

# 2016 ADRVs REPORT OVERVIEW

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## Introduction to the 2016 ADRVs Report

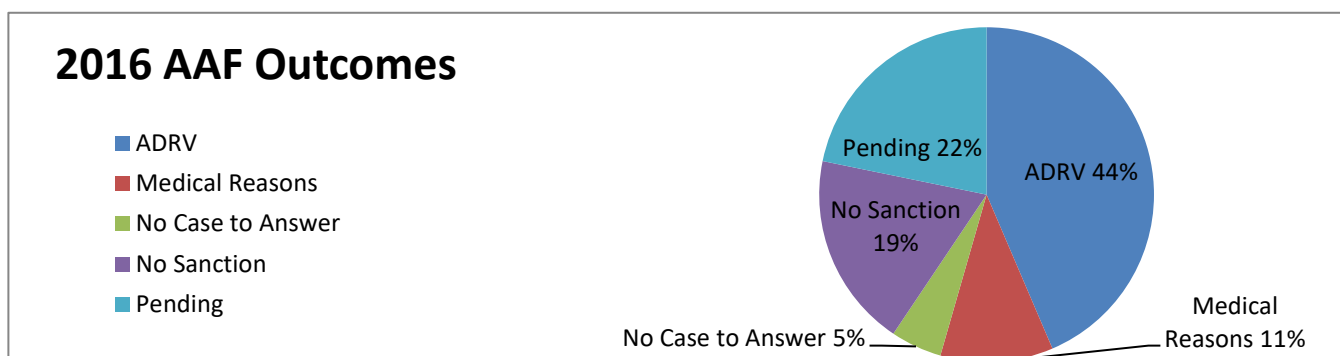
- ◆ This is the fourth year that WADA publishes the ADRVs Report. The Report illustrates doping offences committed under the World Anti-Doping Code (Code) in 2016.
- ◆ The Report includes the decisions of all Adverse Analytical Findings (AAFs) for which the samples were collected by Anti-Doping Organizations (ADOs) in 2016 and the results are reported in ADAMS as well as non-analytical ADRVs for decisions rendered in 2016. Discrepancy from ADOs' published statistics may occur due to different reporting criteria.
- ◆ An analytical ADRV refers to a violation of Code Article 2.1 (Presence of a prohibited substance or its metabolites or markers in an athlete's sample) and is based on an AAF (otherwise known as a positive result), which indicates the presence of a prohibited substance or its metabolite(s) or marker(s) of the use of a prohibited substance in a urine and/or blood sample collected from an athlete and analyzed by a WADA-accredited Laboratory.
- ◆ A non-analytical ADRV is a case in which an athlete or Athlete Support Person (ASP) (coach, trainer, manager, agent, medical staff, parent, etc.) commits another type of ADRV that does not involve the detection of a prohibited substance or prohibited method in a urine or blood sample from athletes, as outlined in the 2015 Code Articles 2.2 to 2.10:
  - Article 2.2 – Use or attempted use by an athlete of a prohibited substance or a prohibited method
  - Article 2.3 – Evading, refusing or failing to submit to sample collection
  - Article 2.4 – Whereabouts failures (any combination of three missed tests and/or filing failures within a 12-month period by an athlete)
  - Article 2.5 – Tampering or attempted tampering with any part of doping control
  - Article 2.6 – Possession of a prohibited substance or a prohibited method
  - Article 2.7 – Trafficking or attempted trafficking in any prohibited substance or prohibited method
  - Article 2.8 – Administration or attempted administration to any athlete in-competition of any prohibited substance or prohibited method, or administration or attempted administration to any athlete out-of-competition of any prohibited substance or any prohibited method that is prohibited out-of-competition
  - Article 2.9 – Complicity (assisting, encouraging, aiding, abetting, conspiring, covering up or any other type of intentional complicity involving an Anti-Doping Rule Violation)
  - Article 2.10 – Prohibited association
- ◆ The ADRVs Report is broken down as follows:
  - An Introduction and an Executive Summary, which provide an overview of the Report and highlight the key observations of the 2016 ADRVs Report.
  - Sections 1 and 2 present the Results Management outcomes (including ADRVs) of all AAFs detected by WADA-accredited Laboratories for samples collected from athletes in- and out-of-competition in 2016. They are presented by sport, discipline (Section 1) and Testing Authority (Section 2).
  - Section 3 includes ADRVs that resulted from non-analytical findings committed by athletes (presented by sport and nationality) and by ASP (presented by nationality).
  - Section 4 indicates the total number of ADRVs from athletes in 2016, which includes AAFs that

resulted in an ADRV plus all non-analytical ADRVs. The data is presented by sport and nationality. The information is further broken down into type of samples (urine or blood), type of test (in- or out-of-competition) and athlete gender.

## Executive Summary of the 2016 ADRVs Report

**1. A total of 229,514 samples were collected by ADOs in 2016, analyzed by WADA-accredited Laboratories and reported in ADAMS<sup>1</sup>. 3,032 samples were reported as AAFs. Based on a compilation of the information received by WADA by 31 December 2017, of the 3,032 AAFs:**

- 1,326 (44%) samples were confirmed as ADRVs (sanctions);
- 339 (11%) samples were dismissed because of a valid medical reason;
- 140 (5%) were categorized as “no case to answer” (i.e. case closed for a valid reason other than medical reasons);
- 561 (19%) samples resulted in “no sanction” because the athlete was exonerated (including but not limited to meldonium cases in light of the [Notice on meldonium](#) published by WADA on 30 June 2016);
- 666 (22%) samples were still pending.



**2. Among the 1,326 ADRVs as a result of an AAF, the samples were collected from:**

- 1,046 male (79%) athletes and 280 female (21%) athletes;
- 296 out-of-competition (22%) and 1,030 in-competition (78%);
- 1,305 (98%) urine and 21 blood (2%);
- 109 sports/disciplines<sup>2</sup>;
- 113 nationalities<sup>3</sup>.

**3. A total of 269 non-analytical ADRVs<sup>4</sup> were confirmed in 2016 and involved:**

- 248 cases linked to athletes of 44 nationalities (as indicated in the decisions received by WADA) from 41 sports;
- 21 cases linked to ASP of 13 nationalities (as indicated in the decisions received by WADA).

**4. Total number of ADRVs (combining analytical findings from AAFs and non-**

<sup>1</sup> Not including samples that are conducted by organizations in North America which are not Code Signatories and are not reported into ADAMS due to confidentiality provisions in the laboratory service contracts.

<sup>2</sup> As reported by the WADA-accredited Laboratories in ADAMS.

<sup>3</sup> As indicated in the decisions received by WADA.

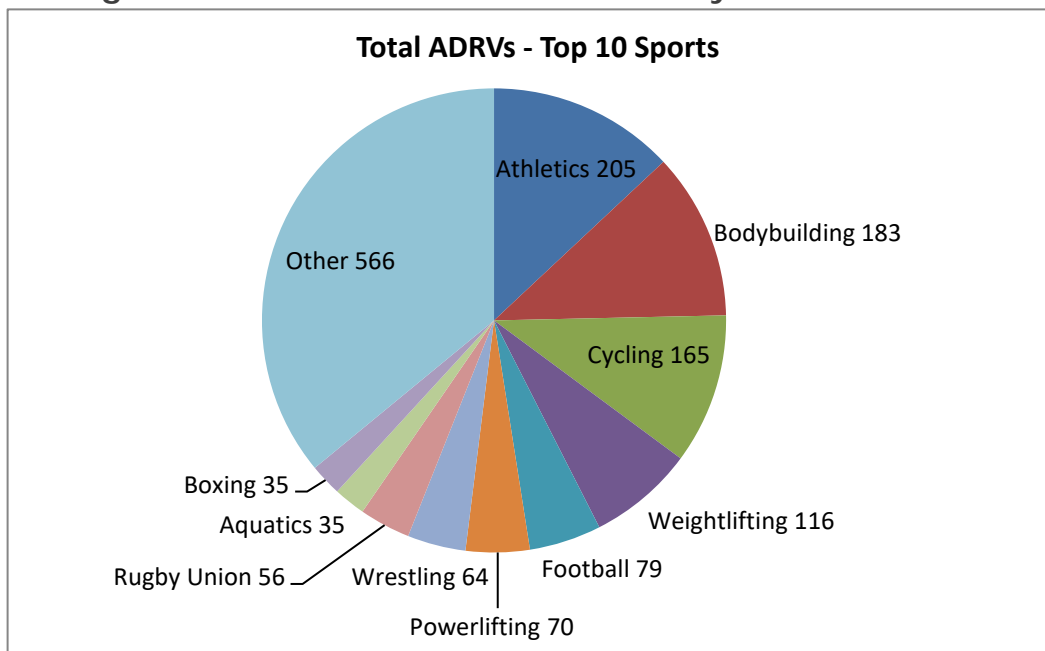
<sup>4</sup> Non-analytical ADRVs in this Report refer to violations related to Articles 2.2 to 2.10 of the Code that do not involve the detection of a prohibited substance by a WADA-accredited Laboratory.

**analytical findings) in 2016 are:**

- 1,595 ADRVs (1,574 from athletes and 21 from ASP);
- 112 sports/disciplines (connected to the athletes);
- 117 nationalities (as indicated in the decisions received by WADA).

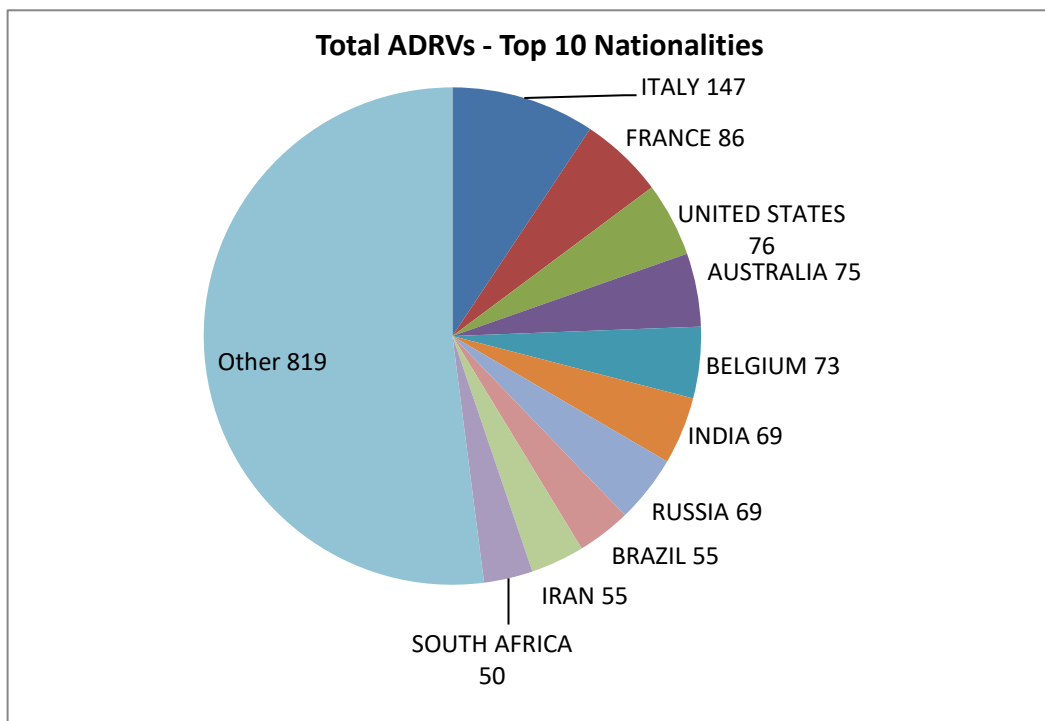
**5. The sports with the highest number of ADRVs committed by athletes:**

1. Athletics (205)
2. Bodybuilding (183)
3. Cycling (165)
4. Weightlifting (116)
5. Football (79)
6. Powerlifting (70)
7. Wrestling (64)
8. Rugby Union (56)
9. Aquatics (35)
9. Boxing (35)



**6. The athlete nationalities<sup>2</sup> with the highest number of ADRVs:**

1. Italy (147)
2. France (86)
3. United States (76)
4. Australia (75)
5. Belgium (73)
6. India (69)
6. Russia (69)
8. Brazil (55)
8. Iran (55)
9. South Africa (50)



## 7. Comparison of Years 2013 to 2016:

