2027 WADA Prohibited List stakeholder consultation: review Dutch stakeholders

July 14, 2026

We would like to thank the *Prohibited List Expert Advisory Group (LiEAG)* for giving us the opportunity to review the *DRAFT 2027 Prohibited List International Standard*.

We would also like to thank Dr. Yorck Olaf Schumacher for the stakeholder letter addressing the comments submitted by the stakeholders during the consultation of the draft 2026 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 2027 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 2027 Prohibited List

Introduction - Substances of Abuse

- We support the change of the wording.

S4. Hormone and Metabolic Modulators

- We support the addition of Seladelpar as well as that of SLU-PP-332 and SLU-PP-915.

S8. Cannabinoids

- We welcome the changes made with regard to this section. In our perspective, the proposed change in S8. Cannabinoids will alter the prohibition of a blanket ban on all cannabinoids towards a more specific THC ban, including (semi-)synthetic cannabinoids with THC-like effects. This will allow the use of many other cannabinoids which will simplify our education efforts without impacting the efforts for clean sport.
  Under the previous ruling, it would be impossible to use hemp products as those products are rich in all sorts of cannabinoids. It would be (almost) impossible to produce a product only consisting of the permitted cannabidiol. The current ruling will only prohibit THC ((semi-)synthetic) variants, thereby allowing the use for e.g. hemp seed products (protein products) or THC-free CBD-oils.
  By limiting the prohibition to THC, we think it is unnecessary to mention CBD as a not prohibited compound under the "note-section" (changed from exception-section). With the proposed wording, the vast majority of cannabinoids will not be prohibited anymore.

- Under the proposed text, four examples are provided:
  - *Cannabis (hashish, marijuana)*
  - *Δ8-THC and Δ10-THC*
  - *Hexahydrocannabinols (HHC)*
  - *AB-FUBINACA, 5F-ADB*

  We expect the first example (*cannabis*) is supposed to represent the consumption (smoking) of dried flower buds from the female plants to provide a 'high'. However, the term cannabis could also refer to a plant species (e.g. indica or sativa). Or, the term cannabis can be used for any part of the plant including: stem, leaves and seeds.
  Leaving this open for interpretation could mean that the entirety of the cannabis plant is prohibited and thereby all the cannabinoids in the plant, with CBD as an exemption. Perhaps a clarification of the term cannabis would be of use.

- On the other hand, we still are of the opinion that cannabinoids should not be part of the anti-doping program from a principal point of view. Cannabinoids most likely have a negative impact on virtually all athletic performances. 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.

- Furthermore, an additional problem is that cannabis has become a major burden on anti-doping policy in general. Apart from the educational efforts, providing evidence at an AAF is very complicated. It places extra and unnecessary pressure on, for example, legal departments to be able to prove use in competition. All anti-doping professionals can put more focus on other prohibited substances when cannabis is removed from the Prohibited List.

P1. Beta-Blockers

- We are somewhat surprised by the clarification regarding the WCBS. It is not a big deal, but we wonder what the reasoning behind this is. The most recent overview of disciplines published by WADA (*ADAMS Sports-Disciplines-27March2026.xlsx.xlsx*) only mentions these three disciplines.

Billiards Sports	BI	Carom	WCBS
Billiards Sports	BP	Pool	WCBS
Billiards Sports	BN	Snooker	WCBS

  So we are of the opinion a "clarification" like this doesn't clarifies anything and is not in line with what has been done with the other federations in tis section.

Monitoring Program

- We support the changes made in the Monitoring Program. However, we would like to see that also other changes will be made in the near future. 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 is especially true for the stimulants bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradrol and synephrine. They have been included in the Monitoring Program since its start in 2009.

- We would also like to 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 publishes the Monitoring Program Figures before you propose decisions based on them so they can be discussed internationally.

Comments for future consideration

As mentioned in earlier versions, we like to thank the LiEAG for their clarification letters. It helps us enormously to understand the proposed changes, or lack thereof.
Having said that, there are four issues that we feel would enhance the anti-doping effort and we would like to re-iterate them here:

Substances of abuse

- Only four 'classical' substances are currently listed as *Substances of abuse*. The presence or 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 such as 3-MMC. This would be in line with the addition of examples as mentioned by the LiEAG in the letter of April 7, 2026.

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 (and in fitness sports as well). We would therefore like to repeat our suggestion to add thyroid hormones to the Prohibited List or at least to the Monitoring program. Newly developed and validated detection methods are available and could help to obtain more data on the topic. We would like to draw your attention to the following publication: T.

Colpaert et al. *Detection of thyroid hormones T3 and T4 in urine and serum after levothyroxine administration: A pilot study relevant to doping analysis. Clinica Chimica Acta, 2026*. This publication guides the way towards the detection of thyroid hormone abuse.

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. Even when diuretics are used, the metabolites of prohibited substances can be found relatively easily by using modern technologies. 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, e.g. when accelerated weight loss could be deemed performance enhancing. We therefore reiterate our request to stop this 'double TUE' policy and would like to ask for a broader revision of this group.

  We are grateful to the fact the LiEAG is considering changes in this regard as mentioned in dr. Schumacher's letter of April 7, 2026.

  We also would like to make a remark with regard to the prohibited status of dorzolamide and brinzolamide. They are given as exemptions when used in topical ophthalmic administration. In practice however, an athlete has to proof that the use was in fact ophthalmic and not an other route of administration.
  By doing so, a separate "line of inquiry" exists next to the ISTUE, but a TUE for these substances is not possible because they are not banned when administered ophthalmic.

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.