



INTERNATIONAL  
OLYMPIC  
COMMITTEE

# FACTSHEET

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

UPDATE - SEPTEMBER 2016

### 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 hold accountable 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 in Sydney in 2000 to 5,051 in London in 2012). While this increase serves as a demonstration of the IOC's commitment to ensuring that athletes play fair, there is a greater shift towards using more intelligent testing strategies through increased targeted out-of-competition testing.

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 National Anti-Doping Organisations (NADOs) 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.

The IOC also established, in collaboration with WADA, a testing and intelligence taskforce to minimise the risk of an athlete who might have competed in the Olympic Games Rio 2016, slipping through the cracks and not being subject to doping control ahead of their participation.

In addition, under the World Anti-Doping Code, samples can be stored for up to 10 years for future reanalysis. The IOC has taken advantage of this possibility of reanalysis to further protect the clean athlete.

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 and Scientific Commission requires the local Organising Committee of an Olympic Games to collect urine and blood samples in compliance with the International Standard for Testing and Investigations. 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.

The IOC decided in March 2016 to delegate the decisions on alleged anti-doping rule violations during the Olympic Games to an independent body, namely a new Anti-doping Division of the Court of Arbitration for Sport (CAS). The CAS Anti-Doping Division is now replacing the IOC



Disciplinary Commission to hear and decide on doping cases at the Olympic Games.

### 3. NUMBER OF DOPING TESTS CARRIED OUT DURING THE GAMES

#### Winter Games

Year	Place	Number of tests
1968	Grenoble	86
1972	Sapporo	211
1976	Innsbruck	390
1980	Lake Placid	440
1984	Sarajevo	424
1988	Calgary	492
1992	Albertville	522
1994	Lillehammer	529
1998	Nagano	621
2002	Salt Lake City	700
2006	Turin	1,200
2010	Vancouver	2,149
2014	Sochi	2,453

#### Summer Games

Year	Place	Number of tests
1968	Mexico City	667
1972	Munich	2,079
1976	Montreal	2,054
1980	Moscow	645
1984	Los Angeles	1,507
1988	Seoul	1,598
1992	Barcelona	1,848
1996	Atlanta	1,923
2000	Sydney	2,359
2004	Athens	3,667
2008	Beijing	4,770
2012	London	5,051

### NUMBER OF ANTI-DOPING RULE VIOLATIONS

The following tables provide the number of Anti-doping Rules Violations (ADRVs) recorded during or after the Games, and leading to a sanction in relation with the Olympic Games.

#### Winter Games

Year	IOC RMA*		Non IOC RMA**	Total
	During the Games	Re-analysis after the Games		
1972	1			1
1976	2			2
1984	1			1
1988	1			1
2002	7			7
2006	7			7
2010	3			3
2014	8			8

#### Summer Games

Year	IOC RMA*		Non IOC RMA**		Total
	During the Games	Re-analysis after the Games	Athletes	Horses	
1968	1				1
1972	7				7
1976	11				11
1984	12				12
1988	10				10
1992	5				5
1996	4		1		5
2000	11		4		15
2004	17	5	4	3	29
2008	7	20***	1	7	27
2012	9	5***	10		24

\*IOC RMA: The IOC is the Results Management Authority (RMA) and directly issues a sanction following an ADRV during the period of the Games (including potential further analysis after the Games).

\*\*Non-IOC RMA: the IOC is not the Results Management Authority and takes action based on the recognition of the ADRV decided by another authority (e.g. WADA, IF). The list of Non-IOC RMAs is not exhaustive.

\*\*\* As of 1 September 2016

In addition, the IOC can also sanction the entourage of the athletes and members of the delegations.



## **4. SUMMARY OF ANTI-DOPING PROCEDURES DURING THE OLYMPIC GAMES**

During the Games period (from the Opening of the Village to the Closing Ceremony), all athletes taking part in an Olympic Games may be tested before or at a competition, 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 doping control.

Once notified by duly trained and identified doping control personnel, the athlete must report to the identified doping control station, within 60 minutes of notification. During this time, the athlete remains under the constant supervision of the doping control officer or chaperone.

### **SAMPLE PROVISION**

When the athlete is ready to provide a urine sample, he/she is invited to choose a sample collection vessel. The sample is provided under the observation of a doping control officer or chaperone of the same gender as the athlete.

The quantity of urine to be collected is indicated by the doping control officer. Still under the supervision of the doping control officer, the athlete separates the urine collected into two bottles, A and B, which are then sealed by the athlete. At the athlete's request the bottles can be sealed by the doping control officer or the athlete representative if present.

The collection of blood samples follows the same procedure. When a sample is collected out of competition, the blood will be taken either at the polyclinic of the Village or at any place specified by the doping control officer.

### **DOPING CONTROL FORM**

The athlete fills in a doping control form, indicating, if applicable, any medicines taken in the seven 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 WADA-accredited laboratory, where the A sample is analysed in accordance with the procedures conforming to the International Standard for Laboratories.

### **ADVERSE ANALYTICAL FINDINGS**

Should a sample reveal an adverse analytical finding, the laboratory notifies by secure means the IOC Medical and Scientific Commission Chair or the person designated by him. The finding is also entered in the [Anti-Doping Administration and Management System](#) (ADAMS), which is a secure web-based anti-doping database.

The IOC Medical and Scientific Commission Chair, or the person designated by him, checks whether the athlete has a valid Therapeutic Use Exemption (TUE). In the absence of the above, the Medical and Scientific Commission Chair concludes that it is a positive result and the Chair of the Medical and Scientific Commission Games Group forwards the information directly to the President of the ad-hoc division of CAS.

### **DISCIPLINARY COMMISSION**

The CAS ad-hoc division President immediately appoints a member of the CAS anti-doping ad-hoc division (CAS ADD) present at the Games to hear the case. The athlete, as well as the Chef de Mission from the athlete's NOC, are notified and requested to attend the hearing of the CAS ADD, with the option of being accompanied by people of their choice.



The CAS ADD invites the IF concerned and a WADA independent observer to attend the athlete's hearing.

Notification to attend the hearing is hand-delivered to the NOC. The CAS ADD 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 analysed is then offered. If the athlete opts for this solution, the athlete is informed of the date and time that the opening of this B sample will be performed at the laboratory, in the presence of the athlete and/or one person of his/her choice.

The CAS ADD proceeds with the athlete's hearing. It can, in addition, request the opinion of experts.

Following the hearing, the CAS ADD makes a decision.

## **COMMUNICATION TO THE ATHLETE**

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

The athlete can appeal the decision to the CAS ADD or if the CAS ADD is no longer in operation at the Games, to the permanent CAS in Lausanne.

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

The World Anti-Doping Code, established by WADA in consultation with the anti-doping community, 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 are signatories to the Code.

The responsibilities of the IOC, IFs, NOCs and the CAS have been clearly defined. The IOC, IFs and NOCs maintain their respective powers and responsibilities to apply doping rules in accordance with their own procedures, and in following the rules set out in the Code. Consequently, decisions handed down in the first instance will be the exclusive responsibility of the IFs, NOCs or, during the Olympic Games, the CAS ADD.

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 & SCIENTIFIC 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 and Scientific Commission currently has eight members. It is chaired by IOC Member Prof Uğur Erderner.



## 7. PROMOTION OF HEALTH

Following the creation of WADA, the IOC Medical and Scientific Commission saw its role change, from managing the fight against doping in sport to active commitment to protecting athletes' health, through education, research, and the drafting and publishing of Consensus Statements.

### EDUCATION

One of the IOC Medical and Scientific Commission's tasks is to organise courses for the NOCs, devoted to all areas of sports medical and science. These courses give the NOCs the most up-to-date information regarding developments in this area. These courses are organised under the aegis of the Medical and Scientific Commission thanks to funding from Olympic Solidarity and close collaboration with the NOC Continental Associations.

The IOC Medical and Scientific Commission also organises an annual Advanced Team Physician Course (ATPC), for NOC physicians and physios, as well as a triennial World Conference on Prevention of Injury and Illness in Sport. During the Olympic Games, the Medical and Scientific Commission holds symposia and workshops

### MEDICAL AND SCIENTIFIC EXPERT GROUP

The IOC Medical and Scientific Commission also has an Expert 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
- Oral health
- Exercise and Health (Chronic Disease Prevention) and Health Legacy

- Sport rules and presentations

### MEETINGS AND CONSENSUS STATEMENTS

Since the Athens Olympic Games in 2004, the Commission has produced consensus statements by holding meetings with groups of experts. These have covered the following themes:

- Consensus Meeting on Sex Reassignment and Hyperandrogenism
- NCD, Exercise and Health
- Health consequences of a saturated sports calendar
- Exercise during pregnancy and after childbirth for elite athletes
- Concussion in sport
- Health and fitness of young people through physical activity and sport
- Sport nutrition
- Periodic evaluation of the health of the athlete
- Injuries of the ACL female athlete
- Asthma among elite athletes
- Harassment and sexual abuse in sport
- Molecular Basis of connective tissue and muscle injuries in sport
- Training the elite child athlete
- Sudden cardiovascular death in sport
- The female athlete triad

### RESEARCH

Injury and illness monitoring is a key activity of the Medical and Scientific Commission Games Group during the Olympic Games. Data is collected and analysed with the long-term objective of protecting the health of the athlete.

The IOC Medical and Scientific Commission has recognised nine Research Centres of Excellence for the prevention of injury and illness in sport. These Centres are located in Australia, Canada, Denmark, Korea, the



Netherlands, Norway, Qatar, South Africa and the UK.

Committed to protecting clean athletes for the sake of the future of sport and for the protection of athletes' health, the IOC, through its Medical and Scientific Commission, established a research grant to fund research pertaining to anti-doping. Since the grant was established in 2014, 12 projects have been selected for funding.

## **OLYMPIC MOVEMENT MEDICAL CODE**

The IOC Executive Board has adopted the Olympic Movement Medical Code (OMMC). In the introduction, the OMMC 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 OMMC 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.

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

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## **IMPRINT**

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For further information, please contact



INTERNATIONAL  
OLYMPIC  
COMMITTEE

Château de Vidy,  
1007 Lausanne,  
Switzerland

IOC Communications  
Tel. +41 21 621 60 00  
Fax +41 21 621 63 54  
pressoffice@olympic.org