

To: violet.maziar@wada-ama.org

Regarding: Netherlands reaction to draft 2008 List of Prohibited Substances and Methods

Capelle aan den IJssel, 31 July 2007

Dear Mr. Howman,

Thank you for your invitation to review the draft 2008 List of Prohibited Substances and Methods. With this letter, I would like to provide you with the comments of the country of the Netherlands, a joint submission of four stakeholders: the Ministry of Health, Welfare, and Sports, the National Olympic Committee NOC*NSF, the NOC*NSF athlete committee, and the official NADO Anti-Doping Authority the Netherlands.

As always, we have given this review considerable attention as "the List" is of the utmost importance to our day-to-day work, and also to the credibility of all anti-doping efforts to both the athletes and the general public.

We are aware of the difficult task that the WADA List Committee has in collecting and weighing all comments and we wish them all the best. We hope that our comments will be of value to the Committee in this process.

S1.

We are pleased to note the distinction that has been made between "abnormal findings" and "adverse analytical findings" (AAFs) and hope that this will eradicate the "contamination" of the laboratory statistics by high T/E readings without a true doping infraction.

We would also like to use this opportunity to ask whether WADA could provide us with some data on the number of Anti-Doping Rule Violations (ADRVs) that have resulted from the lowering of the T/E ratio from six to four. As we reported the last couple of years, this change has had great implications for our administrative duties and necessary follow-up research, but these increased efforts have not led to any extra adverse analytical findings in our country. The WADA statistics show that the number of AAFs for testosterone has increased dramatically (392 in 2004, 1132 2005, and 1124 in 2006) and in order to be able to make a full evaluation of the effectiveness of this measure, we would like to have access to the world-wide data of testosterone-related ADRVs as well. Transparency on this issue would be highly appreciated.

S5.

Finasteride is a typical substance that meets the criteria of article 10.3 of the WADC: it is particularly susceptible to unintentional anti-doping rule violations because of its general availability in medicinal products (it is increasingly prescribed in the Netherlands as a pharmacologic aid in males suffering from hair loss). Since its potential as a masking agent is very small in comparison to other substances (such as probenecid and diuretics), it meets both criteria to be listed as a specified substance. Since there have been a

number of unfortunate cases of finasteride ADRVs, both nationally and internationally, we are of the opinion that this substance should be listed as a specified substance and we should not wait for possible changes made in the new World Anti-Doping Code (WADC, where it might be listed as such starting in 2009). This is a matter that seriously hurts our anti-doping efforts in the eyes of athletes and of the general public.

Another issue is the remark "A Therapeutic Use Exemption is not valid if an Athlete's urine contains a diuretic in association with threshold or sub-threshold levels of a Prohibited Substance(s)", which remains to be puzzling. Does this include the thresholds that are mentioned in the Technical Document TD2004MRPL? This is very strange, since it is perfectly natural to have traces of 19-norandrosterone in one's urine below the threshold of 2 ng/ml, yet this would mean that an officially granted TUE for a diuretic would not be valid. A better text would be "A Therapeutic Use Exemption for diuretics is not valid if an Athlete's urine contains a diuretic in association with threshold or sub-threshold levels of (an) exogenous Prohibited Substance(s)".

S6.

Regarding the statuses of pseudoephedrine and cathine, we do not have a strong opinion favouring one of the listed options. Although there are some recent studies that show that pseudoephedrine has performance enhancing properties, especially in higher dosages, this issue is not topical in our country since we do not have any indications of its misuse, and it is not a registered medicine either. Therefore, we follow the List Committee's recommendation and support option 1.

S8.

For years, we have expressed our views on the presence of cannabinoids on the Prohibited List and on the selective use of the "Spirit of Sport" criterion in this regard. As the report of WADA's Working Group on Anti-Doping Costs showed, we are not the only stakeholders who feel this way. Cannabis is now the second most found banned substance in doping controls (with 553 AAFs in 2006 second only to testosterone findings, which do not always constitute an ADRV). This is too high a place for such a controversial substance. The vast majority of these 553 cases will be associated with so-called "social abuse", rather than premeditated schemes to try and influence athletic performance.

We still feel that cannabinoids should not be part of the List, but we acknowledge the opposing views and we realize that those opinions are as strong as ours. We would therefore like to propose a different approach to this issue, and to seek a way forward which recognises both positions rather than deciding in a manner which completely rejects the strongly held view of one group.

We feel that the Code's current approach to whereabouts failures and missed tests might offer an acceptable model for dealing with cannabis (and possibly similar substances used primarily in social settings that have little potential for performance enhancement). WADA could implement a rule where a first AAF for cannabis results in a warning, like a first whereabouts failure/missed test. This would not automatically constitute an ADRV and there would be no need for full results management. Possibly, the warning could be followed by a rehabilitation process as a condition to continue to participate or return to sport after a suspension. A second or subsequent AAF for cannabis use could result in assertion of an ADRV with fixed sanctions and further and more intensive rehabilitation.

Another approach could be to raise the threshold for reporting cannabis use to capture only those cases where use is closer to (likely within days of) the competition. In work-place testing for social drugs, for example, a threshold of 50 ng/ml for cannabinoid metabolites is often used. It is also possible to combine these two alternative approaches, and to follow different courses of action pending the concentration.

We would like to emphasize that these ideas are offered not as a definitive solution but as examples of an approach that could move forward the current impasse of opposing views. Both approaches cater for the fact that cannabis use is a bad social habit which most often will impair athletic performance, while still keeping it on the Prohibited List.

S9.

The presence of glucocorticosteroids, like cannabinoids, has been much discussed over the years. We are still not convinced of its performance enhancing properties, and the Maastricht University in the Netherlands is currently performing a study to try and answer the questions in this respect. In our view, the fact that they are misused in certain sports does not justify listing them on the Prohibited List for all sports, especially because of their disproportionate impact on the TUE systems. Given the current scientific evidence, we do not feel that these substances should be part of the Prohibited List.

Monitoring Program

Although the draft 2008 Prohibited List that has been circulated does not mention the Monitoring Program, we assume (and hope) that this monitoring program will continue to exist. The publicly available data emanating from this Program provide important data in our annual evaluation of the Prohibited List.

New Code, new list?

With the advent of the revised WADC, we would like to suggest that this might be an opportune time to thoroughly restudy the structure and contents of the Prohibited List. The efforts made by the List Committee in 2002/2003 were highly appreciated, and since then the removal of caffeine has served the anti-doping community well. The Prohibited List would benefit from a re-evaluation of the much discussed topics of beta-2 agonists, glucocorticosteroids, and cannabinoids. This could also be a good time to address strange anomalies like the absence of thyroid hormones from the Prohibited List and the ever unclear status of nicotine (which can be considered a substance with a similar biological effect to many stimulants, but is nevertheless not considered to be prohibited in practice). The revised WADC will probably need to be implemented before 31st December 2008, and therefore it is plausible to re-evaluate the different groups for the Prohibited List 2009.

We hope that our remarks and ideas can be of service to the WADA List Committee. If any help or additional clarification is needed, we will be more than happy to provide this.

With sincere greetings and wishing you all the best in compiling the Prohibited List 2008,

Also on behalf of the Ministry of Health, Welfare, and Sports, the National Olympic Committee NOC*NSF, and the NOC*NSF athlete committee,

Herman Ram
CEO Anti-Doping Autoriteit Nederland