

FIFA ROADMAP FOR IMPLEMENTATION OF THE 2009 WORLD ANTI-DOPING CODE

FIFA has a clear vision: to keep football free of doping. It is FIFA's duty to protect players from harm and ensure that footballers can compete on an even playing field. Since FIFA is dealing with ambitious and independent individuals, its anti-doping strategy relies on education and prevention. FIFA and the FIFA Medical Assessment and Research Centre (F-MARC) respect the dignity and private life of each player who is subject to testing.

FIFA and the FIFA Medical Committee base any decisions related to their anti-doping programme on the specifics of the game, scientific evidence and analysis of validated doping statistics. FIFA's responsibility in the fight against doping is acknowledged by stringent doping control regulations, ongoing data collection and support of evidence-based research implemented by F-MARC. At the same time, FIFA has proved to be a reliable partner of the World Anti-Doping Agency (WADA), the International Olympic Committee (IOC) and the international federations (IFs), in particular the team sport federations, in the much-needed worldwide collaboration to safeguard the health of athletes and the spirit of fair competition.

This roadmap outlines the different steps taken by FIFA to implement the World Anti-Doping Code (the Code) in football at all levels of play, among different age groups and both genders and also considering those who are potential future stars. It also reflects FIFA's underlying principles and strategy as world football's governing body in its football-specific approach to an effective and efficient anti-doping programme for the most popular sport worldwide.

1. FIFA Anti-Doping Regulations (FIFA ADR)

The FIFA Doping Control Regulations have been completely revised and combined with the FIFA Disciplinary Code to fully comply with the Code requirements. New provisions with regard to the International Standard for Testing (IST) have been included. The major part of the FIFA ADR 2009 was approved by the FIFA Executive Committee in December 2008, while appendices D "Whereabouts" and E "Testing procedure" were approved in March 2009. The FIFA Anti-Doping Regulations come into force on 1 May 2009.

2. FIFA Anti-Doping Unit (ADU)

A new administrative body has been created, bringing together medical and legal experts as well as anti-doping administrators in one unit in order to efficiently and effectively handle all anti-doping related matters. A first strategy meeting took place in March 2009 and defined the following tasks:

- Put the objectives of FIFA's strategy against doping in football into practice
- Conduct risk assessment of doping in football
- Plan for the efficient and effective allocation of FIFA's testing resources
- Develop education programmes for the football family
- Develop FIFA's annual test distribution plan based on risk assessment
- Monitor, evaluate, modify and periodically update FIFA's test distribution plan

- Administer the FIFA testing programme, including planning, preparation, organisation, post-test administration, etc.
- Conduct result management of any alleged doping offences
- Ensure implementation of the new FIFA Anti-Doping Regulations in all confederations and member associations
- Coordinate and administer the FIFA Anti-Doping Panel
- Develop and coordinate training and education of FIFA doping control officers
- Implement all decisions by the FIFA Disciplinary Committee
- Administer all TUE applications submitted to FIFA
- Collaborate with the similar bodies of IFs, National Anti-Doping Organisations (NADOs) and WADA

3. FIFA TUE (Therapeutic Use Exemption) policy

The FIFA TUE Advisory Group was created in 2007 as the body responsible for granting all TUE approvals within FIFA. As the International Standard for Therapeutic Use Exemptions (ISTUE) is an extensive document that leaves options for the Anti-Doping Organisations (ADOs) to define by themselves, FIFA developed its own document which clarifies all TUE issues that remained unresolved after the ISTUE 2009 came into force. The FIFA TUE policy ensures a clear and consistent approach to medication use in football.

4. FIFA test distribution plan

According to the IST, each international sports federation is obliged to develop a “test distribution plan” that is specific to the relevant sport: “The common objective ... is to plan and implement an effective distribution of *Sample* collections both *In-Competition* and *Out-of-Competition* in ... sport ..., resulting in the effective detection, deterrence and prevention of doping practices in such sport ...”.

Art. 4.2.1: “Each ADO with *Testing* jurisdiction must develop a plan for the efficient and effective allocation of its *Testing* resources ... across the different countries within its jurisdiction ... Such plan, which should be monitored, evaluated, modified and updated periodically as required ...”.

The test distribution plan is to be developed based on the risk assessment and possible doping pattern in football (Art. 4.3.2 IST):

- a) The physical demands of football and possible performance-enhancing effect that doping may elicit;
- b) Available doping analysis statistics;
- c) Available research on doping trends;
- d) The history of doping in football;
- e) Training periods and the competition calendar;
- f) Information received on possible doping practices

The assessment of these criteria has in fact long been the foundation of FIFA's strategy against doping in football.

1. The qualities that make a good or excellent player are diverse, and skill, match intelligence and overview, as well as the ability to play for the team and refrain from putting themselves in the spotlight, will be hard to achieve by using a doping substance or method. However, players require endurance, speed and strength. Aggressiveness is not generally a favourable characteristic in football, in fact it might actually be counterproductive, disrupting team play and provoking sanctions.

2. Doping analysis statistics and history of doping in football:

The FIFA doping statistics refer to proven positive samples, meaning those where the A and, if analysed, the B sample tested positive for a prohibited substance and the initial investigation failed to confirm a TUE or endogenous origin. FIFA is now working in close partnership with laboratories and WADA to ensure that statistical results are presented appropriately, taking into account the possible approved TUEs for all Adverse Analytical Findings (AAFs), meaning any finding of a prohibited substance, including those samples where a TUE has been granted previously or where an elevated T/E ratio > 4 (testosterone/epitestosterone) has been found but the exogenous origin of the steroid has not been proven (including the respective follow-up tests). In this respect FIFA provides WADA with all details to ensure the concordant presentation of the statistics, allowing a comparison of the incidence of true positive cases between the different IFs.

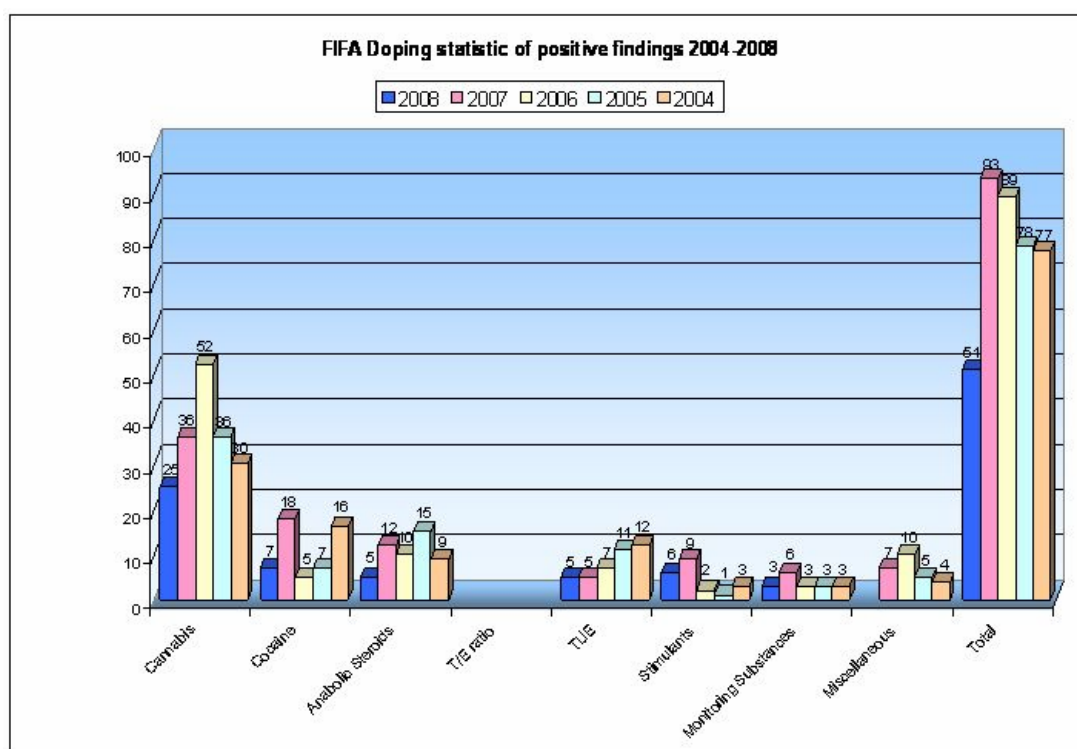


Figure 1 FIFA statistics of positive samples 2004-2008

(For 2008, analysis of data is not yet finalised; 66 pending cases, incl. T/E ratio)

The total annual number of samples collected and analysed in football (according to the WADA statistics) allows the calculation of the incidence of positive samples. In total, football shows a low overall incidence of positive samples – well below 0.4% over the years (2004 0.34%, 2005 0.33%, 2006 0.32%). In 2007, 28,313 doping tests were performed in football worldwide. According to the FIFA doping control database, 93 samples (0.32%) tested positive and, of these, 12 samples (0.04%) were positive for anabolic steroids. In general, cannabis and cocaine account for about 60% of positive test results.

3. Training period and match calendar:

The match calendar in football covers most of the year, and together with pre-season team training, this leaves individual players with breaks of only a few weeks. Elite players often compete not only on the weekend, but also during the week. In addition, they also play in different teams at national and international level, further shortening any out-of-competition (OOC) periods.

4. Total player and sample numbers:

Football as a team sport has the highest athlete numbers of all sports, making effectiveness and efficiency of testing plans a condition sine qua non.

5. Potential risk group:

Risk is highest where there is much at stake, and that is in the first leagues in the major football countries, where the highest salaries are earned. These top-league players also form the pool from which national team players are recruited.

6. Available research on doping trends:

Though there are continuous claims to this effect, there is no scientific evidence to prove that there are doping substances that are no longer detectable after 24 hours, but still have a lasting relevant performance-enhancing effect.

► In view of numbers of players, schedule and positive tests, individual IC and OOC testing in football is inefficient and ineffective. Random team testing of elite teams at any time has more of a deterrent effect. At lower levels, education and prevention need to be the main strategic tools in football.

Based on FIFA's risk assessment, the following underlying principles define the FIFA annual test distribution plan:

In-competition testing remains a mainstay of testing in football:

- In-competition testing is efficient.
- In view of particularly short OOC periods, in-competition testing is also effective.
- At announced controls at FIFA competitions, place holder selection, notification of selected players only 15 minutes prior to the end of a match, and immediate escorting to doping control rooms at the end of the match leaves no place to cheat.
- No-advance notice, random tests undertaken at qualifier matches mean that players need to be prepared for testing at all qualifying matches.

I. PLAN FOR IN-COMPETITION TESTING AT FIFA COMPETITIONS IN 2009

In-competition controls at FIFA World Cups™ were implemented in 1970. They target both genders, all different age groups and the non-Olympic sports such as futsal and beach soccer.

- a) Place holder selection: number of players per team announced prior to match, numbers drawn during the match, players notified only at the end of match and immediately escorted to doping control room.

| COMPETITION | MATCHES/ PLAYERS TESTED | URINE SAMPLES |
|--|------------------------------------|---------------|
| FIFA Confederations Cup South Africa 2009 | 16 matches 2 players/team/match | 64 |
| FIFA U-20 World Cup Egypt 2009 | 52 matches 2 players/team/match | 208 |
| FIFA U-17 World Cup Nigeria 2009 | 52 matches 2 players/team/match | 208 |
| FIFA Beach Soccer World Cup Dubai 2009 | 20 matches 1 player/team/match | 40 |
| FIFA Club World Cup UAE 2009 | 8 matches 2 players/team/match | 32 |
| Total | | 552 |

- b) No-advance notice tests: Unannounced controls at randomly selected qualifier matches.

| | MATCHES/ PLAYERS TESTED | URINE SAMPLES |
|--|------------------------------------|---------------|
| Qualifiers for the 2010 FIFA World Cup™ | 60 matches 2 players/team/match | 240 |
| Total | | 240 |

II. PLAN FOR OUT-OF-COMPETITION TESTING IN 2009

Objectives

Conduct out-of-competition controls that

- comply with the FIFA anti-doping strategy and the annual test distribution plan based on risk assessment in football
- are efficient and effective in view of large player numbers and low incidence of positive samples in football, competition schedules and specifics of the sport
- target the high-risk groups in football
- ideally complement in-competition controls at international matches and competitions

The FIFA testing pools

Based on its risk assessment, FIFA intends to create a three-level testing pool system that considers three target groups of teams for OOC testing that will be subject to different whereabouts requirements: the FIFA International Registered Testing Pool (IRTP), the FIFA Testing Pool (TP) and the FIFA Pre-Competition Testing Pool (PCTP). FIFA will periodically define and update the criteria for including teams in the IRTP, TP and PCTP.

FIFA testing pool system – IRTP, TP and PCTP

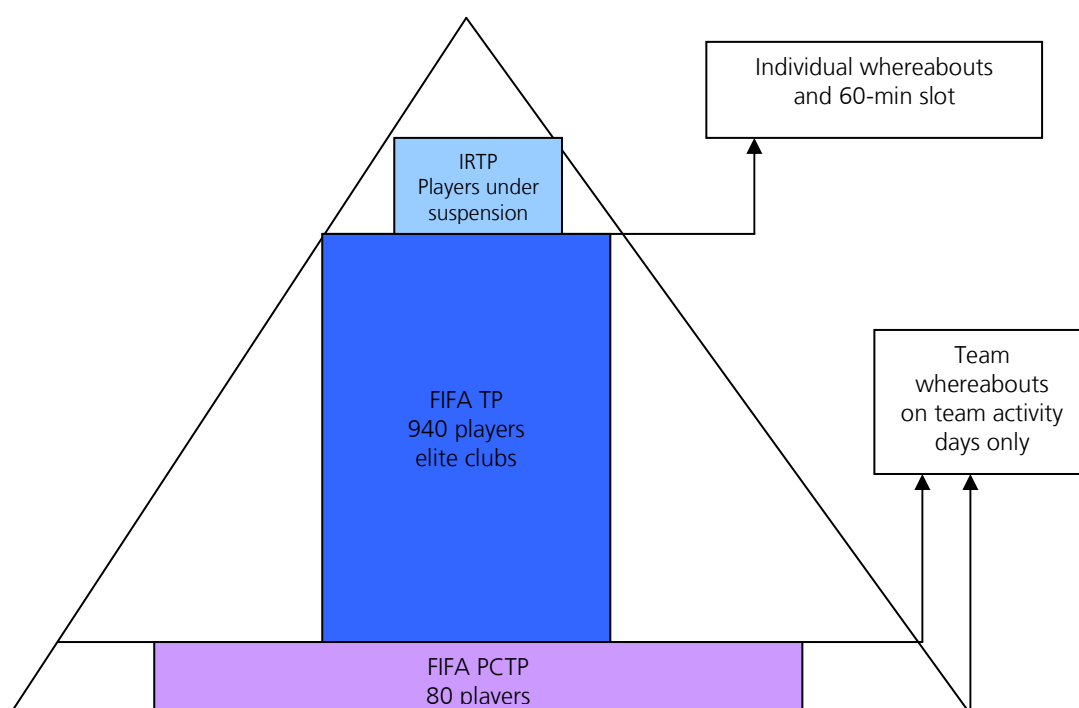


Figure 2 FIFA testing pool system

Definition of International Registered Testing Pool:

The IRTP includes international level players as per the definition in the FIFA Anti-Doping Regulations during the time of their suspension and other potentially high-risk players, e.g. long-term injured players, as applicable. Any player can be included if evidence of suspicion is provided, e.g. alteration of hormone profile and/or alteration of blood parameters.

FIFA IRTP

Maximum number of players in IRTP
Total sample target IRTP

Subject to change
Three tests per year per player

- Member associations are responsible for collection of individual whereabouts.
- IRTP players need to submit full individual whereabouts, including the 60-minute time slot, during the period of their inclusion in the pool.

- Players will remain in the IRTP until the end of the period of ineligibility.
- Players who are injured and selected for inclusion in the IRTP will remain in the IRTP until the end of their rehabilitation period.

► Each player in the IRTP has to be prepared for no-advance notice team testing at any time and place.

Definition of FIFA Testing Pool:

The TP includes the clubs participating in the UEFA Champions League as elite club football is considered a potential risk group and represents the player pool for national teams.

| 2008/2009 UEFA Champions League | | | | | | |
|---------------------------------|-----------------------|-------------------|-------------------|-------------------|---------------|--------------------|
| Competition phase | First knock-out phase | Quarter finals | Semi-finals | Final | Out-of-season | Group stage |
| Period | 01.01.09-12.03.09 | 13.03.09-16.04.09 | 17.04.09-07.05.09 | 08.05.09-28.05.09 | June - August | Sep.- mid December |
| Teams (n) | 16 | 8 | 4 | 2 | 8 | 32 |
| Players (n) | 480 | 240 | 120 | 60 | 240 | 940 |
| Samples (n) | 140 | 80 | 40 | 20 | 80 | 120 |

FIFA TP

Maximum number of players 940

Total sample target 480

Maximum number of players in TP 940

Total sample target TP 480

- TP teams need to submit whereabouts for all team activity days during the period they are included in the TP.
- All clubs participating in the UEFA Champions League at a given time will be included.
- Whereabouts and filing requirements according to UEFA regulations.
- Players who are serving a period of ineligibility or a provisional suspension will remain in the TP until the end of the period of ineligibility or suspension, or move up to the IRTP.
- Injured players remain in the TP and might be subject to target testing, or, depending on the nature of their injury, move up to the IRTP.

► Each club in the TP has to be prepared for no-advance notice team testing at any OOC time and any place.

Definition of Pre-Competition Testing Pool:

The PCTP includes all national teams participating in the FIFA Confederations Cup 2009. This refers to the world's current elite players at senior level.

| Competition | Teams (n) | Players (n) | Tests (n) |
|-------------------------------------|-------------------------|-------------|-----------|
| FIFA Confederations Cup 2009 | 8 (23 players per team) | 184 | 8 x 10 |
| Total | 8 | 184 | 80 |

- PCTP teams need to submit team whereabouts for the team activity days during the two months prior to the FIFA Confederations Cup 2009.
- Whereabouts and filing requirements according to FIFA Anti-Doping Regulations.
- Players who are serving a period of ineligibility or a provisional suspension will remain in the PCTP until the end of the period of ineligibility or suspension, or move up to the IRTP.
- Injured players remain in the PCTP and might be subject to target testing, or, depending on the nature of their injury, move up to the IRTP.

► Each team in the PCTP has to be prepared for no-advance notice team testing during preparation. Preparation time prior to the international competition is considered a high-risk period.

Additional or target testing can be carried out at any time by FIFA, confederations and member associations, as the training sites of clubs and national teams are well known.

Availability for testing

A player with a club/team in the IRTP, TP or PCTP must be present and available for testing on any given day for the times specified above for the IRTP, TP and PCTP during the team activities for that day in the club's/team's whereabouts filing at the location that the club has specified in such filing. If located for testing, the team must stay until the sample collection has been completed. Players not present without an acceptable reason may subsequently be made subject to target testing and/or included in the IRTP.

5. FIFA doping control officer (DCO) training

FIFA requires that all doping control officers are physicians. All DCOs have gone through specific training. A new education and training scheme has been developed and presented to the FIFA Medical Committee. Implementation has to be carried out in close collaboration with the confederations.

6. Prevention and education for players and coaches

FIFA published extensive documentation on its strategy in the fight against doping in 2006. On FIFA.com, players and coaches can find information on the most important doping substances, the testing procedure, etc. In May 2009, a comprehensive education programme will go online for players at different levels and of different ages. There are plans to introduce additional information sessions, in particular at FIFA youth competitions, and they will be implemented consecutively.