

2025 WADA Prohibited List stakeholder consultation: review Dutch stakeholders

July 12, 2024

We would like to thank the *Prohibited List Expert Advisory Group (LiEAG)* for giving us the opportunity to review the *DRAFT 2025 Prohibited List International Standard*.

We would also like to thank Dr. Audrey Kinahan for the stakeholder letter addressing the comments submitted by the stakeholders during the consultation of the draft 2024 List.

Fourfold contribution

In line with previous years our contribution is composed by the four Dutch stakeholders, being:

- Ministry of Health, Welfare and Sport
- Netherlands Olympic Committee*Netherlands Sports Confederation (NOC*NSF)
- NOC*NSF Athletes' Commission
- Doping Authority Netherlands

On behalf of these four stakeholders we would like to ask you to treat our review as a fourfold contribution to your consultation process.

Review criteria

We use the following criteria to review the DRAFT 2025 Prohibited List.

The proposed changes to the *Prohibited List* should:

- Be based on a transparent decision-making process
- Be easily explainable to the sports community
- Have strong focus on catching intentional cheaters
- Protect athletes who have no malicious intentions
- Have minimal interference with good medical practice

We feel these criteria help us to focus on the interests of our most important target group: the true athletes. They should benefit the most from the amendments we put into practice.

Comments for 2025 Prohibited List

S0. Non-Approved Substances

- We welcome the addition of S-107 and ARM210 as examples of prohibited substances to the List.

S3. Beta-2 Agonists

- We support the new 12-hourly dosing intervals for formoterol.

S4. Hormone and Metabolic Modulators

- We welcome the addition of elacestrant as an example of an anti-estrogen.
- We support the inclusion of Mitochondrial open reading frame of the 12S rRNA-c (MOTS-c).

S5. Diuretics and Masking Agents

- We welcome the addition of xipamide as an example.

M1. Manipulation of Blood and Blood Components

- We are very happy with the planned changes and clarification with regard to the donation of blood.

S6. Stimulants

- We support the change of Hydrafenil (fluorenol) from S6.B to S6.A..
- We welcome the addition of midodrine and tesofensine as examples of specified stimulants.

Comments for future consideration

We thank Dr. Audrey Kinahan and LiEAG for their letter of May 2024. However, we would have liked to see that this information had become available a bit sooner, at least before the new DRAFT list will be published. It helps us enormously to understand the proposed changes, or lack thereof.

Substances of abuse

- Only four 'classical' substances are currently listed as *Substances of abuse*. Use of more 'modern', synthetic substances with mimicking effects is not eligible for lighter sanctioning. We propose to add the synthetic substances with mimicking effects to the *Substances of abuse* list as well, as it would lead to a more balanced sanctioning regime. The LiEAG could start with the synthetic stimulants 3-MMC and 4-FA.

S0. Non-Approved Substances

- The given definition of Non-Approved Substances is in itself clear. We would like to warn that adding examples in this class can have an undesirable effect as well, namely that it can be seen as a possible recommendation by doping-considering athletes. In our field of work, there is always a fine balance between transparent education and clarity of rules.

S4. Hormone and metabolic modulators

- We thank Dr. Audrey Kinahan for addressing the possible abuse of thyroid hormones. We nevertheless reiterate our stance that thyroxine, triiodothyronine, Thyroid Stimulating Hormone (TSH) and Thyrotropin-Releasing Hormone (TRH) should be added to the *Prohibited List*. Thyroid

hormones do not only meet the criteria for inclusion to the List, in the Netherlands we also received serious indications that thyroid hormones were being misused in elite sport. We acknowledge the practical difficulties if it would be prohibited, but since it has been mainly an academic debate up till now, we would like to repeat our suggestion to add thyroid hormones to the Monitoring program since this would help to obtain more data on the topic, just like we have seen with Tramadol, as just one example.

S5. Diuretics and masking Agents

- The *Prohibited List* states: *"The detection in an Athlete's Sample at all times or In-Competition, as applicable, of any quantity of the following substances subject to threshold limits: formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent (except topical ophthalmic administration of a carbonic anhydrase inhibitor), will be considered as an Adverse Analytical Finding (AAF) unless the Athlete has an approved Therapeutic Use Exemption (TUE) for that substance in addition to the one granted for the diuretic or masking agent."*

We still feel the current rules could lay a disproportionate burden on the athlete, especially when (1) a diuretic is administered in course of medical emergency and (2) the Athlete's Sample is collected *Out-of-Competition*. We have read the LiEAG's explanations on this topic but there is one more dimension to this topic, as recent discussions with several labs have made clear to us that we should question the need for this policy, considering the current analytical abilities of the WADA accredited laboratories. In our view the prohibition of the whole group of diuretics should be re-evaluated, with a potential outcome that they should be prohibited in certain sports only. We therefore reiterate our request from last years to stop this 'double TUE' policy and would like to ask for a broader revision of this group.

S6. Stimulants

- We reiterate our suggestion of last year to add methoxysynephrine as an example of a specified stimulant. This substance is listed in doping trafficking reports and based on its chemical structure we suspect it to have a strong amphetamine-like effect.

S7. Narcotics

- The abuse of narcotics is limited and if these substances are abused, it constitutes medical malpractice more than doping use. Furthermore, in order to get a TUE, Registered Testing Pool athletes need to declare exactly which narcotics in what dosage will be given to them prior to surgery. This often causes practical challenges for the athlete, the doctor, as well as the TUE Committee. We therefore reiterate our proposal to adopt a more practical policy for the use of narcotics and allow their use in the course of hospital treatment, surgical procedures and clinical diagnostic investigations. This policy would be in line with the policy on intravenous infusions in section M2.2.

Tramadol (S7)

- The LiEAG has concluded that the use of tramadol should be prohibited In-competition. The 2024 Summary of Major Modifications and Explanatory Notes states: "Monitoring data has indicated significant Use in sports like cycling, rugby and football."

We still would like to make a point about this.

Firstly, we urge WADA to publish the Monitoring Program Figures before they make decisions based on them so they can be discussed internationally.

Secondly, the published 2023 figures do in our opinion not justify the conclusions of misuse drawn. At the most tramadol can be seen to be a potential substance of abuse in only a few sports, and it can be questioned whether it is doping or medical malpractice. A decision like this based upon the interpretation of these figures should be made very cautiously after broad consultation of all available evidence. Otherwise they run the risk to hinder the trust in the usefulness of maintaining a Monitoring Program.

S8. Cannabinoids

- Firstly, in our view cannabinoids should not be part of the anti-doping program. Cannabinoids most likely have a negative impact on athletic performance. Abuse of cannabinoids as a doping substance is mainly theoretical and practical evidence should be weighed more heavily in a ban that still impacts non-athletic use of cannabis, despite the existing threshold value and lighter sanctioning regime.

Secondly, the scientific review of the status of cannabis, previously initiated by the LiEAG, is solely concentrated around the status of delta9-tetrahydrocannabinol (THC). All the other prohibited cannabinoids are fully ignored by the LiEAG, which raises the question what the justification is for the prohibition of all of these substances. We ask the LiEAG again to provide this justification or to allow the use of all cannabinoids except THC.

Thirdly, if laboratories would analyze samples for the full spectrum of prohibited natural cannabinoids (and not only THC) they would find a considerable number of AAFs caused by the use of seemingly permitted products like cannabidiol (CBD) oil and hemp products. For references, please see the work from Cologne, Mareck et al (2020, <https://doi.org/10.1002/dta.2959>). If all cannabinoids (except CBD) will remain prohibited, we again suggest to give clear (publicly available) instructions to the laboratories on the testing menu requirements for cannabinoids and/or revisiting reporting levels for all prohibited natural cannabinoids.

Fourthly, as stated by the LiEAG in the addendum "cannabidiol (CBD) was removed from the Prohibited List, allowing Athletes who wish to use it to have access to the non-psychoactive component of cannabis". This however, does not work in practice as there are hardly CBD products available free from (traces of) THC. This is even true for medical grade CBD products. Despite having an urinary threshold of 150 ng/mL, the Use of any amount of THC is still prohibited in-competition. Athletes therefore, do not have access to CBD in-competition. We ask the LiEAG again to find a practical solution for this situation.

Monitoring Program

- It is our feeling that a number of substances could be removed from the *Monitoring Program* as the required prevalence data should be obtained by now. This especially accounts for the stimulants bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradrol and synephrine. They have been included in the Monitoring Program since its start in 2009.
- We ask WADA to change the confidential status of the *Monitoring Program Figures* and make them publicly available. There is no need to keep these data

secret, and in fact it makes the decisions based on them more difficult to explain to stakeholders.

Final note

We would like to see the index removed from the official Prohibited List document. In practice its use is very limited and since non-prohibited substances are included, it can lead to confusion (and we have had multiple occasions of this happening already). In this digital age, documents are easily searchable, so there is no use to keep the index. Also, it is not an exhaustive list of all banned substances, but being part of the Prohibited List, it gives the impression it is.