

DRAFT 2018 Prohibited List - review Dutch stakeholders

4 July 2017 DEF

We would like to thank the Prohibited List Expert Group (LiEG) for giving us the opportunity to review the DRAFT 2018 Prohibited List International Standard.

Also, we would like to thank the LiEG for the 2017 Stakeholder Feedback provided by email on 13 December 2016 and the partial 2016 WADA monitoring program figures provided by email on 15 May 2017. Providing the stakeholders with thorough feedback improves the transparency of the consultation and decision-making process.

Fourfold contribution

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

- Ministry of Health, Welfare and Sports;
- Netherlands Olympic Committee*Netherlands Sports Confederation (NOC*NSF);
- NOC*NSF Athletes' Commission, and;
- Anti-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 2018 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 real cheats;
- protect the benevolent athletes;
- 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.

Major points of consideration

Allow the use of narcotics in the course of hospital treatment (S7.)

The abuse of narcotics is very, very limited (2015: 21 AAFs worldwide) 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 the surgery. This often causes practical challenges for the athlete, the doctor as well as the TUE Committee. We therefore suggest a more practical policy for the use of narcotics and allow their use in the course of hospital treatment, surgical procedures and clinical investigations. This policy is in line with the policy on intravenous infusions in section M2.2.

Remove cannabinoids from the list (S8.)

Substances (such as cannabinoids) that only in theory might have a very marginal potency to increase performance should not be part of the anti-doping program. We are aware of the various views that exist on this issue, but weighing all available evidence we would like to repeat our request from previous years and ask the LiEG to remove cannabinoids from the 2018 Prohibited List.

Minor points of consideration

General

- For the sake of consistency, please reconsider when and where to place the wordings "*and other substances with a similar chemical structure or biological effect(s)*", "*included but not limited to*" and "*e.g.*".

S1.

- For the sake of consistency, please align the layout of this class with the rest of the document: no dotted line, no use of capital subheadings and no use of alphabetic enumeration (1.a., 1.b.).
- The text below S1 ANABOLIC AGENTS is "*Anabolic agents are prohibited*". We feel it is better to revise this wording to "*The following anabolic agents are prohibited:*" as not all anabolic agents are prohibited. This more precise wording is also more in line with the introduction paragraph of the other classes.

S2.

- We welcome the current reorganization of class S2. However, we still feel the class name *Peptide hormones, growth factors, related substances and mimetics* is too long. Therefore, please consider revising the class name into *Peptide hormones, growth factors and associated agents*.
- Releasing factors, analogues and mimetics are often not considered to be modulators. Furthermore, as erythropoietin is a peptide hormone as well as a growth factor, we feel subheading 2 and 3 should both start with the word "*other*". For the sake of accuracy and consistency, please consider changing the names of the subheadings to:
 - 1. Erythropoietin (EPO) and associated agents
 - 2. Other peptide hormones and associated agents
 - 3. Other growth factors and associated agents

- The text "*Additional growth factors or [...] regenerative capacity or fiber type switching*" was, and should be, part of the enumeration of growth factors. Now it is incorrectly listed as a separate item. Please consider revising.
- We feel it is necessary to explain the permitted status of cyanocobalamin (vitamin B12) and Platelet Derived Plasma preparations in the Prohibited List itself. This could for example be done in a similar way to the remark regarding the permitted status of clonidine in class S6 and cannabidiol in class S8.

S3.

- We want to thank the LiEG for adding more examples of selective and non-selective beta-2 agonists to the Prohibited List.
- We know the LiEG is undertaking further studies to better distinguish beta-2 agonist inhaled usage from oral usage. However, we did not hear about the outcomes of these studies yet. Therefore, we ask the LiEG to make the incorporation and sharing of these study results a priority for the next Prohibited List consultation round.

S5.

- We support the removal of glycerol from the Prohibited List

M1.

- It seems odd to mention prohibited substances in the prohibited methods section. Therefore, we suggest to relocate M1.2. to S2.1.6.:

1.6 **Agents artificially enhancing the uptake, transport or delivery of oxygen**, e.g. **perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products** (e.g haemoglobin-based blood substitutes and microencapsulated haemoglobin products, excluding supplemental oxygen by inhalation)

- We believe athletes have the right to make blood plasma donations. But since this method involves the reinfusion of red blood cells, it is prohibited according to the current rules. Also, no TUE can be granted since plasma donation does not meet at least one of the set TUE criteria: athletes will not experience significant health problems if they abstain from this method. This situation is regrettable. Giving blood plasma donations is considered to be noble. In addition, it is not considered to be performance enhancing and does barely influence the accuracy of the Athlete Biological Passport. Therefore, we suggest to make an exemption to the current rules and allow blood plasma donations explicitly.

M3.

- We welcome the suggested addition of M3.2. to the definition of gene doping.
- The first sentence is "*The following [...] are prohibited:*". We feel it is better to be more precise and state: "*The following gene therapy methods [...] are prohibited:*".

S6.

- For the sake of consistency, please use numeric enumeration (S6.1, S6.1) instead of alphabetic enumeration (S6.a., S6.b.).

S7.

- The first sentence is "*Prohibited:*". We feel it is better to be more precise and state: "*The following narcotics are prohibited:*".

S8

- We support the removal of cannabidiol. However, we feel the following wording in the Explanatory Notes is a little bit odd:

[...]; however, cannabidiol extracted from cannabis plants may also contain varying concentrations of THC [...]

We feel it is better to say:

[...]; however, natural cannabidiol extracted from cannabis plants may be contaminated with varying concentrations of THC [...]

- The first sentence is "*Prohibited:*". We feel it is better to be more precise and state: "*The following cannabinoids are prohibited:*".

Monitoring List

- We support the inclusion of bemitil and hydrocodone to the monitoring list. We also support the removal of mitagynine and telmisartan.