



INTERNATIONAL  
OLYMPIC  
COMMITTEE

# FACTSHEET

## THE FIGHT AGAINST DOPING AND PROMOTION OF ATHLETES' HEALTH

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### 1. THE FIGHT AGAINST DOPING

The fight against doping is a top priority for the International Olympic Committee (IOC), which has established a zero-tolerance policy to combat cheating and to punish anyone responsible for using or providing doping products.

The IOC's fight against doping began in earnest in the 1960s. It is currently carried out in close cooperation with the World Anti-Doping Agency (WADA) – which was created in 1999 in Lausanne under the initiative of the IOC – and with the support and participation of inter-governmental organisations, governments, administrations and other public and private bodies involved in the fight against doping in sport.

Since then, the IOC has stepped up the number of tests (from 2,359 at Sydney 2000 to 4,770 at Beijing 2008) and is expected to conduct a record 5,000 tests during London 2012. The IOC does not hesitate to call on the support and expertise of government authorities and applies sanctions not only to athletes found guilty of doping but also to members of their entourage, including coaches, doctors, etc.

The IOC works closely with a variety of partners in the Olympic Movement, including WADA, National Olympic Committees (NOCs) and International Federations (IFs), in addition to the local authorities in Olympic host countries, to ensure that only “clean” athletes make it to the Games. To that end, the IOC asks that IFs and NOCs intensify their testing and other anti-doping efforts in the build-up to the Games. This strategy proved to be very effective prior to the Beijing 2008 and Vancouver 2010 Games, leading to a drop in doping cases at both editions compared to earlier Games.

The IOC is pleased that the strong anti-doping message and other efforts to combat the problem have acted as effective deterrents to ensure clean and fair competition for all athletes.

### 2. DURING THE OLYMPIC GAMES

The fight against doping during an Olympic Games falls under the remit of the IOC. The IOC Medical Commission requests that the local Organising Committee of an Olympic Games implement all practical methods of collecting and sealing urine and blood samples in compliance with the international standards for testing. In addition, the IOC agrees on the number of tests to perform in collaboration with the IFs concerned, the Organising Committee and the laboratory accredited for the Olympic Games, which works entirely under the authority of the IOC.

#### THE LONDON 2012 OLYMPIC GAMES

The IOC is responsible for the testing programme carried out during the period of the Games, which starts on the opening day of the Athletes' Village, 16 July, and ends on the day of the Closing Ceremony, 12 August.

The London 2012 Games will have the most comprehensive testing programme of any Olympic Games in history, with about 5,000 tests to be conducted overall, of which almost 36 per cent will be implemented in the pre-competition phase to ensure intelligent testing.

All top five finishers, plus two other athletes selected at random, will be tested. In addition, the IOC will conduct further random and unannounced tests based on intelligence during the period of the Games. The tests will focus on all prohibited substances and all prohibited methods referred to in the Prohibited List (see: [Anti-Doping Rules](#)).



As with previous editions of the Games, samples will be kept for eight years to enable further testing with the latest technologies.

### IOC-LOCOG-UKAD WORKING GROUP

A Task Force, composed of representatives from the IOC, UK Anti-Doping (UKAD) and the London Organising Committee of the Olympic Games (LOCOG), will be set up for the Games. LOCOG is responsible for tests at Olympic venues, while UKAD will perform tests everywhere else under the IOC's authority. The IOC is exclusively responsible for managing the results.

### WADA-ACCREDITED LABORATORY

The WADA-accredited laboratory, located on the premises of the *GlaxoSmithKline* facilities in Harlow, will use the most up-to-date technologies and operate 24 hours a day, 7 days a week during the Games. Up to 400 samples will be tested every day.

The shortest test turnaround time will be 24 hours (some tests will take longer). A team of more than 150 anti-doping scientists from several countries will carry out the testing at Games time, led by Professor David Cowan from the Drug Control Centre at King's College London.

## 3. DOPING TESTS CARRIED OUT DURING THE GAMES

### GAMES OF THE OLYMPIAD

Year	Place	Number of tests	Number of cases recorded
1968	Mexico City	667	1
1972	Munich	2,079	7
1976	Montreal	2,054	11
1980	Moscow	645	0
1984	Los Angeles	1,507	12

1988	Seoul	1,598	10
1992	Barcelona	1,848	5
1996	Atlanta	1,923	2
2000	Sydney	2,359	11
2004	Athens	3,667	26*
2008	Beijing	4,770	7+7+5**

\* At the Games of the XXVIII Olympiad in Athens, the cases recorded covered not only adverse analytical findings reported by the laboratory, but also violations of the anti-doping rules, such as non-arrival within the set deadline for the test, providing a urine sample that did not conform to the established procedures, and refusal to comply with the procedures or to deliver urine.

\*\* In Beijing, seven cases were recorded during or shortly after the Games. In addition, 7 horse-doping cases were recorded. An additional five cases were recorded after further analysis of samples post-Games.

### OLYMPIC WINTER GAMES

Year	Place	Number of tests	Number of cases recorded
1968	Grenoble	86	0
1972	Sapporo	211	1 *
1976	Innsbruck	390	2 **
1980	Lake Placid	440	0
1984	Sarajevo	424	1 ***
1988	Calgary	492	1 ****
1992	Albertville	522	0
1994	Lillehammer	529	0
1998	Nagano	621	0
2002	Salt Lake City	700	7
2006	Turin	1,200	7
2010	Vancouver	2,149	1

\* ice hockey, ephedrine

\*\* cross country skiing, ephedrine, codeine

\*\*\* cross country skiing, methandienone

\*\*\*\* ice hockey, testosterone



## **4. SUMMARY OF ANTI-DOPING PROCEDURES FOR LONDON 2012**

All the athletes taking part in the Games of the XXX Olympiad in London are apt to be tested before or after their competitions, whether inside the Olympic Village, inside or outside Olympic venues, or anywhere in the world.

### **NOTIFICATION**

The athlete receives notification telling him/her that he/she has been selected for a doping control test, because either he/she has been ranked in the top five places, or his/her name has been pulled out of a draw, or because his/her name is on the testing pool list.

The notification, given by a duly identified doping control officer, means that the athlete must go to the place selected, typically a doping control station, within the time allowed, which must not exceed 60 minutes. During this time, the athlete remains under the constant supervision of the doping control agent.

### **IDENTIFICATION FORMALITIES**

Upon arriving at the place chosen to conduct the test, the athlete must satisfy the identification formalities. This is done using the accreditation card if the athlete is at an Olympic venue. If the test takes place outside an Olympic venue, identification can be made through other means.

### **URINE SAMPLES**

The athlete is then invited to choose a batch of bottles from a group offered to him/her. The sample must be taken under the constant watch of the doping control agent, who will be the same sex as the athlete being tested.

The quantity of urine to be taken is clearly indicated by the doping control officer. Still under the authority of the doping control officer, the athlete separates the urine collected into two bottles, A and B, which are then sealed by the

athlete him/herself or, at the athlete's request, by the doping control officer.

### **BLOOD SAMPLES**

Blood is taken following the same procedures. At the time of pre-competition tests, blood will be taken either at the polyclinic of the Village or at any place specified by the Doping Control Officer for tests done outside an Olympic venue.

### **DOPING CONTROL FORM**

The athlete fills in a doping control form, indicating, if applicable, any medicines taken in the three days preceding the test. The form is signed by the athlete, the person accompanying the athlete, the doping control officer, and, if applicable, any other person whose presence is authorised during the test.

### **LABORATORY ANALYSIS**

The sealed bottles are then transported to the accredited laboratory, where they are analysed in accordance with the procedures conforming to the international standards for laboratories as set out by WADA.

### **ADVERSE ANALYTICAL FINDINGS**

If the laboratory makes an adverse analytical finding, it alerts – by secure means – the IOC Medical Commission Chairman or the person designated by him, in addition to alerting the [Anti-Doping Administration and Management System](#) (ADAMS).

(ADAMS is a web-based database management system that simplifies the daily activities of all stakeholders and athletes involved in the anti-doping system — from athletes providing whereabouts information, to anti-doping organisations ordering tests, to laboratories reporting results, to anti-doping organisations managing results.)

The IOC Medical Commission Chairman, or the person designated by him, then compares the



code reported by the laboratory with that of the doping control form, thus allowing the athlete to be identified. This procedure is done through ADAMS.

The IOC Medical Commission Chairman, or the person designated by him, checks that he is not in possession of a Therapeutic Use Exemption (TUE) for this athlete. In the absence of the above, the Medical Commission Chairman concludes that it is a positive result and forwards the information directly to the IOC President.

### **DISCIPLINARY COMMISSION**

The IOC President immediately appoints a Disciplinary Commission. The athlete, as well as the Chef de Mission from the athlete's NOC, are notified and requested to attend the hearing of the Disciplinary Commission, with the option of being accompanied by up to three people of their choice.

The Disciplinary Commission invites the IF concerned to attend the athlete's hearing. The Disciplinary Commission invites a WADA Independent Observer to attend the athlete's hearing.

All the notifications to attend the hearing are hand-delivered. The Disciplinary Commission informs the athlete of the alleged anti-doping rule violation against him/her and provides all the documents from the laboratory. The possibility of having the B sample examined is then offered. If the athlete opts for this solution, the athlete is informed of the date and time the examination of this B sample will be performed at the laboratory, in the presence of the athlete or one person of his/her choice.

The Disciplinary Commission proceeds with the athlete's hearing, independently of the examination of the B sample. It can, in addition, request the opinion of experts.

Following the hearing, the Disciplinary Commission, or the IOC Executive Board, as the case may be, makes a decision.

### **COMMUNICATION TO THE ATHLETE**

The decision is forwarded to the athlete and his/her NOC by the IOC.

The athlete can appeal against the IOC's decision to the Court of Arbitration for Sport (CAS), which sets up an ad-hoc division during the period of the Olympic Games.

### **PLEASE NOTE:**

This document is only a summary of official information, which can be found in the following documents:

[IOC Anti-Doping Rules, applicable to the Games of the XXX Olympiad, London 2012](#)

[The World Anti-Doping Code](#)

*[Given its succinct nature, this document is not legally binding and therefore does not legally bind the IOC.]*

## **5. THE WORLD ANTI-DOPING CODE**

The World Anti-Doping Code, established by WADA, applies to all athletes, coaches, instructors, officials, and all medical and paramedical staff working or dealing with the athletes participating in or preparing for the sports competitions organised in the framework of the Olympic Movement. All NOCs and IFs have signed the Code.

The responsibilities of the IOC, IFs, NOCs and the CAS have been clearly defined. The IOC, IFs and NOCs maintain their respective power and responsibility to apply doping rules in accordance with their own procedures, and in cooperation with WADA. Consequently, decisions handed down in the first instance will



be the exclusive responsibility of the IFs, NOCs or, during the Olympic Games, the IOC.

The involvement of governments is clearly expressed in the Code. This involvement was characterised by the Declaration of Copenhagen in 2003 and by the 2005 UNESCO Convention. With regard to last instance appeals, the IOC, IFs and NOCs recognise the authority of the CAS, after their own procedures have been exhausted. A specific procedure has been put in place for the Olympic Games (see section 2).

## 6. THE MEDICAL COMMISSION

The IOC Medical Commission was created in 1967 so that doping, which was on the increase in the world of sport, could be given appropriate attention. Rapidly, the structure initially put in place expanded so that the following three fundamental aims could be achieved:

- Protecting the athletes' health;
- Defending medical and sporting ethics;
- Maintaining equal opportunities for all at the time of competition.

The Medical Commission currently has 11 members. It is chaired by IOC member Prof. Arne Ljungqvist.

## 7. PROMOTION OF HEALTH

Following the creation of WADA, the IOC Medical Commission saw its role change, from managing the fight against doping in sport to active commitment to protecting athletes' health.

### SPECIFIC ACTION WITH THE NOCS

One of the IOC Medical Commission's tasks is to organise courses for the NOCs, devoted to all areas of sports sciences. These courses attempt to give the NOCs the most up-to-date information regarding developments in this area. These courses are organised under the aegis of

the Medical Commission thanks to funding from Olympic Solidarity and close collaboration with the NOC Continental Associations. The IOC MC also provides NOCs with scientific publications on a monthly basis via the specific NOC Extranet.

### MEDICAL AND SCIENTIFIC WORKING GROUP

The IOC Medical Commission also has a medical and scientific working group whose role is to identify the problems affecting or likely to affect athletes' health and to offer solutions by involving the whole of the scientific community.

These areas include, among others:

- women and sport
- children and sport
- physiotherapy
- dentistry

### MEETINGS AND CONSENSUS

Since the Athens Olympic Games in 2004, the Commission has had consensus declarations adopted by various groups of experts. These have covered the following themes:

- Guidelines on hyperandrogenism (2012)
- Sex reassignment in sport (2003)
- Nutrition in sport (2003)
- Sudden cardiovascular death in sport (2004)
- The female athlete triad (2005)
- Training the elite child athlete (2005).
- Harassment and sexual abuse in sport (2007)
- Molecular Basis of connective tissue and muscle injuries in sport (2007)
- Injuries of the ACL female athlete
- Asthma among elite athletes
- Periodic evaluation of the health of the athlete
- Age determination



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## MEDICAL CODE

The IOC Executive Board has adopted a medical code proposed by the Medical Commission. In the introduction, the Code states: “The Olympic Movement, in accomplishing its mission, should take care that sport is practised without danger to the health of the athletes and with respect for fair play and sports ethics. To that end, it takes the measures necessary to protect the health of participants and to minimise the risks of physical injury and psychological harm. It also protects the athletes in their relationships with physicians and other health care providers.”

This objective can be achieved only through ongoing education based on the ethical values of sport and on each individual’s responsibility in protecting his or her health and the health of others.

The Code recalls the basic rules regarding best medical practices in the domain of sport and the safeguarding of the rights and health of the athletes. It supports and encourages the adoption of specific measures to achieve that objective. It complements and reinforces the World Anti-Doping Code and reflects the general principles recognised in the international codes of medical ethics.

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## IMPRINT

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