

To: violet.maziar@wada-ama.org

Regarding: Netherlands reaction to proposed 2007 List of Prohibited Substances

Capelle aan den IJssel, 27 June 2006

Dear Mr. Howman,

Thank you for your invitation to review the proposed 2007 List of Prohibited Substances. With this letter, we provide you with the insights and opinions of the Dutch stakeholders, being the Ministry of Health, Welfare, and Sports, the National Olympic Committee NOC*NSF, the NOC*NSF athlete committee, and the two NADOs DoCoNed and NeCeDo.

This annual review is very important to us. We strongly feel that the Prohibited List is the most public part of the World Anti-Doping Programme, and thus has an important publicity value together with its legal implications. The substances and methods on the Prohibited List should be beyond dispute: these are the substances and methods we do not tolerate in sport as only cheaters would use these without a necessary medical justification.

While fully agreeing that the vast majority on the Prohibited List is justifiably listed, there is a small minority of substances that are currently forbidden that draws disproportional attention. This attention includes the interest of sports fans, media coverage, and resources of NADOs. We feel that the Prohibited List, and consequentially the entire field of anti-doping, would benefit from prioritisation in the decision making process when compiling the Prohibited List.

We have the following comments on the Draft 2007 Prohibited List. Our opinions are based on our daily experiences with the consequences of the anti-doping rules and regulations, and on our ongoing review of doping related scientific literature.

- The addition of procatenol and tuaminoheptane to their respective sections seems logical given their pharmacological effects;
- Regarding section S1: The year 2005 has shown us the impact of lowering the T/E value from six to four: the number of cases that need follow-up has increased considerably (up from 6 in 2004 to 48 in 2005 in the Netherlands). Strikingly, no new doping users have been identified, and to our knowledge this is also the case in other countries. The decision of lowering the threshold was made without consultation (it was not part of the draft 2005 list circulated in June 2004) and we yet have to receive an explanation for this substantial change. We are all too often confronted with the additional workload this change has provoked, and the financial consequences of the follow-up process are inhibiting other initiatives and thus inhibiting other (in our view more effective) anti-doping measures. We are wondering how this threshold of four is helping in our fight against doping in sport and we would like to ask you to evaluate this rule thoroughly in the light of the experiences over the past 18 months. If we can be of any assistance in such an evaluation, we would be pleased to help. We would like to ask WADA to remove this remark, or at least to inform us about the rationale behind this remark;

- Regarding section S5: 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)" 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;
- The section with "Prohibited Methods" does not mention the use of Artificially-Induced Hypoxic Conditions, but in WADA's press release of 14 May 2006 it could be read that this is an issue that is being discussed in relation to the 2007 Prohibited List. We would like to take this opportunity to express our opinion that such methods should not be prohibited from a doping point of view. Besides the practical problems surrounding such a decision (it is very difficult to detect, and a normal airplane flight could be considered an "artificially induced hypoxic condition" as the barometric pressure inside airplanes is purposely reduced), it is our fundamental belief that such methods may be peculiar but they do not breach the spirit of sport, they are quite often not performance enhancing, and are not dangerous for someone's health. Hence, they do not fulfil the doping criteria as listed in the Code. For a more detailed explanation of these opinions we refer to the letter addressing this issue by Ben Levine from the University of Texas Southwestern Medical Center, co-signed by many leading scientists around the world. This discussion also clearly shows that the "Spirit of Sport" criterion to include something in the Prohibited List, albeit morally correct, is impractical to give guidance to anti-doping regulations. This discussion will undoubtedly be continued in the 2007 Revision of the World Anti-Doping Code;
- The stimulant section (S6) leaves room for questions, and the proposed changes do not improve this. Because of their psychoactive properties, both benzylpiperazine and nicotine can be considered to be analogues of the listed stimulants. The experience shows, however, that WADA considers the first substance to be prohibited, whereas the latter is not. The reasons for these choices are completely unclear, opening up juridical problems that cannot be underestimated;
- Further on section S6: the added paragraph on page 9 ("A stimulant not expressly mentioned...") is juridically not in compliance with the World Anti-Doping Code. The Code states that all specified substances should be named on the Prohibited List, whereas the proposed paragraph opens the door for disciplinary committees to name specified substances as they see fit. This could be corrected by rephrasing the text a little, and by placing this text under the section "specified substances", where these substances should be mentioned (i.e. not in section S6);
- A fundamental issue is the listing of cannabinoids (S8) and glucocorticosteroids (S9) on the Prohibited List. Given their physiological properties and the issues surrounding their use in sports we feel that these substances should not be listed on the Prohibited List. It is our firm opinion that the arguments against listing these substances outweigh the arguments that they might be considered to be doping substances.
 - * Glucocorticosteroids are undoubtedly being misused in certain sports, but this mere fact does not justify listing them on the Prohibited List; these problems are better tackled by educational programs. Vitamins and water are equally being overconsumed, but these have never been considered to be doping. Corticosteroids have never been proven to be performance enhancing, and most experts (in the fields of sports medicine, endocrinology, and pharmacology) agree that they are in fact catabolic hormones that would decrease athletic performance. Adding to our conception that they should not be regarded as doping is the disproportionate impact of these substances on the TUE system.

The current rules still require that an enormous amount of time and money has to be allocated to these substances, whereas these resources are better spent where the real doping problems occur: the use of anabolic agents and prohibited hormones, for example. As we argued last year, the field of doping needs prioritization as we cannot solve all problems at the same time, and there are bigger problems facing us today than corticosteroid abuse in a small minority of athletes.

* Cannabinoids are proven to be performance deteriorating in sports (see for example Campos et al. *Marijuana as doping in sports*; Sports Med 33(6): 395-9, 2003; a finding that has been confirmed in many other studies as well), and it makes no sense to include such a substance in the Prohibited List of doping substances. Using the "Spirit of Sport" criterion in this case is inconsistent since there are many other unethical behaviours in athletes that are not considered a doping problem (such as smoking tobacco, involvement in traffic violations, use of profane language), whereas in principle there is no difference between these four examples of unethical private acts.

In addition to the aforementioned fundamental points, we suggest to "iron out" a few inconsistencies in the Prohibited List, which would also increase its conception and credibility:

- We were advised by the Royal Dutch Pharmaceutical Society that the following names are not INN names: dimethylamphetamine (should be dimetamphetamine) and parahydroxyamphetamine (should be hydroxyamphetamine);
- The lay-out of section S1 is puzzling; the numbering of subsection 1 (AAS) suggests that a subsection 2 is forthcoming, but this is not the case. We suggest to add a "2" before the heading "other Anabolic Agents, including but not limited to";
- The reference to "similar" substances is still inconsistent. Often the phrase "similar chemical structure or similar biological effect(s)" is used, but also the terms "including but not limited to", "derivatives" and "releasing factors" can be read. We feel that one single encompassing text should be used, preferably the one used in S2: "similar chemical structure or similar biological effect(s), and their releasing factors".

We would like to conclude to say that the List Working Committee has again done highly valuable work to compile the new Prohibited List. The vast majority of substances and methods is rightly listed and deserves to be prohibited. It is, however, evident that exactly the "borderline" decisions and the disputed grey areas determine how much support is given to the list (and thus to anti-doping regulations in general) by both athletes and the general public. We wish you and the List Working Committee all the best in processing all reactions.

Sincerely,

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