



Report of the Independent Observers

Beijing 2008 Paralympic Games



REPORT OF THE INDEPENDENT OBSERVERS, BEIJING 2008 PARALYMPIC GAMES

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INTRODUCTION

The Independent Observer Team (IO Team) appointed by WADA had a presence in Beijing for the period 2 September to 18 September. The Team consisted of five members (see appendix 1). Due to late unavailability, there was a replacement of a legal expert with a medical expert.

The IO Team was charged with conducting an "Audit" style mission which provided for regular (in this case daily) feedback to the International Paralympic Committee (IPC) Anti-Doping Committee (ADC). The Anti-doping Division Chief of the Beijing Games Organising Committee (BOCOG) also attended these meetings.

It must be made clear that this approach is quite different from the observation only type of mission which applied during the prior Olympic Games. Consequently the need to provide a comprehensive report of all observations does not apply and this document seeks only to summarise key observations without providing detail of all matters which have already been raised and satisfactorily dealt with as the Games progressed.

The Team extends its sincere appreciation to Toni Pascual, Chair of the ADC and all its members, Dr Oriol Martinez, Chairperson of the IPC Therapeutic Use Exemption Committee and its members, IPC Medical and Scientific Director Dr. Peter Van de Vliet, his staff, the BOCOG Anti-doping Division Chief Chen Zhiyu, his staff and all who were part of the BOCOG doping control "machine". They afforded every co-operation to assist the IO mission. We extend our warmest thanks to the thousands of volunteers in Beijing who invariably provided a smiling face and helpful response to every approach. Finally we thank the Paralympic athletes who, almost without exception, provided complete cooperation to and support of doping control activities at the Games, and inspired us all with their performances.

The Paralympic Games do not match the Olympic Games in terms of size nor is the testing programme as large. Nevertheless there are many additional complexities associated with operating a programme in this context, particularly the vast array of different classification events - each with its own finals, and the need to meet with the (for many) new challenges which Paralympic athletes can pose during doping control.

The approach of the team was to monitor all aspects of the doping control programme (barring, in this case, the laboratory which is subject to the disciplines of WADA accreditation requirements) to a sufficient level to be able to draw valid conclusions about the accuracy of the application of the rules. The point of reference in this was the IPC Doping Control Guide which was the set of Rules applying to the Games and previously assessed by WADA as compliant with the World Anti-Doping Code and relevant Standards. In addition, and we hope of benefit, conclusions were also drawn about the "quality" of the work that was conducted.

With a team of just five it was never the intention to monitor every sample collection and while the IO Team is aware that it did not observe every instance where unusual circumstances occurred we are satisfied that the conclusions we have drawn are valid generalisations in terms of the system as a whole.

The IO Team met early each morning and discussed the previous day's observations. Matters of significance were identified and brought forward by the IO Chair to the morning meeting of the ADC which was also attended by the BOCOG Anti-doping Division Chief. Once those matters were discussed and, if necessary, clarified they were incorporated into a written report which was provided the following day. Both the ADC and BOCOG were receptive and responsive to matters raised by the IO Team and, where appropriate, this was demonstrated by adjustments to the work of the DCOs in the field. It is certainly the impression of the IO Team that immediate feedback, in this form, was valued by the other parties.

There is little in this report, and nothing of the highest importance, which was not brought to the attention of the ADC and BOCOG during the course of those meetings and via the written reports. On the other hand a number of individual or relatively minor matters that were raised at those meetings, and subsequently addressed satisfactorily, have not been raised here.

OVERALL CONCLUSIONS

APPLICATION OF THE IPC DOPING CONTROL GUIDE

Notwithstanding some specific issues raised later the most important general conclusion that the IO Team has unshakeably drawn is that the IPC Doping Control Guide was followed accurately and faithfully during the Games. Of course there were errors made but in total they were commendably few and can not detract from this conclusion. Indeed the Team did not witness a single situation in which any error would have been likely to be sufficient to cast real doubt on the integrity of the sample or the validity of the process.

IPC

The ADC could barely be faulted for the manner in which it carried out its functions during the Games. The approach was comprehensive, open and focussed heavily on recognising the needs of the athletes.

If there was any significant weakness it was in the failure to ensure that access was or would be available to all applicable Therapeutic Use Exemptions. This did not prove to be a problem in practice but a situation can be foreseen in which an athlete, with an adverse analytical finding, may be provisionally suspended when a valid TUE exists but is not accessible in time. The alternative is that an athlete is not suspended, due to the possibility of a TUE being in place, and continues to compete when in fact no TUE exists and a violation has occurred.

This situation is reflective of the significant structural problem surrounding the TUE process in general and evident at other Games. It is clear that IPC identified the problem and went to significant lengths to try to solve it. Nevertheless they were potentially exposed in this regard.

It is abundantly clear that a rationalisation of TUE requirements is essential to prevent continued problems of this nature generally and particularly around major Games.

Finally, it is very apparent that, despite the good efforts that were made in advance of and during these Games (referred to later), significant challenges remain in terms of better educating National Paralympic Committees, athletes and support personnel between and especially in the lead up to Paralympic events. Evidence presented during hearings, if accepted at face value, showed clearly that even experienced athletes lack the necessary information to ensure they do not break the rules.

BOCOG

While it is not true to say that the operation put in place by BOCOG was faultless it is fair to say that, given the scale and complexity of the testing programme, the significant difficulty of language, and the additional

challenges inherent in Paralympic sport, it was remarkably close.

The BOCOG doping control staff left no stone unturned in endeavouring to ensure that a complete, thorough and mistake free system was in place. DCOs were well trained and there is no criticism of their competence or faithfulness in applying the procedures. If there is a mild criticism it is that a significant number could have communicated better with athletes (even given the difficulty of language). They did not always show flexibility or take all opportunities that were available to put athletes more at ease without fatally breaking away from the protocols which had been laid down.

It was further observed, and this is in keeping with what is seen by most IO missions, that chaperones were the least experienced members of the doping control teams. Consequently they were not always as alert or prepared as they might have been to meet some of the difficult circumstances which can apply to this task. Given the surfeit of doping control staff available it seemed possible that chaperone supervisors could have played a greater role in assisting and tutoring the more junior staff.

It is the view of the IO team that future organising committees should consider carefully the issue of whether or not to appoint experienced international DCOs (who may have been trained to operate in a variety of effective but different ways) or whether to train exclusively domestic staff in an effort to maximise consistency. Perhaps a blend of the two may be the most effective way forward to ensure the application of the skills of very experienced international DCOs and equally to share the invaluable experience which can be obtained from participation in such Games.

RULE AND PROCEDURE APPLICATION AND REPORTING

While there were (inevitably in a programme of this size) individual instances of failures to properly apply the established procedures in total these were relatively very few. There is no intent to, or value in, detailing them in this report other than to illustrate more general conclusions.

There were two rule/procedure related matters identified by the Team which might be termed as "systematic" flaws - that is they were observed to occur across the programme rather than in isolated cases.

The first item is the limited level of formal reporting through the supplementary form process on non-compliances or other circumstances which were outside the norm. While we have said that there were relatively few errors there were, nevertheless, a significant number and even more sets of circumstances which, while consistently well handled by the DCOs, clearly



warranted explanation by way of a report. The number of reports attached to the doping control forms in no way reflected the number of such events.

It is understood that BOCOG had its own internal reporting mechanism to the Anti-doping Division Chief but these reports were written in Chinese and were not available to the ADC or the IO Team. It is not clear how, when conducting an initial review of an adverse analytical finding, ADC would have been aware of any additional report which may have been relevant. Equally such reports are important in identifying patterns of behaviours which might apply to particular athletes or groups of athletes and may be indicative of doping - an example of this became apparent at the Athens Olympic Games.

Art 7.4.2 of the International Standard for Testing requires the recording of "anomalies with potential to compromise the Sample collection". While it is true that the IO Team has concluded that it did not observe any anomalies of this gravity it is also of the view that any error should be on the side of caution in this regard and DCOs should apply a very low bar when determining what to report. It is conceivable that enforcement of the Rules may have been compromised in some circumstances if suitable reports were not available to the ADC.

The second item is that on many occasions, individuals entered and left the doping control station without having their presence recorded. Of even more concern was the fact that there were at least five examples of individuals assisting with the actual sample provision but without any record of their involvement. In every case the person was properly entitled to do this in response to the athlete's needs but the Doping Control Form should have recorded such instances to meet the requirements of Arts. 7.4.2, 7.4.5 (m) and possibly 7.4.6.

PROGRAMME OBSERVATIONS

Following is a more in depth description of the key observations in each category of the programme observed and assessed by the Team.

1. EDUCATION AND INFORMATION SYSTEMS (EXTERNAL)

SYSTEM DESCRIPTION

The IPC circulated information about anti-doping rule requirements including those relating to TUEs and whereabouts well in advance of the Games.

Hosting the WADA Athlete Outreach programme and, in particular, ensuring that it had a prime location near the dining hall at the Athlete Village provided an opportunity for all athletes to improve their knowledge of anti-doping requirements. (The Outreach programme was very popular with around 550 athletes/coaches visiting on each day of operation.)

Doping Control stations all displayed posters, which summarised necessary information, in the waiting area and processing rooms, and "Brief Doping Control Procedure" booklets, the 2008 Prohibited List and the "Paralympic Games Doping Control Guide" were available in the waiting rooms. At least one of the Doping Control stations had Doping Control procedures identified by pictures and described in several languages. IPC and BOCOG are to be complimented on this.

In short both the IPC, in advance of the Games, and BOCOG, in light of its responsibilities during the Games, made admirable efforts to ensure that necessary information was available.

RULE AND PROCEDURAL COMPLIANCE / ISSUES

While the Rules do not refer to information provision systems in any specific way, failures to adhere to the Rules are frequently a direct reflection of the level of knowledge of anti-doping requirements amongst athletes, officials, doctors and National Paralympic Committee (NPC) administrators. As already noted the requirements with respect to TUE provision, and also athlete whereabouts, are not always easy to understand and follow, particularly when language, cultural and resource issues can compromise full understanding and compliance.

Nevertheless the systems put in place, and the ADC approach of working with the NPC delegations, were sufficient to prevent failures to meet the Rules to the point where anti-doping rule violations would be contemplated.

No athletes were required to be charged with rule violations in circumstances where a TUE may have been warranted but did not exist. Equally it was able to be established, through the reports provided at the ADC meetings that BOCOG was able to follow the Test Distribution Plan with respect to out of competition testing and athletes who were identified for testing were located and tested.

These will continue to be challenging elements of doping control work in the foreseeable future and additional work to improve knowledge and compliance will provide added benefits.

Many athletes were clearly very familiar with the testing process itself but a significant number were not. Generally speaking the information systems, including instructions from doping control officials, while having some weaknesses (described elsewhere) were generally very good and easily accessible to athletes once they arrived at the Games.

2. TRAINING AND ADMINISTRATION SYSTEMS INCLUDING SAMPLE AND DOCUMENT HANDLING

TRAINING AND EDUCATION OF STAFF

The overriding impression is that Doping Control personnel were well trained and good information systems were in place. As well as a thorough process having been conducted in advance it was clear that they were also, for the most part, responsive to feedback provided to them by senior BOCOG staff during the period of the Games. At times this feedback required amendments to well learned processes.

A comprehensive education and training programme had been put in place to cover both the Olympic Games and the Paralympic Games.

BOCOG made the conscious choice to identify and train domestic staff to operate the programme and the IO Team was aware of only one non-Chinese person within the doping control teams. More specifically, in every case, senior DCOs were doctors - a policy decision to focus on people used to applying important procedures accurately, who understood relevant medical issues (though there are few) and who are more likely to be able to communicate in English.

From an initial group of 300 the final 200 selected DCOs had to participate in a minimum of one doping control during the ordinary Chinese Doping Control Program. Additional practical training at the beginning of the Games was organised at the venues, prior to the start of the competitions. Further practical



training took place in between the Olympic and the Paralympic Games focusing on special requirements and needs for the Paralympic athletes and issues that may arise for these types of athletes. Disabled people had been brought in for the purpose of reality training.

The 18-month training programme put in place allowed those involved to be initiated into the application of a single, consistent, comprehensive and integrated set of procedures. The down side of this approach is that while the staff can be well trained they were not necessarily experienced in the manner of international DCOs who have been operating for many years in a variety of environments are. Good DCOs with this experience are able to engage with and "read" athletes and so respond to and meet their particular needs within the constraints of the chosen procedures. This skill can be particularly useful when dealing with Paralympic athletes.

There was a demonstrably strong commitment to comply with the established procedures in which they had been trained. In addition Doping Control staff were keen to be helpful to athletes and their representatives. Nevertheless there was an overriding impression that the staff were wedded to the established protocols to the point where they were not always prepared to show the kind of flexibility desirable (within the bounds of the rules) to meet the needs and expectations of athletes.

The Chaperones were selected from university students based on their knowledge of English and also other languages in addition to their interest of sport. They were generally enthusiastic and diligent but typically were the least experienced members of the staff and, on occasions, this was exposed.

The Blood Collection Officers were all professional Phlebotomists who demonstrated competence in their duties.

The IO Team is satisfied that the staff training for doping control officials at the Games met the necessary requirements.

PROCEDURES AND FORMS

Comprehensive procedures were detailed for the entire doping control process and also for pre and post test administration. Procedures identified all necessary tasks to be carried out, including a particularly detailed description of what to say in English and Chinese during notification and sampling. The chains of command and reporting had also been identified and well set out. Documents setting out the administrative procedures were viewed at the BOCOG office and

explanations provided as most procedures were written only in Chinese. All forms that were used during doping control were approved by IPC in advance.

The IO Team noted that identification and recording of all persons present during the sampling process was at times inadequate. Given the greater incidence of additional personnel being required to assist Paralympic Athletes it may be that an additional place could have been included on the Form or, at least, instructions to properly record this issued at the outset. The matter was taken up by BOCOG and there was some improvement as the Games proceeded.

A single form was used for both blood and urine but signatures were not recorded to verify details after blood collection and prior to urine collection (or vice-versa). Given the system as a whole it was difficult to see how this may practically have compromised the process but, if nothing else, it provided a level of uneasiness that samples were being taken and temporarily stored without formal athlete verification of their identity.

The doping control forms used were particularly large and a little cumbersome and it was noted on a number of occasions that information was barely legible on the last (laboratory) copy. At least the sample number was always clear as multiple stickers were provided in the Bereg kits which were attached to each copy of the Form and on other documents where the number needed to be recorded.

The IO Team is satisfied that the operating procedures and documents for doping control at the Games met the necessary requirements.

DOCUMENT HANDLING AND TRANSPORT

All forms were checked by the doping control personnel upon completion. Once all samples were collected completed forms were put into envelopes dedicated to the different recipients. Upon completion the Venue Manager sent a fax to the laboratory identifying the samples being transported.

Transportation was provided in armoured cars complete with armed guards and the level of security was, if anything, a little excessive. The assistant venue Manager and one doping control officer accompanied the samples to the laboratory.

At the laboratory samples and documentation were checked to ensure that all samples previously notified were present and were accompanied by a doping control form.

Administration copies of documentation were hand delivered by the assistant venue manager and the doping control officer to BOCOG's building situated next to the laboratory.

Copies relevant to the ADC and the IO Team were again hand delivered the following morning to the ADC secretariat and then copies relayed to the IO Team representative.

The IO Team noted only one instance of forms being incorrectly assigned (with the IO Team receiving copies which were for the ADC).

The IO Team is satisfied that the procedures for sample and document handling at the Games met the necessary requirements.

SUPPLEMENTARY REPORTING AND NON-CONFORMITIES

The Supplementary Report forms were available to be completed by anyone who was formally part of the doping control process party, as an additional part of the Doping Control Form, or for separate submission by doping control staff.

The definition of what to report can be a challenge and clear guidance should be provided to doping control staff in order to ensure that they are aware of when and what to report and the importance of offering the opportunity to athletes.

Any doping control process may be challenged particularly if an athlete is being faced with a possible doping infraction due to an adverse finding. It is important that all issues and incidents occurring beyond the normal procedures are reported. If a sampling process is questioned at a later stage, a report identifying the incident is important in order to provide adequate detailed information of what had occurred and the accuracy of information could be called into question if not written down immediately.

Non-compliance of requirements (See IST Arts. 7.4.2, 7.4.5 (m) and possibly 7.4.6.)

On a number of occasions, the IO Team observed incidents that, although handled correctly by the Doping Control Staff, should have been detailed in a report. Here are two examples to illustrate the point. One incident occurred during rowing when a sick athlete was unable to return to the boat sheds where notification was scheduled to occur. Initial contact with the athlete was made by a member of the ADC who accompanied her until a designated chaperone made her way to the location to formally effect the notification. The tricky situation involving a very

distressed athlete was handled well. There is, however, no reference at all to the unusual notification process in any documentation sighted by the IO Team.

A second example occurred during Powerlifting when a protest was upheld changing the athlete placings and thus the selections for testing. One athlete's notification was withdrawn and doping control personnel had to find another athlete who had left the vicinity. The athlete was found and notified and, again, the situation was handled well but the incident was not subject to any official report available to the ADC or IO Team.

3. SAMPLE COLLECTION PROCESSES

GENERAL DESCRIPTION

The IPC Anti-Doping Code was the applicable set of rules for the period of the Games.

Complementing the IPC Anti-Doping Code, BOCOG had developed more detailed doping control procedures prior to the Games. There were a few variations from the Olympic Games but in essence the procedures were (we understand) the same.

Athlete selection was determined, and amended as necessary, by the ADC on a daily basis and communicated to BOCOG. The IPC demonstrated a desire to address high risk sports while still spreading the test numbers over all sports on the programme. In addition the ADC showed a ready willingness to recognise particular circumstances in which testing may have impacted upon competition in a subsequent event and, where it could not be seen to compromise the integrity of the system, made appropriate accommodations. Selection at the venues (almost entirely related to team sports) was handled mainly in accordance with the IF rules with some practical revisions implemented by the IPC. A common policy with respect to Team Sports was adopted but subsequently varied for Wheelchair Basketball. These matters should be well settled prior to the start of competition.

Testing figures were compiled daily and provided to the ADC for review. One matter which did emerge and one which requires clarification and harmonisation is the manner in which the "tests" are reported publicly. To the lay person the "number of tests" refers to the number of times athletes were selected for testing and for these Games that was 893 (215 out of competition, 678 in competition). However in some published reports figures counted blood and urine samples taken from the same athlete as two tests



(rather than one test for a more complete range of substances) and, based on this calculation a figure of 1155 can be reached. The IO Team is of the view that the former is the best understood figure and should be used to represent the number of “tests” at the Games and should be the comparative figure for testing in all programmes. Other more detailed figures, for example the number of blood samples, can be added for explanatory purposes.

Chaperones were initially required to notify athletes once the athlete had exited the mixed zone, although this was amended by the IPC and BOCOG in the first few days of competition to better reflect the Paralympic environment.

The Doping Control Stations (DCS) were generally close to the field of play and mixed zone and were extremely well set up, with plenty of space in the waiting areas and the processing rooms. Each station had a security officer assigned to control access which they did diligently. In a small number of cases signage could have been improved and generally was after the matter was raised.

There were ample doping control staff who operated exclusively in one venue. In most cases the DCS was staffed by a Venue Manager, Assistant Manager, Chaperone Coordinator, Chaperones, Doping Control Officers (DCOs) and Blood Collection Officials (BCOs). All doping control staff communicated via two-way radios to coordinate notification, chaperoning and delivery of athletes to the DCS.

BLOOD SAMPLING

Blood samples were collected and analysed for Human Growth Hormone, haemoglobin based oxygen carriers (HBOCs) and Blood Transfusions. A processing room and equipment was in place at all the relevant venues observed. Only phlebotomists carried out blood sampling.

All procedures observed were carried out correctly.

The IO Team is satisfied that the sample collection procedures (barring isolated and individual errors) met the necessary requirements.

OUT OF COMPETITION TESTING

The majority of out of competition testing had been completed by the time the IO Team commenced its duties and the Team did not, in the end, observe any collections in this programme. Most of the testing was conducted in the village utilising the very well appointed doping control station at the Polyclinic. According to reports presented to the ADC all athletes identified for

testing as part of this programme, and who attended the Games, were tested. BOCOG is to be commended for its efficiency in this. Target testing of athletes listed to compete in the marathon, but who did not start, was instigated and the IO Team is unsure as to whether or not these athletes were ultimately tested.

OVERALL QUALITY

It cannot be stressed enough that the overall quality of the anti-doping programme was excellent. There were few non-conformities observed with respect to the IPC Anti-Doping Code and none, in the assessment of IO Team members, which were likely to be fatal to any subsequent prosecution of an anti-doping rule violation allegation. If there is a criticism it would be that there was simply an insufficient quantity of tests available to adequately cover the full range of events - given the many classifications. This is not the first time this has been commented on by IO Teams. Nevertheless it would have been extremely difficult for athletes to know which events would be tested and the quantity of testing was at least sufficient to ensure that a significant deterrent effect prevailed.

STRENGTHS

The following identifies some of the strengths of the programme, but should not be viewed as an exhaustive list:

- Members of the IPC Anti-Doping Committee were very active, involved and visible in all aspects of doping control and were quick to react and advise, where appropriate, on suitable responses to situations that arose.
- BOCOG demonstrated very good adherence to the procedures and had obviously dedicated a lot of time and resources to the area of doping control. They accepted feedback from the IPC and the IO Team and adjusted their procedures quickly and consistently.
- The polyclinic DCS was an example of best practice with large engaging education boards, contributing to a welcoming environment for athletes.
- The Chaperones were mostly efficient and effective and were assisted by a translation card with all the notification information translated into 8 languages, which worked well and broke down most language barriers when used.
- All toilets in the DCSs had multiple mirrors ensuring full view of the athlete during the provision of a sample at all times.

- Generally, the DCOs completed their task with precision and strict adherence to the instructions and made all necessary adjustments after amended procedures had been suggested and accepted.
- The BCOs were efficient in their task and only on very few occasions was it observed that a BCO was required to make more than one attempt to access a superficial vein.

AREAS FOR IMPROVEMENT/CONSIDERATION

The following identifies some of the areas where improvements could be considered for future Games. It should be noted that most of these matters were raised with the ADC and BOCOG during the Games and appropriate responses given.

- The test distribution plan of the IPC was such that in a number of venues the first time the DCS was active was on a day involving finals and medal ceremonies. This meant that the doping control staff were inactive for potentially more than 2 weeks (from the last day of the Olympics to the first day of testing at the Paralympics). Consideration could be given to testing prior to finals to identify any areas of concern at the venue that might be resolved.
- It was unclear how much communication the doping control staff had with the "sport" staff. On a number of occasions it seemed that doping control was not informed quickly enough about possible technical protests, and subsequent decisions, which impacted on the selection of athletes for doping control. Inefficiencies in this type of communication most frequently (but not exclusively) occurred on the first day of testing at a venue.
- Chaperones were predominantly instructed to notify athletes once the athlete had exited the mixed zone. The impact of this at larger venues (e.g. athletics) was that in one case over 40 minutes had elapsed before the athlete was notified and nearly three bottles of fluid had been consumed. This was subsequently changed (at that venue) so that the point of verbal notification was before the athlete entered the mixed zone and written notification then took place once the athlete had exited the mixed zone.
- There were, on occasions, poor decisions made about when an athlete should be notified and, in one extreme case, a power lifter was notified in the mixed zone while giving an interview to a television crew.
- The time of notification was recorded as the time of written notification rather than verbal notification and the difference between them was, on a number of occasions, not an insignificant amount of time. In some venues the verbal notification occurred almost immediately after the competition finished but written notification was completed following passage through the mixed zone when more privacy was available. Discussion occurred with the ADC over the possibility of notification being recorded as the first time the athlete was advised they were required to attend doping control, irrespective of whether that was verbal or written. However, the IPC and BOCOG deemed it undesirable to change the procedure part way through the Games.
- Even though the Chaperones were assisted by the translation card it was observed that not always were athletes provided with all the information (e.g. their rights and responsibilities) required by the IST. This was particularly important for some athletes who had not been through doping control in their sporting career.
- Chaperones did not always pay sufficient attention to the movements of athletes and, on occasions, lost sight of them for brief periods. This was potentially a serious problem but given that there were few instances and all were quickly rectified it has been given reference here rather than raised as a serious compliance error.
- It was noticed that interpreters were not required to sign in to the DCS. It was agreed with the IPC that a change of procedures be implemented to ensure that all persons present during the collection session were registered. However, on a number of occasions where an athlete support person, who was not the designated athlete representative, assisted with the provision of a sample (in each case with proper athlete authorisation) no record was made on the doping control form.
- It was observed that only on very few occasions were supplementary reports or the comments section used to describe adaptations to the procedures and minor irregularities (note earlier comments).
- The doping control process was procedure driven and not always as athlete friendly as it could have been. While the doping control staff were always courteous, polite and efficient, in a small minority of instances where adaptations were required at short notice (e.g. a visually impaired athlete could not read the doping control form) the doping control staff were reluctant to adapt their own style and manner or to further explain the procedures to the athlete in order to better facilitate the doping control process.
- Many of the minor irregularities or difficulties may have been solved through the IPC, using their greater experience of the Paralympic environment, developing



and agreeing the BOCOG doping control procedures (including team selection criteria) in advance of the Games. This would highlight the differences between the Olympic and Paralympic Games and allow procedures to reflect the specific sport, expected disabilities of athletes in that sport and the venues of the sport, rather than imposing a uniform procedure across all venues.

4. THERAPEUTIC USE EXEMPTION PROCESSES

In accordance with the provisions stipulated in the Beijing 2008 Paralympic Games Doping Control Guide IPC was the sole anti-doping authority FOR ALL Sports on the Beijing 2008 Paralympic Games programme during the period of the Games. This period was defined from the opening of the Paralympic Village (30 August) up to the Closing Ceremony (17 September). All TUE applications during the Games period were addressed to the IPC at the IPC Medical & Scientific Department offices in the Paralympic Village Polyclinic, and were dealt with by the IPC TUE Committee.

Information gathered about prior activity and observation of the IPC's TUE processes during the Games shows that they were carried out correctly and fairly, according to the IPC Anti-doping Code.

There was, however, a lack of information about TUE processes of non-IPC Sports despite the requests of IPC from relevant federations and NPCs. Whilst, in practice, this did not prove to be more than an administrative concern and drain on resources it was potentially a serious weakness in the system in the event that an adverse finding was reported for an athlete still in competition and there was a delay in communication with the relevant body.

This reflects the structural problems associated with international TUE processes generally but also a failure or inability to meet obligations which the system places on International Sports Federations.

It is clear that all IFs must meet their obligations in this regard if their athletes are not to be disadvantaged. It is equally clear that if all TUECs established by Code signatory organisations utilised ADAMS to record their processes many of the problems identified would be solved.

For details of the TUE's granted during or applicable to the Games see appendix 3.

5. RESULTS MANAGEMENT

The ADAMS programme was the primary tool used and the laboratory recorded results directly into this system. Results could then be easily tracked by both IPC and the IO Team against samples which had been collected.

As with previous experience ADAMS proved to be an extremely useful tool and its universal use by all ADOs would have gone a considerable way to solving the problem of access to TUEs detailed earlier.

There were slight delays in obtaining TUEs in some cases but none of real significance. Atypical findings (elevated T/E ratios in every case) were not initially able to be adequately tracked as IRMS results became available. This problem was solved with the assistance of the WADA ADAMS staff who provided very good support to the IPC to ensure the system worked well. There were 14 atypical findings relating to 10 athletes.

All adverse analytical findings were subject to initial reviews and those matched by valid TUEs (11, valid for 13 AAFs) were eliminated at that point. In the four other cases, relating to three athletes, once the review process showed nothing which would invalidate the result, papers were promptly prepared and delivered personally to the relevant delegation by the IPC Medical and Scientific Director. Hearings were, in each case, scheduled for and held the following day.

The Hearing Panel was chaired by the Chair of the ADC and two other members of that Committee completed the Panel. A legal advisor to the Panel was always present and further assistance was provided by IPC staff.

All three athletes charged with anti-doping rule violations competed in the sport of Powerlifting. All cases related to anabolic agents and in each case the athlete testified that any use had been inadvertent.

All Hearings were conducted with clarity and fairness with athletes and their representatives given ample opportunity to provide relevant information and explanations. In one case the athlete chose not to attend due to an injury however the Panel adjourned the Hearing and requested that the athlete attend its re-convening.

Full consideration was given to whether or not any relief for the athlete was available under the provisions in the Code and detailed inquiries were made of the delegations to try to ascertain the full context of the alleged violation and to consider whether or not there were grounds to consider an investigation into support personnel.

Recommendations to the Governing Board, in each case that the allegation was proven and a sanction should follow, were prepared on the same day setting out reasons which summarised well the important factors considered. In each case the recommendations were approved in full by the Board and conveyed to the relevant delegation within 24 hours.

The internal appeal process, which incorporates analysis of the B sample, provided for in Art 9.9 of the IPC Doping Control Guide was not instituted by any of the three athletes who had that option.

It is the view of the IO Team that no athlete could claim that he/she did not receive completely fair treatment and the IPC is to be commended on its expeditious but thorough methodology for handling these cases and the clear intent to explore the circumstances in depth rather than simply pronounce sentence.



APPENDIX 1 - THE MEMBERS OF THE IO TEAM IN BEIJING WERE:

ANNE CAPPELEN (NORWAY)

Director, Doping Control, Anti-Doping Norway

NATALIE GRENIER (CANADA)

Project Coordinator, Standards and Harmonization, WADA

DR. RÜSTÜ GÜNER (TURKEY)

Professor, Ankara University School of Medicine, Department of Sports Medicine

ANDY PARKINSON (GREAT BRITAIN)

Acting Director, Drug-Free Sport Directorate, UK Sport

GRAEME STEEL (NEW ZEALAND) - CHAIR

Chief Executive, Drug Free Sport NZ

APPENDIX 2

A. ADVERSE ANALYTICAL FINDINGS (AAFs)

	Samples	Athletes	TUE applies	ADRV
• Adverse Analytical Findings	17	14	11 (for 13 AAFs)	3 (for 4 AAFs)

Therapeutic Use Exemptions in place for:

- Formoterol 5 (including 1 TUE which applied to 2 AAFs for the same substance)
- Salmeterol 3
- Terbutaline 1
- Methadone 1 (including 1 TUE which applied to 2 AAFs for the same substance)
- Indapamide. 1

Anti-Doping Rule Violations committed in relation to:

- Methandienone (one athlete provided two samples containing methandienone)
- 19-Norandrostenone
- Boldenone

B. ATYPICAL FINDINGS

	Samples	Athletes	Negative IRMS	ADRV
• Atypical Results	14	10	14	0

All atypical findings related to T:E ratios greater than 4:1

APPENDIX 3 - SUMMARY OF TESTING FOR THE 2008 PARALYMPIC GAMES

OUT OF COMPETITION		Urine	EPO	Athletes	Addit	HGH	HBOCs	BT	Tests	Samples	
Total	179	36	215	31	63	2	37	317	348		
ARCHERY	2		2					2	2		
ATHLETICS	35	16	51	10	21	2	21	95	105		
BOCCIA	2		2					2	2		
CYCLING ROAD											
CYCLING TRACK	10	5	15	1			6	21	22		
EQUESTRIAN	2		2	1				2	3		
FOOTBALL (5-A-SIDE)	2		2					2	2		
FOOTBALL (7-A-SIDE)	2		2					2	2		
GOALBALL	2		2					2	2		
JUDO	11		11	1				11	12		
POWERLIFTING	82	1	83	10	32			115	125		
ROWING	2	6	8	1	8			16	17		
SAILING	2		2	1				2	3		
SHOOTING	2		2					2	2		
SITTING VOLLEYBALL	2		2					2	2		
SWIMMING	10	8	18	3	2		10	30	33		
TABLE TENNIS	2		2					2	2		
WHEELCHAIR BASKETBALL	4		4	1				4	5		
WHEELCHAIR FENCING	1		1					1	1		
WHEELCHAIR RUGBY	2		2	1				2	3		
WHEELCHAIR TENNIS	2		2	1				2	3		
IN COMPETITION		Urine	EPO	Athletes	Addit	HGH	HBOCs	BT	Tests	Samples	
Total	601	77	678	49	68	46	46	838	887		
ARCHERY	14		14	1				14	15		
ATHLETICS	187	28	215	12	28	28	28	299	311		
BOCCIA	6		6					6	6		
CYCLING ROAD	15	12	27	3	5	5	5	42	45		
CYCLING TRACK	21	7	28	1	5	5	5	43	44		
EQUESTRIAN	6		6	1				6	7		
FOOTBALL (5-A-SIDE)	6		6	2				6	8		
FOOTBALL (7-A-SIDE)	6		6					6	6		
GOALBALL	12		12	1				12	13		
JUDO	44		44	3				44	47		
POWERLIFTING	97		97	7	22			119	126		
ROWING	12	8	20	1	4	4	4	32	33		
SAILING	4		4					4	4		
SHOOTING	24		24	3				24	27		
SITTING VOLLEYBALL	8		8	1				8	9		
SWIMMING	65	14	79	2	4	4	4	91	93		
TABLE TENNIS	14		14	1				14	15		
WHEELCHAIR BASKETBALL	36	6	42	6				42	48		
WHEELCHAIR FENCING	8		8	1				8	9		
WHEELCHAIR RUGBY	6		6	1				6	7		
WHEELCHAIR TENNIS	10	2	12	2				12	14		
TOTAL		Urine	EPO	Athletes	Addit	Blood	HGH	HBOCs	BT	Tests	Samples
Total	780	113	893	80	262	131	48	83	1155	1235	
ARCHERY	16		16	1					16	17	
ATHLETICS	222	44	266	22	128	49	30	49	394	416	
BOCCIA	8		8						8	8	
CYCLING ROAD	15	12	27	3	15	5	5	5	42	45	
CYCLING TRACK	31	12	43	2	21	5	5	11	64	66	
EQUESTRIAN	8		8	2					8	10	
FOOTBALL (5-A-SIDE)	8		8	2					8	10	
FOOTBALL (7-A-SIDE)	8		8						8	8	
GOALBALL	14		14	1					14	15	
JUDO	55		55	4					55	59	
POWERLIFTING	179	1	180	17	54	54			234	251	
ROWING	14	14	28	2	20	12	4	4	48	50	
SAILING	6		6	1					6	7	
SHOOTING	26		26	3					26	29	
SITTING VOLLEYBALL	10		10	1					10	11	
SWIMMING	75	22	97	5	24	6	4	14	121	126	
TABLE TENNIS	16		16	1					16	17	
WHEELCHAIR BASKETBALL	40	6	46	7					46	53	
WHEELCHAIR FENCING	9		9	1					9	10	
WHEELCHAIR RUGBY	8		8	2					8	10	
WHEELCHAIR TENNIS	12	2	14	3					14	17	
Paid Testing for Breaking the Record	5		5	1					5	6	

Athletes = Urine+EPO Tests = Athletes+HGH+BT+HBOCs Samples = Tests+Additions



APPENDIX 4 - SUMMARY OF TUE PROCESSES FOR THE 2008 PARALYMPIC GAMES

Notes: 1/ Only TUEs uploaded through ADAMS and also obtained from IWAS (International Wheelchair and Amputee Sports Federation), and ITTF (International Table Tennis Federation) were subject to review by the IO Team.

2/ "Before the Games" figures may include athletes who did not participate in Beijing.

3/ Figures relating to "Before the Games" refer to TUEs issued from 10 September 2006.

TUE MANAGEMENT BEFORE THE BEIJING 2008 PARALYMPIC GAMES:

IPC sports:

In IPC sports (Athletics, Powerlifting, Swimming, and Shooting) TUE approvals were given in accordance with the IPC Anti-Doping Code, article 6. The IPC accepted TUE submissions when completed on the official application form. The IPC Therapeutic Use Exemption Committee (TUEC) evaluated the applications and rejected or approved them according to the International Standard.

Valid TUE and aTUE approvals during the Paralympic Games were obtained by the IO Team via ADAMS. The total number of valid TUE and aTUE approvals given by the IPC Therapeutic Use Exemption Committee (TUEC) was 273. The TUEC also approved 16 TUEs from non-IPC sports (Archery: 2, Cycling: 2, Sailing: 1, Table Tennis: 7, Wheelchair Basketball: 4) between 10 September 2006 - 21 August 2008. (See Table: 1 and 2).

Non-IPC sports:

In non-IPC sports (Archery, Boccia, Wheelchair Basketball, Cycling, Equestrian, Football 5-a-side, Football 7-a-side, Wheelchair Fencing, Goalball, Judo, Rowing, Sailing, Table Tennis, Wheelchair Tennis, Sitting Volleyball, Wheelchair Rugby) TUE approvals were the responsibility

of the relevant International Paralympic Sports Federations or National Anti-Doping Organisations.

Most of the TUE approval data and the total number of TUE approvals from non-IPC sports was not obtained by the IPC during the Games. It was observed that only three non-IPC sports Federations (Wheelchair Fencing, Wheelchair Rugby and Table Tennis) sent TUE approval data to the IPC. Twenty five TUEs were approved by IWAS (International Wheelchair and Amputee Sports Federation), and 10 TUEs were approved by ITTF (International Table Tennis Federation). It was also observed that only two non-IPC athletes sent TUE approval forms to IPC (1 Archery and 1 Cycling). (See Table: 1 and 2).

From the opening of the Village, 79 TUE applications were approved. (Table 1). Most of the TUEs were for Inhaler, intraarticular, periarticular, peritendinous, epidural, intradermal glucocorticoid injections. (See Table: 2).

Great majority of the TUEs were for inhaled Beta-2 Agonists and inhaled Glucocorticoids. Two hundred and twenty three (223) athletes had approvals for inhaled Beta-2 Agonists such as salbutamol, salmeterol, formoterol, terbutaline and 166 athletes had approvals for inhaled Glucocorticoids. (See Table 3).

TABLE 1: Number of Therapeutic Use Exemptions by sport before and during the Paralympic Games.

	BEFORE THE GAMES		DURING THE GAMES	TOTAL
	IPC	RELEVANT FEDERATION	IPC	
ARCHERY	2	1*	2	5
ATHLETICS	101		19	120
BOCCIA			2	2
CYCLING	2	1**	4	7
EQUESTRIAN			2	2
FOOTBALL (5-A-SIDE)				0
FOOTBALL (7-A-SIDE)			1	1
GOALBALL			3	3
JUDO			3	3
POWERLIFTING	8		5	13
ROWING			1	1
SAILING	1			1
SHOOTING	15			15
SITTING VOLLEYBALL			13	13
SWIMMING	133		8	141
TABLE TENNIS	7	10***	4	21
WHEELCHAIR BASKETBALL	4		5	9
WHEELCHAIR FENCING		3****	2	5
WHEELCHAIR RUGBY		22****	4	26
WHEELCHAIR TENNIS			1	1
TOTAL	273	37	79	389

* : FITA (International Archery Federation)

*** : ITTF (International Table Tennis Federation)

** : UCI (International Cycling Union)

**** : IWAS (International Wheelchair and Amputee Sports Federation)



TABLE 2: Number of Therapeutic Use Exemptions by sports and by prohibited substance classes.

	S1.			S2.			S3.			S5.			S6.			S7.			S9.*			S9.**			M2.			OTHERS			TOTAL								
	Anabolic Agents			Hormones and related substances			Beta-2 Agonists			Diuretics and other masking agents			Stimulants			Narcotics			Glucocorticoids			Glucocorticoids			Intravenous infusion			Blood transfusion, Beta Blockers, Cannabinoids											
	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL	BPG	DPG	TOTAL			
ARCHERY				1	1	2	1		1																									1		1	3	1	4
ATHLETICS				4		4	67	1	68	2		2	4		4	1	1	2	67	9	76	6	6	12				3	3								151	20	171
BOCCIA																			1	1	2																2		2
CYCLING	1		1	1	1	2	2	2	4										1	2	3																5	5	10
EQUESTRIAN							1	1	2										1	1	2							1	1	2							3	3	6
FOOTBALL (5-A-SIDE)																																							0
FOOTBALL (7-A-SIDE)																			1	1	2																1		1
GOALBALL										1	1	2							2	2	4																3	3	6
JUDO							2	2	4										1	1	2																3	3	6
POWERLIFTING				1		1	4		4										5	3	8				2	2	4										10	5	15
ROWING					1	1																															1		1
SAILING							1		1																												1		1
SHOOTING				2		2	4		4	1		1							4		4	3		3													14		14
SITTING VOLLEYBALL							1	1	2										2	12	14																3	13	16
SWIMMING	1		1	4		4	103	4	107	3		3	3		3	1		1	82	5	87	9		9				1	1	2	1		1	1		1	207	10	217
TABLE TENNIS							8	2	10	2		2				1		1	8	1	9	3		3				1	1	2							22	4	26
WHEELCHAIR BASKETBALL							4	1	5										1	3	4				1	1	2										5	5	10
WHEELCHAIR FENCING																1		1	3	3	6	1		1													3	3	6
WHEELCHAIR RUGBY				1		1	14		14	1		1				1		1	10	1	11							1	1	2	1		1	1		1	28	2	30
WHEELCHAIR TENNIS																			1	1	2																1		1
TOTAL	2	2	4	14	3	17	209	14	223	9	1	10	7	7	14	5	1	6	180	46	226	22	9	31	8	8	16	3	3	6	3	3	6	451	82	533			

BPG : Before the Paralympic Games
 DPG : During the Paralympic Games

* : Inhaler, intraarticular, periarticular, peritendinous, epidural, intradermal injections
 ** : Oral, rectal and intravenous, intramuscular injections

TABLE 3: Inhaler Beta-2 agonists and inhaler Glucocorticoids use for each sport.

	INHALER BETA-2 AGONISTS	INHALER BETA-2 AGONIST + GLUCOCORTICIDS	INHALER GLUCOCORTICIDS	TOTAL
ARCHERY	1			1
ATHLETICS	21	47	8	76
BOCCIA			1	1
CYCLING	2	2		4
EQUESTRIAN		1		1
FOOTBALL (5-A-SIDE)				0
FOOTBALL (7-A-SIDE)				0
GOALBALL				0
JUDO	2			2
POWERLIFTING	2	2	2	6
ROWING				0
SAILING	1			1
SHOOTING	2	2	2	6
SITTING VOLLEYBALL		2		2
SWIMMING	33	74	7	114
TABLE TENNIS	5	5		10
WHEELCHAIR BASKETBALL	4	1		5
WHEELCHAIR FENCING			1	1
WHEELCHAIR RUGBY	8	6	3	17
WHEELCHAIR TENNIS				0
TOTAL	81	142	24	247

