

Hormone Replacement Therapy and WADA Regulations as Implemented by WCHM and the IMWA

Women's hormone therapy is **not automatically banned** under the rules of the World Anti-Doping Agency. The important distinction is **which hormone or medication is being used** and whether it could enhance athletic performance.

Here is the basic reasoning behind the rules:

- Some hormones — especially **testosterone** and related anabolic substances — can significantly increase:
 - muscle mass
 - strength
 - recovery
 - endurance
 - red blood cell production

Because of those effects, they are classified as performance-enhancing drugs under the WADA Prohibited List.

What kinds of hormone therapy may be prohibited?

The most common issue is **testosterone-containing therapy**. Even when prescribed medically for:

- menopause symptoms,
- low testosterone,
- gender-affirming care,
- endocrine disorders,

Testosterone is still considered a prohibited anabolic agent in sport unless the athlete receives a **Therapeutic Use Exemption (TUE)**.

WADA also bans or restricts some:

- anabolic steroids,
- hormone stimulators,
- anti-estrogen drugs,
- aromatase inhibitors,
- metabolic hormone modulators.

What is *not* usually banned?

Many standard female hormone treatments are generally allowed, including most:

- estrogen replacement therapies,
- progesterone therapies,
- common contraceptives.

However, there can be exceptions depending on:

- dosage,
- formulation,
- metabolites produced in the body,
- the sport federation's rules.

Some medications can also trigger abnormal hormone profiles during testing, which is why athletes often need medical documentation.

Why does WADA regulate medically necessary hormones?

WADA's position is that the rules must apply consistently because:

1. the same substances can be used legitimately or for doping,
2. it is difficult to separate therapeutic use from performance enhancement without oversight,
3. athletes could otherwise exploit "medical" prescriptions to gain unfair advantages.

That is why the TUE system exists — to allow genuine medical treatment while still monitoring competitive fairness.

An important nuance

WADA does **not** say that women should not receive hormone therapy medically. The issue is specifically about:

- elite competition,
- measurable performance enhancement,
- maintaining standardized anti-doping rules across sports.

In practice, many athletes with legitimate medical conditions continue treatment legally through approved TUE processes.

Issuing of a TUE or a Retroactive TUE for WCHM members is problematic

Sports Integrity Canada, SIC (formerly the Canadian Centre for Ethics in Sports -CCES) will not issue TUEs to WCHM members even though they hold dual membership in WCH. WCHM members are advised to complete WCHM's Medical Review Application (WCHM's version of the TUE) when planning to participate in the Canadian Masters Weightlifting Championships (WCHM Nationals).

https://www.wchmasters.org/wp-content/uploads/2023/02/Medical-Review-application.EN_.2023.01.27-1.pdf

However, IMWA competitions are subject to the IMWA Anti-doping Policy, and a TUE (Therapeutic Use Exemption) is required. Since this Exemption cannot be provided by SIC or WCHM, members must contact the IMWA Anti-doping Director for further directions. imwla.antidoping@gmail.com

<https://www.wchmasters.org/wp-content/uploads/2023/08/Doping-Control-for-Internationally-Competing-Athletes.Information-sur-le-controle-du-dopage-pour-les-athletes-en-competition-internationale.2023.08.pdf>

IMWA issued TUEs comes at a very expensive cost resulting in a significant barrier to participation in international masters weightlifting events.

This chart outlines the financial challenges to procuring a TUE.

<https://www.wchmasters.org/wp-content/uploads/2025/01/Therapeutic-Use-Exemption-TUE-and-Medical-Review-Applications-%E2%80%93-Brief-Summary-1.pdf>