misused to enhance sports performance.

Why do some athletes use them?

Athletes may be tempted to use a range of different hormones for a variety of reasons. In particular athletes have been known to take hGH to increase muscle growth and the hormone EPO to stimulate the production of oxygen-carrying red blood cells. This might be particularly advantageous in endurance sports. Other hormones that have been used by athletes are the female pregnancy hormone chorionic gonadotrophin (hCG) it increases testosterone production and corticotrophin (ACTH), which helps repair damaged muscle and creates a feeling of well-being.

What are the risks?

The use of additional hormones in an otherwise healthy person upsets the normal hormonal balance of the body, which then attempts to redress the balance. Excess hGH in adults causes acromegaly. This is the abnormal and distorted growth of the hands, feet, facial features and bodily organs. It also has other serious side effects including increased risk of diabetes and heart disease. The use of EPO may precipitate the serious dangers caused by thickening of the blood, such as the risk of blood clots, stroke and heart attack. In recent times a number of elite athletes have died as a result of using either EPO or hGH.

Are they prohibited?

Yes – Hormones and Related Substances are prohibited. Players with diabetes are permitted to use insulin for medical reasons with an approved TUE. An example of the TUE form can be found in Section 6.

How could Hormones enhance performance in golf?

hGH increases muscle growth, and the hormone EPO stimulates the production of oxygen carrying red blood cells. Other hormone such as chorionic gonadotrophin (hCG) increase testosterone production. Insulin is normally found within the body but has been reportedly used by athletes to increase muscle levels of glycogen. These banned hormones could help speed up recovery from injury, increase energy levels and reduce fatigue. Being able to generate more power in the swing, to recover from injury, to train more intensely or for longer might be advantageous to a golfer.

HORMONE AND METABOLIC MODULATORS

What are they?

Hormone and metabolic modulators influence the balance of the body's sex hormones. These agents with anti-oestrogenic activity used to treat cancer.

Examples

Aromatase inhibitors (anastrozole, Arimidex), aminoglutethimide, exemestane (Aromasin), selective estrogen receptor modulators (SERMS)

Why do some athletes use them?

Athletes may use agents with anti-oestrogenic activity to counteract side effects of using anabolic steroids (such as the growth of breast tissue) and to make as much testosterone available for anabolic effects as possible (i.e. minimising the ability of testosterone to be used for other purposes).

What are the risks?

Side effects can include:

Hot flushes, fluid retention, gastro-intestinal disorder, venous thrombosis

Are they prohibited?

Yes

DIURETICS AND OTHER MASKING AGENTS

What are they?

Diuretics are a type of drug which increases the amount of urine produced and as a result reduces the amount of fluid in the body. They help to reduce tissue swelling and are used medically to treat kidney disease and high blood pressure. Masking Agents may interfere with the detection of prohibited substances.

Examples

Probenecid, hydrochlorothiazide, furosemide (Lasix), amiloride, acetazolamide (Diamox).

Why do some athletes use them?

Players may be tempted to use diuretics to help lose weight quickly, or to speed up the rate of other prohibited substances are passed out of their body. Players may also use them to mask the presence of other drugs in their bodies.

What are the risks?

The main risk of using diuretics is dehydration. Dehydration means that the body does not have enough water to work properly and can have the following effects:

Headaches, feeling nauseous and dizzy, heart and kidney disease, collapse

Are they prohibited?

Yes – Certain diuretics are permitted for medical reasons with a TUE.

BETA-BLOCKERS

What are they?

Drugs that reduce heart rate and symptoms of anxiety, used in the treatment of cardiac arrhythmias, cardio protection after myocardial infarction, hypertension and occasionally for migraine headaches.

Examples

Atenolol, metoprolol, propranolol (Inderal, Inderal LA, Innopran XL), bendroflumethiazide-nadolol.

Why do some athletes use them?

Athletes may misuse Beta-Blockers to decrease heart rate, steady nerves and stop muscle trembling. Beta blockers decrease anxiety and may be misused to help control various fine motor skills.

Are they prohibited?

Yes. Players requiring a Beta-Blocker for a valid medical condition should apply for a TUE.

What if a player requires treatment for high blood pressure?

There are a number of permitted medications to treat hypertension (high blood pressure). If a player has a diagnosed medical need for a prohibited substance, a TUE may be granted. Alternative permitted medication may be suitable, such as Ace Inhibitors, Calcium Channel Blockers, Receptor Blockers, Alpha Blockers, Central Alpha Agonists, Combination Calcium Channel Blocker/Angiotensin II Receptor Blockers, Combination Ace Inhibitors/Calcium Channel Blockers.

STIMULANTS

What are they?

A class of drugs that action the central nervous system by speeding up parts of the brain and the body's reactions.

Examples

Common street drugs such as cocaine, amphetamines (speed), ephedrine, ecstasy, and stimulants used to treat the common condition of Attention Deficit Hyperactive Disorder (ADHD e.g. amphetamine – dextroamphetamine, Adderall, methylphenidate). If a player requires the use of ADHD medication, the player should apply for a TUE in advance.

Stimulants (such as **pseudoephedrine, methylhexanamine**) are also found in cold and hay fever remedies and in herbal and nutritional supplements that can be bought without a prescription. Players must take great care to check any medication or supplements that they take in order to avoid unknowingly using a prohibited stimulant.

Players should be aware that the Vicks Vapour Inhaler available in the United States contains a prohibited stimulant (levmetamfetamine). **Always check the label of cold or flu medicines.**

Use of Emergency Epinephrine: Systemic epinephrine is prohibited. If a player requires the use of an epinephrine injector due to allergic reactions, the player should apply for a TUE in advance of tournament play. Emergency treatment of epinephrine (adrenaline) should be given without delay and a TUE applied for retrospectively.

Caffeine in coffee, tea, chocolate and cola drinks are also stimulants and although permitted, should be used in moderation.

Why do some athletes use them?

Stimulants can make a player feel more competitive and more alert. Players might also use stimulants to lose weight and to help them exercise for longer.

What are the risks?

Stimulants make the heart beat faster, increase body temperature and breathing rate. Stimulants can also cause the following harmful effects:

- Overheating – this can cause the organs of the body to stop working
- Heart problems

- Sweating, shaking, anxiety, difficulty sleeping
- Addiction, depression, mood swings and aggression
- Major psychotic illness

Are they prohibited?

Yes

NARCOTICS

(also called painkillers and analgesics)

What are they?

Strong painkillers made from opiates taken from the poppy plant. They work by reducing the amount of pain that is registered by the brain and some narcotics can give the user a feeling of euphoria, powerfulness and fearlessness.

Examples

Well known prohibited narcotic analgesics include buprenorphine (Suboxone), diamorphine (heroin), methadone, oxycodone (Percocet, Oxycontin), morphine and pethidine.

Why do some athletes use them?

Players may need to use painkillers to treat an injury. However it may be tempting for a player to continue to train or play with an injury and use a narcotic to mask the pain. This could make the original injury worse.

What are the risks?

Narcotics are highly addictive and in high doses they can cause serious damage to mental health, drowsiness, slow breathing, loss of concentration, co-ordination and balance. Overdoses can cause coma and death.

Are they prohibited?

Yes – most Narcotics are prohibited (e.g., heroin, morphine, pethidine). Certain mild narcotics (e.g. codeine) are permitted (check your medication). In an emergency, treatment should be given and a retrospective TUE application submitted.

CANNABINOIDS

(also called marijuana, hashish or cannabis)

What are they?

Made from the dried flowers, leaves or resin of the cannabis plant. The active chemical in cannabinoids is THC (delta-9-tetrahydrocannabinol) and this causes a series of reactions in the brain that lead to feelings of relaxation and reduced inhibition.

Why do some athletes use them?

Athletes are unlikely to use cannabinoids to improve their performance because of its effects of increasing drowsiness and impairing balance, co-ordination and concentration. It is more likely to be used as a recreational drug. However, cannabinoids could possibly be used to reduce a competitor's anxiety or to steady their nerves, but there is no evidence that this actually improves a competitor's performance.

What are the risks?

In small amounts, cannabinoids can distort perception of time and space and can impair an athlete's co-ordination, perception and thinking skills. It also increases the heart rate and reduces the oxygen-carrying capacity of the blood. Long term use of cannabinoids has been found to be even more dangerous than smoking tobacco can lead to addiction for some users. Marijuana smoke contains 50% more carcinogens (cancer causing chemicals) than tobacco smoke and regular users are more likely to suffer from chest illnesses and breathing problems. Its adverse affect on memory, attention and learning lasts for weeks after the drug is last taken. Long term use can also cause severe chronic debilitating mental illness. Users should be aware that detectable traces of cannabinoids can remain in the blood stream for many weeks after use. The analytical reporting threshold is set at a level to avoid detection of passive (secondary) inhalation of cannabinoid smoke.

Are they prohibited?

Yes – Cannabinoids are prohibited.

GLUCOCORTICOSTEROIDS

What are they?

Powerful anti-inflammatory agents.

Why do some athletes use them?

They may be administered in a variety of ways to treat chronic inflammatory conditions such as arthritis, asthma, bowel conditions, inflamed joints and allergic reactions.

What are the risks?

When administered through the bloodstream, glucocorticosteroids have effects on many different body systems. Possible acute side effects include fluid retention, hyperglycaemia and mood alteration. Potential chronic side effects include:

Systemic infections (due to immunosuppression)

Musculoskeletal problems (e.g. osteoporosis, softening of the connective tissue and weakening of muscles, bones and ligaments).

Are they prohibited?

Some Glucocorticosteroids are restricted, a TUE may be required. Oral, rectal applications intravenous or intramuscular injections e.g. for hay fever, require a TUE. All applications for skin, ear, eye, nasal, mouth (not swallowed), local or intra articular (joint) injections or iontophoresis are permitted.

Approval for Use?

Players requiring a glucocorticoid orally, intramuscularly, intravenously or rectally should apply for a TUE.

BETA₂AGONISTS

What are they?

Beta₂agonists are commonly used to treat asthma.

Why do some athletes use them?

If taken into the blood stream Beta₂agonists may have a stimulant and at certain levels anabolic effect.

Are they prohibited?

Yes – some beta-2 agonists are prohibited. However if medication is required to prevent or treat asthma/bronchoconstriction, players should follow this advice. Formoterol (**maximum 54 micrograms over 24 hours**), Salbutamol (**maximum therapeutic dose of 1600 micrograms over 24 hours**) and salmeterol **by inhalation (maximum 200 micrograms over 24 hours)** are permitted.

Terbutaline is permitted by inhalation if a TUE application has been submitted and approved; note further medical information may be required. If you are an asthmatic, make sure you check your medications.

SECTION 3

SUNSHINE TOUR ANTI-DOPING PROGRAM

A. INTRODUCTION

The SUNSHINE TOUR has developed this Anti-Doping Program (the “**Program**”) to protect the integrity that is inherent in the sport of golf, and to ensure the health and safety of all players. The use of doping substances is contrary to the spirit of fair competition that has always been a part of golf. This Program is based on the approved *International Anti-Doping Standards* tailored to the sport of golf. The SUNSHINE TOUR is committed to educating players on the dangers associated with doping substances. The Program will be administered by the SUNSHINE TOUR, with the assistance of the SA Institute for Drug-Free Sport and external legal, medical, and scientific experts. Italicised words in this section have meanings set forth in Section 4 Anti-Doping Program Definitions.

B. PROGRAM APPLICATION.

By virtue of membership, all players who are members of the SUNSHINE TOUR or BIG EASY TOUR agree to comply with and be bound by the terms of the Program. Any other player who participates in a SUNSHINE TOUR co-sanctioned, sanctioned, approved or coordinated tournament agrees as a condition of participation to comply with and be bound by the terms of the Program.

C. JURISDICTION.

The SUNSHINE TOUR retains jurisdiction to bring anti-doping rule violations cases against retired players or players who are not members, on account of an anti-doping rule violation which occurred while a player was a member or while a player was participating in a SUNSHINE TOUR co-sanctioned, approved or coordinated tournament.

D. PROHIBITED CONDUCT.

The following conduct constitutes an anti-doping rule violation under the Program:

- (1) The presence of a *Prohibited Substance* or its *Metabolites* or *Markers* in a player’s sample.

- (a) It is each player's personal duty to ensure that no *Prohibited Substance* enters his body. Players are responsible for any *Prohibited Substance* or its *Metabolites* or *Markers* found to be present in their samples. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the player's part be demonstrated in order to establish an anti-doping violation under Section D (1).
 - (b) Sufficient proof of an anti-doping rule violation under Section D (1) is established by either of the following: (1) Presence of a prohibited substance or its metabolites or markers in the player's A sample where the player waives analysis of the B sample or, (2) where the player's B sample is analysed, the analysis of the player's B sample confirms the presence of the Prohibited Substance or its Metabolites or Markers found in the player's A sample, or (3) where the player's sample is split into two (2) bottles and the analysis of the B sample confirms the presence of the prohibited substance or its metabolites or markers in the A sample.
 - (c) Excepting those substances for which a Decision Limit (quantitative reporting threshold) is specifically identified in the SUNSHINE TOUR Prohibited List, the presence of any quantity of a Prohibited Substance or its Metabolites or Markers in a player's sample shall constitute an anti-doping rule violation.
 - (d) As an exception to the general rule of Section D (1) (c), the SUNSHINE TOUR Prohibited List may establish special criteria for reporting or the evaluation of certain Prohibited Substances, or rely upon relevant International Standards or Technical Documents for reporting of Atypical Findings which may be further investigated.
- (2) Use or Attempted Use by a player of a Prohibited Substance or a Prohibited Method.
- (a) It is each player's personal duty to ensure that no prohibited substance enters their body and that no prohibited method is used. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the player's part be demonstrated in order to establish an anti-doping rule violation for use of a prohibited substance or prohibited method. The success or failure of the use of a Prohibited Substance or Prohibited Method is not material.
 - (b) It is sufficient that the Prohibited Substance or Prohibited Method was used or attempted to be used for an anti-doping rule violation to be committed.
- (3) Evading sample collection, or without compelling justification, Refusing or failing to submit to sample collection after notification by a duly authorised person.
- (4) *Tampering, or Attempting to Tamper*, with any part of *Doping Control* which subverts the Doping Control process but which would not otherwise be included in the definition of Prohibited Methods. Tampering shall include, without limitation, intentionally interfering or attempting to interfere with a DCO, providing fraudulent information to the Program Administrator or intimidating or attempting to intimidate a potential witness.
- (5) *Possession* by a player of any *Prohibited Substance* or *Prohibited Method*:

- (a) Possession by a player In-Competition of any Prohibited Substance or any Prohibited Method, or possession by a player Out-of-Competition of any prohibited substance or any prohibited method which is prohibited Out-of-Competition unless the player establishes that the *Possession* is consistent with a therapeutic use exemption (TUE) granted in accordance with Section F (Therapeutic Use Exemptions) or other acceptable justification.
- (b) Possession by a player support person In-Competition of any prohibited substance or any prohibited method, or possession by a player support person Out-Of-Competition of any prohibited substance or prohibited method which is prohibited Out-of-Competition in connection with a player, competition or training, unless the player support person establishes that the possession is consistent with a TUE granted to a player in accordance with Section F or other acceptable justification
- (6) *Trafficking* or attempted trafficking in any *Prohibited Substance* or *Prohibited Method*.
- (7) Administration or *Attempted* administration to any player of any *Prohibited Substance* or *Prohibited Method*, or administration or attempted administration to any player Out-of-Competition of any prohibited substance or any prohibited method that is prohibited Out-of-Competition.
- (8) Admission by a player of any of the conduct listed in Section (1)-(7) above.
- (9) Complicity, assisting, encouraging, aiding, abetting, conspiring, covering up or any other type of intentional complicity involving an Anti-Doping rule violation or Attempted Anti-Doping rule violation.
- (10) Prohibited Association

10.1 Association by a *Player* who is subject to the authority of an Anti-Doping Organisation in a professional or sport-related capacity with any *Player Support Person* who:

- (a). If subject to the authority of the SUNSHINE TOUR (or an Anti-Doping Organisation), is serving a period of *Ineligibility*; or
- (b). If not subject to the authority of the SUNSHINE TOUR (or an Anti-Doping Organization) and where *Ineligibility* has not been addressed in a results management process pursuant to an Anti-Doping Policy, has been convicted or found in a criminal, disciplinary or professional proceeding to have engaged in conduct which would have constituted a violation of anti-doping rules if Anti-Doping Policy compliant rules had been applicable to such *Person*. The disqualifying status of such *Person* shall be in force for the longer of six years from the criminal, professional or disciplinary decision or the duration of the criminal, disciplinary or professional sanction imposed; or
- (c). Is serving as a front or intermediary for an individual described in Section D (10.1 or 10.2)

10.2 To establish a violation of Section 10.1, the European Tour must establish that the *Player* knew of the *Player Support Person's* disqualifying status. The burden shall be on the *Player* to establish that any association with *Player Support Personnel* described in this Section is not in a professional or sport-related capacity and/or that such association could not have been reasonably avoided. The European Tour, aware of *Player Support Personnel* who meet the criteria described in this Section, may advise the World Golf Foundation, International Golf Federation or any of its members of that information.

E. PROHIBITED SUBSTANCES AND PROHIBITED METHODS.

The SUNSHINE TOUR shall publish a SUNSHINE TOUR *Prohibited List* which identifies substances and methods prohibited under the Program. The SUNSHINE TOUR has the right to amend the *Prohibited List* from time to time. If the *Prohibited List* is amended, the portion so amended will go into effect three months after publication.

The SUNSHINE TOUR may also establish a SUNSHINE TOUR *Monitoring List* of substances and methods which are not currently prohibited but which laboratories will be asked to identify in analyzing samples so that the SUNSHINE TOUR can evaluate whether those substances or methods are being abused. Laboratory results of samples pertaining to substances on the *SUNSHINE TOUR Monitoring List* shall be reported anonymously. The presence of a monitored substance in a player's system is not a violation under the Program.

F. THERAPEUTIC USE EXMPTIONS ("TUES").

Definition of a TUE:

A player may have an illness or condition that requires the use of a substance on the SUNSHINE TOUR *Prohibited List* as treatment. In such a case, a Therapeutic Use Exemption (TUE) may, under strict conditions, provide a player with the authorization to take the needed medication while continuing to play.

Criteria for granting a TUE:

All four criteria below must be fulfilled in order for a TUE to be granted:-

- (1) The player would experience a significant impairment to health if the *Prohibited Substance or Prohibited Method* were to be withheld in the course of treating an acute or chronic medical condition (the use of any *Prohibited Substance or Prohibited Method* to increase "low-normal" levels of any *Endogenous* hormone is not considered an acceptable therapeutic intervention); and
- (2) The therapeutic use of the *Prohibited Substance or Prohibited Method* would produce no additional enhancement of performance other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition; and
- (3) There is no reasonable therapeutic alternative to the use of the otherwise *Prohibited Substance or Prohibited Method*; and

- (4) The necessity for the use of the otherwise *Prohibited Substance* or *Prohibited Method* is not a consequence, wholly or in part, of a prior non-therapeutic use of any substance on the SUNSHINE TOUR *Prohibited List*.

NOTE: The use of Beta-Blockers is prohibited by the SUNSHINE TOUR at all times.

Presence of a *Prohibited Substance* or its *Metabolites* or *Markers*, *Use* or *Attempted Use* of a *Prohibited Substance* or *Prohibited Method*, *Possession* of a *Prohibited Substance* or *Prohibited Method* or administration of a *Prohibited Substance* or *Prohibited Method* consistent with the provisions of an applicable TUE shall not be considered an anti-doping rule violation. Prior to a TUE being granted, a player who uses a substance on the *Prohibited List* does so at his own risk of a TUE denial, potentially resulting in a violation under the Program.

Application process:

It is the player's responsibility to ensure that his/her TUE application is complete with all the medical information, tests, laboratory results, imaging studies, clinical information to enable the TUE Commission to reach a decision in tune with WADA's documents entitled "Medical Information to Support the Decisions of the TUEC's/TUE Physician Guidelines. It is also important to always keep a copy of all medical information, especially the initial diagnostic together with laboratory results, imaging studies and physicians' notes.

The TUE-form may be downloaded from the AFRICAN INSTITUTE FOR DRUGFREE SPORT ("SAIDS") website www.drugfreesport.org.za. Use the SAIDS TUE-form to submit a declaration or to make an application for a Therapeutic Use Exemption.

Information is available on www.drugfreesport.org.za regarding who needs to apply for a TUE. In terms of the sport of Golf, members of the SUNSHINE TOUR or any player who participates in a SUNSHINE TOUR co-sanctioned, sanctioned, approved or coordinated tournament, shall for purposes of TUE application be regarded as "Other Athletes" by SAIDS and not "National Level Athletes" or "International Level Athletes". Other athletes qualify to apply for a **retroactive TUE**, which means you only need to apply if you are tested and you return an Adverse Analytical Finding (AAF) - a "positive" test. However, make sure that you meet the criteria and medical evidence required by the SAIDS TUE Commission before you start using the medication or method - so, have your **medical folder in place**.

SUNSHINE TOUR members who are considered for inclusion in the national team to compete at the Olympics Games, will be regarded as "International Level Athletes" and will be included in a registered testing pool managed by the International Golf Federation. Such players must have a TUE in place at all times.

TUE consideration:

The SAIDS shall appoint an independent panel of physicians and other specialist experts to consider requests for TUE's (the "SAIDS TUE Commission"). Upon the receipt of a TUE request, the Chair of the TUE Panel shall appoint one or more members of the TUE Panel (which may include the Chair) to consider such request. The TUE Panel member(s) so designated shall promptly evaluate such request in accordance with the *International Standard for Therapeutic Use Exemptions* and render a decision on such request.

TUE appeal:

A player whose TUE application is denied by the SAIDS TUE Commission may appeal the denial by submitting a written appeal to the SUNSHINE TOUR Chief Medical Officer within fourteen (14) days of the date of notification of the denial. In considering the appeal, the SUNSHINE TOUR and/or SAIDS may consult with additional medical advisors of their choosing, and may require the player to submit additional information. Within thirty (30) days of receiving the TUE appeal, the SUNSHINE TOUR will advise the player of the decision either confirming the denial of the TUE or granting the TUE. The decision on the TUE is final and binding.

G. SAMPLE COLLECTION AND ANALYSIS

The SUNSHINE TOUR, and Anti-Doping Organisations authorized by the SUNSHINE TOUR, may collect a urine sample from any player covered by the Program with or without notice at any time or place. *Target Testing* may be directed by the SUNSHINE TOUR which has the right to require that players provide their whereabouts to permit testing at any time. At this time, the Program will involve only the collection of urine samples. Blood sampling may or may not be added at a later date, subject to approval by the SUNSHINE TOUR. Once collected, all samples become the property of the SUNSHINE TOUR.

For purposes of violations of Section D (1) of the Program, samples shall be analyzed only in *WADA Accredited Laboratories*.

Samples shall be analyzed to detect *Prohibited Substance* and *Prohibited Methods* identified on the SUNSHINE TOUR *Prohibited List* and on the SUNSHINE TOUR *Monitoring List* or to assist the SUNSHINE TOUR in profiling relevant parameters in a player's urine for anti-doping purposes. A sample may be re-analyzed at any time at the direction of the SUNSHINE TOUR. No sample may be used for any other purpose without the player's written consent. Samples used for research shall have any means of identification removed such that they cannot be traced back to a particular player.

Laboratories shall analyze samples and report results in conformance with *International Standard for Laboratories* or otherwise as provided in the SUNSHINE TOUR *Prohibited List*, SUNSHINE TOUR *Monitoring List* or as directed by the SUNSHINE TOUR.

H. RESULTS MANAGEMENT.

- (1) Upon receipt of a laboratory report showing no violation under the Program, the SUNSHINE TOUR will promptly notify the player of the result.
- (2) Upon receipt of a laboratory report indicating an A sample *Adverse Analytical Finding*, the Program Administrator will conduct an expedited review to determine whether an applicable TUE has been granted or whether there is any apparent departure from the *International Standard for Testing or International Standard for Laboratories* that could reasonably have caused the *Adverse Analytical Finding*. If that review does not reveal an applicable TUE or departure, the Program Administrator shall promptly notify the player of the *Adverse Analytical Finding* and the date on which the laboratory will conduct the B

sample analysis. The player may attend the B sample analysis accompanied by a representative, or may have a representative appear on his behalf at the player's expense. The player may also waive analysis of the B sample. The player must notify the Program Administrator within two (2) business days whether he shall attend the "B" sample analysis. Upon receipt of the laboratory's B sample analytical report, the Program Administrator shall promptly notify the player of the result. If the B sample analysis confirms the A sample *Adverse Analytical Finding*, the Program Administrator shall provide the player the applicable laboratory documentation.

- (3) Upon receipt of a laboratory report indicating an *Atypical Finding* or *Adverse passport Finding*, the Program Administrator shall conduct any follow-up investigation which may be appropriate.
- (4) If the SUNSHINE TOUR becomes aware of any other anti-doping rule violation by a player, the Program Administrator shall conduct an appropriate investigation of the matter.
- (5) At such time as the Program Administrator determines that a player may have committed an anti-doping rule violation, the player shall be *Notified* of the potential violation. The player shall have seven (7) calendar days from such *Notice* to provide a written explanation to the Program Administrator. The Program Administrator shall consider any information submitted by the player and shall then decide whether to go forward with an anti-doping rule violation against the player. If the Program Administrator's decision is to go forward with an anti-doping rule violation, the player shall be *Notified* of the anti-doping rule violation with which he is charged and of the applicable sanctions for such violation.
- (6) In a case involving an *illicit and Recreational Drug*, the Program Administrator may decide, rather than referring the case to discipline, to recommend that the player undergo at his own expense a programme of assessment, counselling, treatment or rehabilitation. If the player refuses to undergo, or subsequently fails to complete, the recommended programme, the Program Administrator shall decide whether to issue the player with *Notice* of an anti-doping rule violation as if no period of assessment, counselling, treatment or rehabilitation has taken place.
- (7) Every player shall be entitled to a hearing before the Independent Tribunal before any liability or sanction is determined under this Policy, unless he has waived (or is deemed to have waived) his right to a hearing pursuant to Sections H(8) and/or H(9) below (as applicable).
- (8) Within seven (7) calendar days of Notification of the Anti-Doping Rule Violation with which he is charged, the player shall notify the Anti-Doping Programme Administrator in writing if he wishes to contest the Anti-Doping Rule Violation at a hearing. If the Anti-Doping Rule Violation is contested by the player, a hearing shall be conducted by the Independent Tribunal in accordance with Section I below. If the player fails to notify the Anti-Doping Programme Administrator of his wish to contest the Anti-Doping Rule Violation at a hearing within the designated time, he will be deemed to have waived his right to a hearing and to have admitted the Anti-Doping Rule Violation. The Anti-Doping

Programme Administrator shall notify this fact to the player in writing within a further seven (7) calendar days.

(9) If the player admits the Anti-Doping Rule Violation with which he has been charged (or is deemed to have admitted the Anti-Doping Rule Violation in accordance with Section H(8) above) and also accepts the sanction proposed by the SUNSHINE TOUR, the Anti-Doping Programme Administrator will issue a written reasoned decision confirming the commission of the Anti-Doping Rule Violation and the sanction imposed (subject to Section M below).

(10) If the player admits the Anti-Doping Rule Violation with which he has been charged (or is deemed to have admitted the Anti-Doping Rule Violation in accordance with Section H(8) above), but does not accept the sanction proposed by the SUNSHINE TOUR, the Anti-Doping Programme Administrator will automatically refer the player's case to the Independent Tribunal for a determination on the issue of sanction only. Such determination may be reached on the basis of written submissions without the need for a hearing (unless the player requests a hearing in writing by the deadline stipulated by the Anti-Doping Programme Administrator).

I HEARINGS BEFORE THE INDEPENDENT TRIBUNAL

(1) All hearings shall be conducted before the Independent Tribunal which will sit at the player's election either as a sole arbitrator or as a panel of three (3) arbitrators. The Independent Tribunal shall be formed by the SUNSHINE TOUR Chief Operating Officer ("*COO*") (or his designee) and *Notice* of the formation shall be sent to the player.

(2) Within seven (7) calendar days of the Independent Tribunal being formed, the sole arbitrator or Chair of the panel will convene a meeting with the player (either in person or by telephone):

(a) to fix a date for the hearing (which shall take place within forty-five (45) calendar days of the *Notice* set forth in Section H (5) above unless that period is extended by the Independent Tribunal for good cause);

(b) to fix a timetable for the submission of written evidence in advance of the hearing;

(c) to make such other procedural directions or decide such other issues as may be considered necessary; and

(d) where relevant, to determine, at the SUNSHINE TOUR's request, the provisional suspension of the player pending the outcome of the hearing.

(3) Hearings shall be held at a location designated by the *COO* and *Notified* to the player. Hearings shall be conducted in English unless the parties agree otherwise. Each party has the right to be represented before the Independent Tribunal by legal counsel and, where necessary, by an interpreter (at his or its own expense). Hearing proceedings before the Independent Tribunal shall not be held in public.

- (4) The procedure to be followed shall be at the discretion of the Independent Tribunal provided that the hearing is conducted in a fair manner and that each party is afforded a reasonable opportunity to present evidence (including the right to call and to question witnesses), to address the Independent Tribunal and generally to present his or its case.
- (5) The SUNSHINE TOUR shall have the burden of establishing by a balance of probability that an anti-doping rule violation occurred. Facts related to anti-doping rule violations may be established by any reliable means including, but not limited to, admissions. Where the burden of proof is placed on the player to rebut a presumption or to establish specified facts or circumstances, the standard of proof shall be by a balance of probability. No discovery shall be permitted for any hearing under this section other than as specified below. The following presumptions shall be applicable.
- (a) *Approved Laboratories* are presumed to have conducted sample analysis and custodial procedures in accordance with the *International Standard for Laboratories*. The player may rebut this presumption by establishing that a departure from the *International Standard for Laboratories* occurred which could reasonably have caused the *Adverse Analytical Finding*.
- (b) Departures from an *International Anti-Doping Standard* or other anti-doping rule or policy which did not cause an *Adverse Analytical Finding* or other anti-doping rule violation shall not invalidate such results. If the player establishes that a departure from the *International Standard for Laboratories* or other anti-doping rule or policy which could reasonably have caused the *Adverse Analytical Finding* occurred, then the SUNSHINE TOUR shall have the burden to establish that such departure did not cause the *Adverse Analytical Finding* or the factual basis for the anti-doping rule violation.
- (6) Once the evidence has been heard and the parties have completed their respective submissions, the Independent Tribunal shall reach a decision as soon as reasonably practicable and, in any event, within thirty (30) days of the date of the hearing (unless exceptional circumstances render this impossible). Where the decision is that an anti-doping rule violation has been committed, or where the case has been referred to the Independent Tribunal for the determination of sanction only, the Independent Tribunal shall determine the applicable sanction(s) for the anti-doping rule violation in accordance with the range of sanctions in Section K below. In applying the sanctions in Section K in a particular case, the Independent Tribunal may, except for cases involving *Illicit and Recreational Drugs*, look for guidance to *International Anti-Doping Standards*.

J. DECISION OF THE INDEPENDENT TRIBUNAL FINAL.

The majority decision of the Independent Tribunal shall be the full, final and complete disposition of the player's case and shall be binding on both the SUNSHINE TOUR and the player. If the decision is that an Anti-Doping Rule Violation has been committed, such decision shall be published in accordance with the provisions of Section M below.

Each party is responsible for its own costs.

K. SANCTIONS

Sanctions on players may include:

- (1) *Disqualification*, including loss of results, points and prize money from the date the anti-doping rule violation was found to occur forward.
- (2) *Ineligibility* to participate in SUNSHINE TOUR competitions or other activities.
 - (a) The applicable period of Ineligibility for a first anti-doping rule violation under the Program shall be up to one-year Ineligibility, except in cases involving Trafficking, administration, or Aggravating Circumstances, where the sanction may be up to permanent Ineligibility.
 - (b) The applicable period of Ineligibility for a second anti-doping rule violation under the Program shall be up to five (5) years Ineligibility, except in cases involving Trafficking, administration, or Aggravating Circumstances, where the sanction may be up to permanent Ineligibility.
 - (c) The applicable period of Ineligibility for a third anti-doping rule violation under the Program shall be up to a permanent ban.
- (3) A player committing an anti-doping rule violation under the Program may also be subject to the imposition of a fine in an amount up to R250,000.
- (4) Sanctions for *Illicit and Recreational Drugs* may include a SUNSHINE TOUR-approved plan of treatment and rehabilitation to be conducted at the player's expense, in addition to or in lieu of *Ineligibility* and fines.
- (5) In applying these sanctions in a particular case, the Program Administrator and the COO or his designee may look for guidance to *International Anti-Doping Standards*.

L. PROVISIONAL SUSPENSION.

The COO may impose a *Provisional Suspension* on a player at any time after the SUNSHINE TOUR has received an A sample *Adverse Analytical Finding* or after the Program Administrator has decided that an anti-doping rule violation has been committed and so notified the player as provided in Section H(5) above. A player may also voluntarily accept a *Provisional Suspension*. All periods of *Provisional Suspension*, whether voluntarily accepted or imposed by the COO, shall count against any period of *Ineligibility* ultimately imposed.

If a player is not *Provisionally Suspended* after *Notice* provided in Section H(5) and the player chooses to continue participating in any tournaments pending the resolution of the case, then any prize money won by the player shall be held in escrow pending the outcome of the case.

M. CONFIDENTIALITY AND REPORTING

The SUNSHINE TOUR will not publicly disclose the identity of a player whose sample has resulted in an *Adverse Analytical Finding* or who has been alleged to have committed an anti-

doping rule violation until after the process described in Sections H and I have been completed. In each case where a period of *Ineligibility* has been imposed or tournament results have been *Disqualified*, the SUNSHINE TOUR will, at a minimum, publish the name of the player, the anti-doping rule violation, and the sanction imposed. As an exception, the Sunshine Tour may decide not to publish information on cases involving *Illicit and Recreational Drugs*.

The SUNSHINE TOUR will only discuss the specifics of cases still pending under Section H and Section I where to do so is appropriate in response to public comments attributed to the player or player's representative.

At any time after a player has received *Notice* as provided in Section H(5), the SUNSHINE TOUR may advise the International Federation of PGA Tours or any of its members, or any other recognized professional golf body, of the pending case against the player unless the player agrees in advance not to participate in any tournaments of those organizations pending the resolution of the case.

The SUNSHINE TOUR may publish statistical information about the Program, including a list of occasions on which each player has been tested.

N. MUTUAL RECOGNITION OF DECISIONS

The SUNSHINE TOUR may recognize and give effect to the anti-doping decisions of other golf organizations in all cases where those decisions would be equally appropriate under this Program.

O. RELEASE

As a condition of membership or participation in SUNSHINE TOUR co-sanctioned, sanctioned, approved or coordinated tournaments, each player hereby releases the SUNSHINE TOUR, the Commissioner, the COO, the Program Administrator, and each director, officer, member, employee, agent or representative of any of the foregoing, jointly and severally, individually and in their official capacity, of and from any and all claims, demands, damages and causes of action whatsoever, in law or equity, arising out of or in connection with any decision, act or omission arising under the Program.

P. GOVERNING LAW AND CONTINUING JURISDICTION

This Program and any matter arising from or in connection with it shall be governed by and construed in accordance with the law of South Africa. All disputes arising from this Program shall be submitted to the exclusive jurisdiction of the courts of South Africa.

SECTION 4

ANTI-DOPING PROGRAM DEFINITIONS

Adverse Analytical Finding: A report from a laboratory or other *Approved Laboratory* that, consistent with the *International Standard for Laboratories* and Technical Documents, identifies in a sample the presence of a SUNSHINE TOUR *Prohibited Substance* or its *Metabolites* or *Markers* or evidence of the Use of a *Prohibited Method* on the *SUNSHINE TOUR Prohibited List*.

Adverse Passport Finding: A report at the conclusion of the Biological Passport review process which concludes that a player's Biological Passport is inconsistent with a normal physiological condition or known pathology and compatible with the Use of the *Prohibited Substance* or *Prohibited Method*.

Aggravating Circumstances: *Aggravating Circumstances* are present when it is clear that the player intentionally violated the SUNSHINE TOUR Anti-Doping Program. Examples of the types of evidence supporting a finding of *Aggravating Circumstances* could include: the player committed the anti-doping rule violation as part of a doping plan or scheme, either individually or involving a conspiracy or common enterprise to commit anti-doping rule violations; the player *Used* or *Possessed* multiple *Prohibited Substances* or *Prohibited Methods* or *Used* or *Possessed* a *Prohibited Substance* or *Prohibited Method* on multiple occasions; a normal individual would be likely to enjoy the performance-enhancing effects of the anti-doping rule violation(s) beyond the period of *Ineligibility* which might otherwise be applied, the player engaged in deceptive or obstructing conduct to avoid the detection or adjudication of an anti-doping rule violation.

Approved Laboratories: Laboratories accredited by the World Anti-Doping Agency (WADA) or as otherwise approved by WADA or the Sunshine Tour.

Attempt: Purposely engaging in conduct that constitutes a substantial step in a course of conduct planned to culminate in the commission of an anti-doping rule violation. Provided, however, there shall be no anti-doping rule violation based solely on an *Attempt* to commit a violation if the player renounces the *Attempt* prior to it being discovered by a third party not involved in the *Attempt*.

Atypical Finding: A report from a laboratory or other WADA or SUNSHINE TOUR-approved entity, which requires further investigation as provided by the *International Standard for Laboratories* or related Technical Documents prior to the determination of an *Adverse Analytical Finding*.

COO: Refers to the Chief Operating Officer and includes any person authorized by the COO to act on his behalf and delegated the authority to make decisions as provided for in this program guide.

Disqualification: The player's results in a particular tournament(s) are invalidated, with all resulting consequences including forfeiture of any prize money and points.

Doping Control: All steps and processes from test distribution planning through to ultimate disposition of any appeal including all steps and processes in between such as sample collection and handling, laboratory analysis, therapeutic use exemptions, results management and hearings.

Endogenous: Refers to a substance which is capable of being produced by the body naturally.

Illicit and Recreational Drugs: Substances which are normally associated with social abuse rather than athletic performance enhancement, including their *Metabolites* and D and L optical isomers where

relevant, are listed as stimulants (non-specified) and narcotics as identified on the *SUNSHINE TOUR Prohibited List*:

Natural (e.g. cannabis, hashish and marijuana) or synthetic delta 9-tetrahydrocannabinol (THC) and cannabimetics (e.g. "Spice" (JWH018,JWH,HU,210), cocaine, methylenedioxyamphetamine (ecstasy), phencyclidine (PCP), dimethylamphetamine (DMA), benzylpiperazine (BZP), amphetamine, methamphetamine (D-), methylenedioxyamphetamine, p-methylamphetamine, buprenorphine (Suboxone), dextromoramide, diamorphine (heroin), fentanyl (Fentora, Duragesic) and derivatives, hydromorphone (Dilaudid), meperidine (Demerol), methadone, morphine (Avinza, Kadian, MS Contin, MSIR), oxycodone (Percocet, Roxicet, Tylox), oxymorphone (Opana, OpanaER), pentazocine (Talwin,Talacen), pethidine.

Ineligibility: No player who has been declared *Ineligible* may, during the period of *Ineligibility*, participate in any capacity in a tournament or other activity of the SUNSHINE TOUR, the International Golf Federation or any of its members, other than authorized anti-doping education or rehabilitation programs.

International Anti-Doping Standard: A standard adopted by WADA in support of the World Anti-Doping Code. Compliance with an *International Anti-Doping Standard* (as opposed to another alternative standard, practice or procedure) shall be sufficient to conclude that the procedures addressed by the *International Anti-Doping Standard* were performed properly. *International Anti-Doping Standard* shall include any Technical Documents issued pursuant to the *International Anti-Doping Standard*, as well as Articles 9 and 10 of the World Code as amended November 2007.

International Standard for Laboratories: The *International Anti-Doping Standard* for sample analysis established by WADA tailored to the sport of golf.

International Standard for Testing: The *International Anti-Doping Standard* for sample collection established by WADA tailored to the sport of golf.

Marker: A compound, group of compounds or biological parameters that indicates the *Use* of a *Prohibited Substance* or *Prohibited Method*.

Metabolite: Any substance produced by a biotransformation process.

No Advance Notice: A *Doping Control* which takes place with no advance warning to the player and where the player may be continuously chaperoned from the moment of notification through sample provision.

Notice: Any notification required by the Program to be given to a player shall be hand-delivered or sent to him via registered or certified mail, return receipt requested, or via overnight delivery service, to the address of the player as shown in the records of the SUNSHINE TOUR. Delivery to a member's locker at a tournament site for which the player has committed shall also constitute hand delivery under this section. Notice by registered or certified mail or overnight delivery service shall be effective as of the date of mailing.

Player Support Personnel/Person: Any coach, trainer, manager, agent, caddie, team staff, official, medical, paramedical personnel, parent or any other person working with, treating or assisting a player participating in or preparing for a SUNSHINE TOUR sanctioned, sponsored, approved or coordinated tournament.

Sunshine Tour Prohibited List: The list identifying the *Prohibited Substances* and *Prohibited Methods*.

Sunshine Tour Monitoring List: The list identifying substances which are not prohibited but which laboratories may, as directed, seek to detect in player samples and report anonymous results quarterly to the Sunshine Tour.

Possession: The actual, physical *Possession*, or the constructive *Possession* (which shall be found only if the player has exclusive control over the *Prohibited Substance/Method* or the premises in which a *Prohibited Substance/Method* exists); provided, however, that if the player does not have exclusive control over the *Prohibited Substance/Method* or the premises in which a *Prohibited Substance/Method* exists, constructive *Possession* shall only be found if the player knew about the presence of the *Prohibited Substance/Method* and intended to exercise control over it. Provided, however, there shall be no anti-doping rule violation based solely on *Possession* if, prior to receiving notification of any kind that the player has committed an anti-doping rule violation, the player has taken concrete action demonstrating that the player never intended to have *Possession* and has renounced *Possession* by explicitly declaring it to the Sunshine Tour. Notwithstanding anything to the contrary in this definition, the purchase (including by any electronic or other means) of a *Prohibited Substance* or *Prohibited Method* constitutes *Possession* by the player who makes the purchase.

Prohibited Method: Any method so described on the *Sunshine Tour Prohibited List*.

Prohibited Substance: Any substance so described on the *Sunshine Tour Prohibited List*.

Provisional Suspension: The player is barred temporarily from participating in any tournament prior to the final decision in the matter.

Tampering: Altering for an improper purpose or in an improper way; bringing improper influence to bear; interfering improperly; obstructing, misleading or engaging in any fraudulent conduct to alter results or prevent normal procedures from occurring; or providing fraudulent information to the Sunshine Tour or its agents.

Target Testing: Selection of players for testing where specific players are selected on a non-random basis for testing at a specified time.

Trafficking: Selling, giving, transporting, sending, delivering or distributing a *Prohibited Substance* or *Prohibited Method* (either physically or by any electronic or other means) by a player to any third party without acceptable therapeutic justification.

Use: The utilization, application, ingestion, injection or consumption by any means whatsoever of any *Prohibited Substance* or *Prohibited Method*

SUNSHINE TOUR PROHIBITED LIST 2020

SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES – IN AND OUT OF COMPETITION

PROHIBITED SUBSTANCES

- S0 Non-Approved Substances
- S1 Anabolic Agents
- S2 Peptide Hormones, Growth Factors, Related Substances and Mimetics
- S3 Beta₂Agonists
- S4 Hormone and Metabolic Modulators
- S5 Diuretics and other Masking Agents
- S6 Stimulants
- S7 Narcotics
- S8 Cannabinoids
- S9 Glucocorticoids
- S10 Beta Blockers

PROHIBITED METHODS

- M1 Manipulation of Blood and Blood Components
- M2 Chemical and Physical Manipulation
- M3 Gene and Cell Doping

WARNING - IMPORTANT NOTE about using the PROHIBITED LIST and SUPPLEMENTS

There is no complete list of prohibited substances.

The following list (and the World Anti-Doping Agency Prohibited List Standard 2020 on which it is based) shows examples only of the prohibited classes. Note this includes the statement: “and other substances with similar chemical structure or similar biological effects(s)”.

Do **not** rely upon this list to rule out any prohibited ingredient, particularly from a supplement. Any substance that is chemically related to the class- even if not listed as an example is also prohibited. Dietary supplements are not well regulated and may cause an adverse analytical finding or rule violation. Athletes have tested positive and been charged with a doping violation because of a supplement contaminated or containing a prohibited substance that is not clearly identified on the label. Testing of Supplements may reduce the risk but will **not guarantee** that the supplement is entirely free of unknown or unidentified contaminants. Athlete remains liable!

Therefore any product containing a dietary supplement is taken at your own risk.

Check the status of a licensed medication using a drug information website and keep a record of the response to the enquiry.

If you cannot find it – don't assume it's permitted

PROHIBITED SUBSTANCES

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

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 (i.e. drugs under pre-clinical or clinical development or discontinued, designer drugs, veterinary medicines) is prohibited at all times.

S1. ANABOLIC AGENTS

Anabolic Agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous¹ AAS, including:

1-androstendiol (5 α -androst-1-ene-3 β ,17 β -diol);
1-androstendione (5 α -androst-1-ene-3,17-dione);
1-androsterone (3 α -hydroxy-5 α -androst-1-ene-17-one);
1-Testosterone (17 β -hydroxy-5 α -androst-1-en-3-one);
bolasterone;
calusterone;
clostebol;
danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 α -ol);
dehydrochloromethyltestosterone (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-norpregna-4-en-17 α -ol);
fluoxymesterone;
formebolone;
furazabol (17 α -methyl[1.2.5]oxadiazolol[3',4':2,3]-5 α -androstan-17 β -ol);
gestrinone;
mestanolone;
mesterolone;
metandienone (17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one);
metenolone;
methandriol;
methasterone (17 β -hydroxy-2 α , 17 α -dimethyl-5 α -androstan-3-one);
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);
methylnor testosterone (17 β -hydroxy-17 α -methylestr-4-en-3-one);
methyltestosterone;
metribolone (methyltrienolone, 17 β -hydroxy-17 α -methylestra-4,9,11-trien-3-one);
mibolone;
norboletone;
norclostebol;
norethandrolone;
oxabolone;
oxandrolone;
oxymesterone;
oxymetholone;
prostanazol (17 β -[(tetrahydropyran-2-yl)oxy]-1'*H*-pyrazolol[3,4:2,3]-5 α -androstan-3-one);
quinbolone;
stanozolol;
stenbolone;

tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17 α -pregna-4,9,11-trien-3-one);
trenbolone (17 β -hydroxyestr-4,9,11-trien-3-one) and other substances with a similar chemical structure or similar biological effect(s).

¹ **Exogenous** refers to a substance which is not ordinarily capable of being produced by the body

b. Endogenous² AAS and their metabolites and isomers when administered exogenously:

4-androstenediol (androst-4-ene-3 β ,17 β -diol);
4-Hydroxytestosterone (4,17 β -dihydroxyandrost-4-en-3-one);
5-Androstenedione (androst-5-ene-3,17-dione);
7 α -Hydroxy-DHEA;
7 β -Hydroxy-DHEA;
7-keto-DHEA;
19-norandrostenediol (estr-4-ene-3,17-diol);
19-norandrostenedione (estr-4-ene-3,17-dione);
androstanolone (5 α -dihydrotestosterone, 17 β -hydroxy-5 α -androstan-3-one);
androstenediol (androst-5-ene-3 β ,17 β -diol);
androstenedione (androst-4-ene-3,17-dione);
boldenone;
boldione (androsta-1,4-diene-3,17-dione);
Epiandrosterone (3 β -hydroxy-5 α -androstan-17-one);
epi-dihydrotestosterone (17 β -hydroxy-5 β -androstan-3-one);
epitestosterone;
nandrolone³ (19-norandrostenedione);
prasterone (dehydroepiandrosterone, DHEA, 3 β -hydroxyandrost-5-en-17-one);
testosterone.

² **Endogenous** refers to a substance which is capable of being produced by the body naturally

³ **Nandrolone** and **19-nandrostenedione** are prohibited at concentrations greater than 2.5 nanograms per milliliter

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

Clenbuterol, selective androgen receptor modulators (SARMs, e.g. andarine, LGD-4033, enobosarm (ostarine), and RAD140), tibolone, zeranol and zilpaterol.

S2 PEPTIDE HORMONES, GROWTH FACTORS AND RELATED SUBSTANCES AND MIMETICS

The following substances and other substances with similar chemical structure or similar biological effect(s) are prohibited:

1. Erythropoietin (EPO) and agents affecting erythropoiesis, including, but not limited to:

1.1 Erythropoietin-Receptor agonists e.g.

Darbepoietin (dEPO);
Erythropoietins (EPO);
EPO based constructs (EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA));
EPO-mimetic agents and their constructs (e.g. CNTO-530, peginesatide).

1.2 Hypoxia-inducible factor (HIF) activating agents, e.g.

Cobalt **It is reiterated that vitamin B12, which contains cobalt, is not prohibited;**
Daprodustat (GSK1278863);
Molidustat (BAY 85-3934);
Roxadustat (FG-4592);
Vadadustat (AKB-6548);
Xenon.

1.3 GATA inhibitors, e.g.
K-11706

1.4 TGF-beta (TGF-β) inhibitors, e.g.
Luspatrcept;
Sotatercept.

1.5 Innate repair receptor agonists, e.g.
Asialo EPO;
Carbamylated EPO (CEPO).

2. Peptide Hormones and their Releasing Factors;

2.1 Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, e.g. Buserelin, Deslorelin, gonadorelin, goserelin, leuprorelin, nafarelin and triptorelin, in males;

2.2 Corticotrophins and their releasing factors, e.g. corticorelin;

2.3 Growth Hormone (GH) and its fragments and releasing factors, including but not limited to: Growth Hormone Fragments, e.g.

AOD-9604, hGH 176-191;

Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g.

CJC-1293, CJC-1295, sermorelin and tesamorelin;

Growth Hormone Secretagogues (GHS), e.g.

Lenomorelin [ghrelin] and its mimetics e.g. anamorelin, macimorelin, ipamorelin and tabimorelin;

GH-Releasing Peptides (GHRPs), e.g.

alexamorelin, GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5, GHRP-6 and examorelin [hexarelin].

3. Growth Factors and Growth Factor Modulators, including, but not limited to:

Fibroblast Growth Factors (FGFs);

Hepatocyte Growth Factor (HGF);

Insulin-like Growth Factor-1 (IGF-1) and its analogues;

Mechano Growth Factors (MGFs);

Platelet-Derived Growth Factor (PDGF);

Thymosin-β4 and its derivatives (TB-500);

Vascular-Endothelial Growth Factor (VEGF).

Additional growth factors or growth factor modulators affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching..

S3. BETA-2 AGONISTS

All selective and non-selective **beta₂ agonists** including all **optical isomers** are prohibited, including but not limited to:

Fenoterol;

Formoterol;

Higenamine*;

Indacaterol;

Olodaterol;

Procaterol;

Reproterol;

Salbutamol;

Terbutaline;

Tretoquinol (trimetoquinol);

Tulobuterol;

Vilanterol.

Except:

- inhaled **salbutamol**: maximum 1600 micrograms over 24 hours in divided doses not to exceed 800 micrograms every 12 hours starting from any dose;
- inhaled **formoterol**: maximum delivered dose of 54 micrograms over 24 hours;
- inhaled **salmeterol**: maximum 200 micrograms over 24 hours.

The presence of salbutamol in urine in excess of 1000ng/ml or formoterol in excess of 40ng/mL is not consistent with therapeutic use of the substance and will be considered as an Adverse Analytical Finding (AAF) unless the Player proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of a therapeutic dose (by inhalation) up to the maximum dose indicated above.

***Higenamine** is documented to be a constituent of the plant *Tinospora crispa*, which can be found in some dietary supplements and is a non-selective beta-2-agonist.

S4. HORMONE AND METABOLIC MODULATORS

The following **hormones** and **metabolic modulators** are prohibited:

1. **Aromatase inhibitors** including, but not limited to:

2-Androstenol (5 α -androst-2-en-17-ol);
2-Androstenone (5 α -androst-2-ene-17-one);
3-Androstenol (5 α -androst-3-en-17-ol);
3-Androstenone (5 α -androst-3-en-17-one);
4-androstene-3,6,17 trione (6-oxo);
Aminoglutethimide;
Anastrozole;
Androsta-1,4,6-triene-3, 17-dione (androstatrienedione);
Androsta 3,5-diene-7,17-dione (arimistane);
Exemestane;
Formestane;
Letrozole;
Testolactone.

2. **Selective Estrogen Receptor Modulators (SERMs)** including, but not limited to:

Bazedoxifene,
Ospemifene,
Raloxifene,
Raloxifene;
Tamoxifen;
Toremifene.

3. Other **anti-estrogenic substances** including, but not limited to:

Clomiphene;
Cyclofenil;
Fulvestrant.

4. **Agents preventing Activin receptor IIB activation** including but not limited to:

Activin A-neutralizing antibodies;
Activin receptor IIB competitors such as:
decoy activating receptors (e.g. ACE-031);
Anti-activin receptor IIB antibodies (e.g. bimagrumb);
Myostatin inhibitors such as:
agents reducing or ablating myostatin expression,

**Myostatin-binding proteins (e.g. follistatin, myostatin propeptide),
Myostatin-neutralising antibodies (e.g. domagrozumab, landogrozumab,
stamulumab).**

5. Metabolic modulators:

Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR; SR9009 and Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists, e.g.

2-(2-methyl-4-((4-methyl-2-(4-(trifluoromethyl) phenyl)thiazol-5-yl) methyl-thio)phenoxy) acetic acid (GW 1516, GW501516);

Insulins and insulin-mimetics;

Meldonium;

Trimetazidine.

S5. DIURETICS AND OTHER MASKING AGENTS

The following diuretics and masking agents are prohibited, as are other substances with a similar chemical structure or similar biological effect(s), including but not limited to:

- **Desmopressin, probenecid, plasma expanders** e.g. intravenous administration of **albumin, dextran, hydroxyethyl starch** and **mannitol**.
- **acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides** e.g. **bendroflumethiazide, chlorothiazide, hydrochlorothiazide, triamterene** and **vaptans** e.g. **tolvaptan;**

except for

- Drosiprenone; pamabrom; and ophthalmic use of carbonic anhydrase inhibitors (e.g. dorzolamide, brinzolamide;
- Local administration of felypressin in dental anaesthesia.

The detection in an Player's Sample at all times or *In-Competition*, as applicable, of any quantity of the following substances subject to threshold limits; i.e. formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent, will be considered as an *Adverse Analytical Finding (AAF)* unless the Player has an approved *Therapeutic Use Exemption (TUE)* for that substance in addition to the one granted for the diuretic or masking agent.

S6. STIMULANTS

All stimulants, including all optical isomers e.g. *d*- and *l*- where relevant are prohibited.

Stimulants include but not limited to:

1,3 -Dimethylbutylamine;

3-Methylhexan-2-amine(1,2-dimethylpentylamine);

4-Methylhexan-2-amine (methylhexaneamine);

5-Methylhexan-2-amine (1,4-dimethylpentylamine);

Adrafinil;

Amfepramone;

Amfetamine;

Amfetaminil;

Amiphenazole,

Benzfetamine

Benfluorex;

Benzylpiperazine;

Bromantan;
Cathine;
cathinone and its analogues (e.g. mephedrone, methedrone, α -pyrrolidinovalerophenone)
Clobenzorex;
Cocaine;
Cropropamide;
Crotetamide;
Dimetamfetamine (dimethylamphetamine);
Ephedrine²,
Epinephrine³ (adrenaline),
Etamivan,
Etilamphetamine,
Etilefrine,
Famprofazone,
Fenbutrazate,
Fencamfamin,
Fencamine,
Fenetylline;
Fenfluramine;
Fenproporex;
Fonturacetam [4-phenylpiracetam (carphedon)];
Furfenorex;
Heptaminol,
Hydroxyamfetamine (parahydroamphetamine),
Isometheptene,
Levmetamfetamine,
Lisdexamfetamine
Meclofenoxate;
Mefenorex;
Methylenedioxyamphetamine
Methylephedrine³,
Methylhexaneamine (dimethylpentylamine),
Methylphenidate,
Mephentermine;
Mesocarb;

Metamfetamine(*d*-)
p-methylamphetamine;
Modafinil;
Nikethamide,
Norfenefrine,
Norfenfluramine;
Octodrine (1,5-dimethylhexylamine)
Octopamine,
Oxilofrine (methylsynephrine),
Pemoline,
Pentetrazol,
Phenethylamine and its derivatives**,
Phendimetrazine;
Phenmetrazine,
Phenpromethamine,
Pentermine;
Prenylamine;

**Prolintane;
Propylhexedrine,
Pseudoephedrine⁴,
Selegiline,
Sibutramine,
Strychnine,
Tenamfetamine (methylenedioxyamphetamine),
Tuaminoheptane**

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

Except:

- **Clonidine;**
- **Imidazole derivatives for topical/ophthalmic use and those substances included in the 2020 Monitoring Program*.**

* Bupropion, caffeine nicotine, phenylephrine, phenylpropanolamine, pipradol and synephrine: These substances are included in the 2019 Monitoring Program, and are not considered Prohibited Substances.

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

*** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per milliliter.

**** Ephinephrine (adrenaline): Not prohibited in local administration, e.g. nasal, ophthalmologic, or coadministration with local anesthetic agents.

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

S7. NARCOTICS

The following narcotics are prohibited:

**Buprenorphine;
Dextromoramide;
Diamorphine (heroin);
Fentanyl and its derivatives;
Hydromorphone;
Methadone;
Morphine;
Nicomorphine;
Oxycodone;
Oxymorphone;
Pentazocine;
Pethidine.**

S8. CANNABINOIDS

All natural and synthetic Cannabinoids are prohibited, eg:

- **In cannabis (hashish, marijuana) and cannabis products**
- Natural and synthetic tetrahydrocannabinols (THCs)
- Synthetic Cannabinoids that mimic the effects of THC

Except:

- Cannabidiol
Cannabidiol (CBD) is not prohibited. However, be aware that some CBD products extracted from cannabis plants may also contain THC that could result in a positive test for a prohibited cannabinoid.

S9. GLUCOCORTICOSTEROIDS

All glucocorticoids are prohibited when administered orally, intravenously, intramuscularly or rectal routes.

Including but not limited to:

Betamethasone;
Budesonide;
Cortisone;
Deflazacort;
Dexamethasone;
Fluticasone;
Hydrocortisone;
Methylprednisolone;
Prednisolone;
Prednisone;
Triamcinolone.

S10. BETA BLOCKERS

The entire class of **Beta Blockers** is prohibited, including but not limited to the following:

Acebutolol;
Alprenolol;
Atenolol;
Betaxolol;
Bisoprolol;
Bunolol;
Carteolol;
Carvedilol;
Celiprolol;
Esmolol;
Labetalol;
Metipranolol;
Metoprolol;
Nadolol;
Oxprenolol;
Pindolo;
Propranolol;
Sotalol;
Timolol.

PROHIBITED METHODS

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

1. The administration or reintroduction of any quantity of autologous, allogenic (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 by inhalation).

3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M2. CHEMICAL AND 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* is prohibited. These include but are not limited to Sample substitution and/or adulteration e.g. Addition of proteases to Sample (Topical and systemic therapeutic use of proteases are not prohibited)
2. Intravenous infusions and/or injections of more than 100 mL per 12 hour period, except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

M3. GENE AND CELL DOPING

The following, with the potential to enhance sport performance, are prohibited:

1. The use of nucleic acids or nucleic acid analogues that may alter genome sequences and/or alter gene expression by any mechanism. This includes but is not limited to gene editing, gene silencing and gene transfer technologies;
2. The use of normal or genetically modified cells.

THE 2020 MONITORING PROGRAM

The following substances are placed on the 2020 Monitoring Program:

1. Anabolic agents: ecdysterone (*new addition in 2020*)
2. Beta-2-agonists: any combination of beta-2-agonists.
3. Glucocorticoids: (by routes of administration other than oral, intravenous, intramuscular or rectal).
4. Narcotics: Codeine, hydrocodone, and tramadol.
5. Stimulants: Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol and synephrine.
6. 2-ethylsulfanyl-1H-benzimidazole (bemitil).

Section 6

THERAPEUTIC USE EXEMPTION APPLICATION FORM (TUE)

The TUE-form may be downloaded from the SOUTH AFRICAN INSTITUTE FOR DRUGFREE SPORT (“SAIDS”) website www.drugfreesport.org.za. Use the SAIDS TUE-form to submit a declaration or to make an application for a Therapeutic Use Exemption.

Section 7

PLAYER RESOURCES

Program Administrator:

Name: Mr. Dirk Cloete

Contact details: Tel: +27 (0) 21 850 6500
Cell: +27 (0) 79 875 6819
Fax: +27 (0) 21 852 8271
E-mail: dcloete@sunshinetour.com

Chief Medical Officer:

Name: Dr. Vic Sorour

Contact details: Cell: +27 (0) 83 630 2266
E-mail: vsorour@wol.co.za

SAIDS:

Contact person: Mr Deslyn Pather – Senior Doping Control Coordinator

Contact details: Tel: +27 (0) 21 686 1634
Cell: +27 (0) 72 286 2204
Fax: +27 (0) 86 242 7077
E-mail: deslyn@said.org.za