



## **UNIT 11:**

### **DOPING CONTROL**

- A. Introduction
- B. Ethical Issues Concerning Use of Drugs
- C. The Fight Against Doping
- D. Prevention/Education
- E. Step-by-Step Guide for Doping Control at the Games
- F. Questions





---

# UNIT 11 - DOPING CONTROL

## A. Introduction

### What is doping?

The World Anti-Doping Code defines doping as the occurrence of one or more of the anti-doping rule violations. The following constitute anti-doping rule violations:

- ◆ *The presence of a prohibited substance or its metabolites or markers in an athlete's bodily specimen;*
- ◆ *Use or attempted use of a prohibited substance or a prohibited method;*
- ◆ *Refusing, or failing without compelling justification to submit to sample collection after notification as authorised in applicable anti-doping rules or otherwise evading sample collection;*
- ◆ *Violation of applicable requirements regarding athlete availability for out-of-competition testing including failure to provide required whereabouts information and missed tests which are declared based on reasonable rules;*
- ◆ *Tampering, or attempting to tamper with any part of doping control;*
- ◆ *Possession of prohibited substances and methods*
- ◆ *Trafficking in any prohibited substance or prohibited method;*
- ◆ *Administration or attempted administration of a prohibited substance or prohibited method to any athlete, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any attempted violation.*

### Why is doping prohibited?

Doping is prohibited because its presence undermines the fundamental spirit of sport and our collective pursuit of human and sporting excellence. Doping is also prohibited in order to protect athletes from:

- ◆ the unfair advantage which may be gained by athletes who use prohibited substances or methods to enhance performance
- ◆ the possible harmful side effects which some substances or methods can produce

In addition to the ethical and health consequences surrounding doping, there are also potential legal implications. The distribution of many prohibited substances (e.g. anabolic agents), if not for a medically justified reason, may be illegal in many countries.



## B. Ethical Issues Concerning Use of Drugs

In the nineteenth century, it was said that unscrupulous athletes sometimes put laudanum (opium) in their opponents' drinks in order to impair their performance. In more recent times, with the advance of medical science, some athletes have used drugs, not on their opponents, but on themselves in order to enhance their own performance.

What drugs to use or not to use, and what drugs should be allowed or forbidden is both a moral and a medical problem.

Almost all medicines and medical treatments have some undesirable effects as well as benefits. Medical science is continually trying to discover the long-term effects of the manifold medicines and therapies which are now available for the treatment of disease and the promotion of health. However, when all the facts are known, or at least when as many as possible have been discovered, a decision still has to be made whether or not to have the treatment, whether or not to use a particular drug or method and, where governing bodies of sport are concerned, which medical and pharmacological aids to performance should be allowed and which forbidden. At this point the question is no longer a medical one but is a moral problem. The question is which drugs, devices and methods are fair and which unfair? This is not an easy question.

The List of Prohibited Substances and Prohibited Methods is determined by WADA. It is under constant review and is available through WADA, IOC, the NOCs, IFs and NADOs.

### Principles Applied to Formulating Anti-Doping Rules

Three principles have been applied in making regulations about medical and pharmacological means of improving performance.

#### 1. Athletes Welfare

The first principle is the welfare of the athlete. If the effect of using a drug or a method seriously impairs the health or physique of an athlete - for instance, by causing disease, increasing the risk of disease or even distorting normal growth and development - then a ban on use has been considered justified.



Some people have maintained that it is the right of athletes themselves to decide what they will do with their bodies. This view has not prevailed and it has not been considered compatible with Olympism.

#### 2. Equity

The second principle is that of equity. If certain sophisticated scientific methods or substances do enhance performance, they obviously give an advantage to those who have access to them and penalise those who do not have access. This principle



---

underlies the banning of certain medical methods, even those which are not known to have any health hazards if properly carried out, such as auto-transfusion of one's own blood (blood doping).

### **3. The Games are for the Athletes**

The third principle underlies the second. In dramatic terms, it is expressed in this way: "The Olympic Games are contests between athletes, not between medical scientists and manufacturing chemists." The use of some methods and some drugs could and does lead to a situation in which athletes cannot succeed however hard they try, however hard they train and however skilful they become, unless they use the method or substance. This is contrary to the glorification of physical prowess which de Coubertin set as an aim of the Olympic Movement.

#### **How Does an NOC Promote Doping-free Sport?**

1. Test and develop the rationale for doping-free sport and the national anti-doping programme with the stakeholders concerned. The intention is to progressively refine the language and content of the doping-free sport consensus, and to build grass-roots and practitioner support for the positive messages about sport that are at the heart of the doping-free sport programme.

Through involvement of stakeholders and partners, one can produce an anti-doping programme that is relevant to those who are most affected. The sport community's promotion of an ethical rationale for doping-free sport will pave the way for information tailored for particular needs; for instance, in coaching handbooks, athlete education, lesson plans for school use and so on.

2. In the doping-free sport promotional messages, the positive side of sport should be stressed, such as the mastery of skill and the joy of fair, and excellent competition. The task is to promote both an appreciation of the values of sport (probably the very things that motivated young athletes to start practising a sport in the first place) and its place in a life.
3. Promulgate clear supportive doping-free statements from sports leaders. Athletes need to know that, in their rejection of doping, they have the wholehearted support of those who care about sport.
4. Minimise the intrusion caused by testing.
5. Create, a widely publicised information-line that would provide athletes with timely, direct and personal information and advice.
6. Identify an athlete ombudsperson. This would provide an opportunity for athletes to get advice if they felt they were being pressured into doping by others.

#### **Human Rights**

The intent of an anti-doping programme is to monitor the status of athletes with respect to the use of prohibited substances and prohibited methods in sport, thereby serving as a deterrent against the use of such substances or methods. The detection of a prohibited substance or prohibited method leads to the determination of an anti-doping rule violation.

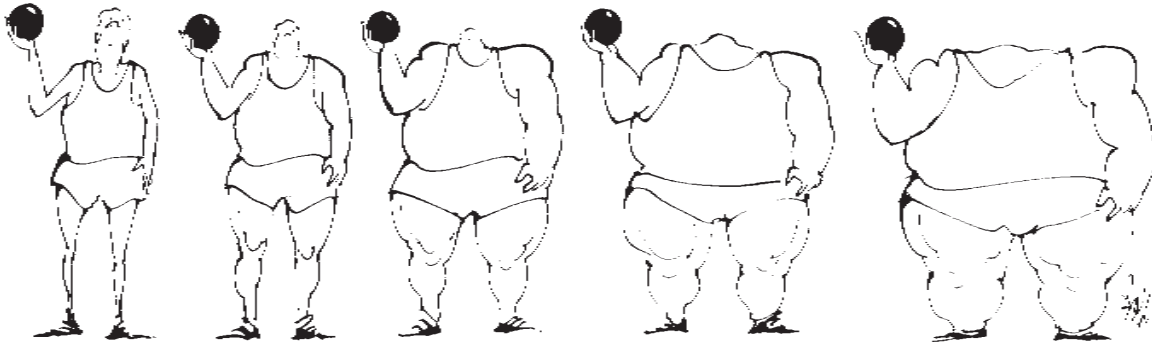
An anti-doping rule violation results in national and/or international sport sanctions which are normally limited to sport or competitive eligibility. For example, athletes are faced with the loss of eligibility to participate in sport for certain periods of time up to and including ineligibility for life, as well as the loss of financial support.

It is essential that an athlete testing positive be protected from additional actions or in-actions by others which are considered unacceptable according to standards of natural justice and fundamental human rights.



Given that the responsibility for the application of sanctions and disclosure of violations is primarily that of National and International Federations, those conducting the testing should discharge their obligations in a manner which respects the jurisdiction of such federations.

Should a situation arise where a positive case creates a concern for human rights, each case should be assessed on its own merit, which may require action or measures outside of the normal national and/or international anti-doping rules.



## C. The Fight Against Doping

### The World Anti-Doping Agency

After the events that shook the world of cycling in the summer of 1998, the IOC decided to convene a World Conference on Doping, bringing together all parties involved in the fight against doping.



The World Conference on Doping in Sport held in Lausanne on 2-4 February 1999 produced the Lausanne Declaration on Doping in Sport. This document provided for the creation of an independent international anti-doping agency to be fully operational for the Games of the XXVII Olympiad in Sydney in 2000.

Pursuant to the terms of the Lausanne Declaration, the World Anti-Doping Agency was established on 10 November 1999 in Lausanne to promote and coordinate the fight against doping in sport internationally. WADA was set up as a foundation under the initiative of the IOC with the support and participation of intergovernmental organisations, governments, public authorities and other public and private bodies fighting against doping in sport. The agency consists of equal representatives from the Olympic Movement and public authorities.

WADA's headquarters are located in Montreal, Canada. WADA has three regional offices in Lausanne (Switzerland), Tokyo (Japan) and Cape Town (South Africa).

WADA's core activities are:

- ◆ Funding scientific research to develop new detection methods
- ◆ Educating athletes through the Athlete Outreach programme
- ◆ Providing anti-doping education to athletes, coaches and administrators



- ◆ Monitoring acceptance of and compliance with the World Anti-Doping Code
- ◆ Conducting unannounced out-of-competition doping control among elite athletes
- ◆ Observing the doping control and results management programmes of major events
- ◆ Fostering the development of National Anti-Doping Organizations (NADO) and of anti-doping programmes

The 36-member Foundation Board is WADA's chief decision making body. It is composed equally of representatives from the Olympic Movement and governments, as is its 12-person Executive Committee. WADA's Working Committees act as advisory committees and provide guidance for WADA's main programmes.

The Committees are:

- ◆ Education Committee
- ◆ Finance & Administration Committee
- ◆ Health, Medical & Research Committee (and sub-committees)
- ◆ Athletes Committee

### **World Anti-Doping Code**

The World Anti-Doping Code was approved at the World Conference on Doping in Sport, March 3-5, 2003, in Copenhagen, Denmark.

Global consensus was reached by all major international sport organisations and national anti-doping organisations. The Code is a package of universal, mandatory anti-doping rules and procedures which will be phased in for all countries and Olympic, Paralympic and some other sports over the coming years.

To promote a level international playing field, the World Anti-Doping Agency (WADA) initiated a World Anti-Doping Program in 2000. The Program is structured in three levels:

- ◆ Level 1: The World Anti-Doping Code - ensures global harmonisation of anti-doping efforts by providing consistent policies, rules and regulations across all sport organisations and national authorities
- ◆ Level 2: International Standards - mandatory operational standards, such as the list of prohibited substances, standards for laboratory accreditation, and therapeutic use exemptions
- ◆ Level 3: Models of Best Practice - voluntary practices, providing benchmark solutions for many aspects of anti-doping





The World Code deals with such basic elements as:

- ◆ fundamental rationale for the World Anti-Doping Program
- ◆ definition of doping and of doping violations
- ◆ roles and responsibilities of stakeholders
- ◆ information and education
- ◆ doping control (including violations, sanctions, hearings and appeals).

Signatories of the Code must make sure that their own rules and policies are in compliance with the mandatory articles and other principles of the Code. All International Federations of Olympic sports, the International Olympic Committee, the International Paralympic Committee, all National Olympic Committees, all National Paralympic Committees and many other sports organisations have implemented the Code prior to the 2004 Olympic Games in Athens.

The Olympic Charter has been amended to state that adoption of the Code by the Olympic movement is mandatory. Only sports that adopt and implement the Code can be included and remain in the programme of the Olympic Games. WADA will also report non-compliance of governments to the IOC before the deadline set prior to the 2006 Winter Olympic Games. If a country does not ratify the International Convention against doping in sport, it may be subject to sanctions from the IOC and from other sports organisations, including losing the right to host Olympic Games.

#### **WADA Prohibited List of Substances and Prohibited Methods**

The principle purpose of the WADA Prohibited List is to establish under the rules of the World Anti-Doping Code the substances and methods which are prohibited in sport. WADA publishes its List of Prohibited Substances every year.

The following is extracted from the 2005 WADA Prohibited List.

#### **Substances (S) and Methods (M) prohibited at all times (In- and Out-of-Competition)**

##### *Substances*

- Anabolic Agents
- Hormones and related substances
- Beta-2 agonists
- Agents with anti-estrogenic activity
- Diuretics and other Masking Agents

##### *Methods*

- Enhancement of Oxygen Transfer
- Chemical and Physical Manipulation
- Gene Doping

#### **Substances and Methods prohibited In-Competition**

All the Categories above, plus

- Stimulants
- Narcotics
- Cannabinoids
- Glucocorticosteroids



---

## Substances Prohibited in Particular Sports

Alcohol  
Beta-Blockers

The following provides a description of the categories of prohibited substances and methods and, where applicable, lists a few examples and side effects.

### Anabolic agents:

Anabolic agents are used to increase weight, strength, muscle size, appetite, tolerance to pain & decrease recovery time. Classified as a controlled substance in many countries

- ◆ *Examples* - androstenediol, DHEA, gestrinone, oxandrolone, stanozolol, testosterone
- ◆ *Side effects* - increased risk of liver disease, cancer, heart disease, acne, aggressiveness, dependence, depression

### Hormones and related substances:

Hormones and related substances are used to stimulate muscle growth, reduce body fat, increase aerobic capacity and muscle endurance, and to recover faster from strenuous training.

- ◆ *Examples* - erythropoietin, human growth hormone, insulin, corticotrophin
- ◆ *Side effects* - (EPO) blood clots, stroke, heart disease, as well as infectious diseases such as hepatitis and AIDS, (HGH) acromegaly, which causes distorted growth of a person's hands, feet and face; diabetes; heart and thyroid disease; decreased sexual desire; impotence, menstrual disorders and shortened life span

### Beta-2 Agonists:

Beta-2 Agonists are used to prevent and/or treat respiratory ailments (i.e. asthma or broncho-constriction) and are permitted ONLY BY INHALATION and with a prior medical notification (Abbreviated Therapeutic Use Exemption).

- ◆ *Examples* - salbutamol, bambuterol, clenbuterol, fenoterol, formoterol, terbutaline, salmeterol
- ◆ *Side effects* - anxiety, headache, insomnia, irritability, loss of appetite, muscle cramps, nausea, weakness, restlessness, chest pains, difficult/painful urination, itching, palpitations

### Agents with Anti-Estrogenic Activity:

Agents with anti-estrogenic activity are used to promote fertility, stimulate ovulation, treat breast cancer.

- ◆ *Examples* - clomiphene (stimulates ovulation, also used to raise testosterone levels in hypogonadal men), cyclofenil, tamoxifen (blocks the effects of estrogen in the body, used to treat breast cancer in women or men)
- ◆ *Side effects* - menopause (women), cancer of the uterus (women), atrophy of the testes (men)

### Diuretics and Masking Agents:

Diuretics are drugs that increase the amount of urine that passes from the body. They are used by athletes for two purposes:

- ◆ quick, temporary weight loss to make weight classes
- ◆ "flush out" other substances or drugs from the body in an attempt to avoid detection of their use
- ◆ *Examples* - epitestosterone, probenecid, plasma expanders, diuretics, hydrochlorothiazide, spironolactone
- ◆ *Side effects* - loss of consciousness/ fainting, dehydration, headaches, nausea, muscle weakening and cramping, drop in blood pressure that may lead to cardiac irregularities



### **Enhancement of Oxygen Transfer:**

Blood doping is the administration of blood or blood related products in order to raise the blood's oxygen carrying capacity, thereby enhancing aerobic athletic performance. It may involve the use of blood previously withdrawn from the competing athlete or from another person.

- ◆ *Side effects* - circulation overload, blood clots, transmission of infectious diseases (hepatitis, AIDS), development of allergic reactions (rash, fever, etc.), jaundice

Artificial oxygen carriers used to increase the body's ability to carry extra oxygen thereby enhancing performance in endurance events.

- ◆ *Examples* - perfluorocarbons, hemoglobin based oxygen carriers and liposome encapsulated hemoglobins
- ◆ *Side effects* - transient fever, platelet count & potential overload of white blood cells

Plasma expanders used to increase the volume of plasma in the blood. May be used to mask the use of EPO.

- ◆ *Side effects* - allergic reactions & anaphylactic shock

### **Chemical and Physical Manipulation:**

The use of substances or methods which alter the integrity and validity of a urine sample are prohibited.

- ◆ *Examples* - catheterization, urine substitution and/or tampering, inhibition of renal excretion, alteration of testosterone and epitestosterone, administration of diuretics

### **Gene Doping:**

Gene doping is the non-therapeutic use of cells, genes, genetic elements, or of the modulation of gene expression, having the capacity to enhance athletic performance.

### **Stimulants:**

Stimulants are drugs that increase alertness and reduce fatigue. They may increase competitiveness and hostility.

- ◆ *Examples* - cocaine, ecstasy, amphetamines (dexedrine for Attention Deficit Disorder - ADD), ephedrine, methylphenidate: "Ritalin" (for Attention Deficit Disorder - ADD)
- ◆ *Side effects* - increase anxiety, aggression, heart rate, blood pressure, dehydration, risk of stroke & heart attack

### **Narcotics:**

Narcotics are pain relieving medicines that are used to mask pain and decrease fatigue. They are found in both prescription and over the counter pain relief medicines, and in some medicines for diarrhea.

- ◆ *Examples* - morphine, oxycodone, pethidine
- ◆ *Side effects* - loss of balance & coordination, drowsiness, nausea, constipation, dependence, slower breathing rate, sleepiness, risk of aggravating an injury



---

### **Cannabinoids:**

Cannabinoids are used recreationally as a social drug.

- ◆ *Examples* - weed, hash, marijuana
- ◆ *Side effects* - impaired balance and coordination, increased fatigue during exercise, increased anxiety, panic attacks, loss of concentration, increased heart rate, dry mouth, increased appetite, drowsiness, hallucinations, decreased ability to perform complex tasks

### **Glucocorticosteroids:**

Glucocorticosteroids are used to decrease inflammation and decrease pain. They are often found in creams, ointments, inhalers, sprays, drops, tablets and injections for the treatment of asthma, allergy preparations, tissue inflammation and skin disorders.

- ◆ *Examples* - betamethasone, budesonide, cortisone, dexamethasone, fluticasone, hydrocortisone, prednisone, triamcinolone
- ◆ *Side effects* - osteoporosis, euphoria, decreased growth, central nervous system disorders, increase risk of infection, blood vessel alteration, and more

### **Therapeutic Use Exemptions**

Athletes, like others, may have illnesses or conditions that require them to take particular medications. If the substance they are required to take to treat their condition happen to fall under the Prohibited List, a Therapeutic Use Exemption (TUE) may give an athlete the authorisation to take the needed medication.

Under the World Anti-Doping Code, WADA has issue an International Standard for the granting of TUEs. The standard states that all International Federations must have a process in place whereby athletes with documented medical conditions can request a TUE, and have such a request appropriately dealt with by a panel of independent physicians called a Therapeutic Use Exemption Committee (TUEC). International Federations and National Anti-Doping Agencies through their TUECs are then responsible for granting or declining such applications.

### **WADA Accredited Laboratories**

As of January 1, 2004, WADA has assumed responsibility for the accreditation of laboratories for doping control analyses. Below is the list of accredited laboratories.

### **Location of the 33 WADA Accredited Laboratories (January 2004):**

- Australia (Sydney) • Austria (Seibersdorf) • Belgium (Ghent) • Brazil (Rio De Janeiro) • Canada (Montreal) • People's Republic of China (Beijing) • Columbia (Bogota) • Cuba (Havana) • Czech Republic (Prague) • Finland (Helsinki) • France (Paris) • Germany (Cologne) • Germany (Kreischa) • United Kingdom (London) • United Kingdom (Cambridge) • Greece (Athens) • Italy (Rome) • Japan (Tokyo) • Korea (Seoul) • Malaysia (Penang) • Norway (Oslo) • Portugal (Lisbon) • Poland (Warsaw) • Republic of South Africa (Bloemfontein) • Russia (Moscow) • Spain (Barcelona) • Spain (Madrid) • Sweden (Stockholm) • Switzerland (Lausanne) • Thailand (Bangkok) • Tunisia (Tunis) • Turkey (Ankara) • United States of America (Los Angeles)

### **Words to Watch**

Terms used to describe doping control procedures can be confusing and ambiguous.



The following is a reference guide describing some key words and terms.

### **Positive Test**

The word “positive” is often used incorrectly to mean that an anti-doping rule violation has occurred. A “positive finding”, now referred to as an “adverse analytical finding” in the laboratory indicates the presence of a prohibited substance and does not in itself constitute an anti-doping rule violation. Adverse analytical findings automatically lead to a review to determine whether or not an anti-doping rule violation has occurred. It may be, for example, that a prohibited substance is present in a form, or purpose (such as acceptable medical treatment) which does not constitute an anti-doping rule violation.

### **Anti-Doping Rule Violations**

An anti-doping rule violation occurs when an athlete’s urine sample confirms the presence of a prohibited substance, or other evidence, such as an admission which, upon review, is determined to be an anti-doping rule violation as defined by WADA. Anti-doping rule violations also include offences other than the use of prohibited substances or methods, such as aiding, abetting or condoning their use (for example, a coach who has counselled an athlete to use a prohibited substance). Such a violation is normally identified through investigations conducted by the anti-doping agency. These violations also apply to athletes who refuse to provide a urine sample upon request.

### **In-Competition Testing**

This term refers to pre-scheduled tests conducted primarily at competitions and occasionally at training camps. Athletes are randomly selected, often based on finishing positions.

### **Out-of-Competition Testing**

This term refers to randomised, unscheduled tests that can be carried out at any time with little or no notice. Tests are primarily focused on athletes or sports where there is a “high probability of use”, normally outside of competition. Out-of-Competition testing can also enable the federation or anti-doping agency to target certain athletes based on evidence of use.

### **Control Samples**

Control samples are urine specimens artificially prepared to contain prohibited substances which are routinely included among other samples sent to laboratories for analysis. These samples are not identified or known to the laboratories, and act as a self-monitoring quality-control check of the laboratory’s analytical procedures.

### **Doping Control**

Doping control is the term used to describe all elements, including sample collection and laboratory analysis, of the system designed to detect the presence of prohibited substances and methods. Doping control also includes a review process and appeal mechanism to protect the rights of athletes charged with a violation, and individuals charged with doping-related violations.

### **Controlled Doping**

Controlled doping is the term used to describe the unethical mass testing of athletes to screen out those whose laboratory results indicate the presence of a prohibited substance. It was designed to prevent drug users from being caught.



#### **D. Prevention/Education**

WADA regularly publishes lists of prohibited substances and methods and these need to be known by NOCs, International and National Federations and those working with the athlete such as medical staff and coaches.

Dietary supplements and food products may not have their ingredients fully or correctly identified on their labels. Therefore, athletes must be extremely careful to ensure that any substances they are taking are free from prohibited substances. Athletes must seek advice and guidance from knowledgeable sources.

Many NOCs have developed and distributed educational materials to their athletes and coaches. Those that have not should do so or access materials already developed. The World Anti-Doping Agency has an excellent website to get such information. The web address is:

[www.wada-ama.org](http://www.wada-ama.org)

#### **E. Step-by-Step Guide for Doping Control at the Games**

In addition to the Games Doping Control Program, testing for prohibited substances and methods can occur in the lead up to the Games and could be conducted by a number of organisations including International Federations, the World Anti-Doping Agency, National Anti-Doping Agencies or National Federations. Testing might be “announced” in advance, or “unannounced” where the athlete has little or no notice.

The IOC Medical Commission oversees and establishes with the Organising Committees for the Olympic Games (OCOGs) all the practical aspects of the collection, sealing and numbering of tests to be carried out with the IF concerned. The Commission also oversees all aspects of the results management and appeals process during the Games.



## **1. Off-site Testing in the lead-up to the Games**

### **What does the Team Manager Do?**

What does a team manager (or NOC Chef de Mission) do when informed of a possible anti-doping rule violation?

#### Consult the Rules

- ◆ be absolutely sure you are familiar with the various rules and procedures
- ◆ know the rights of the athlete as they have the right of redress in a court of law or through the Court of Arbitration (CAS)
- ◆ establish clear communication to your national body
- ◆ be clear when any suspension begins

#### Inform the Athlete

- ◆ the athlete has to know what has happened
- ◆ advise the athlete of the rules and procedures, his/her rights, the issue of the media and the options now open to him/her

#### Inform the NOC

- ◆ so that the issue of what happens next to the athlete can be agreed
- ◆ the media can be handled jointly

#### Inform Your National Federation

- ◆ ensure all that need to know are advised
- ◆ ensure that everyone follows correct procedure
- ◆ ensure that the media is addressed with one voice

#### Remember the Rest of the Squad and Why You are There

- ◆ a positive test can have a devastating effect on the rest of the team
- ◆ ensure you have planned how to help the team carry on in the competition
- ◆ advise them how delicate the situation is and the need for confidentiality

There is a need to keep an accurate diary of events, even noting times. This could prove invaluable if asked to recall incidents at a later date.

### **What does the NOC Do?**

- ◆ clarify roles
- ◆ the NOC does not take on the responsibilities that are the remit of the sport governing body. Out of competition and off-site testing may be the responsibility of the governing body
- ◆ seek legal help if available
- ◆ involve the Chief Medical Officer (CMO) of the delegation

#### Help the Team Manager Involved

- ◆ with legal guidance
- ◆ with medical and pharmacological advice
- ◆ with logistical support
- ◆ with media advice



---

## 2. Testing at the Games

Chef de Mission to Inform

- ◆ the athlete
- ◆ the Deputy Chefs de Mission (if any)
- ◆ the NOC legal team (if available)
- ◆ the Chief Medical Officer of the delegation
- ◆ the President of the NOC
- ◆ the IOC member in your country
- ◆ the press officer
- ◆ the team manager (give him/her a copy of the IOC letter and inform him/her of the proposed plan of action to include an interview with the athlete)

The Role of the Chef de Mission

- ◆ arrange for the “B” sample testing if required
- ◆ agree to a strategy of dealing with the media
- ◆ make arrangements for the IOC Medical Commission hearing
- ◆ make provisional arrangements for the athlete to leave the village and return home

### Hearing of the IOC Medical Commission

This meeting would be attended by a NOC representative, the athlete, the NOC legal adviser or the legal adviser chosen by the athlete, the Chief Medical Officer of the delegation and/or the team medical officer.

### Dealing with the media

The media are trained to find out information, wherever or whomever the source, and to report it. The NOC has a number of responsibilities, one of the most important being to protect the confidentiality of both the athlete and the issue until the IOC Medical Commission and the IOC Executive Board have determined the consequences of the situation and are about to report these publicly.

### Legal and Procedural Issues

There are IOC rules, WADA rules, NOC rules, IF rules as well as your own sport rules governing the same issue - a doping incident. These are detailed procedures to be followed, and very tight timelines. Therefore, it is imperative that the team manager, team medical officer and legal advisor (if available), at the least, are extremely clear on all these various rules and procedures. The law of natural justice must prevail including having informed representation at proceedings and at appeals.

### Court of Arbitration for Sport

An athlete, if found guilty of an anti-doping rule violation by the IOC Executive Board, can file an appeal with the Court of Arbitration for Sport which will then designate a panel of arbitrators who are present on the site of the Games in order to hear the case and to settle the dispute definitively. The panel shall give a decision within 24 hours of the lodging of the request.

This process raises a complication with regard to the legal defence of the athlete. In the past the athlete may have been sent home immediately, as the case would have been, in effect, over. With the Court of Arbitration appeal process, it could be wise for the athlete to appeal and stay at the Games until a decision is made, with all the resulting media attention.

Note: see Unit 4 - J Arbitration, for a review of the Court of Arbitration.

### **3. What can a NOC do to Prepare for an Anti-Doping Rule Violation During a Games Mission?**

- ◆ Plan how you will track doping control of your athletes during the competition.
- ◆ Be familiar with the Games Anti-Doping Program. Have a copy of the Doping Control Manual at the Games.
- ◆ Ensure you know where to access your International Federation's Regulations. Have an up-to-date copy at the Games.
- ◆ Know how to contact the NOC medical, media and legal advisors immediately.
- ◆ If your rules say an athlete may be suspended after the "A" sample is positive, ensure your governing body has addressed this and put in place a procedure or person to decide this quickly and to inform the athlete.
- ◆ If the athlete is not suspended after a positive "A" sample, establish at what stage he might be suspended and by whom. The rules of some International Federations will allow such athletes to continue competing after a positive "A" sample.
- ◆ Have a media plan ready in advance.
- ◆ Ensure an adequate education and guidance programme for the athletes, coaches and team managers is in place and reviewed with your athletes prior to going on the Games mission. Have your Chief Medical Officer interview each athlete to determine what substances they might be using.

### **F. Questions**

1. Does your NOC have a clearly stated doping control policy?
2. How would you develop one?
3. Do you have a pre-Games education outreach programme in place for your athletes and athlete support personnel?
4. What is the most important measure that can be taken to eliminate misuse of drugs?