2026 WADA Prohibited List stakeholder consultation: review Dutch stakeholders

June 25, 2025

We would like to thank the *Prohibited List Expert Advisory Group (LiEAG)* for giving us the opportunity to review the *DRAFT 2026 Prohibited List International Standard*.

Fourfold contribution

In line with previous years our contribution is supported 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 2026 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 2026 Prohibited List

S2. Peptide Hormones, Growth Factors, Related Substances, And Mimetics

- We welcome the addition of pegmolesatide as an example to the List.

S3. Beta-2 Agonists

- We support the new dosing interval for salmeterol.

S4. Hormone and Metabolic Modulators

- We welcome the addition of 2-phenylbenzo[h]chromen-4-one (α-naphthoflavone; 7,8-benzoflavone) as an example of an aromatase-inhibitor.
- We support the inclusion of 5-N,6-N-bis(2-fluorophenyl)-[1,2,5]oxadiazolo[3,4-b]pyrazine-5,6-diamine (BAM15) as an example of AMP-activated protein kinase (AMPK).

M1. Manipulation of Blood and Blood Components

- We are very happy with the clarification with regard to the donation of blood. "*The withdrawal of blood or blood components (including by apheresis), unless it is performed for donation purposes in a collection center accredited by the relevant regulatory authority of the country in which it operates.*"
  However, the current wording is -in our opinion- conflicting with 1.3. "*Any form of intravascular manipulation of the blood or blood components by physical or chemical means*". As we read it, the term manipulation is comprehensive (i.e., not restricted to mal intend alone) and therefore also includes blood donation. A possible solution can be to change the positioning of 1.3 and add a NB for the blood donation paragraph.

- We do not agree with the proposed addition regarding CO re-breathing systems or equipment without any supporting data that this technique is broadly misused in sport. The misuse of re-breathing systems or equipment is hard to proof or detect and a prohibition could trigger misuse as the LiEAG signals these techniques it to be potentially performance enhancing.

S6. Stimulants

- We welcome the addition of 2-[bis(4-fluorophenyl)methylsulfinyl] acetamide (flmodafinil) and 2-[Bis(4-fluorophenyl)methylsulfinyl]-Nhydroxyacetamide (fladrafinil).

Comments for future consideration

As mentioned in earlier versions, we like to thank the LiEAG for their clarification letters, but we would kindly ask if these letters could be made available sooner, preferably before the Draft version of the Prohibited List is 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 would like to 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 would therefore like to repeat our suggestion to add thyroid hormones to the Monitoring program. Newly developed and validated detection methods are available and could help to obtain more data on the topic.

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, specially 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 to stop this 'double TUE' policy and would like to ask for a broader revision of this group.

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.

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 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, 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. We would also like to see that WADA to publishes the Monitoring Program Figures before they make decisions based on them so they can be discussed internationally.

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 also 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 there is little added value to keep the Index. Also, the Index is not an exhaustive list of all prohibited substances, but as the Index is an integral part of the Prohibited List, it could give the impression it is exhaustive.