

# DRAFT 2017 Prohibited List - review Dutch stakeholders

**4 July 2016 – final version**

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We would like to thank the Prohibited List Expert Group (LiEG) for giving us the opportunity to review the DRAFT 2017 Prohibited List International Standard.

Also, we would like to thank the LiEG for the 2016 Stakeholder Feedback provided by email on 24 November 2015. 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 2017 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;
- 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

### 1. Remove class S8. (Cannabinoids)

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 2017 Prohibited List.

### 2. Do not modify class S3. (Beta-2 Agonists)

Every single modification of the Prohibited List can lead individuals to act on outdated information. In that light, tightening up the rules has the potency to cause inadvertent doping violations. Amendments should thus be made in as little steps as possible.

With the LiEG's intention to study the concurrent use of multiple inhaled beta-2 agonists, it is to be expected that class S3. will be modified again in 2018 or 2019. We therefore plead to postpone any modifications to class S3. until we can incorporate the insights of this study in the decision-making process. It will enable the LiEG to amend class S3. in one well-considered step, leading to as little confusion in the sports community as possible.

Furthermore, the LiEG intends to use different time periods for formoterol (24 hours), salbutamol (12 hours) and salmeterol (6 hours). This is confusing. We prefer the LiEG to stick to the time period of 24 hours currently used for all three beta-2 agonists.

### 3. Provide rationale for the impractical modification of class S9. (Glucocorticoids)

The LiEG has the intention to tighten up the rules on using glucocorticoids. Since the LiEG provides no clear rationale on what grounds this decision is based, we cannot concur with this modification. Also, the modification contradicts the LiEG's statement in the 2016 Stakeholders Feedback, saying:

[...]

*"The consensual view of the LiEG is that there is not sufficient scientific evidence to change the present status of glucocorticoids."*

[...]

Thus, please provide the stakeholders with the new scientific evidence that prompted the proposed changes, in particular the proposed prohibition of intra-articular injections.

Furthermore, the practical implications of the modification - as outlined in the explanatory notes - will not benefit the good-willing athletes and physicians, nor the members of the TUE commission. The proposed modification will cause confusion, impotence and incomprehension in the sport community and thus

inevitably will lead to inadvertent doping violations. Therefore, we do not see how the proposed modification improves the fight against doping in sports.

### **Minor points of consideration**

#### S2.

It should be easy to explain the context and coherence of each class of the Prohibited List. This is not the case with class S2. Over the years it has grown in name and in content. In 2004 class S2. had the short name *Peptide Hormones*, but in time it has evolved to the much longer *Peptide Hormones, Growth Factors, Related Substances and Mimetics*. We feel this is too long and too complex for a single class.

We suggest to rename class S2. to Erythropoietin-related substances, to move subsections 2.3 and 2.5 to class S1. Anabolic Agents and to move subsection 2.4 to class S9. Glucocorticoids. This would be more consistent from a physiological, pharmacological and chemical point of view.

Furthermore, 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.).

#### S3.

Besides the comments made in the *Major points of consideration*, we ask the LiEG to list examples of prohibited beta-2 agonists. Please mention at least the beta-2 agonists that are officially available in the Netherlands and many other countries, as a clear guide for athletes and their medical support personnel: fenoterol, terbutaline, indacaterol, olodaterol, vilanterol, and higenamine.

#### S4.

No proposed changes there, but the addition of meldonium to the 2016 Prohibited List showed it is of the utmost importance to thoroughly study the pharmacological properties of targeted substances prior to adding them to the Prohibited List. We cannot have the sports community doubting our expertise or motives as it will harm the perceived legitimacy of the anti-doping movement.

#### S7.

The abuse of substances in class S7. is very, very limited and if these substances are abused, it constitutes medical malpractice more than doping use. We therefore suggest to:

1. make a remark that the use of narcotics is allowed during surgical interventions (much like the remark on intravenous infusions in section M2-2); or
2. delete this section altogether.

## **Monitoring List**

In the 2016 Stakeholder Feedback, the LiEG claims there is no evidence of widespread misuse of thyroid hormones in sport.

[...]

*"There is no evidence of widespread use of thyroxine in sport and the LiEG did not add it to the Prohibited List."*

[...]

However, we received indications from medical professionals in the Netherlands that thyroid hormones are currently being misused by elite athletes. This adds to previous similar claims by colleagues from Great Britain and the United States. Therefore, we ask the LiEG to add thyroid hormones to the 2017 Monitoring List.