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INDEPENDENT OBSERVERS' REPORT

XII PARALYMPIC GAMES
ATHENS 2004

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A. INTRODUCTION

1. Background and Mission

The Office of the Independent Observer was set up by the World Anti-Doping Agency (WADA) in 2000 in time for its first mission to the Sydney Olympic Games. The first Paralympic Games to be observed by the Office were the Salt Lake Winter Paralympic Games in 2002. The report of that mission was published shortly after those Games.

As on previous occasions, the main tasks of the Office of the Independent Observer in Athens were:

- to observe the doping control processes, including:
  - selection, notification and escorting of a competitor,
  - Therapeutic Use Exemption (TUE) procedures,
  - sample collection procedures,
  - post sample collection procedures, transportation and chain of custody;
- to observe the Test Result Management processes, including:
  - the deliberations of the responsible review body when determining whether a potential doping offence has occurred,
  - the attendance at all hearings and appeals,
  - the analysis of B samples,
  - any dispute hearing before CAS or any other judicial party if so permitted;
- to submit an independent report with recommendations at the end of the event.

The present report has a three-fold objective:
a) to report on what the Office of the Independent Observers saw and heard (see sections C, D & E);
b) to evaluate on the basis of these observations, whether the procedures used at the Athens 2004 Paralympic Games were in conformity with the World Anti-Doping Code and relevant Standards, the IPC Anti-Doping Code, and the 2004 Paralympic Doping Control Guide;

c) to provide the IPC (and possibly the Beijing 2008 Organizing Committee) with any advice deemed helpful or suitable for its future anti-doping operations, and notably in its preparations for the Beijing 2008 Paralympic Games (and including, by extension, the Torino 2006 Paralympic Winter Games) (see section G).

Following the adoption of the World Anti-Doping Code and its associated Standards, which are applicable to all sports within the Olympic Movement as from the opening of the Athens Olympic Games in August 2004, there are now universally agreed rules, principles and procedures covering all major parts of the anti-doping process. This has been of enormous benefit to all concerned in anti-doping programmes.

At these 2004 Paralympic Games, the Independent Observers paid particular attention to any specific requirements that such Games might impose upon doping control procedures and results management, as well as to the implementation of the rules that the IPC had itself adopted. The relevant rules were set out in the “Paralympic Doping Control Guide”, issued in the summer of 2004. As other Independent Observer reports have pointed out, the status of the “Guide” is not clear. Some parts of it (eg, the Prohibited List) are clearly mandatory; but the force of Appendix 2, “Sampling Procedures”, is less certain. Is it a set of rules or just a guide?

2. Cooperation with the International Paralympic Committee: Legal, Management (Executive) and Medical Committees, Medical & Scientific Department, Anti-Doping Subcommittee, and with ATHOC

We would like to express, at an early stage of our report, our appreciation for the cooperation and welcome we received from the IPC at all levels, and notably from Mr. Phil Craven, the President of IPC, and his senior officers, who gave us much support and encouragement. We must also warmly thank the IPC Medical Committee: Björn Hedman, Medical Officer of the IPC; Andy Parkinson, Medical & Scientific Director of the IPC; Toni Pascual, chair of the Anti-Doping Subcommittee; Michael Riding, chair of the TUE Committee; and Michele Brown-Riding, IPC Anti-Doping Assistant, who were particularly helpful to us, as was Nick Webborn, member of the Anti-Doping Subcommittee who, for instance, let us join them and their colleagues on a tour of doping control stations at several venues on Tuesday September 14.

They also organised for the benefit of the IO team (and the WADA Outreach team based at the Village), on Thursday September 16, a presentation of some of the specifics of Paralympic sports, the principles of classification, as well as their anti-doping procedures and results management processes. This very useful introduction was followed by a reception generously offered by our hosts.
The same appreciation must also be extended to the Athens Organising Committee (ATHOC), and in particular the Doping Control Services Program Manager, Dr Christina Tsitsimpikou and her deputy, Mr. Georgios Tsamis. They showed us every courtesy and help, as did whenever necessary, the Director of the Doping Control Laboratory, Dr. Konstantinos Georgakopoulos.

Furthermore, the IO Team compliments the IPC and ATHOC for the excellent organization of the Games. Volunteers and staff of ATHOC were very helpful and friendly.
As the report from the 2002 Paralympic Winter Olympic Games in Salt Lake City amply demonstrates, there is a special atmosphere at such Games: an enthusiasm and a joy which permeates athletes, officials, and spectators.

The sporting achievements are remarkable. One can only be a humble witness to the triumph of the human spirit over adversity (in this case, disabilities of various kinds) shown on so many occasions. The number of World and/or Paralympic Games records set at these Games illustrates the commitment, the training and dedication of Paralympic athletes.

3. The office, the team and overall arrangements

The IO Team was provided with full accreditation by the IPC to allow them to observe all aspects of Doping Control during the Games.
Copies of all relevant documentation were provided to the Observers during the Games.
In the period preceding the Games, the IO Team received copies of all the documentation regarding the TUE process from the IPC and reviewed the relevant paperwork prior to arriving in Athens.

Overall, transportation worked well although the whole process of securing cars was very time-consuming and appropriate transportation could not be booked beforehand to go between venues, which on some occasions resulted in delays to IO operations.

It would have been helpful if either some assigned drivers were made available to the Independent Observers or if transportation could have been booked in advance between the different venues.

The 2004 Paralympic Summer Games IO Team members' list is attached at Annex 1.

The Office started functioning on Monday September 13. The whole team was present throughout the entire Games program from September 18 to 28.

The timing and extent of observations as well as other IO meeting or hearing commitments throughout the day meant that regular daily team meetings were not possible. Instead, meetings were convened on an "as needed" basis, usually every other day at varying times, with as many team members present as possible. The team was provided, through ATHOC, with mobile phones and this enabled team members to remain in communication with each other and to consult as necessary.

The IO Team also wishes to record here its appreciation of the tremendous work accomplished by the Office Manager, Jennifer Ebermann of WADA. She was alone in that task and she shouldered the workload in an exemplary fashion.

The Chair also wishes to pay special thanks to Dr. Güner, who not only dealt with the entire TUE documentation, but also took on the task, with Ms Ebermann, of checking and correlating all the doping control documentation received at the office from the IPC, ATHOC and the laboratory. His support has made an incalculable contribution to this report.

B. COMPARISON OF THE WORLD ANTI-DOPING CODE, THE IPC ANTI-DOPING CODE AND THE PARALYMPIC DOPING CONTROL GUIDE

1. General

On the basis of our observations and the information supplied by WADA in connection with article 20.2 of the World Anti-Doping Code, it can be noted that:

1) well before these Paralympic Games, in January 2004, the IPC adopted its own Anti-Doping Code and signed the World Anti-Doping Code on February 19 2004;

2) National Paralympic Committees participating in the XIIth Paralympic Games had all signed the Code and were therefore in compliance with it;

3) the IPC authorized and facilitated the Independent Observer Programme.

Following on the recommendations of the Independent Observers from the Salt Lake Winter Paralympics on "The IPC Medical and Anti-Doping Code" as well as the adoption of the World Anti-Doping Code, it is clear that the IPC, by introducing its own Anti-Doping Code, has complied almost entirely with those recommendations and should be commended on a "user-friendly", clear and concise IPC Anti-Doping Code.

The IPC Anti-Doping Code follows the principle of strict liability as set out in the World Anti-Doping Code, and if there is to be any form of criticism or recommendation arising out of the IPC Anti-Doping Code (and possibly by extension, the World Anti-Doping Code), it would be the fact that the IPC Anti-Doping Code prohibits IPC review and disciplinary bodies from dealing with matters where exceptional circumstances arise, due to the fact that the language that is contained in the Anti-Doping Rules and Regulations specifically prohibits any hearing or committee making a finding other than that contained in the IPC Anti-Doping Code.

The IPC Anti-Doping Code however, correctly adheres to the principles of harmonization and standardization of sanctions, but as is the case with any law, each hearing has to be dealt with objectively and independently and on its own merits.

A further, if minor, recommendation is that the glossary of definitions in the IPC Anti-Doping Code be moved from the end of the Code document to the beginning of the Code document, for easier reference.

RECOMMENDATIONS

To WADA: to review and give guidance on the correlation between articles 9 and 10.1.1, 10.3 and 10.5 of the World Anti-Doping Code.
To consider moving the glossary to the beginning of the Code.

2. Question of which List in force at which date

The Paralympic Doping Control Guide states, in section 5 on page 9, that "[t]he IPC is responsible for the Games Doping Control Program, including In-Competition and Out-of-Competition Testing (OOC Testing), from the opening of the Village on 10 September up until and including the day of the closing ceremony of the Games, … 28 September 2004." Later on (page 10), the Guide continues: "Out-of-Competition testing for the Games will begin on 10 September 2004." At section 6, page 11, the Guide says: "The Prohibited List, and International Standard of the [World Anti-Doping Code], lists the substances and methods prohibited for the Games…. The [current] List is included in this Guide (Appendix 1).

The Prohibited list contains four sections, namely:

1. Substances and Methods prohibited In Competition
2. Substances and Methods prohibited In and Out of Competition…."

The Guide did not make clear at what stages or dates a tested athlete would be subject to which section of the Prohibited List. Neither did Doping Control Services know the answer (conversation on September 21). It was assumed that the tests conducted between September 10 and the day of the opening ceremony (September 17) would be conducted on the basis of section 2 of the List. But at what stage did section 1 of the List become the valid one for a particular sport or athlete? If the athlete was tested after a competition, the position was clear. However, the case of an athlete in powerlifting who was to be the subject of a target test the day before that athlete was due to compete illustrated the problem: the sport had begun; the athlete had not yet competed; under which section of the List would the sample be analysed? Nobody (neither at the IPC nor at ATHOC) seemed to be able to answer this question. However, as the IPC has subsequently pointed out, the situation should have been quite clear. Any testing not done "in connection with a specific Event" is conducted as an out-of-competition control (Glossary to the Anti-Doping Code).

One practical consequence of this lack of clarity is mentioned in this report at § 9, Laboratories.

RECOMMENDATION

Future editions of "Doping Control Guides" should make clear the dates and circumstances under which samples will be analysed under the Out-of-Competition or In-Competition sections of the Prohibited List.

3. Results Management

The objectives set out in article 9 of the IPC's Anti-Doping Code (and summarized at section 9.2 of the Paralympic Doping Control Guide) are clear, and the separation of responsibilities and responsible bodies is approved. However, the detailed drafting gives rise to potential difficulties. The "Initial Review" is in effect carried out by members of the Anti-Doping Subcommittee who will later carry out the "Expedited Hearing". The Subcommittee consists of six persons (one of whom left the Games on Thursday 23 September, thus further reducing availability) so some connection between the two stages is probably inevitable. The distinctions between the "Expedited Hearing" and the "Management Committee" and between the latter and the "Legal Committee" (for appeals), are properly maintained.

The role and optional place of the "B" sample in the IPC appeal process is not always clearly understood, especially when athlete's rights were being explained at the doping control stations and even at some Expedited Hearing meetings.

RECOMMENDATION:

That the IPC seeks to clarify the role and place of the "B" sample in the Anti-Doping Code.

C. GENERAL

1. The XIIth Paralympic Games in general

We understand that this was the first occasion for some time at which the organising committee for the summer Olympic Games and for the Paralympic Games was the same. This applied also to the doping control program. There seems to us to be little doubt but that the experience gained from the first event and the continuity in personnel and policy was beneficial for the latter one.

A peculiarity of the Paralympic Games is that each sport will have several medal events on each day of competition[1], often with a small number (maybe only one or two) of preliminary rounds, qualifying sessions or heats.
This is mainly a consequence of the classification system. It also has consequences for the doping control schedule at Paralympic Games: controls are spread throughout the day at those sports with morning, afternoon and evening sessions.

2. Preparations

As far as the specific preparations for the doping control program at these Paralympic Games were concerned, we have singled out the following elements from among those made during a meeting with ATHOC (Doping Control Services) on September 21:

- The volunteer (150) and professional (35) staff were given some specific Paralympic training before the Paralympic Games started and provided with some training materials. It is difficult to evaluate the real impact of this training (cf § D.6 *infra*), as it is that of the materials (some of which were copied to us).
- At the Paralympic Games, as at the Olympic Games, the doping control staff had the following roles:
  - a Doping Control Venue Manager (a new post) whose function was to manage the operations of a particular doping control station and to deploy the staff assigned to the station;
  - one or more doping control officers (DCOs), (generally medical practitioners) whose function was to guide the athlete through the sample collection process;
  - one or more technical officers, whose function was to assist the DCO, to witness the passing of the sample, and often to measure, with a refractometer, the specific gravity of the sample;
  - several escorts, whose function was to deliver the notification to the athlete and keep them under observation from that time until they entered the sample processing room.
- The staff was deployed flexibly between different venues. At different venues, or on different days at the same venue, DCOs and Technical Officers often reversed their roles and responsibilities.

[1] The terms “competition” and “event” have opposite meanings in the WADC and in the IPC ADC. This report uses them as per the WADC.

- The doping control programme management was designed to be flexible within the constraints of the budget and the test distribution plan for the Games. A budget of 650,000 Euros (excluding professional staff salaries and laboratory equipment) was allocated to doping control at the Games.

  This was sufficient for the planned 650 tests between September 10 and 28, with the possibility of going to 675 if necessary, in order to carry out supplementary target testing and testing after new world records had been set at cycling (when it was obligatory). Target testing was planned on the basis of reports of suspicious circumstances (for example at doping control stations) and carried out on the athlete upon his/her return to the Village or the following day. A number of world records were set and the athlete(s) tested. Such controls could be factored in to the test distribution plan but the precise number and occasion could not, of course, be forecast precisely.
- The in-competition test distribution plan had been drawn up before the Games. A total of 515 in-competition tests were scheduled. The plan showed the number of tests per day/session at each sport or competition where doping controls would be carried out. Usually about six sports were tested per day. Priority was given to testing at medal events. (See below: D.1)

3. Therapeutic Use Exemptions

TUE approvals were given in accordance with the IPC Anti-Doping Code, article 6. The IPC accepted TUE submissions when completed on the official IPC Application and Notification Form. The IPC Therapeutic Use Exemption Committee (TUEC) evaluated the applications and rejected or approved them. Under IPC rules, the abbreviated TUE process requires athletes to notify the IPC of the use of a substance on the Prohibited List, using the same form.

In IPC sports at the Paralympic Games (Archery, Athletics, Cycling, Equestrian, Powerlifting, Swimming, Shooting and Table Tennis) the duration of the TUE approval was up to two years. In non-IPC sports (Boccia, Wheelchair Basketball, Football 5-a-side, Football 7-a-side, Wheelchair Fencing, Goalball, Judo, Sailing, Wheelchair Tennis, Sitting Volleyball, Wheelchair Rugby) the duration of the approval was up until the end of the Games.

The total number of TUE approvals from the beginning of the submission date (May 2004) until the end of the Games was 372. Some athletes from the 8 IPC sports had TUEs issued in 2002 and 2003, which were still valid for Athens. From the opening of the Village, the IPC received 123 TUE applications; of these, 21 were 'not required' (usually because the treatment had finished by the opening of the Games), 6 were 'incomplete', and 96 were approved.
Eight applications were rejected by the IPC TUEC. The rejected applications were for Beta Blockers (2 Archery, 1 Shooting), Narcotics (1 Equestrian, 2 Swimming), Diuretics (1 Swimming) and Glucocorticosteroids (1 Table Tennis).

One hundred and eighty four athletes had approvals for inhaled Beta-2 Agonists such as salbutamol, salmeterol, formoterol, terbutaline. This number corresponds to 4.8 percent of the participating athletes. Three sports, namely equestrian, cycling, and swimming, show a high percentage of Beta-2 agonists usage per number of participants. (See Tables 3 and 4).

The IPC Medical Committee did no medical examinations or verification tests in order to check the diagnosis of the athletes as to whether a TUE for Beta-2 agonists was required or not. Such checks are permitted under article 7.7 of the International Standard for Therapeutic Use Exemptions, but we understand that the IPC does not carry out such checks and there are no relevant provisions for this in the Code.
During the doping control procedures, 13 athletes declared Beta 2 agonists approvals. But none of the laboratory analysis reports reflected adverse analytical findings for Beta 2 Agonists.
During the doping control procedures, 18 athletes declared Glucocorticosteroids. Three of their samples' analysis reports reflected adverse analytical findings for Glucocorticosteroids (2 prednisolone, oral use; 1 budesonide, inhaler use).

The observation of the IPC's TUE processes at the Games shows that they were carried out correctly and fairly, according to the IPC Anti-doping Code.

However, we wish to make one further comment regarding the IPC's TUE regulations. This comment is a result of our observations following a positive case discussed later on under IPC result management.

This case involved the detection of a substance (glucocorticosteroid) that is controlled under the section of the Prohibited List on Specified Substances, and that requires a TUE approval if used in-competition, but that does not require such approval when being used out-of-competition. There was no TUE application for the athlete's use of the substance in August (before the Games) because such an application was not necessary under IPC rules.

As it was understood that the substance was no longer present in the athlete's body, no in-competition TUE application was submitted. It might be possible to help overcome such problems in the future by the IPC requiring National Paralympic Committees to submit the equivalent of a TUE application (or other documentation) for their international level athletes undergoing treatment that contain substances that are not prohibited out of competition, but are prohibited in competition, so that there is evidence in the file of such treatment. The present rule about TUEs that are "not required" can lead to considerable difficulties. As the TUE process is based on the International Standard for TUEs, WADA could also examine this question when reviewing the Standard.

RECOMMENDATIONS

The IPC is asked:

1) to review the potential implications of the distinctions between granting TUEs for out-of-competition and in-competition periods.

2) to consider implementing medical examinations and verification tests amongst athletes who have submitted TUE applications for inhaled beta-2 agonists and, if accepted, to add an appropriate regulation to the IPC Anti-Doping Code.

WADA is asked to consider including in the International Standard some advice to athletes that substances not prohibited out-of-competition may give rise to adverse analytical findings after an in-competition test.

D. DOPING CONTROL PROCEDURES AT THE GAMES

All venues and all sports during the XIIth Paralympic Games were visited at least once (some sports were only tested once: boccia; sailing; football 5 a-side, football 7 a-side). Out-of-competition tests at the Polyclinic were not observed, though the results management following the 2 positives detected at that stage were followed (see Results Management below).

The doping control station and the Paralympic Pharmacy at the Village Polyclinic were visited, but the one delayed in-competition control undertaken at the Polyclinic was not observed.

1. Follow up to the recommendations of the Independent Observers at the Salt Lake City Paralympic Winter Games on Doping Control Stations

Many stations (notably athletics, equestrian, sailing, shooting, swimming, and wheelchair basketball) were entirely satisfactory.

Some stations (judo, powerlifting, wheelchair tennis) were not entirely satisfactory, either lacking privacy in the processing rooms if more than one athlete was present, or too small in the waiting rooms at peak periods when there might be up to four wheelchair athletes and their representatives waiting.

One station (cycling road) was very inadequate: it was in a temporary tent, totally unidentified and hidden in a distant corner of the site, and it was extremely noisy because of an air ventilator fan placed immediately above the processing room. As many of the facilities had been specifically and recently built with both sets of Games in mind, the overall standard achieved for the stations at all the 13 venues destined also to operate at the Paralympic Games could have been higher.

For example:

- Signing, signposting. Signposting for doping control stations was on the whole deficient, with a lack of directional signs visible from corridors. Signs were placed on the door of stations, but you had to find and be in front of the door to know that you had arrived.

  The situation was eased in many venues by the fact that the station was nearly always close to the medical rooms, which were clearly signposted.
- Access. Most stations were wheelchair accessible (though modifications had to be made even to new venues (e.g. Nikaia, Powerlifting). Cycling road was not signed and athletes had to cross large areas of gravel (difficult for wheelchairs) to get there.

- Facilities. Most, but not all, stations were spacious and of good quality and had at least one wheelchair accessible toilet (but some doorways – into the station or into the toilet - were too narrow for competition wheelchairs to pass); some had standard lavatories and some small plastic chemical toilets.

RECOMMENDATIONS

The first three paragraphs in italics at the end of the section entitled "The IPC Doping control Program – Doping Control Stations"[2] remain largely valid and we endorse them:

- *The IO Team recommends that in the future the processing areas of the doping control stations be more private.*
- *The IO Team recommends that more consideration be given to the needs of Paralympic athletes when locating doping control stations for the use of both Olympic and Paralympic Games.*
- *The IO Team recommends that every doping control station have at least two toilet areas for passing samples, as well as a distinct physical separation of the processing areas.*

2. Test distribution planning and selection

Within the total Games test distribution plan (see above, § Preparations), the selection of the specific events and categories of athletes for testing was due to be made by the Anti-Doping Subcommittee in the course of its morning meetings (held at the Village Polyclinic) for the following day. At these Games, the planning of the specific tests was made at three of the morning meetings covering three, four and six days ahead respectively. ATHOC Doping Control Services representatives were also present and would send the details of these selections to the stations (copied to the IO). Such selections would normally concentrate on the day's medal events, and, depending on the number of scheduled tests, sometimes all medal winners of an event, or gold and silver or just gold. Additional random tests might also be scheduled. This longer-term planning and selection of controls was undoubtedly useful from a practical point of view for all partners, including the IO. It may on the other hand have had the unintended consequence of imparting some degree of predictability.

[2] Independent Observer's Report 2002 Paralympic Winter Games, Salt Lake City, p. 10

Care was taken by the Anti-Doping Subcommittee, particularly at the last test planning meeting on September 22, to cover as many hitherto untested classification categories as possible in the testing schedule.

However, it should be noted that the total number of in-competition tests (515) and the resulting test distribution plan was insufficient to cover adequately all classifications, particularly in the large disciplines such as athletics and swimming. See Table 1.

The selection of those athletes in team sports, where the athletes to be tested are randomly selected at half-time (most following the FIFA/FIBA pattern), was observed on numerous occasions and was performed correctly.

RECOMMENDATION

The number of tests at future Paralympic Games should be increased in order to ensure that athletes in all categories and classifications are liable to the same likelihood of doping control.

3. Notifications

In our observations, these were carried out correctly, even when numerous athletes were due for notification at similar times (this was often the case at athletics and swimming). There were however problems at wheelchair tennis on September 19, due in part to the labyrinthine geography of the venue and, probably, unfamiliarity with it on the part of the staff. The area for notifications at road cycling was quite spread out; the distance between the end of the race and the area for the "boxes" where teams had their race tents was long. It was quite difficult for the escorts to keep track of "their" cyclist and to find the appropriate place for notification.

Minor irregularities during the notification process were observed as follows:

- The name of the athlete was misspelled on the notification form (Judo 18th).
- The reporting time and date was not written on the notification form (Athletics 26th).
- The reporting time was not written on the notification form (Football 27th).

4. Escorts

In our observations, the vast majority of escorts carried out their functions correctly. There were however too many occasions (at wheelchair basketball on the 18th and table tennis on the same day, wheelchair tennis (19th, noted above), athletics on the 20th in the evening, 21st (am) and 26th (pm); swimming on the 21st; cycling road on the 24th) where the IO noticed that the escort and notified athlete were not in company nor in mutual sight of each other. Such separations did not probably, in our opinion, compromise the integrity of the doping control process, as the athlete was usually in the sight of another member of the doping control staff. Of more concern was our observation of one notified athlete who went by himself unescorted to the doping control station (athletics, 26th).

A wheelchair track athlete noted in the comments section (athletics, 26th) of the Official Record that she had been left unattended for long periods during the wait for the medal ceremony and later in the station waiting room.

One athlete in a team sport stated that she was not escorted just after the drawing. The venue manager replied that the escort was responsible to notify the athlete out of the field of play after the mixed zone (volleyball sitting, 24th).

There is little doubt but that there was room for improvement in the work of the escorts.

RECOMMENDATION

The training of escorts should be improved and their work supervised more closely by station managers and station DCOs.

5. Staff

The vast majority of the Doping Control staff was very good and several were excellent; professional and experienced, polite and efficient, and on occasion even multilingual.
There were sufficient numbers allocated to stations and events, except on one occasion witnessed by the IO (swimming, 21st), when, in order to accompany an athlete who needed to swim down, the other athlete was left unattended in the station. *This was a potential serious irregularity*.

The DCO at cycling road (24th) was observed at both morning and afternoon sessions not in uniform and there were packets of cigarettes on the processing table.

A further observation is that only a few DCOs gave explanations for the procedures and some occasionally gave the impression of being brusque. The comments section of the form was usually handled in a rather formalistic way that did not promote genuine reactions. When one was offered at volleyball sitting, 24th, the DCO then critically questioned the athlete and tried to squash the comment. Such behaviour is not acceptable and is contrary to the object of the Comments section. Perhaps because of this attitude, the opportunity for the athlete to offer comments was rarely taken up: two such occasions have already been mentioned; on another, an athlete commented on the difficulty for those of Muslim culture to be witnessed.

We observed on several occasions difficulties in completing the (new) date of birth box on the Official Record form. For athletes from countries and regions working to different calendars, the answer “I don’t know” is more correct than it sounds.
The information does not get to the laboratory, so serves no useful purpose there. If the object is to protect minors, the question would be better phrased, and easier to answer, if it was in the form of “Are you over 18?”

Explanations on why the B bottle sample was needed were very variable and were not always correct. The explanations in our view corresponded more to the system at the Olympic Games and not to the system set out in the IPC Anti-Doping Code (articles 9.9 et seq.) and the Paralympic Doping Control Guide (paragraph 9.2; cf also *supra* § B.3). Explanations given by DCOs on the need for the specific gravity reading were rather inconsistent, and, if the reading was low, the reason for having to provide a further sample (in order to increase the volume of the sample for analytical purposes), were variously explained, understood or misunderstood by the athletes (and indeed by the IOs).
There was a lack of hygiene and politeness on the part of some DCOs in not wiping up spilled urine on the processing table or desk, a common enough occurrence at these Games.

The question on research ("the WADA question" as many DCOs called it)[3] was almost invariably ticked in the "Yes" box. However, it should be noted that some DCOs found the question difficult to explain to athletes, and it was explained in various ways. In our view, most non-English speaking athletes did not fully understand the question. 425 athletes ticked the yes box, 65 athletes ticked the no box. In 25 cases neither box was ticked.

It must be recorded that the DCO at shooting on the 23rd dealt extremely well with a very rude and angry athlete.

Language assistants: They too were good and efficient and were available on most occasions (but not all) observed by the IO when such assistance was necessary at the stations. Team representatives and delegates, however, carried out this function on most occasions. Several athletes with sufficient command of English went to doping control unaccompanied.

Security: This was good on the whole. Many stations had a police officer outside during the sample collection periods. This was a practical follow up to IO recommendation from Salt Lake City *"that access to doping control stations be restricted from the outside while any athlete is inside for doping control."*

A couple of intruders at cycling track (18th) were handled well.

However, at athletics on the 22nd, the DCO signed in a member of the WADA outreach team in the section for the IO; this person was allowed into the processing room. When the IO Team member came into venue and indicated its intention to enter the processing room, the venue manager said that the WADA representative was already there. The IO entered and found the Outreach team member sitting beside the DCO at the processing desk. This was a very unfortunate episode from all points of view.

[3] *Statement of Consent: "I agree with my sample to be used anonymously for anti-doping research purposes by any WADA accredited Lab when all analysis have been completed and my sample would otherwise will be discarded. Refusal of consent will bear no consequences for the athlete. The Helsinki Accords and any applicable national standards as they relate to the involvement of human subjects in research will be enforced".*

On one occasion (judo, 19th), after the sample collection process had been completed, one of the two stations was left unlocked, with no guard, and with the Doping Control Official Records left very visibly on a table for at least 15 minutes.
The samples were in a locked fridge. This was a serious lapse in security and could have compromised severely the chain of custody and the integrity of the whole doping control process at this occasion. On the following day, the IO observed that the same station was opened up and ready to start but unlocked and no staff present.

RECOMMENDATION

Doping Control station managers must exercise proper internal security procedures

6. Sample collection procedures

General

On no occasion did we observe the representative of the international sport federation at a doping control. An IPC Medical Committee representative was often present during the first few days, but after day 6, we saw no such representative.

- Some sessions were conducted in an exemplary fashion (powerlifting, 25th; shooting, both sessions on 23rd; sailing also 23rd; archery on 26th).
- Many of the practical aspects of the Paralympic Doping Control Guide were handled correctly.

  For example, the use of mobile phones was properly controlled; there were sufficient items of kit (though there was at times a shortage of wider collection vessels).
- Most DCOs took great care in going through the completed Official Record form with the athlete before asking for the signatures.
- One session (marathon, 26th) was conducted in conditions very unfavourable to the selected athletes as there were no doping control facilities at the Panathinaiko stadium. The athletes selected for doping control had to wait for too long a period, dehydrated and tired, with no drinks, in the stadium and later in a bus that initially crawled through heavy traffic and then, following the assistance of a police escort, went too fast for the wheelchairs to remain steady, to get to the OAKA athletics stadium doping control facilities.

Temporary facilities at Panathinaiko would probably have been preferable to this most unfortunate arrangement.

Major Irregularities

One potentially serious problem arose in judo (a sport for blind and visually impaired athletes), when on the 18th September, two blind athletes' representatives did not accompany the athletes into the toilet. This is possible, but not compulsory, under § B 4.4 of Annex B ("Modifications for Athletes with Disabilities") of the International Standard on Testing. In the Paralympic Doping Control Guide, Appendix 2, § 5, it is however clearly stated that "an athlete's representative *must accompany athletes who are blind* during the provision of urine."

One serious lapse in procedures was observed (cycling road, 24th). The athlete passed rapidly from notification to the doping control station, and into the sample processing room, where he indicated that he needed urgently to provide a sample, which he then did from his catheter, on his wheelchair, fully clothed, in the presence of everybody in that room at the time, into a sample collection vessel, which was then accepted by the DCO, put into the Bereg kit bottles, and the official form completed. This is contrary to the mandatory provisions of Annex B ("Modifications for Athletes with Disabilities") to the International Standard on Testing, § B.4.7: "*Athletes who are using urine collection or drainage systems are required to eliminate existing urine from such systems before providing a urine sample for analysis*."

This stipulation is also included, expressis verbis, in the Paralympic Doping Control Guide (Appendix 2, § 5.1). On this occasion, the sample was dilute and a second sample (same specific gravity reading: 1.002) was provided under the correct conditions. The laboratory subsequently analysed only the first sample.

It would not have known of the particular circumstances surrounding the provision of these two samples. It appears from our checking of the other occasions when two dilute samples were provided that the laboratory always analysed only the first one.

This episode was the only such non-conformity actually seen by an IO. However, the IO team were present at many sessions where those athletes with urine collection or drainage systems were given no instruction by the DCO to empty it before providing a sample for analysis. Only once (at shooting) did we observe staff asking such athletes whether they needed to empty their system.

We consider that the lack of attention paid to this important aspect of doping control of such Paralympic athletes at these Paralympic Games constitutes a significant breach of the International Standard for Testing and of the Paralympic Doping Control Guide. It is, however, possible that in the case of those athletes who had undergone doping control on previous occasions, such reminders may not have been needed, but there is no way that this can be verified. What is certain though is that the pre-Paralympic Games training given to DCOs (see § C.2, Preparations) did not give visible results in this area.

Minor irregularities

- In two cases the actual reporting time to the doping control station was not recorded.
- In three cases there were late reporting times but the "For valid reasons" according to Article 5.4.5 of the International Standard for Testing boxes were not ticked.
- In one case the sample collection time was not written correctly. (Notification time: 19:10, Reporting time: 19:23, Sample collection time: 17:45) (Athletics 21st).
- In another, the sample collection time was not written down at all. (Athletics 23rd).
- One partial sample was left on the table in the processing room while another subsequent athlete was providing his sample (athletics, September 21st).
- At athletics on the 20th, the technical assistant did not close the toilet door fully during the passing of the sample (the toilet area were visible from where the IO was seated in the processing room), and then he carried the collection vessel out of the toilet. The DCO immediately corrected this.
- According to the Paralympic Doping Control Guide Article 5.3 any residual urine should be discarded in full view of the athlete.
  At Powerlifting on the 24th, the DCO put the collection vessel (with approximately 50 ml of urine) into the waste basket, instead of discarding it in the toilet.
- At Powerlifting on 20th September, the DCO's technical officer (the person was an experienced station venue manager at another venue) made continual interjections during the whole sampling process and offered her opinions. At the "Medications" stage, when the athlete said that he had taken some paracetamol, she remarked "that's OK". On the 22nd, also at powerlifting, the IO noted similar problems (with a different DCO and officer) which resulted in a justified protest from the athlete's accompanying team official.

On the whole, though, the general impression can be gauged by the verbal remark of some Paralympic athletes "that it was nice to be treated as normal athletes for the first time."

Diluted samples

During the Games, 26 double sample collections for specific gravity tests were performed when the first samples did not meet the specific gravity criterion of 1,005 or higher. In one case the second sample did indeed meet the specific gravity criterion (Athletics, 25th).

In the other 25 cases, specific gravities of the second samples were equal to or below than the first sample's specific gravity. Both samples were sent to the doping control laboratory. In all 26 cases only the first sample was analyzed at the laboratory.

The Paralympic Doping Control Guide states at Appendix 2, § 5.6, *Additional Sample Required*, that "Both samples will be sent to the laboratory for analysis." This wording suggests that both samples will be analyzed, but this did not happen, not even in case when the second sample did meet the specific gravity criterion of 1,005.

4 Equine controls were observed on September 22nd. They were conducted correctly.

Article 19 of the IPC Anti-Doping Code permits the IPC to make examinations, by persons appointed by the IPC Medical Committee, of athletes with a view to controlling Boosting and Autonomic Dysreflexia. We had been told by members of the Medical Committee that such examinations would probably not take place during the Games. The IOs did not observe nor were aware of any such examinations.

RECOMMENDATIONS

a) DCOs at future Paralympic Games must be given proper training in testing procedures for athletes with disabilities and apply the relevant standards and rules correctly.

b) When the athlete provides two samples of dilute urine, both should be processed, and both samples should be combined and analyzed at the Doping Control Laboratory.

c) More care should be taken by DCOs when filling in the Doping Control Notification and Official record forms. When athletes offer any comments, DCOs should record these comments without any input from the DCO (apart from seeking clarity).

d) WADA is encouraged:

- *to review the question on research and/or to provide a clear set of guidelines for DCOs called upon to ask it of athletes.*
- *to review the question on the doping control official record regarding the athlete's date of birth from a multi-cultural perspective.*

7. Station administration

When the opening and closing of stations was observed, it appeared that procedures were followed correctly (but see remarks under Security above, regarding judo). Logs and forms were meticulously maintained.

Only once was it observed that the code numbers were written incorrectly on the Doping Control Laboratory Advice Form (Judo, 20th).

8. Courier

This was carried out by the Greek Post Office's courier branch. The chain of custody forms (from station to courier, from courier to laboratory reception) are models. The courier service at the stations was prompt and reliable, with no long waits at the end of the session.

Indeed, the courier was often there before the venue manager could hand over the samples. The courier van was usually escorted by police car or motorbike with flashing lights. This procedure was observed on three occasions. It worked very well and was most efficient compared to the haphazardness observed at both Sydney in 2000 and Salt Lake City in 2002.

RECOMMENDATION

That the courier system used at these Paralympic Games is taken as a model for the organisation of the transport of samples from doping control stations to the laboratory at future Games.

9. Laboratory

The laboratory was ready to receive the samples when the courier arrived. Reception and logging-in procedures were observed and were correctly followed. The IO was present at the opening of two appellate B samples on 27 and 28 September (on the 28th the athlete was neither present nor represented). These were conducted correctly.

The laboratory itself was also visited informally on two occasions. This IO team did not have the remit to observe the laboratory analytical stages (this had been done by the IO team during the Olympic Games). The IO team received in due time form copies of the laboratory documents necessary for its mission at the Paralympic Games.

One delayed in-competition control was undertaken at the Polyclinic according to the Paralympic Doping Control Guide, article 5.7. This sample was sent to the laboratory with some out-of-competition samples taken at the Polyclinic. The laboratory analysed the in-competition sample as if it were an out-of-competition sample. Among other substances, the Stimulants and Narcotics categories were therefore not analysed (Judo, 18th).

This was a serious lapse in attention to the details on the forms on the part of the laboratory.

See also the section "Diluted Samples" in § 6 above, and the accompanying recommendation.

E. RESULTS MANAGEMENT

1. Number of adverse analytical findings

As Table 2 shows, there were 2 out-of-competition and 11 in-competition (including 3 after the Games had finished) adverse analytical findings notified to the IO by the laboratory.

In 3 of the 13 adverse analytical findings, athletes declared TUE approval forms.

From the total number of 13 adverse analytical findings, 10 cases were found to be anti-doping rule violations. The sports involved in the 10 cases were: athletics (1); cycling (1); judo (1); powerlifting (7).

2. IPC result management:

The procedures set out in the IPC Anti-Doping Code in regard to result management are in line with the procedures as set out in the World Anti-Doping Code, and concisely and clearly define what is expected of all parties concerned.

- **Formal notifications**

In all cases of matters dealt with under articles 9.6 et seq of the IPC Anti-Doping Code, the notification procedure was strictly complied with, and was acceptable and in certain instances complimented by the athletes and their representatives. It should be recorded that the manner in which the notification was delivered to the parties, and the time spent by the IPC Medical & Scientific Director in explaining all aspects of the Hearing Procedure, was on more than one occasion highly commended by the parties, who recorded their appreciation at the various levels of the disciplinary process.

- **Language**

The ability of the IPC to provide adequate interpreters was evident. The inclusion of interpreters at the Hearing stage was in most instances highly satisfactory.

However, in one instance it was observed that the athlete and his representative may not have been fully comfortable as a result of double-translation from interpreter to interpreter; the gist of their explanations may have been lost to the Hearing Committee.

- **Initial Review and Expedited Hearing**

After the receipt of an adverse analytical finding, an Initial Review, as described in article 9.4 of the IPC Anti-Doping Code, is set up to determine whether or not there is an appropriate approved TUE or an irregularity, and if neither is found, this is then followed by the Expedited Hearing, as contained in article 9.7 of the Code. All the Expedited Hearings observed under the above article (sessions on September 20th, 23rd, and 25th, the latter two dealing with multiple cases) were strictly in compliance with the provisions of the Code and were acceptable in all aspects to the athletes and their representatives.

- **Management committee**

The procedure contained in the IPC Anti-Doping Code (article 9.8) relating to matters before the Management Committee were strictly followed, and all disciplinary questions before the committee were dealt with accordingly.

Conflict of interest situations were recorded in good time, and in all cases the recusal by a member did not have a detrimental effect on the quorum of the meeting, and the meetings were able to proceed expediently.

Such meetings of the Management Committee were observed on September 22nd, 24th and 26th.

- **Internal Appeals: Legal Committee**

The Internal Appeal procedure is set out in articles 9.15 – 9.17 of the IPC Anti-Doping Code. The one internal appeal that was observed within the Legal Committee (September 27th) was in strict accordance with the Code and with the provisions contained in the rules.

It was dealt with in a competent and efficient manner, inclusive of the notification outcome to all interested parties, as well as the notification to the media.

Comment

The IPC Anti-Doping Code (article 9.8) provides for the Management Committee to make a decision based on the recommendations of the IPC Anti-Doping Subcommittee. The same Management Committee is then asked under article 9.17 to act on the recommendation of the internal appeal hearing body, as was the case following the athlete who appealed against the decision of the Management Committee on the 27th.

It is felt that such a process should be reviewed, due to the fact that the members of the Management Committee, who are presented with the facts and asked to make a finding based on the recommendation based on the IPC Anti-Doping Subcommittee, are the same persons who are then required to act on the recommendation made to them by the Appeal Body.

It is felt that by sitting twice on the same matter, their objectivity could be compromised.

One particular case merits some discussion under Results Management. It concerned J. Petrovic. He was a Slovak pilot of a blind cycling pair. In the men's tandem sprint final on 21 September, the pair won the silver medal. As we described in the chapter on TUEs (p12), in the subsequent doping control, the pilot's sample was the subject of an adverse analytical report for methylprednisolone (a glucocorticosteroid). The athlete has taken a medically prescribed treatment, with the knowledge of his NPC's medical team, of 3 injections in August, the last on 26th. No TUE application was necessary as this was an out-of-competition period.

As with other members of the potential national paralympic team, he had been the subject of an unannounced out-of-competition control in the last days of August (the 28th). His sample was analysed under the out-of-competition section of the list (which does not include gcs) at the Cologne WADA-accredited laboratory and was declared negative. However, the analysis of the test taken on 21st September resulted in the adverse analytical report and hence the start of a sanction process.

The subsequent results management of this case by the IPC bodies was long and thorough. The hearing and disciplinary bodies were convinced that the athlete and his team had been open and honest; the treatment was documented and relevant; it appeared that no rules had been broken. However, two elements in the IPC rules made it difficult for these bodies to take account of what was considered by several members to be extenuating, indeed, exceptional circumstances:

- article 11 of the IPC Anti-Doping Code (which is the same wording as mandatory article 9 of the WADC):

  "A violation of these anti-doping rules in connection with an In-competition test automatically tends to disqualification of the individual results obtained in that Event, with all resulting consequences, including forfeit of any medals-points and prizes"; and
- article 13 ("consequences to Teams"), under IPC rules, a combination event (such as the one in question here) is considered a team event, the adverse analytical finding of the pilot's sample therefore led to the implementation of article 13 with regard to the cyclist.

There was considerable deliberation by the hearing and disciplinary bodies – both of whom were able to seek advice from the IPC legal department – mainly considering how articles 4.1 (Burden and Standard of Proof), 12.1.1, 12.3 and 12.5 of the IPC Anti-Doping Code (which are the same as articles 3, 10.1.1., 10.3 and 10.5 of the WADC) might be applied in the case. Article 21 of the IPC Anti-Doping Code (Medical Care given to Athletes) was also taken into consideration, and in particular article 21.2 – "The only legitimate use of drugs in sport is under supervision of a physician for a clinically justified purpose and when there is no conflict with the Code".

At the end of the Expedited Hearing on 25 September, two members submitted a majority opinion (that there had been no doping violation), which was considered by the Management Committee the following morning. Finally, the decision taken by the IPC Management Committee, very reluctantly, was that article 11 was paramount.

The pilot was therefore disqualified and the cyclist also stripped of his medal. At appeal by the NPC to restore the medal, on behalf of the cyclist only, the original decision was upheld.

Taken together, articles 3, 4, 11, 12.1.1, 12.3, 12.5 of the IPC Anti-Doping Code (which correspond to the mandatory articles 2, 3, 9, 10.1.1, 10.3, 10.5 of the World Anti-Doping Code), give rise to the possibility of conflicting interpretations. In particular, it is not clear whether article 11 takes precedence over article 12.3, which provides under certain circumstances for a different range of sanctions to those under article 11 (notably in the case of an adverse analytical finding of a substance that is a Specified Substance as per the Prohibited List).

Our recommendation that the correlation between articles 9 and 10 of the WADC is reviewed and guidance given by WADA is based upon the fact that the IPC had no means of weighing the relative importance of these articles in relation to each other.

The position of articles 10.3, and the corresponding section of the Paralympic Doping Control Guide (Appendix I, page 27) and 10.5 in particular needs such a gloss, as a "warning or reprimand" or other lesser sanction than "automatic disqualification" seemed appropriate to many involved in this particular case.

If article 11 of the IPC Anti-Doping Code were to be amended to read "A violation of these Anti-Doping Rules in connection with an In-Competition test *will normally lead* to Disqualification of the individual results obtained in that Event with all resulting Consequences, including forfeit of any medals, points and prizes," then the Hearing Body would be able to exercise discretionary powers should the need so arise (where extenuating, exceptional or other mitigating circumstances may exist), and thus would be able to deal differently with the sanctions imposed under articles 12 and 13 of the IPC Anti-Doping Code.

The provisions contained in article 13 of the IPC Anti-Doping Code could also be reviewed, which would then allow the Hearing bodies more discretionary powers in regard to possible sanctions in team events, bearing in mind the fact that some IPC events are classified as team events not because they are "team sports" but because of the particular circumstances in which visually impaired athletes and athletes suffering from cerebral palsy compete with an accompanying person.

RECOMMENDATIONS:

The IPC is encouraged:

- *to review the provisions of article 9.17 of the Anti-Doping Code so that the findings of the Internal Appeal body are not subject to further review by the Management Committee.*
- *to consider amending article 11 of the IPC Anti-Doping Code as described above, by replacing the words "automatically leads" to "will normally lead."*
- *to review article 13 of the Anti-Doping Code ("Consequences to Teams") with a view to enabling sanctions to take account of any possible extenuating circumstances in events where athletes need an accompanying person.*

With regard to the three adverse analytical findings from the laboratory received by the IO after the Games, we did not receive any other information or documentation from the IPC concerning the follow-up given to these findings.

F. OVERALL EVALUATION

There is no doubt that overall the doping control processes put in place at these Games by the IPC and by ATHOC can be considered as successful. They were in conformity with the relevant rules and they were operated in the interests of the athletes and with a view to reducing the chances of doped athletes succeeding at the Games. There were many elements that are worthy of praise (for example, the target testing; the quality of the doping control program management and of the vast majority of the doping control staff; the courier; the quality of the results management by the IPC).

In an operation on this scale, some failures or irregularities are almost inevitable. On the basis of our own observations, we have been able to record a number of them (but that number must be kept in proportion). However, these were not in our opinion of sufficient importance or regularity to call into question the integrity of the doping control program at the Games.

Equally, however, there were some elements that were not as good as they might have been. In our opinion, the most significant of these was the apparent failure to implement systematically the provisions of the International Standard for Testing and the Paralympic Doping Control Guide with respect to the modifications required for athletes with disabilities. The provisions for blind athletes were not always respected. At least one, and possibly more, of those athletes with urine collection or drainage systems had not eliminated the existing urine from their system before providing a sample.

In addition, there was a significant number of dilute samples (26 out of 515) of which only the first sample was analysed: this was regrettable. Lastly, there was a lack of professionalism which we observed in some escorts.

The recommendations that we make in these respects will we hope contribute to improving even further the high level of the doping control program at future Paralympic Games.

In this context, we repeat our recommendation that we believe that the IPC and future organising committees should increase the number of controls at future Paralympic Games. There are two reasons for this:

1. The number of tests during these Games was insufficient to be able to test properly and equally all categories and classifications.
2. A comparison of the numbers of participating athletes (just under 4000) and the number of tests during the Games (515) with the similar numbers at the Athens Olympic Games (over 10,000 and 2,500 respectively) shows that Paralympic athletes have less than half the chance of being tested. The IPC is rightly striving for equal status and equal treatment with able-bodied sport: it appears that in this respect, equality is still missing.

Lastly, the IPC is urged to take all appropriate action to address the problem of doping in powerlifting. This sport had a high number of doping violations at Sydney as well. The provisions of articles 20.2.3, 20.2.4 and 20.3 of the World Anti-Doping Code could be used as a basis for corrective and preventative measures.

G. RECOMMENDATIONS

To the IPC:

1. *To consider moving the glossary to the beginning of the Code.*
2. *That the status of future editions of "Doping Control Guides" should be made clear and that the dates and circumstances under which samples will be analysed under the Out-of-Competition or In-Competition sections of the Prohibited List should be be specified.*
3. *To clarify the role and place of the "B" sample in the Anti-Doping Code.*
4. *To review the potential implications of the distinctions between granting TUEs for out-of-competition and in-competition periods.*
5. *To consider implementing medical examinations and verification tests among athletes who have submitted TUE applications for inhaled beta-2 agonists and, if accepted, to add an appropriate regulation to the IPC Anti-Doping Code.*
6. *To review the provisions of article 9.17 of the Anti-Doping Code so that the findings of the Internal Appeal body are not subject to further review by the Management Committee.*
7. *To consider amending article 11 of the IPC Anti-Doping Code, by replacing the words "automatically leads" by "will normally lead."*
8. *To review article 13 ("Consequences to Teams") with a view to enabling sanctions to take account of possible extenuating circumstances in events where the athlete needs an accompanying person.*
9. *To address the problem of doping in powerlifting.*

To Paralympic Games Organising Committees:

10. *Processing areas of the doping control stations to be more private.*
11. *More consideration to be given to the needs of Paralympic athletes when locating doping control stations for the use of both Olympic and Paralympic Games.*
12. *Every doping control station to have at least two toilet areas for passing samples, as well as a distinct physical separation of the processing areas.*
13. *The number of tests at future Paralympic Games should be increased in order to ensure that athletes in all categories and classifications are liable to the same likelihood of doping control.*
14. *The training of escorts should be improved and their work supervised more closely by station managers and station DCOs.*
15. *Doping Control station managers must exercise proper internal security procedures.*
16. *DCOs at future Paralympic Games must be given proper training in testing procedures for athletes with disabilities and apply the relevant standards and rules correctly.*
17. *When the athlete provides two samples of dilute urine, both should be processed, and both samples should be combined and analyzed by the Doping Control Laboratory.*

18. *More care should be taken by DCOs when filling in the Doping Control Notification and Official record forms. When athletes offer any comments, DCOs should record these comments without any input from the DCO (apart from seeking clarity).*

19. *That the courier system used at these Paralympic Games is taken as a model for the organisation of the transport of samples from doping control stations to the laboratory at future Games.*

To WADA:

20. *WADA is encouraged:*

- *to review and give guidance on the correlation between articles 9, and 10.1.1, 10.3 and 10.5 of the World Anti-Doping Code*
- *to review the question on research or to provide a clear set of guidelines for DCOs called upon to ask it of athletes.*
- *to review the question on the doping control official record regarding the athlete's date of birth from a multi-cultural perspective.*
- *to include in the International standard for TUEs some advice to athletes that substances not prohibited out-of-competition may give rise to adverse analytical findings after an in-competition test.*

H. ANNEXES

Annex 1

MEMBERS OF THE IO TEAM

- Mr. George Walker – Doping Control Expert (UK)
  Chair of the Independent Observers
  Head of the Sport Department, Council of Europe

- Mr. Raymond Hack – Legal Expert (RSA)
  Independent Observer
  Practising Attorney

- Dr. Rüstü Güner – Medical Expert (TUR)
  Independent Observer
  Associate Professor, Ankara University School of Medicine, Department of Sports Medicine

- Ms. Anne Gripper – Sample Collection Expert (AUS)
  Independent Observer
  General Manager, Strategy and Support, Australian Sports Drug Agency (ASDA)

- Mr. Josko Osredkar – Doping Control Expert (SLO)
  Independent Observer
  Director of the Clinical Institute of Clinical Chemistry and Biochemistry, Ljubljana, Slovenia

- Ms. Jennifer Ebermann – Doping Control Expert (GER)
  Office Manager IO Program
  Manager, WADA

Annex 2

Table 1: Number of controls conducted by day during the Paralympic Games

DATE	18/09	19/09	20/09	21/09	22/09	23/09	24/09	25/09	26/09	27/09	28/09	TOTAL
DAY	1	2	3	4	5	6	7	8	9	10	11	
Archery								5	5			10
Athletics		9	16	18	15	14	18	21	20	18		149
Boccia											4	4
Cycling Track	9	9	6	10	7							41
Cycling Road							9	10		13		32
Equestrian					2		2					4
Football (7-a-side)										4		4
Football (5-a-side)											4	4
Goalball					4				4			8
Judo	12	12	15									39
Powerlifting			12	16	8		12	16	8	8		80
Sailing						2						2
Shooting	4	4		4		4						16
Sitting Volleyball				2			2			4		8
Swimming		6	6	6	7	7	7	7	7	7		60
Table Tennis	5			4								9
Wheelchair Basketball	4			4	4		2			4	6	24
Wheelchair Fencing	4				4							8
Wheelchair Rugby		2						2				4
Wheelchair Tennis		2	2					3	2			9
TOTAL	38	44	57	64	51	27	52	64	46	58	14	515

Annex 3

Table 2: Adverse analytical findings reported by the Doping Control Laboratory

Date	Sport	Substance identified	Type of Testing	Note
18/09	Powerlifting	Nandrolone	Out-of-competition	
18/09	Powerlifting	Stanozolol	Out-of-competition	
18/09	Judo	Prednisolone	In-competition	
18/09	Table tennis	Prednisolone	In-competition	TUE
19/09	Athletics	Prednisolone	In-competition	TUE
20/09	Cycling track	Budesonide	In-competition	TUE
21/09	Cycling track	Methyl prednisolone	In-competition	
22/09	Powerlifting	Stanozolol, nandrolone	In-competition	
22/09	Powerlifting	Furosemide	In-competition	
22/09	Powerlifting	Metandienone	In-competition	
27/09	Athletics	Propyl hexedrine	In-competition	
27/09	Powerlifting	Metandienone	In-competition	
27/09	Powerlifting	Metandienone	In-competition	

Annex 4

Table 3: Number of Therapeutic Use Exemptions by sport.

	Number of athletes	Beta-2 Agonists *	Glucocorticosteroids				Diuretics	Peptide Hormones	Others **	TOTAL
		Inhaler	Inhaler	Topical	Oral	Injection				
Archery	96	6	5	7		1	1	2	1	**23**
Athletics	1070	41	48	13	5	2	3	6	2	**120**
Boccia	86	6	2	8	2	1	1			**20**
Cycling	148	18	14	7		1		1		**41**
Equestrian	69	8	5	1			2			**16**
Football	153	4		1		1			1	**7**
Goalball	160	4	5	5	1		1			**16**
Judo	118	6	1	1	1					**9**
Powerlifting	230	3	2			1				**6**
Sailing	72		1	6	1	1			2	**11**
Shooting	139	2	2	3	1	2	3			**13**
Sitting Volleyball	157	6	8	6		2		1		**23**
Swimming	559	55	42	14	2	2		1	2	**118**
Table Tennis	239	4	5	6	2	1				**18**
Wheelchair Basketball	240	16	11	5		1				**33**
Wheelchair Fencing	91			6						**6**
Wheelchair Rugby	88	5	3	3						**11**
Wheelchair Tennis	112		1			1				**2**
TOTAL	3827	184	155	92	15	17	11	11	8	**493**

* Salbutamol, salmeterol, formoterol, terbutaline.

** Androgenic-anabolic steroids, Beta Blockers, Anti-estrogenics, narcotics

Annex 5

Table 4: Number of athletes, inhaler Beta agonist use and percentage of Beta agonist usage per number of participants for each sport

	Number of athletes	Beta-2 Agonists*	%
Archery	96	6	6,3
Athletics	1070	41	3,8
Boccia	86	6	7,0
Cycling	148	18	12,2
Equestrian	69	8	11,6
Football	153	4	2,6
Goalball	160	4	2,5
Judo	118	6	5,1
Powerlifting	230	3	1,3
Sailing	72		
Shooting	139	2	1,4
Sitting Volleyball	157	6	3,8
Swimming	559	55	9,8
Table Tennis	239	4	1,7
Wheelchair Basketball	240	16	6,7
Wheelchair Fencing	91		
Wheelchair Rugby	88	5	5,7
Wheelchair Tennis	112		0,0
TOTAL	3827	184	4,8

* Salbutamol, salmeterol, formoterol, terbutaline.

Annex 6

Table 5: Doping Control sessions at which the Independent Observers were present during the Paralympic Games

DATE	18/09	19/09	20/09	21/09	22/09	23/09	24/09	25/09	26/09	27/09	28/09	TOTAL
DAY	1	2	3	4	5	6	7	8	9	10	11	
Archery								✓	✓			2
Athletics			✓	✓	✓	✓	✓	✓	✓			8
Boccia											✓	1
Cycling Track	✓	✓	✓	✓								4
Cycling Road							✓	✓		✓		3
Equestrian					✓							1
Football (7-a-side)										✓		1
Football (5-a-side)											✓	1
Goalball					✓				✓			2
Judo	✓	✓	✓									3
Powerlifting			✓	✓	✓		✓	✓	✓	✓		7
Sailing						✓						1
Shooting	✓					✓						2
Sitting Volleyball							✓					1
Swimming		✓	✓	✓		✓	✓		✓			6
Table Tennis	✓			✓								2
Wheelchair Basketball	✓			✓			✓				✓	4
Wheelchair Fencing					✓							1
Wheelchair Rugby		✓						✓				2
Wheelchair Tennis		✓	✓					✓				3
Marathon									✓			1
TOTAL	5	6	6	6	5	4	6	6	6	3	3	56

Annex 7

Table 6: Observed Meetings and Hearings

DATE	18/09	19/09	20/09	21/09	22/09	23/09	24/09	25/09	26/09	27/09	28/09
DAY	1	2	3	4	5	6	7	8	9	10	11
IPC/MC Meetings	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Expedited Hearings				✓	✓		✓	✓			
Meetings with ATHOC				✓							
Management Committee meetings						✓				✓	✓