



House of Commons
Digital, Culture, Media and
Sport Committee

**Combatting doping
in sport**

Fourth Report of Session 2017–19

*Report, together with formal minutes relating
to the report*

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The Digital, Culture, Media and Sport Committee

The Digital, Culture, Media and Sport Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department for Digital, Culture, Media and Sport and its associated public bodies.

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Publication

Committee reports are published on the Committee's website at www.parliament.uk/dcmscom and in print by Order of the House.

Evidence relating to this report is published on the [inquiry publications page](#) of the Committee's website.

Committee staff

The current staff of the Committee are Chloe Challender (Clerk), Joe Watt (Second Clerk), Josephine Willows (Senior Committee Specialist), Andy Boyd (Senior Committee Assistant), Keely Bishop (Committee Assistant), Grace Camba (Sandwich Student), Lucy Dargahi (Media Officer) and Janet Coull Trisic (Media Officer).

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Contents

Summary	3
Introduction	4
1 Knowledge and prevalence of doping in world athletics	5
Investigations by The Sunday Times and German Broadcaster ARD	5
The IAAF database	5
Response of athletics authorities to the allegations	7
WADA's investigations into Russia	9
Lord Coe's evidence to the Committee	11
Subsequent evidence regarding corruption at the IAAF	12
Reaction of the IAAF to the IC Report	15
The University of Tübingen Study	16
2 British Cycling and Team Sky	19
Introduction	19
Therapeutic Use Exemptions (TUEs)	19
The 2011 Criterium du Dauphiné cycling road race	22
Medicines policy at Team Sky	27
3 UK athletics	33
The Nike Oregon Project (NOP)	33
L-carnitine	34
UKAD	35
Underfunding of UKAD	36
4 Criminalisation of doping in sports	40
Acronyms/Glossary	44
Formal Minutes	48
Witnesses	49
Published written evidence	51
List of Reports from the Committee during the current Parliament	52

Summary

There is overwhelming evidence of the widespread use of performance enhancing drugs in sport. Some are illegal in any respect; others are legal, but are used in suspicious ways. Whether permitted for selective use or banned outright, performance enhancing drugs can have serious consequences for the integrity of sport and the wellbeing of individual athletes. The huge increase in financial rewards for successful sports men and women carries the increased risk of incentives to use drugs to cheat.

Our long inquiry has relied on detailed oral and written evidence, academic research, investigative journalism, and whistleblowers, to uncover this covert and pervasive activity across different sports. The inquiry studied both agencies responsible for policing the use of performance enhancing drugs, and the programmes that, as our report will demonstrate, have used them in questionable ways.

In particular, our inquiry has found acute failures in several different organisations in athletics and cycling: a failure to share appropriate medical records with anti-doping organisations; a failure to keep proper internal records of the medical substances given to athletes; and a failure to outlaw the use of potentially dangerous drugs in certain sports. All of these failures have occurred in an under-resourced national anti-doping infrastructure, which has had neither the financial means nor powers of enforcement. Some steps have been taken to alleviate this context and the failures it has permitted, but these measures have come too late. We call on those bodies identified in this report to pay serious attention to our recommendations; we cannot afford to allow these same failures to happen again.

Introduction

1. Our inquiry into the combatting of doping in sport has spanned the work of two Committees, formed either side of the 2017 General Election. This inquiry started in August 2015, when our predecessor Committee was concerned about a series of articles that had been published in *The Sunday Times*, based on the testimony of whistleblowers, into the prevalence of doping in athletics.¹ Those articles, and the ensuing documentaries by the German broadcaster ARD, raised questions over what the World Anti-Doping Agency (WADA), the UK Anti-Doping (UKAD) and the International Association of Athletics Federations (IAAF) did or did not know.

2. We invited Lord Coe, the President of the IAAF, to share his views and knowledge with us, in both oral evidence and in subsequent correspondence. We also received evidence from Sir Craig Reedie, the President of WADA, and the Chair and Chief Executive of UKAD.

3. The Committee then looked into doping in cycling, in response to the Fancy Bear hacking of the database of WADA and their publication of Therapeutic Use Exemption certificates (TUEs) issued for Sir Bradley Wiggins in 2011, 2012 and 2013. We inquired specifically into the medication used at that time by the cyclist and his team, Team Sky.

4. The Committee also examined issues relating to an investigation by the United States Anti-Doping Agency (USADA) into Alberto Salazar, the American coach of Sir Mo Farah, the UK distance runner, and the Nike Oregon Project, which was founded by Salazar.

5. Our predecessor Committee held 10 oral evidence sessions, from 8 September 2015 to 19 April 2017, as well as two oral evidence sessions with the Minister for Sport, Tracey Crouch MP. We were grateful for the active assistance of UKAD and the US Anti-Doping Agency (USADA) during our inquiry, and also for the many individuals who approached the Committee to offer their insights and experience on these important issues.

6. This inquiry would not have been possible without the bravery of people prepared to speak out about the need for change in the sports they love. We would like to thank all those who gave evidence over the two-year period.

¹ Throughout the Report, our predecessor Committee will be referred to as 'the Committee'.

1 Knowledge and prevalence of doping in world athletics

Investigations by The Sunday Times and German Broadcaster ARD

7. The origins of this long inquiry date back to August 2015, when the Committee was concerned about a series of articles that had been published in *The Sunday Times*. These articles alleged that a significant number of leading endurance runners had recorded suspicious blood tests, without any action being taken to confirm the tests or to punish the alleged wrong-doers. The test for blood-doping involves measuring the amount of haemoglobin in a blood sample, and calculating the proportion of immature red blood cells (reticulocytes) compared with old blood cells. Where unusually high numbers of red blood cells are observed in the circulation, an ‘off score’ can be calculated. The evidence is then compared with a normal off-score for an athlete (taking into account gender). A normal off-score for a man would be in the mid-80s, and for women it would be in the mid-70s.² The allegations were aired in a documentary by the journalist Hajo Seppelt, *Top Secret Doping: How Russia makes its Winners*, on 3 December 2014 by the German broadcaster ARD/WDR.³ Both the broadcaster and *The Sunday Times* had been given a copy of a database of the results of blood tests taken by the IAAF between 2001 and 2012.

8. Until 2009, the IAAF’s testers followed up all atypical blood test results with urine tests for the banned substance erythropoietin (EPO).⁴ During 2009, however, WADA published formal operating guidelines and mandatory standards known as the Athlete Biological Passport (ABP).⁵ The ABP enabled the capture and recording of the results of blood tests over time. For the first time, athletes could be banned purely on their blood test results if a panel of experts agreed that a series of off-scores suggested an “overwhelming likelihood” of doping. The ABP programme was heralded as a significant development in the international fight against the use of EPO and the use of blood transfusions for doping purposes.⁶

The IAAF database

9. The database provided to *The Sunday Times* and ARD/WDR had been compiled by the IAAF, and contained the results of 12,359 blood tests from more than 5,000 athletes, conducted over an 11-year period, from the 2001 World Championship (when the IAAF started taking blood samples) up to the eve of the London Olympics in 2012.⁷

10. *The Sunday Times* asked two anti-doping experts, Dr Michael Ashenden and Mr Robin Parisotto, to analyse the data of athletes who won medals in endurance events at

2 Off-scores are calculated from the haemoglobin (a protein responsible for transporting oxygen in the blood) concentration, the reticulocyte (immature blood cells) percentage and an abnormal profile score.

3 Hajo Seppelt, [Top Secret Doping: How Russia makes its Winners](#) (3 December 2014)

4 This of course provided no evidence on whether athletes might have been transfusing their own blood for doping.

5 WADA, [Athlete Biological Passport Operating Guidelines and Compilation of required elements](#)

6 The ABP program is administered through WADA’s Anti-Doping Administration and Management System (ADAMS), a secure online database whose purpose is to assist stakeholders and WADA in their anti-doping operations: [Q74](#)

7 [“Revealed: Sport’s Dirtiest Secret”](#), *The Sunday Times*, 2 August 2015

the Olympics and World Championships during this period.⁸ We invited Dr Ashenden to attend our first session on doping in sport, in September 2015. Both Dr Ashenden and Dr Parisotto were on the research team involved in the creation of the ABP system and they applied its principles to their analysis of the database leaked to *The Sunday Times*. They identified a number of results that were so abnormal that they thought it likely the athletes had used blood doping and should potentially have faced a ban, in the absence of mitigating factors. The two scientists classified other results as “suspicious”, requiring further investigation.⁹

11. Overall, the experts found that Russia was the country most tainted by blood-doping, with more than 80% of the country’s medals won by athletes who had given a suspicious blood test at some point in their career. There were also doubts about the integrity of some Kenyan and Ukrainian athletes who had won Olympic/World Championship medals; however, the results from Russia appeared the most disturbing.¹⁰

12. The trends in the database analysed by the two experts revealed that, year after year, athletes from Russia, both men and women, senior athletes, under-23s and junior athletes who were under 20 had extreme off-scores.¹¹ According to *The Sunday Times*, 21 athletes recorded values so extreme that they risked heart attacks or strokes, as unnaturally high levels of red blood cells can thicken the blood.¹² Only one of the 26 under-19 and under-23 athletes with extreme off-scores, Yelena Arzhakova, had been disciplined by the IAAF; the incriminating blood test was taken in 2011, and she was competing again by 2015.¹³

13. The ABP has been an effective tool in tackling blood doping; but it has not solved the problem. Dr Ashenden told the Committee that the database he viewed closed in mid-2012, three years after WADA instigated the ABP.¹⁴ He argued that there had been insufficient rigour in following up abnormal scores—and this was confirmed by WADA’s two Independent Commission reports. Dr Ashenden considered that it was “time to stop and pause and think; how could we improve what we are doing now to deter doping?”¹⁵

14. Only one-third of the 105 athletes who were identified as likely cheats since the introduction of the ABP were given bans between 2009 and 2012 (though others have been penalised since Russian whistleblower Liliya Shobukhova provided information in 2014 and since the investigations by ARD and *The Sunday Times* began.) Unlike other sports (for example, cycling), the athletics authorities have allowed athletes with highly abnormal blood scores to continue to compete.

8 Mr Parisotto, an Australian stem cell scientist, was one of the authors of a key paper on blood doping published in 2000 in the scientific journal *Haematologica*, and pioneered the first test for EPO. He was also the author of a book, *Blood Sports: the inside dope on drugs in sport*, published in 2006. Both he and Dr Ashenden were members of the expert panel of the international cycling body, the UCI. Dr Ashenden, an exercise physiologist, had worked with WADA and had given evidence against Lance Armstrong, who in 2012 was stripped of his seven Tour de France titles for doping. Dr Ashenden was asked to join the IAAF’s own expert panel in 2012, but refused because of the requirement to sign a confidentiality agreement that would have prevented him from speaking out on doping.

9 [Q5](#)

10 [Q39](#)

11 [Q10](#)

12 [“The Doping Scandal”](#), *The Sunday Times*, August 2015

13 [“Russian cheats hit junior athletics”](#), *The Sunday Times*, August 2015

14 [Q15](#)

15 [Q15](#)

15. When Nicole Sapstead, Chief Executive of UKAD, gave evidence to the Committee, she admitted that UKAD had had no knowledge of the database, prior to the leak by ARD and *The Sunday Times*.¹⁶ This was despite the fact that such data was supposed to be shared between anti-doping organisations since the introduction of the ABP in 2009. She could not explain why the IAAF had not shared its pre-2009 data with UKAD, especially if there was relevant data that referred to UK nationals.¹⁷ When Lord Coe, President of the IAAF, gave evidence to the Committee in December 2015, we pressed him about the sharing of databases. He said the IAAF had bilateral agreements with anti-doping agencies including UKAD on the sharing of data, but he gave no explanation as to why the pre-2009 data had not been shared.¹⁸ The failure to share databases with anti-doping agencies is inexcusable and undermines a central foundation of the system. Procedures must be put in place by IAAF to ensure that it does not happen again.

Response of athletics authorities to the allegations

16. When alerted to the forthcoming publication of the first article in *The Sunday Times* on 2 August 2015, the IAAF threatened to takeout an injunction preventing the newspaper from publishing details from the files, but it dropped its action two days before publication. On 4 August 2015 Lord Coe, then a Vice-President of the IAAF, described the allegations published by the journalists in the UK and Germany as “a declaration of war on our sport”.¹⁹ On 7 August 2015 WADA announced it would launch an “urgent” investigation into the allegations publicised by ARD and *The Sunday Times*, and the IAAF agreed to hand its full database, including pre-2009 test results, to WADA, adding that it “will invite WADA officials to study that material with the support of relevant IAAF anti-doping experts with immediate effect.”²⁰

17. The IAAF issued a 38-page response to the findings of Mr Parisotto and Dr Ashenden in late November 2015, shortly after publication of the first part of the Independent Commission’s report and a few days before Lord Coe, who had recently become President of the IAAF, was due to give evidence to the Committee.²¹ In this paper the IAAF vehemently denied that it had “sat idly by and let [blood doping] happen”, stating that 145 athletes had been banned for using erythropoietin (EPO) between 2001 and November 2015. It described its actions in that period as “one of the world’s largest and most comprehensive blood testing programmes in place at the time”, citing in detail a number of cases where it had investigated individual results, and arguing that before the advent of the ABP, the procedures for collecting and handling of blood samples had not been standardised, so the results from testing could not be considered scientifically accurate and therefore could not be compared from one sample to the next.²² The IAAF said it had “acted at all times during this period in accordance with its rules and making full use of the anti-doping

16 [Q80-Q84](#)

17 [Q78](#)

18 [Q250](#)

19 Widely reported: see, for example, “[Lord Coe: allegations against IAAF are declaration of war on my sport](#)”, *The Guardian*, 4 August 2015

20 “[Shadow over the London Marathon](#)”, *The Times*, August 9 2015

21 IAAF, “[IAAF Blood-Testing 2001-2012: IAAF’s response to allegations of blood doping in athletics](#)”, November 2015

22 IAAF, “[IAAF Blood-Testing 2001-2012: IAAF’s response to allegations of blood doping in athletics](#)”, November 2015, paras 2.5, 2.11 and section 4A

tools that were available to it as well as (when those tools proved inadequate) groundbreaking DNA techniques that had never been used before in sport”.²³ The IAAF did not explain why it did not share the relevant information with anti-doping agencies.

18. Dr Ashenden and Mr Parisotto issued separate statements in reply to the IAAF’s paper.²⁴ They reiterated their views that, despite the fact that the pre-2009 tests were less reliable than the later ones, some of the scores were so high that they still provided an indication that wrong-doing might have taken place and should have been followed up more consistently. Ashenden is reported to have said: “Faced with the life-threatening blood values which they knew existed among their athletes [...] They should have tried to push the legal envelope [...] The IAAF were legally timid when they should have been morally strong.”²⁵

19. Noting that not all the information required for a proper evaluation of a blood passport was included in the database, WADA’s experts criticised Drs Ashenden and Parisotto for drawing definite conclusions on the basis of the incomplete data. However, the Independent Commission’s report emphasised that no-one had challenged the scientific credentials of either Dr Ashenden or Dr Parisotto, and that expert witnesses often disagreed, adding:

No-one has challenged the methodology applied in reaching their conclusions, subject only to the pivotal concern that looking solely at information included in the IAAF database is not sufficient to factor in all of the information that might possibly have had some impact on the values recorded in the database (such as altitude, vigorous exercise prior to the tests, analyser error, variations between the use of different equipment). This is not to say, however, that there are no other investigative models that might also have been available.²⁶ In evidence given to the IC, Dr Ashenden freely acknowledged that it would have been extremely difficult to get a conviction prior to the adoption of the ABP.²⁷ However, as the examples cited by the IAAF in its rebuttal of *The Sunday Times* allegations show, people were prosecuted successfully for doping before 2009.²⁸

20. Despite the disputes among experts, there appears to be consensus about the methodology for determining off-scores and the levels of off-score that indicate further tests and/or questioning of athletes should be required. The key difference between *The Sunday Times*’s experts and the International Association of Athletics Federations (IAAF) seems to be whether the IAAF should have been more proactive in following up results. As the World Anti-Doping Agency (WADA) Independent Commission’s reports indicate, great damage may be done to a sport when its governing body fails to

23 IAAF, [IAAF’s Response to allegations of blood doping in athletics IAAF \(Press Release\)](#), November 2015

24 Dr Michael Ashenden (BDA003), 7 September 2015

25 Press Association, [“IAAF accused of muddying the waters by anti-doping expert Michael Ashenden”](#), 28 November 2015

26 [Independent Commission report #2, published 14 January 2016, Pg 55](#)

27 [Independent Commission report #2, published 14 January 2016, Pg 73, Para 3](#)

28 IAAF, [“IAAF Blood-Testing 2001-2012: IAAF’s response to allegations of blood doping in athletics”](#), November 2015, section 2. For example, the IAAF’s own experts used its pre-2009 blood tests as evidence against Eirini Kokkinariou, a Greek long-distance runner, when it was appealing to double her suspension to four years in 2012. The Court of Arbitration for Sport found sufficient evidence that Kokkinariou had been using banned substances since 2006, but erased her competitive results only from the start of the biological passport period.

take action against doping. The failure by the IAAF to share information with national anti-doping agencies is a matter of deep concern. It raises questions about the IAAF's commitment fully to investigate difficult issues when they arise. The emerging picture is of a prevalence of doping in athletics which was greater than was officially recognised when this inquiry began. The work of whistleblowers and investigative journalists has helped to bring this to the fore. Rather than their work being tantamount to a "declaration of war" on sport, a very ill-judged statement, it should be seen as a warning light that was acted upon too late. We want Lord Coe to succeed in his difficult task of eliminating doping in athletics. To achieve this, he and the IAAF must encourage, not criticise, efforts by others to help.

21. There also need to be clearer protocols in place to ensure that national anti-doping authorities are notified when other sports bodies receive suspicious test results relating to athletes under their, and perhaps other, jurisdictions.

WADA's investigations into Russia

22. Meanwhile, in 2014 and 2015, WADA commissioned two investigations into doping in Russia. The first was undertaken by the Independent Commission (IC) led by the former President of WADA, Dick Pound; its findings were published in two parts, the first in November 2015 and the second in January 2016. The report addressed allegations of a sophisticated and well-established system of state-sponsored doping within the All Russia Athletics Federation (ARAF), the governing body for the sport of athletics in Russia.²⁹ In August 2015, WADA expanded the Terms of Reference of its Independent Commission following a second broadcast by ARD and publication of data relating to a number of athletes under the jurisdiction of the IAAF.³⁰

23. The second part of the report, published on 14 January 2016, investigated possible corruption at the IAAF and found evidence of collusion between senior IAAF officials and the Russian athletics and anti-doping organisations in delaying testing of athletes, suppressing investigations and mitigating the punishments of athletes found guilty of doping.³¹ As a result of the inquiries, a number of IAAF officials, including the former President of the IAAF, Lamine Diack, were investigated by the police and the IAAF itself. Within Russia, the President of the ARAF and some coaches were removed, and the Head Coach resigned. The two IC reports led to Russian athletes being banned from international competition in the run-up to the 2016 Rio Olympics.

24. The second of WADA's investigations was launched on 19 May 2016, when WADA announced the appointment of Professor Richard H. McLaren to conduct an investigation into the allegations made by the former Director of the Moscow Laboratory, Dr Grigory Rodchenkov, that he doped dozens of athletes, including at least 15 medallists, in the build-up to the Sochi Winter Olympic Games and switched urine samples so that they

29 [Independent Commission Report #1, published 9 November 2015](#)

30 [Independent Commission, Terms of Reference Addendum, 17 August 2015](#)

31 [Independent Commission report #1, p 263 and Independent Commission report #2, Pg 47](#)

could evade detection.³² He claimed this was the result of an elaborate and orchestrated plot with the Russian government, which exploited its host status to subvert the drug-testing programme. The Russian government repeatedly denied the claims.

25. Dr Rodchenkov also alleged that he doped athletes before the 2012 Olympics in London, the 2013 World Athletics Championships in Moscow and the 2015 World Swimming Championships in Kazan. Professor McLaren's investigation established beyond reasonable doubt that sample swapping went on at the Sochi Laboratory during the Sochi Games. The surprise result of the Sochi investigation was the revelation of the extent of state oversight and direct control of the Moscow Laboratory in processing, and covering up urine samples of Russian athletes from virtually all sports before and after the Sochi Games. The Ministry of Sport, Russian Anti-Doping Agency (RUSADA) and the Russian Federal Security Service (FSB) were all involved in this operation.

26. At the press conference for the report's release, McLaren made the following statement:

The Russian Olympic team corrupted the London Games on an unprecedented scale, the extent of which will probably never be fully established. This corruption involved the on-going use of prohibited substances, washout testing and false reporting. The cover-up evolved over the years from uncontrolled chaos to an institutionalised and disciplined medal-winning strategy and conspiracy.

An institutionalised conspiracy existed across summer and winter sports athletes who participated with Russian officials within the Ministry of Sport and its infrastructure, such as the RUSADA, and the Moscow Laboratory along with the FSB for the purpose of manipulating doping controls. These athletes were not acting individually but within an organised infrastructure.³³

27. The McLaren report (the first part of which was published in July 2016, with detailed analysis of suspicious results for named athletes published as a second part in December 2016) did not make any recommendations, but contributed to calls for a complete ban on Russia from taking part in Rio's Olympics in August.³⁴ Subsequently, it was reported that there was widespread doping among athletes training in Kenya. Revelations about doping in a variety of sports continue to emerge.³⁵

28. As the analysis by Dr Ashenden and Mr Parisotto had indicated, WADA's Independent Commission found widespread doping among Russian athletes. Many of the worst offenders appeared to be coaches, who had previously been athletes themselves, working together with medical personnel. Individual Russian athletes had been caught and punished previously, but the IC's reports emphasised the systematic and state-sponsored nature of the doping, with the encouragement of the All Russia Athletics Federation (ARAF), the Russian Anti-Doping Agency (RUSADA) and the WADA-accredited laboratory in Moscow. This situation was enabled by the corruption, collusion or wilful ignorance of

32 Professor McLaren is a law professor at Western University, Canada, and was previously a member of WADA's three-person Independent Commission. Working independently, Professor McLaren was supported by a multidisciplinary team. He has conducted many international investigations related to doping and corruption.

33 Comments reported in [The Guardian](#), 9 December 2016

34 Professor Richard McLaren, [McLaren Independent Investigation into Sochi Allegations Part 1 \(18 July 2016\)](#)

35 The Times, "[New drug shock for British athletics](#)", 10 July 2016

IAAF officials, and is shown—amongst other things—by the allegations relating to the former IAAF President Lamine Diack and his family, and those relating to Nick Davies, Deputy Director General of the IAAF.

29. Lamine Diack was elected by the IAAF Congress for four successive terms as President of the IAAF, thereby holding office for 16 years from 1999 until August 2015. The IC report said that the operational failure of checks and balances within the IAAF gave the President the ability to direct changes in the established practices of the Medical and Anti-Doping Department and enabled contracts with consultants whose personal interests were not aligned with those of the IAAF.³⁶ It concluded that ex-President Diack was “responsible for organising and enabling the conspiracy and corruption that took place in the IAAF”, adding that “corruption was embedded in the organisation” and “cannot be ignored or dismissed as attributable to the odd renegade acting on his own”.³⁷

30. Meanwhile, the IAAF’s Ethics Board suspended Deputy Director General Nick Davies, his wife Jane Boulter-Davies, and medical manager Pierre-Yves Garnier for 180 days following the revelation that Nick Davies had emailed the son of Lamine Diack, Papa Massata Diack, before the 2013 World Athletics Championships in Moscow outlining a plan to delay naming Russian cheats to avoid bad publicity.³⁸

Lord Coe’s evidence to the Committee

31. Our predecessors were keen to discover what was known about the doping and corruption within the IAAF, and especially among officers such as Lord Coe, who had always taken a strong stand against doping. On 2 December 2015, Lord Coe gave evidence about his response to *The Sunday Times* and the first part of the Independent Commission’s report. Lord Coe was questioned on what role he had played during his time as Vice-President in addressing the allegations of systemic doping by Russian athletes.³⁹ He noted that the IAAF’s Anti-Doping unit reported to the IAAF Council every six months⁴⁰ and said he, and the IAAF’s Council in general, were aware of the problem of blood doping in athletics, but not the numbers of athletes involved, or the specific allegations that had been made around the corruption of anti-doping processes in Russia.⁴¹ He argued that he was one of four Vice Presidents and not a senior Vice President; while he became a council member in 2003, he had led a team from that time until 2013 to deliver the London 2012 Games; and he held a non-operational role.⁴²

32. We questioned Lord Coe over the fact that there were many doping allegations during this time, yet the IAAF seemed oblivious and did not press charges. Lord Coe stated that “when those issues have been raised in council there has always been an assurance, through the anti-doping unit and through the general secretary, that the systems in place were robust”. He did state the following:

I am happy to concede here: was too much power vested in too few people within the organisation? Yes, clearly. Is that the case probably in the

36 [Independent Commission Report #2, published 14 January 2016, Pgs 3-4, Point 10.2.1](#)
 37 [Independent Commission Report #2, published 14 January 2016, Pg 4, Point 10.2.1](#)
 38 See BBC Panorama, “[Seb Coe and the Corruption Scandal](#)”, broadcast on 16 June 2016
 39 Lord Coe had been Vice President of the IAAF since 2007, becoming President in August 2015.
 40 [Q213](#)
 41 [Q213](#)
 42 [Q218](#)

traditional structures across sport? Yes. Can those be changed? They have to be because we have to lower the walls. We cannot have a situation where you are not able to properly interrogate and make sure that the right systems are in place. Will I put those systems in place? Yes. Can those changes be made quickly? Yes, they can. Can we return to trust? That is going to take far longer.

33. When Lord Coe was asked about his specific knowledge of doping relating to athletics in Russia before the broadcast of the ARD documentary, he said: “Well, because we were not aware of the specific nature of those allegations. We were not aware—I was certainly not aware—of the specific allegations that had been made around the corruption of anti-doping processes in Russia”. Later, in the same evidence session, Lord Coe was asked whether he was ‘oblivious’ to wrongdoing in athletics, to which he replied, “No, not oblivious but not across the individual allegations that have surfaced recently.”⁴³

34. Lord Coe was also asked about his reaction to the arrest of Lamine Diack in November 2015, and the allegations and charges made against him.⁴⁴ Lord Coe replied: “Shock. Shock suffused with sorrow and anger.” He told us that he had had no previous knowledge within the IAAF about Lamine Diack being involved in corrupt activity, or about the allegations against his son, Papa Massara Diack. The allegations were aired in the ARD documentary, and after that, Papa Massara Diack stepped down, along with the treasurer of the IAAF, Mr. Balaknichev, pending the outcome of the then IAAF Ethics Committee’s report.⁴⁵ When pressed as to what he had done over the past eight years as Vice President, Lord Coe referred to what he had done in the last 67 days, which was to set up an independent integrity unit after the media made public the allegations and WADA’s first IC report was published.

35. The Committee asked Lord Coe if it would be better to separate the enforcement, general regulation and governance at the IAAF. He admitted that the IAAF needed to create more independence in its anti-doping processes, to have a root and branch reform of the organisation, including its corporate governances, and its operational and financial functions, but he felt all of these reforms should sit with the IAAF’s Integrity Unit.⁴⁶

Subsequent evidence regarding corruption at the IAAF

36. On 16 June 2016, a BBC Panorama documentary was aired, ‘Seb Coe and the Corruption Scandal’. Mark Daly, a BBC journalist, alleged that, together with a journalist from the Daily Mail, he had seen evidence that undermined Lord Coe’s assertions that he had been unaware of the scale of corruption at the IAAF in relation to doping.

37. In the 2014 ARD German documentary, Hajo Seppelt exposed state sponsored doping among Russian athletes including the former world No. 1 marathon runner, Ms Liliya Shobukhova. Ms Shobukhova recorded extreme blood scores for nine years before action was finally taken against her. Two of her scores had a billion-to-one chance of being natural. Ms Shobukhova was charged by the IAAF for an anti-doping rule violation on the basis of abnormalities in her blood profile after 2009.

43 [Q217](#)

44 [Q331](#)

45 [Q335](#)

46 [Q214](#)

38. The documentary revealed that Ms Shobukhova had been asked to pay 450,000 euros to senior athletics officials to have her drugs offences covered up; the payments were made via a company called Black Tidings linked to Papa Massata Diack, son of the IAAF President, Lamine Diack. Officials within the IAAF brought the matter to public attention when they saw Ms Shobukhova in the line-up to run at the London 2012 Olympics. The Russian Athletic Federation contacted Ms Shobukhova and said they would have to ban her, despite the payment. Ms Shobukhova then demanded her money back. She was given a partial refund of 300,000 euros, made from an account belonging to Papa Massata Diack; at the time he was a marketing consultant and Treasurer for the IAAF.⁴⁷ She received a three years and two months ban from competing for a first violation.⁴⁸

39. In April 2014, an IAAF employee helped Ms Shobukhova’s agent to compile a complaint, detailing the allegations of corruption and extortion. That complaint was submitted directly to the Chair of the IAAF’s Ethics Committee, Sir Michael Beloff QC, with the help of the former world-record holding athlete and London Marathon Director, David Bedford. Mr Bedford gave oral evidence to the Committee on 10th January 2017 and was asked what response he had from Michael Beloff after the submission was made, to which he replied: “None, and I suppose that when you have been part of a complaint going in, it is quite easy to be concerned that silence means no action...Things were very, very quiet for quite some time. It was probably this quietness that was one of the reasons why I brought the matter to the attention of Seb Coe.”⁴⁹ Mr Bedford went on to add that one of the reasons he had contacted Lord Coe was that he was “concerned that there might be a cover-up. I had no reason to believe there might be a cover-up but felt that if someone of credibility within the IAAF Council was aware of this that it would make it less likely for any rearguard action to happen.”⁵⁰

40. In August 2014, following a telephone conversation with Lord Coe, David Bedford sent him an email, containing a number of attachments detailing the corruption, extortion and bribery allegations regarding Russian athletes, naming Liliya Shobukhova and suggesting that Papa Massata Diack could have been involved. David Bedford’s email read as follows:

Seb, the attachments relate to an issue that is being investigated by the IAAF Ethics Commission (Michael Beloff). I don’t know whether you’ve been briefed by anyone but I feel you should be made aware of it. For a short read and overview, may I suggest that you look at mbeloffreport.docx. I would be happy to meet you informally to discuss my involvement in this matter if you felt it was useful.⁵¹

This was four months before the German documentary revealed the scandal.

41. The existence of the email and the detailed nature of its contents became public when the BBC *Panorama* documentary was broadcast, six months after Lord Coe had given evidence to our predecessors, saying that he had known only generally about doping in Russian athletics and had had no knowledge of the involvement of the Diack family.

47 After the German documentary in December 2014, Papa Diack suspended himself from IAAF activity. In January 2016 he was banned for life from athletics.

48 She subsequently received a reduction of seven months for assisting the IAAF in discovering or bringing forward an anti-doping rule violation. Her sanction finished on 23 August 2015: [IAAF Statement on the reduction of sanction for Liliya Shobukhova, published 24 August 2015](#)

49 [Q1264](#)

50 [Q1271](#)

51 David Bedford, [Correspondence with the DCMS Committee](#), 31 January 2017

42. In a statement on the day that Panorama was broadcast, the IAAF said Lord Coe had had a conversation with David Bedford about the rumours and allegations but not the details. Lord Coe said he then received an email from Mr Bedford with attachments, but that he had not opened these, and had forwarded it to Michael Beloff as the Chair of the IAAF's Ethics Commission.⁵² The full email exchange between Lord Coe and Michael Beloff was requested by the Committee from Lord Coe and was published on 31 January 2017. In his email of 14 August 2014 to Michael Beloff, Lord Coe states, "I have in the last couple of days received copied documentation of serious allegations being made by and on behalf of the Russian female athlete Shobukhova from David Bedford. I have spoken to David today on the phone and he advises me that he has shared this information with you. Should I forward this documentation to you? The purpose of this note is of course to advise you that I have now been made aware of the allegations".⁵³ In oral evidence, Mr Bedford told the Committee that people might think that it showed a lack of curiosity on Lord Coe's part to have not opened the email attachments.

43. The IAAF statement in response to the BBC's Panorama programme responded to the two allegations made by the BBC. The first claim was that Lord Coe was aware of the detailed allegations of corruption within the IAAF which precipitated the Ethics Commission investigation, four months before the corruption allegations became public; and that there is electronic evidence that Lord Coe enlisted the services of Papa Massata Diack, for campaign advice, ahead of the IAAF presidential election in August 2015. The IAAF states that:

The Ethics Commission (as it then was) was deliberately established as a quasi-judicial body to investigate all allegations of corruption and breaches of the IAAF Rules. It is independent of the IAAF. [...] He [Seb Coe] did receive an email from Dave Bedford that said 'The attachments relate to an issue that is being investigated by the IAAF EC (Michael Beloff)'. This was enough for Seb Coe to forward the email to the Ethics Commission. He did not feel it was necessary to read the attachments.

You may think this shows a lack of curiosity. He, and we, would argue that it shows a full duty of care. Ensuring the right people in the right place were aware of allegations and were investigating them.

[...]

The suggestion that Seb Coe was actively seeking Papa Massata Diack's advice about his campaign is wrong. As with any campaign, lots of people offer advice – wanted or not, some helpful, some not. You try to be civil but wary. This was the case with Mr Diack. He sent messages of support while at the same time supporting other candidates and accusing Seb Coe of leading a British media campaign against both him and his father.⁵⁴

52 [IAAF Press Release](#), 16 June 2016

53 David Bedford, [Correspondence with the DCMS Committee](#), 31 January 2017

54 [IAAF Press Release](#), 16 June 2016

Reaction of the IAAF to the IC Report

44. Meanwhile, four days after the publication of the first Independent Commission (IC) report, the IAAF took the unprecedented step of suspending Russia from all competitions. The ban has been extended, leading to there being no Russian team at the Rio Olympics in 2016, the European Athletics Indoor Championships in March 2017, and the World Athletics Championships in London in August 2017. However, the IAAF also agreed to amend competition rules to allow individual Russian athletes to apply for eligibility, on an exceptional basis and subject to meeting strict criteria. This would enable them to take part in international competitions, including the Olympic Games, in an individual capacity as neutral athletes, and not under any country's flag.⁵⁵ This happened at the recent Winter Olympics in South Korea (where Russian competitors again failed doping tests).

45. **Russia has been marred with controversy over doping scandals in the past few years, but one of the most shocking aspects of the Shobukhova case is the collusion of athletics officials in extorting money from drugs cheats in order to protect their identity and the failure of the International Association of Athletics Federation (IAAF) to have systems in place to expose corruption within the organisations. When Lord Coe appeared before the Committee in December 2015 he sought to distance himself from any knowledge of the allegations of doping in Russian athletics, before the details were exposed in the German documentary. His answers to us about this were misleading: Lord Coe may not have read the email and attachments sent to him by David Bedford, whose actions we commend, but it stretches credibility to believe that he was not aware, at least in general terms, of the main allegations that the Ethics Commission had been asked to investigate. It is certainly disappointing that Lord Coe did not take the opportunity, given to him by David Bedford, to make sure he was fully informed of the serious issues at stake in the Shobukhova case and their wider implications for the governance of the anti-doping rules at the IAAF. These are matters of the greatest seriousness and affect the reputation of both the IAAF and Lord Coe, and we commend David Bedford for his stance and evidence in shedding more light on this sad state of affairs. We wish, in the future, to see rigorous systems in place to deal with such matters and individuals acting with curiosity and concern when presented with compelling, important evidence.**

46. We note the progress that the IAAF is making in establishing more independent processes for the investigation of serious complaints brought by whistleblowers. However, the Shobukhova case raises concerns about whether national or international sports federations are capable of investigating themselves when the allegations involve senior figures within the organisation itself. There is a real danger that internal politics inevitably plays a part in the process.

47. We welcome, as positive steps, the development of the Olympic Movement Unit on the Prevention of the Manipulation of Competition, the launch of the International Sport Integrity Partnership and the partnership between the International Olympic Committee and Interpol. Protecting the integrity of sport requires powerful independent organisations to have the means to fully investigate the most serious allegations of corruption.

55 [Exceptional eligibility guidelines for international competition, IAAF, 23 June 2016](#)

The University of Tübingen Study

48. The question of whether the IAAF seeks to suppress the knowledge of doping in sport was highlighted again in reference to a study of doping carried out by the University of Tübingen. WADA funded a study by ten international academics to carry out the survey at the 2011 athletics world championships in Daegu, South Korea, and the Twelfth Quadriennial Pan-Arab Games at Doha, Qatar to assess the prevalence of doping. They asked 2,167 athletes: “Have you knowingly violated anti-doping regulations by using a prohibited substance or method in the last 12 months?” The method used was the ‘randomised response technique’, allowing investigators to pose sensitive questions to respondents in a manner that visibly guarantees the respondent’s anonymity in order to encourage truthful responses.⁵⁶ The lead author of the study was Rolf Ulrich, Professor of Cognitive Psychology at Tübingen University, Germany.⁵⁷

49. Of the athletes surveyed, hundreds confessed to having used performance-enhancing drugs or techniques such as blood transfusions. Once the academics had discounted those who might have lied or misunderstood the question, they concluded that “at least 29%” and possibly 34% of those competing at the world championships had cheated in the past year. The study concluded: “These findings demonstrate that doping is remarkably widespread among elite athletes, and remains largely unchecked despite current biological testing programmes.” It noted that current testing procedures were detecting just 1-2% of doping among top athletes. The findings showed the need for “even more vigilant future anti-doping methods”.⁵⁸

50. The study showed an estimated prevalence of doping in the last year of 43.6% at the World Athletics Championships and of 57.1% at the Pan-Arab Games.⁵⁹ The authors commented: “Sensitivity analyses, assessing the robustness of the estimates under numerous hypothetical scenarios of intentional or unintentional non-compliance by respondents, suggested that we were unlikely to have overestimated the true prevalence of doping.”⁶⁰

51. The authors were keen to have this paper peer-reviewed and published by a respectable scientific journal, as they believed that the technique they used would be helpful in addressing doping. However, when the Committee was sent a copy, in February 2016, it had still not been published. Although funded by WADA, the information collected from the athletes was the property of the IAAF, as ‘guardian’ of athletes’ interests, and the IAAF refused to give permission for that information to be released, which meant that WADA could not agree to the publication of the study that it had sponsored.⁶¹

56 Those taking part knew their anonymity was protected by the methodology of the study. While two-thirds were asked about doping, the remainder were asked a benign question. The data did not reveal which group an individual athlete was in.

57 Other authors of the study were scientists from the Harvard Medical School, McLean Hospital, Swansea University, Kingston University, University of Sheffield, Molde University College in Norway, the University of Northern Colorado, the Colorado School of Public Health and Johannes Gutenberg University Mainz. [Doping in two elite athletics competitions assessed by randomised-response surveys](#), Rolf Ulrich et al, 28 August 2017.

58 [Doping in two elite athletics competitions assessed by randomised-response surveys](#), Rolf Ulrich et al, 28 August 2017

59 The study states that these figures are in line with other, smaller-scale studies using similar techniques of questioning, carried out in Germany.

60 [Doping in two elite athletics competitions assessed by randomised-response surveys](#), Rolf Ulrich et al, 28 August 2017, Abstract.

61 [Q431](#)

52. Tübingen University told us that, after the data had been collected, all the researchers were required by WADA to sign retrospective confidentiality clauses, preventing them from discussing their findings. The university added that the academics “were not informed WADA had agreed with the IAAF that it would only publish the study in a scientific journal with the IAAF’s prior approval.” Tübingen said it had been told that the delays were caused by changes of staff in the IAAF’s anti-doping team. “However, these individuals have still not let it be known when the study will finally be approved for publication—or indeed, if it ever will be approved. [...] The study is an independently initiated scientific research project and was not commissioned by the IAAF.”⁶²

53. WADA explained that it had sought the agreement of the IAAF to carry out the project at the Daegu world championships in 2011, and the IAAF’s consent was conditional upon any publication first being approved by the IAAF.⁶³ The IAAF said it was “surprised” details had emerged of a study “which has not yet been published”, adding, “Discussions are ongoing with the research team and WADA regarding publication of the study.”⁶⁴

54. When we raised the issue with Nicole Sapstead of UK Anti-Doping (UKAD) she said: “The time is right now to show some clear transparency, so why would you not publish that report?”⁶⁵ Our predecessors thought the research in the paper important enough to make its conclusions public, and written evidence was published on the Committee’s website.⁶⁶

55. The Committee’s repeated calls for the IAAF to grant WADA permission to publish the study that it had commissioned were ignored. When questioned, Lord Coe offered a variety of answers. First, he said that the issue for the IAAF was about the effectiveness of the methodology, as their conclusions were based on data from a questionnaire. He later said that the IAAF were still checking on the methodology, and as long as the methodology that the scientists used was appropriate and the conclusions drawn were on a scientific basis, then he would agree.⁶⁷ Lord Coe also indicated that he thought publication of the report unnecessary, as it had already been published on the Committee’s website.

56. Professor Ulrich and Georg Sandberger, Chancellor Emeritus at the University of Tübingen, wrote to us following our evidence session with Lord Coe and Thomas Capdevielle, rejecting the evidence of Lord Coe and Mr. Capdevielle, writing that “their statements are contradictory and—from our point of view—in parts also untrue. [...] Further withholding the results of this study is also an enormous damage to the efforts of combatting doping and against scientific freedom.”⁶⁸ They made the point that, without publication and the accompanying peer-review, the study would not achieve scientific and official recognition:

Lord Coe repeatedly claimed that the paper *Doping in Elite Sports Assessed by Randomized-Response Surveys* was rejected by several journals.⁶⁹ The University refuted this claim. They said “the paper was never submitted to

62 [Doping in two elite athletics competitions assessed by randomised-response surveys](#), Rolf Ulrich et al, 28 August 2017

63 [Q431](#)

64 Reported in BBC, “[IAAF accused of suppressing athletes’ doping study](#)”, 15 August 2015

65 [Q619](#)

66 [See the Committee’s written evidence webpage for this inquiry](#)

67 [Q426](#)

68 University of Tübingen ([BDA0005](#)), 23 February 2016

69 [Q416](#)

several journals. They had written on one occasion a pre-submission inquiry to the journal *Science*. However, their request was turned down because the editor felt that it did not fit their categories of articles. It was therefore rejected before any scientific review, therefore the fact it was rejected had nothing to do with its scientific validity.⁷⁰

57. Professor Ulrich argued: “On the one hand they [the IAAF] say that they have no right to veto, but on the other hand they are claiming that it is legitimate to verify the validity of the article before they give permission to publish (thereby contending that they have power to veto)”.⁷¹ Thomas Capdevielle, Anti-Doping Senior Manager/Acting Operations Director at the IAAF, told us that the IAAF had sought independent advice from social science specialists about the methodology the University had used.⁷² In their rebuttal, Professor Ulrich said this was never revealed to them: in fact, it was not clear to them how many reviewers were asked and whether those reviewers were independent of the IAAF.⁷³

58. There was no good reason why the Tübingen paper should not have been formally published several years ago. The International Association of Athletics Federation’s (IAAF) claim that it needed to check the methodology is entirely spurious, since one explicit aim of the study’s authors was to test the validity of the methodology they were using, which was, in their view, one of the key areas for peer review. Lord Coe’s assertion that there was no need for the IAAF to publish the document because it was now available via the Committee website is frankly risible. We are pleased to note that the Tübingen study was finally published in August 2017, taking almost six years to be officially published. We find the IAAF’s stated reasons for blocking publication of the study to be unconvincing, and we are concerned that their behaviour indicates a lack of transparency and, worse, an apparent desire to suppress revelations about doping in sport. It is another example of a reluctance to share evidence relating to doping which suggests that the IAAF is more concerned with preventing dissemination of evidence on the subject than addressing the core issue of doping itself. We call on Lord Coe, as President, to ensure that the IAAF acts resolutely at all times to tackle doping in athletics and to restore its tattered reputation.

70 University of Tübingen ([BDA0005](#)), Point 2

71 University of Tübingen ([BDA0005](#)), Point 4

72 [Q427](#)

73 University of Tübingen ([BDA0005](#)), Point 3

2 British Cycling and Team Sky

Introduction

59. In September 2016, the Russian-based cyber espionage group, Fancy Bear, published documents obtained by hacking into the WADA computer systems, which showed how a number of athletes had been granted Therapeutic Use Exemptions (TUEs), which permitted them to take medicines to treat long-term conditions like asthma or pollen allergies. These exemptions were required because the drugs that were requested to be administered were banned within periods of competition in the absence of TUEs.

60. Whilst permission was given by WADA for their use to meet a stated medical need, some people have questioned the ethics of the TUE system, as these drugs can also have performance enhancing properties. As a result of the Fancy Bear hack, there was particular scrutiny of the three TUEs granted to the British cyclist, Sir Bradley Wiggins, before the 2011 and 2012 Tour de France, and the 2013 Giro d'Italia, for the use of the powerful corticosteroid, triamcinolone, to treat his asthma. Each of these applications was approved under the WADA rules at the time, by a single doctor at WADA, Mario Zorzoli.

61. Following the Committee's earlier work looking at how the anti-doping rules are administered and policed in athletics, we decided to investigate how some of the same issues are addressed in cycling. In particular, we wanted to know how British Cycling, as a national governing body, and Team Sky, as the then team of Sir Bradley Wiggins, ensured that the proper anti-doping procedures were being followed. We consider it important that, regardless of the nationality of athletes and teams, anti-doping rules are enforced consistently and fairly.

Therapeutic Use Exemptions (TUEs)

62. Therapeutic Use Exemptions (TUEs) enable athletes to obtain authorisation to use a prescribed prohibited substance or method for the treatment of a legitimate medical condition.⁷⁴ The list of prohibited medications is decided by the World Anti-Doping Agency (WADA).⁷⁵ For a national governing body to approve a TUE, there are strict rules: that the athlete would suffer significant health problems without taking the substance; that it would not be significantly performance-enhancing; that there is no reasonable therapeutic alternative; and the need to use it is not due to prior use without a TUE. Some substances are prohibited at all times, while others are prohibited only during competition periods. There has been a marked rise in the number of TUEs across all sports generally, according to WADA's Annual Reports. In 2013, there were 636 approved TUEs, in 2014 there were 897, in 2015 there were 1330 and in 2016 there were 2,175.⁷⁶ The rise, according to WADA officials, is the direct result of an increase of TUEs being entered into WADA's Anti-doping Administration and Management System (ADAMS), and not an increase in TUE applications.⁷⁷

63. Richard McLaren, who carried out one of the WADA investigations into doping in Russia, spoke about how the system of granting TUEs is open to abuse and that a review

74 UKAD, [About Therapeutic Use Exemptions \(TUEs\)](#)

75 WADA, [2017 List of Prohibited Substances and Methods](#)

76 WADA, ['Annual Report 2014'](#) and WADA, ['Annual Report 2015'](#)

77 WADA, ["FAQs: Therapeutic Use Exemptions"](#), published November 2017, pg. 6

ought to be conducted.⁷⁸ Lord Coe, President of the International Association of Athletics Federations, has defended TUEs in athletics but admitted that they could be exploited.⁷⁹ David Millar, the former British pro-cyclist, who served a two-year ban from cycling between 2004 and 2006 for doping, also believes that the TUE system, “is open to abuse. Some of the medical conditions used to justify a TUE can be difficult to validate; and as I discovered, an unscrupulous rider and doctor could exaggerate or simply make up symptoms that would merit a prescription and exemption.”⁸⁰

64. The former President of the Union Cycliste Internationale (UCI), Pat McQuaid, recalled discussing the potential abuse of the TUE system with Dr Zorzoli, the medic who approved Bradley Wiggins’ certificates. He said, “I do remember having a discussion with Zorzoli and he told me that at the Classics [like the Tour de France] there were riders who were looking to win or do well and were taking corticosteroids during that period on a TUE. He felt that it wasn’t a genuine TUE but that it was just to help them.”⁸¹

65. The stated purpose of some of the use of corticosteroids used under TUEs was to treat long-term conditions such as asthma. Our predecessors received briefings from several doctors, who wished not to be named, about the validity of this approach. They were told that, on average, 20% of British Olympians have asthma, higher than the UK population average of about 8%. Some sports are ‘respiratory-heavy’, such as: swimming, where 70% suffer from asthma, probably exacerbated by breathing in chemicals used in swimming pools; cycling, where between 30-40% of elite cyclists are affected; and about 25-30% of footballers and rugby players. On the other hand, athletes competing in sports like shooting and archery have rates of asthma at around 5-10%.

66. Some medical experts were of the view that having to resort to the use of drugs such as triamcinolone to treat asthma was a sign that the athletes and their medical advisers were not managing their condition effectively. They were of the view that corticosteroids are such an aggressive form of treatment that they should be reserved for emergencies, and used only for a brief period of time. One noted of the British Olympic swimming team (of whom 70% suffered from asthma and most had lung capacity of only 50%), with the effective management of their asthma, none of them required any banned treatments and therefore none needed a TUE. Professor Brian Lipworth of the Scottish Centre for Respiratory Research said that it would be “utterly bonkers” to prescribe drugs like triamcinolone to treat asthma, adding “there are so many alternatives which are just as effective but with less severe adverse effects.”⁸²

67. David Millar believes, though, that drugs like triamcinolone are used by riders because of their performance-enhancing properties. He states that the drug is a “very powerful synthetic corticosteroid. I know this because I’ve used it, three times: the first for a medical reason [...] the other times, for performance enhancement.” According to Millar, the drug is a “catabolic agent” and added that on the occasions he used it he was “the lightest I’d been in my career, yet I didn’t lose power—often the penalty when a rider sheds weight. Physically, I looked like a machine, muscle fibres were visible and a road map

78 BBC Sport, [‘TUE system can be abused by athletes – Dr Richard McLaren’](#).

79 The Economist, [‘A doper’s dupe? How athletes can use medical exemptions to beat drug testers’](#)

80 New York Times, [“How to Get Away with Doping”](#), 14 October 2016

81 Cycling News, 23 September 2016

82 Daily Telegraph, [“Sir Bradley Wiggins last-resort drug”](#), 21 September 2016

of veins crisscrossed my entire body. It made me better all around.”⁸³ This improvement in the power-to-weight ratio for a professional cyclist is particularly important before major road races like the Tour de France, which involve a lot of cycling up hill.

68. Bradley Wiggins’ own race preparation is a good example of the need of riders to control their weight. Wiggins’ road racing weight is around 70kg, compared with a weight of around 83kg when he competed for Great Britain in the velodrome during the 2016 Rio Olympic games.⁸⁴ Michael Rasmussen, like David Millar, a professional cyclist convicted of doping offences, has also spoken out about his abuse of drugs like triamcinolone, stating, “There is no doubt in my mind that corticosteroids [are] very, very strong and performance enhancing. It would postpone this sensation fatigue, increase your recovery speed and most importantly and quite easily I would drop one or two kg which is very important when you want to climb mountains. It will drain the body from all excess fat in a quite short period of time. It’s a very fast and very effective drug in that sense.”⁸⁵

69. The Cycling Independent Reform Commission (CIRC), established by the Union Cycliste Internationale (UCI) following the Lance Armstrong doping scandal, noted in its final report published in 2015 that: “Corticoids are widely used today both to reduce pain and therefore improve endurance capability and to achieve weight loss to improve power to weight ratio. On the WADA Prohibited List all corticoids are prohibited when administered by oral, intravenous, intramuscular or rectal routes, but Therapeutic Use Exemptions (“TUEs”) can be requested for such administration”.⁸⁶

70. One doctor stated that it was impossible to lose the weight that some riders achieve without assistance, and that TUEs are used to enable this practice. He stated that riders use corticoids to “lean out” i.e. to lose weight quickly, and keep it off, without losing power. By way of example he explained that to lose 4kg in 4 weeks by using corticoids would provide a 7% power/weight improvement.⁸⁷ He added that when used in large quantities and in conjunction with other substances, they supported performance gains.⁸⁸ Another doctor stated that some quite recent big wins on the UCI World Tour were as a result, in part, of some members of the team all using corticoids to get their weight down to support the individual who won (who also used the same weight-loss technique). It was reported that this had been a planned approach by that group’s management.⁸⁹

71. Evidence given to the CIRC was done so anonymously, and witnesses included former Team Sky Doctor, Roger Palfreeman. Dr Palfreeman was certainly aware of the performance-enhancing properties of corticosteroids. Writing on ‘Doping in Sport’ in the academic journal *ABC of Sports and Exercise Medicine* published in the same year as the CIRC report, Dr Palfreeman stated, “Systemic corticosteroids are widely abused in some endurance sports, where they are used for a number of reasons. Anecdotally, they

83 New York Times, “[How to Get Away with Doping](#)”, 14 October 2016

84 Cycling Weekly, [Bradley Wiggins gains over 11kg as he prepares for Olympic team pursuit](#), 4th Jan 2016

85 [BBC Newsnight](#), 23 September 2016

86 Cycling Independent Reform Commission, “[Report to the President of the Union Cycliste Internationale](#)”, pg 59

87 Cycling Independent Reform Commission, “[Report to the President of the Union Cycliste Internationale](#)”, pg 60

88 Cycling Independent Reform Commission, “[Report to the President of the Union Cycliste Internationale](#)”, pg 60

89 Cycling Independent Reform Commission, “[Report to the President of the Union Cycliste Internationale](#)”, pg 60

are thought to result in the breakdown of adipose tissue [fat], particularly when combined with high volumes of endurance training. This effect is used primarily in endurance sports where the power-to-weight ratio is an important determinant of performance”.⁹⁰

72. Triamcinolone continues to have a positive effect for people who have taken the drug for two to four weeks after it is administered. Dr John Dickinson of the University of Kent, who is one of the foremost experts on the treatment of asthma in sport, has stated that, “some of this stronger medication can potentially improve endurance performance which is where this use becomes controversial. Rules may have to be adjusted so that athletes with a TUE taking stronger asthma medication cannot compete during the time they are using it. This rule change would protect the athlete’s health and the integrity of sport.”⁹¹

73. Organisations such as the Mouvement Pour un Cyclisme Credible [MPCC], whose purpose is to “defend the idea of a clean cycling based on notions of transparency, responsibility and mobilization of its members,” have also called for a minimum eight-day rest period for riders who are given intra-articular corticosteroid injections, of the kind prescribed for Bradley Wiggins.⁹² This would help restrict the use of the drug to treating severe medical need, rather than as a performance enhancer. Membership of the MPCC includes 38% of world tour teams, and 86% of professional European continental teams are also members; Team Sky, however, is not. This policy of an eight-day rest period following treatment with corticosteroids is also supported by WADA and the UCI. It is clear that when drugs are used which may have performance-enhancing effects, their use must be fully documented and controlled. It is incumbent upon any organisation or individual who uses such drugs to ensure that proper procedures are followed.

74. Bradley Wiggins has defended his use of triamcinolone to treat his asthma and allergies in 2011, 2012 and 2013. In an interview on The Andrew Marr Show, he argued that his use of TUEs simply put himself “back on a level playing field” with his rivals.⁹³ Shane Sutton, Bradley Wiggins’ coach at Team Sky at the time, has explained that it was then common for athletes to use TUEs to “find gains” if they were allowed to. “If you have an athlete who is 95% ready and that little 5% niggle or injury that is troubling him, if you can get that TUE to get him to 100%, yeah of course you would in them days.”⁹⁴ The rules at that time permitted the use of triamcinolone subject to the granting of a TUE exemption. In such circumstances, however, it was imperative that procedures relating to the granting of a TUE are applied and enforced rigorously.

The 2011 Criterium du Dauphiné cycling road race

75. The 2011 race, the 63rd running of the Criterium du Dauphine, started on 5 June 2011 in Saint Jean-de-Maurienne, Southeast France, and ended on 12 June in La Toussuire. It was won by Bradley Wiggins, and was a significant part of his preparation for the Tour de France, which started on 2 July. A few days before the end of the race, the Team Sky Doctor,

90 Roger Palfreeman, “Doping in Sport”, in Greg P. Whyte, Mike Loosemore, Clyde Williams (eds.), *ABC of Sport and Exercise Medicine* (London, 2015)

91 Sandy Fleming, “[Expert comment: Dr John Dickinson on the truth about cycling and asthma](#)”, University of Kent, 13 December 2017

92 MPCC, “[What’s the MPCC?](#)”, accessed December 2017

93 BBC News, “[Sir Bradley Wiggins: No unfair advantage from drug](#)”, 25 September 2016

94 BBC Panorama, “[Britain’s Cycling Superheroes: The Price of Success?](#)”, 19 November 2017

Dr Richard Freeman, asked Shane Sutton if he could arrange for a medical package to be collected from the drugs store shared by Team Sky and British Cycling at the velodrome in Manchester, and brought out to La Toussuire for the end of the race.

76. Sutton confirmed that Simon Cope, then the women’s road racing coach at British Cycling, would be coming out to join him in La Toussuire that day, so could bring the package with him. Dr Freeman then spoke to Phil Burt, a physio at British Cycling in Manchester, and gave him instructions about what to include in the package. Phil Burt has stated in writing to the Committee that he has no recollection whatsoever of what he put in the package. There are also no records at British Cycling to confirm what drugs were supplied. When the package was prepared, Phil Burt left it on the desk of Shane Sutton’s assistant for Simon Cope to collect.

77. Simon Cope confirmed in his evidence to the Committee that he had been previously asked to go out to La Toussuire on 12 June “to help in a logistical role”.⁹⁵ He described picking up the package: “It was left on a desk in the British Cycling office. From what I can remember, I think it was a jiffy bag [...] with a little post-it note just saying, “For Simon, for Richard Freeman”. That was it”.⁹⁶ Even though Simon Cope would be required to carry that package through an airport and onto an international flight, he had no documentation to confirm what was in the package, nor had he been told by British Cycling what was in it.⁹⁷ Equally, when we asked Mr Cope if he had misled airline staff when asked if he had packed his own bag, he replied “if they asked that question, yes”.⁹⁸ He also confirmed that the package was sealed and that when he arrived in La Toussuire, he gave it directly to Dr Freeman.⁹⁹

78. When Shane Sutton gave evidence to the Committee, he stated that Dr Freeman had told him after the end of the race in La Toussuire that he had treated Bradley Wiggins with the medication that was in package.¹⁰⁰ He said that Freeman had told him “Brad’s been sorted”.¹⁰¹ Sutton was clear that he did not see what was in the package, and was not there when it was administered. The Committee asked Sir Bradley Wiggins if he could confirm to us in writing his recollection of the treatment he received on 12 June 2011. In his statement he makes clear in response to our question to him that he has “no knowledge that ‘any laws were broken or any anti-doping trafficking regulations were breached’ in relation to myself either before, during or after the race. As a rider I was not involved in the logistics of running the team whether in competition or otherwise.” With regards to the treatment he did receive, Sir Bradley Wiggins told us that, “as far as I can recall, I did not receive any treatment after the race other than the usual recovery packs. By the evening of 12 June 2011 I had travelled to a high altitude training camp in Sestrière where I was given Fluimucil through a nebulizer.”¹⁰²

79. On 23rd September 2016, UK Anti-Doping (UKAD) started an investigation based on information received about a possible anti-doping rule violation, concerning the contents

95 [Q1437](#)
 96 [Q1433](#)
 97 [Q1541](#)
 98 [Q1464](#) When asked in evidence if the airline staff had asked him if he had packed his own bags, Mr Cope said he could not remember.
 99 [Q1435](#)
 100 [Q1074](#)
 101 [Q1074](#)
 102 Responses by Bradley Wiggins to written questions.

of a package delivered to Dr. Freeman in France. The allegation was that the package contained triamcinolone, which, if administered to Bradley Wiggins after the race had finished in La Toussuire, would have counted as an anti-doping rule violation, as it was banned in competition which includes up until midnight on the last day of the race. There was also no TUE in place for Bradley Wiggins to permit its use at that time; however, an application for a TUE, dated 30 May 2011, to allow Bradley Wiggins to use triamcinolone had been submitted to WADA. Bradley Wiggins' TUE for triamcinolone was not granted until 26 June 2011. This fact is evidence that Bradley Wiggins, or a member of his team, wished him to take triamcinolone around that time. Bradley Wiggins' coach Shane Sutton has confirmed to the Committee that he was aware of the TUE application for triamcinolone that had been made by Dr Freeman to treat Wiggins, and that he believed this was in place when the team was in La Toussuire on 12 June. Therefore, if triamcinolone had been administered during a competition period it would not have given him any cause for concern. Shane Sutton told us that "[Dr Freeman] told me virtually the minute he got the TUE and I think it was end of May [2011] [but I] can't be 100%. That's why I thought everything was above board."¹⁰³

80. On 19th December 2016, the Committee took evidence from the manager of Team Sky, Sir David Brailsford. He said that he had conducted his own inquiry within the team to try and determine what was in the package. He told the Committee that according to Dr Freeman, the package contained the drug Fluimucil (Acetylcysteine), which is not a prohibited substance and is used for the treatment of a build-up of mucus or catarrh.¹⁰⁴ However, Dr Freeman also explained that Fluimucil can have "unwanted immediate side effects on airway reactivity (asthma)".¹⁰⁵

81. However, there are no records held by either British Cycling or Team Sky. UKAD told the Committee that its investigation had discovered that Dr Freeman kept Bradley Wiggins' medical records on a laptop that was stolen in Greece in 2014, and no back-up copy was ever made.¹⁰⁶ Despite the fact that it was Team Sky policy for medical records of riders to be uploaded to a shared Dropbox cloud computing storage site, this was never done. Nor, in the three years from 2011 to 2014, did anyone at Team Sky check this, and insist that the records were uploaded. This is even more lacking in credibility given that these were not just the records for a junior rider, but those of the lead cyclist in the team.

82. Team Sky told the committee in written evidence submitted in March 2017 that, "One of Dr Steve Peters' responsibilities, as Team Sky's Clinical Director, was to review whether rider medical notes were being uploaded properly to Dropbox. While Dr Peters did take steps to improve compliance in respect of Team Sky policies going forward, Sir Bradley's records from the Critérium du Dauphiné were not retroactively uploaded to Dropbox. To address compliance issues more rigorously, Team Sky appointed a full-time Compliance Officer in 2013, whose role was to ensure compliance with all Team Sky policies."¹⁰⁷

83. The failure to keep proper medical records was not just a breach of Team Sky policy, but also that of the General Medical Council (GMC), and the Medicine and Healthcare Products Regulatory Agency (MHPR). The GMC guidance for doctors states that, "Documents you make (including clinical records) to formally record your work must

103 Correspondence between Shane Sutton and the Committee

104 [Q1115](#)

105 Dr Richard Freeman ([BDA0018](#))

106 [Q1584](#)

107 Team Sky ([BDA0017](#)), para 3

be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards. You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements.”¹⁰⁸ The MHPRA gave written evidence to the Committee on 1st March 2017, addressing the failure of both Team Sky and British Cycling to store proper records relating to the supply of the medical package to Dr Freeman. In this they stated that, “If British Cycling supplied the medicines to Dr Freeman, they would have needed to hold a wholesale dealer’s license and keep a record of the supply to Dr Freeman, including the name and quantity of the product supplied and the date of dispatch.”¹⁰⁹ We know, therefore, the following: (i) there is no verifiable evidence of what was in the package, and (ii) there are no medical records to establish what was in the package.

84. To many people, the whole story of the package seems implausible, to say the least. If the package was needed urgently, why, according to travel records given to the Committee by British Cycling, did Simon Cope collect it from Manchester on 8th June, but not fly out with it until 12th June. If the package did indeed contain Fluimucil, why was someone asked to bring it out from Manchester, when one of the pharmacies where Team Sky had previously sourced this same drug was just a few hours’ drive away in Switzerland, at the Pharmacie De La Plaine, in Yverdon.

85. Team Sky’s accounts of what happened in La Toussuire have also been inconsistent. It was initially claimed that the package Simon Cope brought out to La Toussuire was for the British women’s team cyclist, Emma Pooley, and not for Bradley Wiggins. However, it was later confirmed that, at that time, Emma Pooley was 700 miles away in Spain. Team Sky also claimed that the team bus, containing both Dr Freeman and the package, had left La Toussuire before Bradley Wiggins had completed his post-race media commitments, until video evidence proved that this was not the case. Matt Lawton, the Daily Mail journalist who first reported about the package that was sent for Bradley Wiggins, also reported on 20th December 2016, that David Brailsford had said to him, “If you didn’t write the story, is there anything else that could be done?”¹¹⁰ Further information shown to the Committee claimed that the product that was requested to be sent out to the event was triamcinolone. We recently asked Dr Freeman to comment on the contents of the package. In response, rather than confirm what David Brailsford told the Committee that the package contained, “only Fluimucil”, he wrote that he had taken legal advice, and said:

where I have not had disclosed to me the nature of the “new evidence”, its format, source and any other relevant details, including why the evidence should only be available now, it would not be appropriate for me to respond presently. Given the potential seriousness of the matters you have now raised, I am advised that mindful of the background of various investigations which are ongoing, I should not be expected to provide any further comment to you presently.¹¹¹

86. When UK Anti-Doping (UKAD) reported on its investigation into the package, it concluded that it “remains unable to confirm or refute the account that the package

108 GMC, “[Good medical practice](#)”, 25 March 2013

109 MHPRA ([BDA0014](#)), para 8

110 The Daily Mail, “[Sir David Brailsford’s bid to hide the truth](#)”, 19 December 2016

111 Letter from Dr Freeman to the Committee, published on the Committee’s website.

delivered to Team Sky contained Fluimucil.”¹¹² In her statement, the Chief Executive of UKAD, Nicole Sapstead, commented that, “Our investigation was hampered by a lack of accurate medical records being available at British Cycling.”¹¹³ This is a serious concern. As part of their conditions to receive public funding from UK Sport and other Home Country Sports Councils, all sports governing bodies must comply with the UK National Anti-Doping Policy. In this case the matter was further complicated by the crossover between personnel at British Cycling and Team Sky.” Furthermore, in a private letter to British Cycling on 14 November 2017, which was published by the BBC in January, UKAD went further and stated that the lack of records for the package sent to Team Sky in 2011 was not an isolated example, but was a consequence of the failure of British Cycling’s systems.¹¹⁴

87. UKAD commented that:

There was no process to record what pharmaceutical products and medical supplies were stored by British Cycling at the Manchester Velodrome or elsewhere, and what was checked in and out of the medical room on site [...] The medical room [...] was chaotic and disorganised—there was no apparent filing system and papers were just piled up in cupboards and filing cabinets.”¹¹⁵

UKAD also noted that they “found little, if any evidence of supervision or executive oversight of the Team Doctors (Dr Freeman and Dr Steve Peters) by British Cycling.”¹¹⁶ Even more seriously, UKAD stated in their letter that British Cycling’s actions could have compromised their investigation. They wrote, “Despite being aware of the allegations in relation to the 2011 ‘package’ British Cycling was slow to inform UKAD of these, in fact, contact on this matter was made at UKAD’s instigation. Contact by British Cycling with some members of staff at British Cycling, prior to informing UKAD could have potentially compromised our investigation with the possible loss of data evidence”.¹¹⁷

88. This letter also seems to discredit the evidence given to the Committee by British Cycling in the oral evidence hearing in December 2016. When the then Chairman of British Cycling, Bob Howden, was asked whether they kept detailed records of packages being moved in and out of their stores he said, “If it is a pharmaceutical product, then yes.”¹¹⁸

89. Like UKAD, the Committee is not in a position to state what was in the package, because of the absence of any records of the medication that was sent, notwithstanding the evidence seen by the Committee. The lack of these records is a serious failure both for Team Sky and British Cycling. It is also a failure of management at Team Sky, led by David Brailsford, as how can the managers and coaches assert with confidence that they are following the highest ethical standards in cycling, if they don’t have access to records to show what treatments the doctors are prescribing to the riders? We have no verifiable

112 UKAD, “[Statement after closing its investigation into the package delivered to Team Sky in June 2011](#)”, 15 November 2017

113 UKAD, “[Statement after closing its investigation into the package delivered to Team Sky in June 2011](#)”, 15 November 2017

114 BBC, “[British Cycling failures hindered jiffy-bag inquiry - UK Anti-Doping](#)”, 12 January 2018

115 BBC, “[British Cycling failures hindered jiffy-bag inquiry - UK Anti-Doping](#)”, 12 January 2018

116 BBC, “[British Cycling failures hindered jiffy-bag inquiry - UK Anti-Doping](#)”, 12 January 2018

117 Reported by Eurosport, “[UKAD Criticism of British Cycling’s handling of doping allegations revealed](#)”, 12 January 2018.

118 [Q1017](#)

evidence that the package contained Fluimucil. We cannot say that the package contained triamcinolone. We do know that Bradley Wiggins applied for a TUE to take triamcinolone and that he was, some time later, granted TUEs to take that medication. Responsibility for the continued doubt on this matter rests on British Cycling, Team Sky and the individuals concerned, all of whom have failed to keep simple records. Such failure was unprofessional and inexcusable, and that failure is responsible for the damaging cloud of doubt which continues to hang over this matter.

90. In his evidence to the Committee, David Brailsford stated that Team Sky, “have a very good compliance and governance structure within the team; I would say world leading. We don’t have a single doctor operating in isolation.”¹¹⁹ If that was the case, then the situation would not have arisen that Bradley Wiggins’ medical records could have been lost. The system at Team Sky was either not as robust as David Brailsford states, or certain information was deliberately not recorded in line with the stated policy of the team. Both David Brailsford and Dr Peters must share some of the responsibility for the failure of Dr Freeman to ensure that Bradley Wiggins’ medical records were properly stored.

Medicines policy at Team Sky

91. When giving oral evidence to the Committee, David Brailsford, stated: “I don’t think there is any justification for taking medication without a medical need.”¹²⁰ In a lengthy interview with The Telegraph’s ‘Cycling Podcast’, broadcast on 16th October 2016, he also described the importance of not crossing the ethical line where treatments are “medically prescribed without medically being required.”¹²¹ In his evidence, Shane Sutton described Team Sky as “Immaculately clean [...] it is absolutely 100% a clean team.”¹²²

92. The definition of the term ‘clean’ in cycling is not as straightforward as it might seem. The CIRC report noted that, “There is no ‘one size fits all’ definition from within the sport of what clean means. The generally accepted understanding of being clean is that an athlete does not take products that are on the WADA Prohibited List. Some riders will take substances on the List but, having not been caught, consider themselves clean. Some will take substances that are on the List but are not yet detectable, and therefore believe that they are clean. Some riders stop doping before a big event and therefore consider themselves to be riding clean. All definitions have been described by riders and other stakeholders. The Commission heard that some riders also experiment with performance-enhancing substances and practices that are not yet on a banned list. There is a considerable amount of spin around what being clean means to riders and teams.”¹²³

93. During the course of our investigation, the Committee was keen to understand more about how Team Sky policed the ethical line that it had drawn for itself, to make sure that drugs such as triamcinolone were used to treat genuine medical needs only. In written evidence to the Committee published in March 2017, Team Sky stated that, “Our records indicate that 55 ampoules [pre-measured doses ready for injection] of triamcinolone were ordered by Team Sky over a 4-year period between 2010 and 2013. Only a small proportion of this was administered to Team Sky riders. According to Dr Freeman, the

119 [Q1108](#)

120 [Q1150](#)

121 [The Cycling Podcast](#), 16 October 2016

122 [Q1098](#)

123 Cycling Independent Reform Commission, “[Report to the President of the Union Cycliste Internationale](#)”, pg 21

majority was used in his private practice and to treat Team Sky and British Cycling staff.”¹²⁴ The Committee asked Team Sky to confirm how ampoules were given to riders, and how many riders were treated with it. They responded stating that, “For reasons of medical confidentiality, you will appreciate that Team Sky cannot divulge specific information which might reveal the identity of any rider’s medical treatment. However, we can say that, based on Team Sky’s shared medical records, less than 10 ampoules of triamcinolone were administered to Team Sky riders in the four years between 2010 to 2013.”¹²⁵

94. We already know from Bradley Wiggins’ TUE certificates that he was treated on three occasions with triamcinolone during this period.¹²⁶ It would only be a breach of a rider’s medical confidentiality if Team Sky were to state that he was the only rider to be treated using this drug in the four years between 2010 to 2013. If Team Sky had said that two or three riders had received the treatment, we would not have been able to identify the others from this evidence.

95. The Committee asked Dr Freeman, who worked with Team Sky throughout this period and whose knowledge of the use of the drug was cited by the Team in its evidence, to how many riders he had administered triamcinolone. He replied, “I can only recall one rider.”¹²⁷ We also asked Shane Sutton whether he was aware at this time of any Team Sky riders other than Bradley Wiggins who were being treated with corticosteroids such as triamcinolone, to which he replied, “None whatsoever.”¹²⁸ The Committee asked David Brailsford whether Bradley Wiggins had used corticosteroids like triamcinolone, out of competition and therefore without the need for a TUE. He replied, “Not to my knowledge”, but also stated that he “would not ask the medical department” about this, as “That was up to them.”¹²⁹ He did confirm though that there were occasions during his time with British Cycling and Team Sky where corticosteroids would have been administered to riders outside of competition, on medical advice. Bradley Wiggins has though stated in writing to the Committee that he was treated with triamcinolone on other occasions outside of competition and without the need for a TUE.¹³⁰

96. The Committee also received a written statement from a whistleblower, who wishes to remain anonymous, from Team Sky, which we published in April 2017.¹³¹ The identity of this person is known to us; they are well respected within the cycling community and held a senior position at Team Sky at the time of the events under investigation. The whistleblower also raised the issue of the use of triamcinolone at Team Sky, stating that they “believe that TUE’s were used tactically by the team to support the health of a rider with an ultimate aim of supporting performance. At that time there were regular rider review meetings and all details of the rider were discussed, medical confidentiality was waived (this is common practice in sport) and the seriousness of Brad’s allergies were not discussed. The use of the triamcinolone acetonide was never discussed in these meetings however it had been discussed outside of the rider review meetings as a general discussion, because it had been used for years in cycling and the consensus was it would

124 Team Sky ([BDA0015](#)), para 29

125 Team Sky ([BDA0017](#)) para 3

126 *The Guardian*, “[Chris Froome says questions remain over Bradley Wiggins’ use of TUEs](#)”, 18 October 2016.

127 Dr Richard Freeman ([BDA0019](#)), para 1

128 [Q1066](#)

129 [Q1109](#)

130 Responses by Bradley Wiggins to written questions

131 Whistleblower ([BDA0021](#))

be inappropriate to use.”¹³² The whistleblower also challenged the consistent assertion by David Brailsford and Shane Sutton in their evidence to the committee that the coaching staff were led by the medical team when it came to treatments, stating

In 2012 the team was under extreme pressure to perform. Dave B and Shane Sutton put a great deal of pressure on the medical team in particular Richard Freeman to provide more proactive medical support. Using TUEs was openly discussed in hushed voices as a means of supporting health and wellbeing [...] At the [DCMS Select] committee interview Shane hid behind trusting the medical team, this is utter nonsense, he directed the medical team, he constantly bullied Richard Freeman.¹³³

97. The former pro-cyclist David Millar explained from his experience of using and abusing triamcinolone to enhance his performance, that it was “a once-a-year drug; the stress it put on your body required time to recover. You’d be mad to take it more often or in bigger doses, although, sadly, there were enough madmen around at the time in professional cycling who surely did just that.”¹³⁴ However, from the evidence presented to the committee it might appear that Bradley Wiggins may have been treated with triamcinolone on up to nine occasions, in and out of competition, during a four-year period. It would be hard to know what possible medical need could have required such a seemingly excessive use of this drug. While the use of triamcinolone out of competition is within the WADA rules, such frequent use of the drug, given its potential performance enhancing properties, seriously calls into question David Brailsford’s assertion that Team Sky only use medicines to treat medical need.

98. Members of the Committee have also received confidential material from a well-placed and respected source regarding medicines policy at Team Sky during the period covered by Bradley Wiggins’ TUE certificates, for the use of triamcinolone within competition periods. This states, with particular reference to Team Sky’s preparations for the 2012 season, that Bradley Wiggins and a smaller group of riders trained separately from the rest of the team. The source said they were all using corticosteroids out of competition to lean down in preparation for the major races that season. This same source also states that Bradley Wiggins was using these drugs beyond the requirement for any TUE. Shane Sutton has also stated in writing to the Committee, with regards to Bradley Wiggins’ use of triamcinolone that, “what Brad was doing was unethical but not against the rules”.¹³⁵

99. There have also been repeated allegations about the unethical use by Team Sky of the opiate painkiller Tramadol. Tramadol is a prescription drug, and, whilst not banned, has been under review by WADA due to concerns about its abuse in professional sport. This powerful painkiller helps riders to push themselves harder physically, during races, but can have the side effects of drowsiness and dizziness, which some have linked to serious accidents. A recently published academic paper from the University of Granada and the University of Kent has also found that Tramadol can improve a cyclist’s power by an average of five per cent in a 20-minute time trial.¹³⁶

132 Whistleblower (BDA0021)

133 Whistleblower (BDA0021)

134 New York Times, “[How to Get Away with Doping](#)”, 14 October 2016

135 Correspondence between Shane Sutton and the Committee

136 Cycling Weekly, “[Tramadol could provide performance enhancement for cyclists, study finds](#)”, 2 November 2017

100. In written evidence to the Committee, Team Sky stated that: “If required, Team Sky doctors are able to use Tramadol for pain management of certain injuries (e.g. fractures or severe skin loss) in accordance with the team’s analgesics ladder policy.”¹³⁷ David Brailsford told the Committee in his oral evidence:

We try to avoid the use of Tramadol. Certainly, when there is no medical need there is no appropriate, legitimate reason to use Tramadol. I think that is very, very clear. What I would say, however, is that if somebody has had a crash and they have lost a lot of skin [...] There is a pain scale, analgesic ladder, and depending on the assessment of pain, then there is an appropriate level of analgesic that could be prescribed. I do think that where there is a genuine medical need, for example, if somebody has lost a lot of skin, they could be prescribed a painkiller, let us say at 7.00pm or 8.00pm, so they could sleep, and the effects of that painkiller have worn off by the time they start racing the next day. I don’t think that is in any way the wrong thing to do. In fact, if it helps somebody sleep, it is probably better for them to do that than it is for them to be sleep-deprived and start racing the next day.¹³⁸

101. This policy is a change from Team Sky’s ‘no Tramadol’ policy of previous years. In 2014, a former Team Sky rider, Michael Barry, said he had used the drug before his retirement from cycling in 2012. He said “ethically, I really started questioning the use of the Tramadol, and the sleeping pills, especially when you see the younger riders using this stuff heavily. If we went into a medical clinic and just asked their GP, they probably wouldn’t give these out.” He added that, “I never saw it used in training, only in races, where I saw some Sky riders using it frequently.”¹³⁹

102. In response, Team Sky said, ‘None of our riders should ride whilst using Tramadol—that’s the policy of this team. Team Sky do not give it to riders whilst racing or training, either as a pre-emptive measure or to manage existing pain. We believe that its side-effects, such as dizziness and drowsiness, could cause issues for the safety of all riders. We also feel that if a rider has the level of severe pain for its appropriate use, they should not be riding. Tramadol is not prohibited by WADA, but this has been our firm position for the last two seasons and all medical staff and riders are aware of this.’¹⁴⁰

103. A former Team Sky rider, Jonathan Tiernan-Locke, claimed that he was offered Tramadol by Dr Richard Freeman whilst riding for Great Britain in the 2012 World Championships. He recalled that, “At the time it was quite prevalent. In this particular episode I just remember being offered it on the bus.”¹⁴¹ Another former rider, Josh Edmondson, has also spoken out about using Tramadol whilst at Team Sky, and how over time it brought on feelings of depression, saying, “It was a serious problem for me especially towards the end of 2014. I didn’t leave the house for two months.”¹⁴²

137 Team Sky ([BDA0017](#)), para 18

138 [Q1190](#)

139 The Guardian, “[MPs’ inquiry will look at painkiller Tramadol in cycling](#)”, 5 March 2017

140 The Guardian, “[Team Sky urges ban on Tramadol after former rider reveals usage](#)”, 24 April 2014

141 Cycling News, “[Tiernan-Locke points finger at former Team Sky doctor over Tramadol claims](#)”, 10 October 2016

142 Daily Telegraph, “[Josh Edmondson accuses Team Sky of ‘a cover-up’ after he was reported for illegally injecting himself with vitamins](#)”, 16 March 2017

104. It is clear that former Team Sky riders have questioned the use of Tramadol by Team Sky and cited the negative effects it had upon them. In these cases, the use of Tramadol would not appear to be only in rare cases where extreme pain has been caused by injury, but rather as part of the pre-race preparation for certain riders.

105. It is clear from the evidence the Committee has considered that the Therapeutic Use Exemption (TUE) system is open to abuse. The assessment of medical need has been based too closely on trying to achieve a peak level of physical condition in the athlete, rather than returning them to a normal state of health. In the period up to 2014, when TUEs could be granted based on the assessment of the team doctor, and a single doctor at the World Anti-Doping Agency (WADA), the potential for abuse in the system was even greater.

106. We welcome the reforms made by WADA since this time, to create clearer guidelines and requirements before a TUE can be issued. The TUE system needs to be kept under permanent review, but the question inevitably remains, that if an athlete is so ill that they can only compete using a drug that is otherwise banned during competition, then why are they competing at all? From the expert evidence received by the Committee, a case can be made that better management of an athlete's long term health conditions, and particularly asthma, should remove the need to apply for a TUE.

107. The investigation by UK Anti-Doping (UKAD) into the alleged anti-doping rule violation by Team Sky in 2011 was made much harder by the failure of both the team managers, and British Cycling to ensure proper records were kept relating to the supply of medicines and the treatment of athletes. It is not acceptable that Dr Freeman should have been able to act during the period under investigation without proper supervision. It should have been ensured that the medical records for Bradley Wiggins were uploaded to the shared cloud storage system, as then required by Team Sky. The General Medical Council (GMC) should investigate Dr Freeman for his failings, and, if he is found to have breached their rules, take appropriate action against him.

108. We welcome the recent changes in policy at British Cycling to ensure greater oversight of medical professionals working within their sport. However, we believe that UK Sport should determine an amount of compensation that should be due to UKAD from British Cycling and Team Sky, to cover the costs of an investigation that was made longer and harder by their failure to keep proper records. UK Sport and Sport England should also include a requirement in the Governance Code for national governing bodies, that they have policies in place to ensure that best practice in being followed in respect of drugs use, and the keeping of medical records, within their sport.

109. The Committee is not in a position to state what was in the package delivered to Team Sky by Simon Cope at La Toussuire on 12 June 2011. Dr Freeman has stated that it was Fluimucil, and an allegation was made to UKAD, and has been seen by the Committee, that says it was triamcinolone. We do not believe there is reliable evidence that it was Fluimucil as Dr Freeman will not now confirm it was and, previously, he was the only reported source of this information. The mystery surrounding the delivery of the package, and the extraordinary lengths to which Team Sky went to obtain an easily available drug delivered to them, have also fuelled speculation as to what the package might have contained. There remains no documented evidence as to what was in the package. If the package contained triamcinolone, which we know Bradley Wiggins,

or his team, wanted him to take around 30 May 2011, and it was indeed taken, then the impacts and consequences on all concerned would have been profound. Team Sky's statements that coaches and team managers are largely unaware of the methods used by the medical staff to prepare pro-cyclists for major races seem incredible, and inconsistent with their original aim of "winning clean", and maintaining the highest ethical standards within their sport. How can David Brailsford ensure that his team is performing to his requirements, if he does not know and cannot tell, what drugs the doctors are giving the riders? David Brailsford must take responsibility for these failures, the regime under which Team Sky riders trained and competed and the damaging scepticism about the legitimacy of his team's performance and accomplishments.

110. From the evidence that has been received by the Committee regarding the use of triamcinolone at Team Sky during the period under investigation, and particularly in 2012, we believe that this powerful corticosteroid was being used to prepare Bradley Wiggins, and possibly other riders supporting him, for the Tour de France. The purpose of this was not to treat medical need, but to improve his power to weight ratio ahead of the race. The application for the TUE for the triamcinolone for Bradley Wiggins, ahead of the 2012 Tour de France, also meant that he benefited from the performance enhancing properties of this drug during the race. This does not constitute a violation of the WADA code, but it does cross the ethical line that David Brailsford says he himself drew for Team Sky. In this case, and contrary to the testimony of David Brailsford in front of the Committee, we believe that drugs were being used by Team Sky, within the WADA rules, to enhance the performance of riders, and not just to treat medical need.

111. The Committee has considered evidence about the performance-enhancing properties of corticosteroids, and how their use can be avoided in the treatment of long-term conditions such as asthma. We believe that WADA should introduce a complete ban on their use. We were also concerned to hear evidence about the negative health impacts for riders resulting from the abuse of the painkiller Tramadol. Again, we believe that WADA should consider introducing a ban on the use of Tramadol.

3 UK athletics

The Nike Oregon Project (NOP)

112. In 2001, the Nike Oregon Project (NOP) was founded by the track and field coach, Alberto Salazar. Sir Mo Farah, the British distance runner, joined the project in 2011. Dr John Rogers, who was formerly Medical Officer at UK Athletics, gave evidence to the Committee, and described his two-week visit to a British Athletics training camp in France, organised by the NOP. While he was there, Dr. Rogers expressed concern at the use of three treatments being given to Mo Farah, on Alberto Salazar’s advice, during that time, and sent an email to colleagues in Britain, expressing his concerns over the treatments being used. He told the Committee that: “there were some medical concerns around possible side-effects from some of the strategies that were being used and it was important that I shared that in terms of the continuity of care”.¹⁴³

113. One of the treatments was nasal calcitonin, which was being used to prevent stress fractures. Dr Rogers described it as a “new, novel treatment that I had not come across before for prevention. I had seen it used for managing pain related to stress fractures in the UK. My concern with regards to that specific medication was that it affected calcium metabolism and that there was a background medical issue that could have been affected”.¹⁴⁴

114. The second treatment on Mo Farah about which Dr Rogers had concerns was the use of vitamin D supplementation, due to the “particularly high” dose, which can cause high blood calcium levels, with potential side-effects.¹⁴⁵ The third medication was iron supplementation. Dr Roger told us that “Mo Farah had been taking a high-dose iron supplementation, higher than the normal doses that we would probably use. [...] We commonly see iron deficiency in endurance athletes who are training at altitude because there are increased iron requirements because they are making more red blood cells at altitude. Potentially using high-dose iron supplementation can cause gastrointestinal side effects. That is a common feature we see in athletes”.¹⁴⁶ Alberto Salazar explained to Dr Rogers that he had recommended the calcitonin and the vitamin D supplement to prevent stress fractures, that high dosages of vitamin D would help increase testosterone levels, and that iron supplements would help in high altitudes.¹⁴⁷ Dr Rogers described the fact that he had had concerns about three courses of medication as “a unique set of circumstances”.¹⁴⁸

115. It was the first time that Dr Rogers had met Alberto Salazar, after Mo Farah had moved from being coached in the UK at the end of 2010 to attending the summer camp in 2011.¹⁴⁹ Dr Rogers emailed his concerns to colleagues at UK Athletics around possible side-effects to UK Athletics, writing that the vitamin D and the calcitonin had been stopped.¹⁵⁰ Following the email, Dr Rogers stated that “Charles van Commenee, who was

143 [Q1650](#)

144 [Q1650](#)

145 [Q1651](#)

146 [Q1651](#)

147 [Q1652](#)

148 [Q1655](#)

149 [Q1653](#)

150 [Q1658](#)

the performance director at that point in time, put Barry Fudge immediately in charge as a point of contact between the Nike Oregon Project and UK Athletics and that the medical care of Mo Farah, as it had been, needed to be led by the UK Athletics medical staff”¹⁵¹

L-carnitine

116. We also heard evidence about the administering of L-carnitine to Mo Farah before the London Marathon in 2014. Dr Robin Chakraverty, formerly Chief Medical Officer at UK Athletics, explained to the Committee that L-carnitine is not a prohibited substance, but there are strict rules around its use. Athletes are permitted to take 50ml every six hours.¹⁵² Dr Chakraverty told the Committee that Mo Farah’s dose was 2.7 grams, and the delivery method was an injection. The purpose of a dose of that size is, according to Dr Chakraverty, to “use supplements to help performance or to protect health. In this instance it was to help performance”.¹⁵³ He said that “this was the first and only time that we ever used L-carnitine”.¹⁵⁴

117. While L-carnitine might be on the list of legal supplements, there is a question over why an athlete should be taking a supplement to enhance their own advantage, rather than working on their own athletic prowess. Barry Fudge, Head of Endurance at UK Athletics, told us “In terms of how we operate as an organisation and as individuals, it is quite clear there is wrong and there is right and we work within the right side of it. [...] There are lines, there are quite strict rules that we follow. We are quite clear on where they sit and where they are. That is down to USADA [US Anti-Doping Agency], which is doing an investigation on Alberto to decide whether he has crossed them or not”.¹⁵⁵

118. In his evidence to the Committee about the policies followed in this case, before administering the supplement to an athlete, Dr Chakraverty said: “First of all, is it a prohibited substance? No. If it is, you do not look at it. Secondly, how effective is it? Barry’s job would be looking at a supplement from a performance perspective and I would be looking at supplements from a health perspective. Then you have a hierarchy of evidence to see whether it is supportive in either health or performance.” However, surely the main consideration in prescribing medicine is health above performance.

119. The Committee heard about poor record-keeping, when it came to Mo Farah’s L-carnitine injection, and Dr. Chakraverty defended himself thus:

I am a doctor in elite sport. I was responsible for the healthcare of 140 athletes on the programme. Previously we had four doctors who were working for UK Athletics and in my time we had two doctors and one of them was not working full time. [...] Where we had lapses is when you are on the road, when you are travelling. That is probably the unique thing about this role, that not all our athletes train in one area. You are constantly on call for your athletes and you travel to those athletes. If you do not record it straight away, which I did not in this case, then it can get forgotten because you have all the other things to do.¹⁵⁶

151 [Q1660](#)

152 [Q1680](#)

153 [Q1668](#)

154 [Q1669](#)

155 [Qq 1686 and 1687](#)

156 [Q1748](#)

120. Ed Warner, the Chief Executive of UK Athletics at the time, said in his evidence to the Committee about this incident that the lack of record keeping by Dr. Chakraverty was “inexcusable”. He added: “If my child went in to see the GP and he or she failed to record something on their records it would be as inexcusable as not recording something on Mo Farah’s records. I think they are of equal concern and improving medical record keeping is not having a gold-plated standard for a gold-plated athlete; it is to have the same gold-plated standard for all athletes. That has to be the ambition.”¹⁵⁷

121. The failure to keep proper records for the drugs given to Mo Farah draws an instant comparison with the issues we have previously investigated relating to Team Sky and British Cycling. In response to this, Ed Warner said to the Committee: “Please do not tar us with the same brush.”¹⁵⁸ He also stated the improvements that have been made at UK Athletics with regards to medical records: “We have done a lot under Noel Pollock’s leadership to continue to improve that. There is not a Dropbox culture in UK Athletics. There is a central Smartabase in which all this stuff gets inputted. The 5,000 interventions—4,940 something last year—are all in Smartabase across the 140 athletes. We are very keen that things are centralised and are not left on individuals’ laptops. If a laptop goes mysteriously missing in the south of France, we still have the Smartabase database. We are not reliant on that. This is very important.”¹⁵⁹

122. The Committee was shocked to hear that the former Chief Medical Officer of UK Athletics, Dr Chakraverty, gave an injection of L-carnitine to Mo Farah—a treatment that Dr Charkraverty had never before given and that Mo Farah had never before received—yet did not record the dose on Farah’s medical records.

123. UK Athletics has a responsibility to ensure that proper records are kept for its athletes, and the Committee is pleased to note the progress that has been made since 2014. Poor record keeping not only impedes the work of the anti-doping authorities, but can make it harder for clean athletes to clear their names, once questions about their use of medicines have been raised.

124. Again, we believe that the General Medical Council (GMC) should investigate any incident where doctors working in sport have failed to properly record the medicines they are supplying to their athletes.

UKAD

125. UK Anti-Doping (UKAD) is responsible for implementing and managing the UK’s national anti-doping policy. The non-departmental public body is accountable to Parliament through the Department for DCMS. Its responsibility for testing forms an integral part of UKAD. During our long inquiry, we heard from Nicole Sapstead, CEO of UKAD, on three separate occasions: 8 September 2015; 26 January 2016; and 1 March 2017; and from the Chair of UKAD, David Kenworth, on 14 June 2016.

126. In the Committee’s evidence session on 8 September 2015, the inadequacy of the UK’s response to doping was brought to members’ attention. Nicole Sapstead told the Committee about the sophisticated area of anti-doping that requires sophisticated solutions, “and they

157 [Q1781](#)

158 [Q1781](#)

159 [Q1780](#)

do not come cheap”.¹⁶⁰ She told us that it is not just about testing, it is about a prevention programme, intelligence-led testing, which means receiving intelligence, processing it, and then acting on it. The World Anti-Doping Agency Code sets out 10 anti-doping rule violations, with only two relating directly to testing. She explained:

The other eight are what are called non-analytical violations, and that is where organisations such as us that have an intelligence function are able to prosecute and pursue athletes and athlete support personnel for things such as aiding, abetting, possession, trafficking, use, and things like that.¹⁶¹

Underfunding of UKAD

127. A primary conclusion from our evidence session is the fact that UKAD is severely underfunded. At the time of the oral evidence session, there was only one investigator employed who was covering 47 sports.¹⁶² Nicole Sapstead told us that, with a larger budget, UKAD would be in a position to test more comprehensively.¹⁶³ She told us that, if intelligence is suggesting a particular doping issue within a sport, UKAD must channel its limited resources to that sport, and withdraw resources from other sports. As a result, some sports “will receive nominal amounts, maybe token amounts, maybe no testing whatsoever at all in any financial year.”¹⁶⁴

128. One of the key issues arising from our inquiry related to the adequacy or not of the UK’s official response to doping, and particularly the capability and resilience of UKAD. The witnesses from UKAD emphasised the importance of resourcing the testing regime properly, given that doping strategies are increasingly sophisticated and require up-to-date—and often expensive—scientific and investigatory resources.¹⁶⁵ Dan Stevens, an amateur cyclist and whistleblower, raised concerns over the fact that UKAD are running the courts that they are trying athletes in; that the system doesn’t maintain the anonymity of athletes whose cases are under review and as such they are often open to undue prejudice and bias; and that depending on the sport, athletes will be reviewed by different bodies who might come to different conclusions and impose differing penalties. Dickinson recommended that if the board that arbitrates doping decisions was consistent and comprised of the same people, then it would be far more effective.

129. Nicole Sapstead of UKAD agreed that if they had a bigger budget they would be able to test more. She said that a number of sports had major problems at amateur level, which UKAD simply does not have the resources to police.¹⁶⁶ Since Nicole Sapstead gave evidence, UKAD’s income has increased, in nominal terms. From UKAD’s latest annual accounts for 2016/17, by far the majority of the organisation’s funding came from grant-in-aid, received from the Department for Digital, Culture Media and Sport. In addition, UKAD generates income from testing, consultancy and other activities, which in 2016/17 came to just over £3 million, up from £2.2 million the year before.¹⁶⁷

160 [Q65](#)

161 [Q65](#)

162 [Qs541-543](#)

163 [Q555](#)

164 [Q555](#)

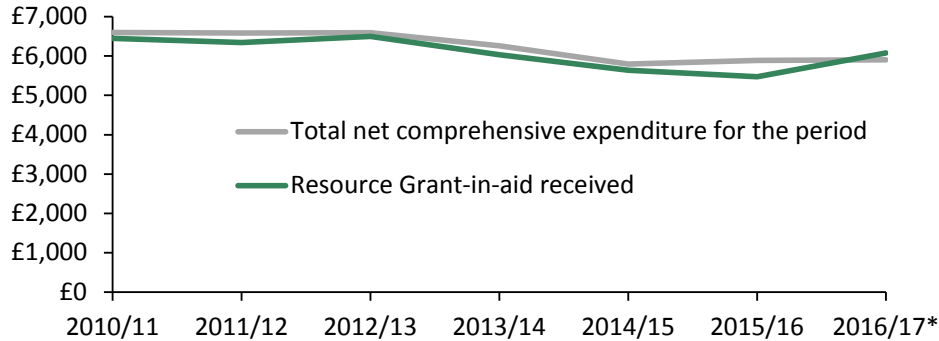
165 [Q65](#)

166 [Q555](#)

167 [UKAD annual accounts 2016/17, p7](#)

130. The following table and graph below show UKAD funding received as grant-in-aid and total expenditure:

UKAD budget, year ending 31 March 2010/11-2016/17



UKAD budget, year ending 31 March 2010/11-2016/17

	(not adjusted for inflation) 000's						
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17*
Total net comprehensive expenditure for the period	£6,597	£6,588	£6,591	£6,257	£5,795	£5,885	£5,903
Resource Grant-in-aid received	£6,451	£6,344	£6,498	£6,031	£5,635	£5,473	£6,076
Reserves at 31 March reporting year	£448	£138	£123	£363	£1,494	£1,104	£2,446

Notes: *for more details see notes 2 and 11 in UKAD Annual Accounts 2016/17 on pages 25 - 37
 Source: UKAD Annual Accounts 2010/11-2016/17

131. The UKAD Annual Accounts for 2015/16 suggested planned budget increases:

The outcome of the November spending review saw UKAD’s baseline grant in aid budget protected, with a 7% inflationary rise over the next four years. In line with the government’s Sport Strategy, UKAD continues to find ways of generating commercial income to enable us to grow our current activities, ensuring that any such activity ties in with our strategic plan. The most obvious objective being ‘to promote a level playing field of athletes by influencing international policy and practices’.¹⁶⁸

132. However, in written evidence to us, Ms Sapstead clarified that putting increased funding into broad anti-doping programmes would not necessarily solve the problem. She argued that tackling doping in sport needed to be meaningful, targeted and based on intelligence. She added that it should be carefully balanced with the other tools available to anti-doping organisations, be it additional analysis for substances such as erythropoietin (EPO) or growth hormone or implementation of the athlete biological passport. And she also argued strongly for a comprehensive and wide-reaching education and prevention programme.¹⁶⁹

133. On 30 January 2018, the Government announced its intention to provide UKAD with an additional £6 million of funding over the next two years. The Government’s decision followed the first full-scale review of UKAD since its establishment in 2009, with the final report providing several important recommendations designed to improve UKAD’s ability to effectively tackle doping. In particular, the review recommended that

168 [UKAD, Annual Accounts 2015/16, p4](#)

169 [UKAD \(BDA0004\)](#)

UKAD consider submitting a framework to the Government and sports to allow doping control officers to have unfettered access to conduct random testing at competitions. The review also called for sports in receipt of public funding to report annually on their anti-doping education programmes to UKAD, and to make this information publicly available on their websites. We welcome the findings of this review, as well as the Government's increased commitment of financial support for UKAD.¹⁷⁰

134. However, UKAD is not—and should not be—solely dependent on public funding. The sports that use its services also contribute, but they vary widely in their support with some of the smaller sports giving a considerably higher percentage of their income than larger ones. Nicole Sapstead said that sports such as football and rugby (especially the amateur leagues) had major problems with doping.¹⁷¹

135. Ed Warner of UK Athletics argued that across all sports, a way should be found to secure more revenues for the fight against doping. He called on the International Association of Athletics Federations to set aside a fixed percentage of all its sponsorship income to spend on anti-doping measures. He argued that if football did the same, then WADA's financial problems would be completely transformed. He said:

A wealthy sport of that sort with a very small proportion of its global television income, for example, to go into anti-doping agencies worldwide would make a lot of sense. Football probably would not notice the difference but WADA certainly would.¹⁷²

136. We also note calls from WADA President, Sir Craig Reedie, who spoke at WADA's Annual Anti-Doping Organisation Symposium in Lausanne, Switzerland, in March 2016 calling for major sport sponsors to start considering how they might help fund clean sport.¹⁷³

137. UK Anti-Doping (UKAD) clearly faces unpalatable decisions on priorities. It has neither the investigative nor the testing resources to respond to all the demands placed on it, which is likely to result in a responsive rather than a strategic approach to the problem of doping in sport. Its scientific and technical skills are not in doubt; its capacity is.

138. The experience of Dan Stevens raises questions about whether UKAD even has enough resources to follow an intelligence-led approach satisfactorily. We therefore support the recommendation by the Chair of the Independent Review, Andy Ward, that UKAD, in agreement with the World Anti-Doping Agency, reviews and clarifies Article 10.6.1 of the WADA Code in relation to the status of athletes who decide to provide substantial assistance.¹⁷⁴ We are pleased that UKAD's Board has accepted all of the nine recommendations made by the Chair of the Independent Review.

139. It is important that both WADA and UKAD are adequately funded to deal with the huge problem of doping in sport. These important anti-doping bodies cannot fulfil their mandate with insufficient funding. An obvious solution is that sports that benefit

170 UKAD, "[UK Anti-Doping receives £6 million funding boost](#)", 30 January 2018

171 [Q577](#)

172 [Q448](#)

173 [WADA, *Turning Adversity into opportunities*, Lausanne, Anti-Doping Organisation Symposium, 14 March 2016, Pgs 4-5](#)

174 [Findings of the UKAD Independent Review release, 11 July 2016, UKAD](#)

from their activities—and particularly wealthier sports—should contribute more. We are attracted by the idea of sports contributing a fixed percentage of their income—from sponsorship or overall—to give the anti-doping bodies some security in planning their programmes and expanding their resources. We are pleased to note the increase in funding from Government to UKAD following the Tailored Review. However, given the pressures being placed on UKAD, it may need even greater resources than these, and there should be a larger contribution from the sports themselves to supporting the enforcement of the anti-doping rules.

4 Criminalisation of doping in sports

140. Throughout this inquiry there has been a debate about the resources and enforcement powers of the anti-doping authorities. Leading figures in sport, including Lord Coe, have stated that doping in sport is tantamount to committing a fraud against the clean athletes in the same competition.¹⁷⁵ Lord Moynihan, the former sports minister and former Chair of the British Olympic Association, has called for doping in sport to be made a criminal offence.¹⁷⁶

141. We raised the issue of criminalisation with Lord Coe when he gave oral evidence to the Committee. He reflected on a report he had written to the Government in 1988, which had led to the creation of an independent, random, out-of-competition system that became the blue print for anti-doping programmes around the world. He said criminalisation of individual athletes was looked into but it was felt that the first thing to do would be to create a criminal offence around trafficking; this was written into the bill that became the Criminal Justice Act.1988. He argued that he had concerns about criminalising the athletes because he thought it was always very complicated to combine criminal and civil processes and sanctions, as this led to arguments about which took primacy.¹⁷⁷

142. While stating that “it does not wish to interfere in the sovereign right of any government to make laws for its people”, the World Anti-Doping Agency (WADA) does not believe that doping should be made a criminal offence for athletes. In a statement on the criminalization of doping in sport, on 25 October 2015, WADA noted that it believes that, “the sanction process for athletes, which includes a right of appeal to the Court of Arbitration for Sport (CAS), is a settled process, accepted by all governments of the world, and further that the sanctions for a doping violation by an athlete, which now includes a longer, four-year period of ineligibility, have been globally accepted by sport and government. As such, the Agency does not believe that doping should be made a criminal offence for athletes”.¹⁷⁸ However, WADA has encouraged governments to introduce laws that penalise those who are trafficking and distributing banned substances, noting: “this is a commitment that governments made in ratifying the UNESCO International Convention against Doping in Sport”.¹⁷⁹

143. WADA acknowledges that countries that have introduced criminal legislation for doping have been effective in catching athlete support personnel that possess or traffic PEDs. It seems that, given the threat of being imprisoned, these personnel are often more cooperative with anti-doping authorities. In Italy, for example, a large number of Italian nationals are currently listed as having ‘disqualifying status’ under the Prohibited Association clause of the Code, a list that was first issued by WADA in September 2015.¹⁸⁰

144. This is consistent with evidence given to the Committee by the former British Olympic cycling champion, Nicole Cooke, based on her experience as a professional road racing rider. In a written statement published by the Committee relating to the conviction for doping offences of her former team boss, William Dazzani, she said that if he had “operated in the UK rather than in Italy he would still be running doping rings, producing

175 [Q183](#)

176 [The Telegraph, “Government urged to make doping a criminal offence”, 2 August 2015](#)

177 [Culture, Media and Sport Committee, Oral evidence, \(HC 430\) 2 December 2015, Pg 2, Q182](#)

178 [WADA, Statement on the criminalisation of doping in sport, 25 October 2015](#)

179 [WADA, Statement on the criminalisation of doping in sport, 25 October 2015](#)

180 [WADA, Statement on the criminalisation of doping in sport, 25 October 2015](#)

tragedy and misery in so many around him. As it was the Italian Guardia were empowered by legislation making it a criminal offence to receive and procure PEDs for athletes and were able to conduct an investigation—Operation Bike—using tools of the state to do so. They tapped phones and had recorded conversations of Olivano Locatelli speaking to William Dazzani advising him how athletes could take PEDs and still not test positive at events. They conducted video surveillance and they raided houses and found stashes of PEDs. They arrested the Directeur Sportif William Dazzani. I was ignorant that, during my time with the team, the Italian Police were conducting their investigation and so I took my experiences of Dazzani to the forerunner of UKAD, I was told there was nothing they could do. My representative specifically asked the director, John Scott, as they would do nothing, could they at least have the common courtesy of passing the intelligence I provided to the Italian anti-doping authorities. John answered that he would not do so, he and his organisation would do nothing with the information. As a 19 year old female in a foreign country, I am grateful that Italy viewed the behaviour of Dazzani as criminal.”¹⁸¹

145. The Advisory Council on the Misuse of Drugs (ACMD) has a similarly nuanced approach. When considering calls for the creation of an offence of possessing anabolic steroids for personal use, the ACMD noted the comparative risks of using steroids as opposed to ketamine or benzodiazepines, and concluded that no such offence should be created.¹⁸² Instead, the ACMD stated that criminal prosecution should be limited to illicit steroid dealers, suppliers, manufacturers and traffickers who profit from this trade. The ACMD argued that improved tailored intervention and education messages aimed at anabolic steroid users would be more effective in protecting public health than criminalising users and further pushing the issue underground.¹⁸³

146. In his Manifesto, Ed Warner of UK Athletics called for the supply or procurement of performance enhancing drugs to be criminalised and for those in positions of authority who are found to be involved in such practices to be banned for life from any involvement in sport.¹⁸⁴ He disagreed, however, with some countries which had recently criminalised the use of performance-enhancing drugs because he felt the sporting punishment was sufficient.¹⁸⁵

147. Sports Minister Tracey Crouch MP was confident that there were good policies in place and stated: “We are not convinced necessarily that criminalisation is a panacea and if you look at areas like France, for example, who have legislation in place that criminalises doping, they are still on the watch list for WADA”. She added: “We are not and we do not have that kind of legislation in place. I think at the end of the day we have to show a great deal of confidence in UKAD, who I think do a very good job. They are considered one of the world’s leading anti-doping agencies. They have an excellent education and awareness programme for youngsters and their testing regime is extremely good. So we are looking at it and we have not ruled it in, but we must also note with caution that it is not necessarily the panacea for everything in athletics”.¹⁸⁶ A number of substances in ordinary use—as

181 Nicole Cooke MBE (BDA0012), pg 7

182 [Consideration of the anabolic steroids, Advisory Council on the Misuse of Drugs, Pages 42-43, Recommendation 3](#)

183 [Consideration of the anabolic steroids, Advisory Council on the Misuse of Drugs, Page 43, Recommendation 3](#)

184 [A Manifesto for Clean Athletics, UK Athletics, January 2015](#)

185 [Q531](#)

186 [Q6](#)

over-the-counter remedies for colds, hay-fever and so on—are banned by various sports as enhancing performance.¹⁸⁷ This adds to the complexity of any attempt to draft a fair and effective law on possession.

148. UK Anti-Doping (UKAD) has been tasked by the Government to examine whether doping should be made a criminal offence. UKAD’s position in 2009, which remains the same today, is that there should be no criminalisation of doping athletes. Nicole Sapstead of UKAD said:

I am sure you can imagine that when you look at the resources and the priorities, particularly, of law enforcement right now, asking them to pursue an individual because they have taken steroids, for example, is not high up on their agenda. We have a hard enough job partnering with law enforcement now to try to get into where we think there might be underground laboratories, to try to take them down and for law enforcement to seize their assets. It is hard enough trying to get them to engage in that regard let alone to pursue a criminal action against an athlete or their entourage.¹⁸⁸

149. We acknowledge UKAD’s point that resources and priorities are such, particularly in relation to law enforcement, that to pursue an individual because they had taken steroids would not be a high priority and that there would have to be clear evidence that UKAD had reason to believe wider criminal activity was taking place. We also noted the point made by UKAD that it makes it attractive for law enforcement agencies to engage if UKAD can show a benefit such as seizing cash stemming from a successful raid.¹⁸⁹

150. We asked UKAD whether athletes who had deliberately cheated could be considered as having committed fraud. While UKAD agreed with us that this was so in theory, Nicole Sapstead said the difficulty was in proving that other athletes had been cheated out of prize money or a medal, she said: “How could fraud be proved if there was no tangible outcome to it?”¹⁹⁰

151. *We do not think it would be effective to subject doping athletes to criminal procedures and penalties. Longer bans on competing are likely to be more of a disincentive to them, and will avoid placing an extra burden on law enforcement bodies such as the police and courts. However, the supply of drugs or promotion of unnecessary medical procedures is a different matter. The Government should give serious consideration to criminalising the supply of drugs to sportspeople with intent to enhance performance rather than to mitigate ill-health, and in so doing defraud clean athletes they are competing against. This would send a stronger message about the unacceptability and the dangers of doping, not only to the suppliers but also to the athletes.*

152. *For UK Anti-Doping to be more effective, it not only needs more resources, but greater powers too. It has no powers to demand to see private papers, and financial and medical records, to aid its investigations. A change in the law to criminalise the supply of drugs to sports people could give UKAD the powers to access documents without seeking prior agreement, and the right to seek the support of the law enforcement agencies in their investigations, as appropriate.*

187 [Checking your medications and substances, UKAD](#)

188 [Q10](#)

189 [Q11](#)

190 [Q16](#)

153. *We consider that a more graduated approach to sanctions would be most likely to command support, and therefore enforcement. Governing bodies should be readier to impose more than a two-year ban for a first offence, given that having a blood transfusion or taking EPO is not routine medical care and is clearly an action taken with intent to cheat.*

154. *The call for a life-time ban from representing the UK for a first offence seems excessive. However, we support the suggestion by the UK Athletics Manifesto, which states that bans for first-time offenders should be extended to five years. This will ensure that cheating athletes could miss two Olympics or two Paralympics. Repeat offenders should forfeit their opportunity to represent the UK again.*

Acronyms/Glossary

ADAMS - the Anti-Doping Administration and Management System (ADAMS) is a web-based database management system that records athletes' information, required to fulfil the World Anti-Doping Code. Fancy Bear illegally obtained the data from an account in ADAMS, created especially for the Rio 2016 Olympic Games, and had access to the TUE history of athletes that participated in the Games.

ADRVs - Anti-Doping Rule Violations. In the 2015 World Anti-Doping Code, there are 10 ADRVs: The presence of a prohibited substance or its metabolites or markers in an athlete's sample; Use or attempted use by an athlete of a prohibited substance or a prohibited method; Evading, refusing, or failing to submit to sample collection; Whereabouts failures: any combination of three missed tests and/or filing failures within a 12-month period by an athlete in a registered testing pool; Tampering or attempted tampering with any part of doping control; Possession of a prohibited substance or prohibited method; Trafficking or attempted trafficking in any prohibited substance or prohibited method; Administration or attempted administration to any athlete in-competition of any prohibited method or prohibited substance, or administration or attempted administration to any athlete out-of-competition of any prohibited method or any prohibited substance that is prohibited out-of-competition; Complicity—assisting, encouraging, aiding, abetting, conspiring, covering up or any other type of intentional complicity involving an ADRV or any attempted ADRV; Prohibited Association—associating with a person such as a coach, doctor or physio who has been found guilty of a criminal or disciplinary offence equivalent to a doping violation.¹⁹¹

Athlete Biological Passport (ABP) - The ABP enables the capture and recording of the results of blood tests on individual athletes, over time. Athletes can be banned purely on their blood test results if a panel of experts agree that a series of off-scores suggested an “overwhelming likelihood” of doping. The ABP program is administered through WADA's Anti-Doping Administration and Management System (ADAMS), a secure online database whose purpose is to assist stakeholders and WADA in their anti-doping operations.¹⁹²

Blood doping - consists of increasing the number of circulating oxygen-carrying red blood cells, either by transfusing the red blood cells directly into the bloodstream or by stimulating the bone marrow to produce more red blood cells than it normally would. Having more red blood cells increases the amount of oxygen that can be transferred to exercising muscles and so helps an athlete's performance. It is of most benefit to middle or long-distance runners, or those competing in other endurance sports such as cycling or the triathlon, as it can reduce the time taken to run 1500 metres by several seconds.¹⁹³

British Cycling - the main national governing body for cycle sport in Great Britain. It represents Britain at the world body, the Union Cycliste Internationale (UCI), and selects national teams, including the Great Britain (GB) Cycling Team.

191 UKAD, [About ADRVs](#)

192 The ABP program is administered through WADA's Anti-Doping Administration and Management System (ADAMS), a secure online database whose purpose is to assist stakeholders and WADA in their anti-doping operations: Q74 [name needed]

193 [Q2](#)

Budesonide - a medication of the corticosteroid type. The inhaled form is used in the long-term management of asthmas and chronic obstructive pulmonary disease (COPD).

Calcitonin - a hormone produced and released by parafollicular cells (known as C-cells) of the thyroid gland. It can be used unconventionally, to prevent stress fractures in athletes.

Corticosteroid - a class of steroid hormones, taken either as tablets, through intramuscular or intravenous injection, or rectally. It is commonly used to treat illnesses such as asthma, inflammatory arthritis and joint problems, severe allergy, bowel inflammation and skin rashes. It can result in increased effort and energy, due to higher amounts of glucose during exercise, can reduce muscle swelling and pain due to its anti-inflammatory properties, and can decrease the feeling of tiredness. Prolonged use of cortisone leads to muscle and tendon injuries. Used without good cause it is a banned drug under the WADA Code, and a TUE is needed if it is to be used.

Erythropoietin (EPO) - a drug that stimulates the bone marrow to produce more red blood cells than it normally would, and is used in the treatment of anaemia related to kidney disease. WADA states that its misuse can lead to serious health risks for athletes who use EPO, simply to gain a competitive edge.¹⁹⁴ Risks include heart disease, stroke, and cerebral or pulmonary embolism, and the most dangerous time for athletes who have taken EPO is at night, as an excess of red blood cells in circulation can thicken and clot when the athlete is inactive.¹⁹⁵ The misuse of recombinant human EPO may also lead to autoimmune diseases.

Fancy Bear - In September 2016, a Russian cyber espionage group called Fancy Bear used an IOC-created account to gain access to WADA's Anti-doping Administration and Management System (ADAMS) database. The hackers used the website fancybear.net to leak Olympic drug testing files of several athletes who had used TUEs, from across the world.

Ferrous sulphate – a supplement used to treat iron deficiency anaemia. It increases levels of testosterone.

Fluimucil - a decongestant, which removes mucus from the airway. It is unlicensed in the UK, but there are licensed tablets since July 2016.

International Association of Athletics (IAAF) - the international governing body for the sport of athletics. Sebastian Coe has been president of the IAAF since 2015.

L-carnitine - a naturally-occurring amino acid derivative, involved in metabolism in most mammals, plants and some bacteria. A research group at the University of Nottingham found that recreational athletes who had received carnitine supplementation “reduced perception of effort and increased work output during a validated exercise performance test [...] a major finding of the present study has to be that the increase in muscle [total

194 WADA, [What are the side effects of EPO misuse?](#)

195 Qq 9 and 43 [Dr Ashenden]

carnitine] content after 24 weeks of supplementation resulted in a 35% increase in work output compared to Control (and an 11% increase from baseline).¹⁹⁶ Infusions of more than 50ml in the space of six hours are prohibited.

Nike Oregon Project - The Nike Oregon Project was formed in 2001, at the request of Alberto Salazar, to increase the performance of elite US athletes. Mo Farah joined the programme in 2011.

NutraMet - The Nottingham group developed a patented product called NutraMet, developed by the Nottingham group to monetise their research into L-carnitine (see above). NutraMet has to be taken over a prolonged period, with noticeable results after 24 weeks usage.

Off-score - a variable in athlete's blood analysis, calculated from the haemoglobin (a protein responsible for transporting oxygen in the blood) concentration, the reticulocyte (immature blood cells) percentage, to indicate abnormal results.

Salbutamol - a medication that opens up the medium and large airways in the lungs, used to treat asthma, including asthma attacks, exercise-induced bronchoconstriction, and chronic obstructive pulmonary disease (COPD). It may also be used to treat high blood potassium levels. It is usually taken with an inhaler or nebulizer, but can also be taken in pill form, and intravenously. Salbutamol was on the TUEs list, under the 2010 WADA prohibited list. This requirement was relaxed in the 2011 list, which stated that the use of salbutamol (maximum 1600 micrograms over 24 hours) and salmeterol (taken by inhalation) was allowed.

Team Sky - A British professional cycling team established in 2010, with the major sponsorship previously provided by BskyB. It competes in the UCI World Tour. The team is managed by British Cycling's former performance director Sir Dave Brailsford.

Therapeutic Use Exemptions (TUEs) - Therapeutic Use Exemptions enable athletes to obtain authorisation to use a prescribed prohibited substance or method for the treatment of a legitimate medical condition.¹⁹⁷ The list of prohibited medication is decided by WADA.¹⁹⁸ For a national governing body to approve a TUE, there are strict rules: that the athlete would suffer significant health problems without taking the substance; that it would not be significantly performance-enhancing; that there is no reasonable therapeutic alternative; and the need to use it is not due to prior use without a TUE. Some substances are prohibited at all times, while others are prohibited only during competition periods. Some substances are prohibited in certain sports: alcohol is prohibited for motorsports competitors while in competition; beta-blockers are prohibited at all times in archery; but neither alcohol nor beta-blockers are prohibited in cycling or in football.

Thyroxine - The main hormone secreted into the bloodstream by the thyroid gland. It can be used to increase levels of testosterone.

196 Benjamin T. Wall, Francis B. Stephens, Dumitru Constantin-Teodosiu, Kanagaraj Marimuthu, Ian A. Macdonald and Paul L. Greenhaff, "Chronic oral ingestion of L-carnitine and carbohydrate increases muscle content and alters muscle fuel metabolism during exercise in humans", *J. Physiol*, 589.4 (2011), pp.196-973. First published online January 4th 2011.

197 UKAD, [About Therapeutic Use Exemptions \(TUEs\)](#)

198 WADA, [2017 List of Prohibited Substances and Methods](#)

Tramadol - a painkilling opiate, used by cyclists for pain reduction, inflammation, injury, and performance gains. There are concerns over the side effects, including reduced awareness, dizziness, drowsiness, addictive qualities, and psychological dependence.

Triamcinolone - a corticosteroid, given orally, by injection, by inhalation, or in a cream. It is used to treat medical conditions, including eczema, psoriasis, arthritis, allergies, and asthma. Kenacort is one of its tradenames. Triamcinolone causes the breakdown of muscle (in contrast to anabolic steroids, which cause the breakdown of muscle mass). This means that triamcinolone is highly effective for cycling, where the need for low mass and high strength is important.

UK Anti-Doping Ltd (UKAD) - a non-departmental public body, accountable to the Department for Digital, Culture, Media and Sport. It is responsible for implementing and managing the UK's national anti-doping policy, and ensuring that all sports bodies in the UK comply with the World Anti-Doping Code, as set out by the World Anti-Doping Agency (WADA). UKAD is responsible for charging athletes or athlete support personnel who have committed an ADRV, which the athlete or support personnel can either accept or challenge through an established legal process.

UK Athletics - the governing body for the sport of athletics in the United Kingdom, responsible for overseeing the governance of athletics events in the UK. It was rebranded in 2013 as British Athletics, although it remains legally known as UK Athletics and continues to use the name UK Athletics in internal governance.

Union Cycliste Internationale (UCI) - the world governing body of cycling for sports cycling. It was founded in Paris in 1900, is now based in Switzerland, and is recognised by the International Olympic Committee (IOC). The Tour de France is the UCI's flagship event. The UCI's licence commission oversees the registration of professional cycling teams. The Cycling Anti-Doping Foundation (CADF) defines and implements the doping control strategy on behalf of the UCI.

United States Anti-Doping Agency (USADA) - The national anti-doping organisation in the United States for Olympic, Paralympic, and Pan American sport. It is a signatory to the World Anti-Doping Code.

Vitamin D - Vitamin D is important for optimal skeletal and muscle function. High concentrations of Vitamin D are thought to increase levels of testosterone.

World Anti-Doping Agency (WADA) - A foundation formed in 1999 by the International Olympic Committee to promote, co-ordinate and monitor the fight against drugs in sports. Its 38-member foundation board comprises of the IOC and national governments representatives. The World Anti-Doping Code aims to harmonise anti-doping regulations in all sports and countries, and published an annual list of prohibited substances and methods that sports people are not allowed to use or to take.

World Anti-Doping Code - a document that harmonises anti-doping policies, rules and regulations within sport organisations and across public authorities around the world. It works in conjunction with five international standards, which aim to foster consistency among anti-doping organisations, in: testing; laboratories; TUEs; the List of Prohibited Substances and Methods; and the protection of privacy and personal information.

Formal Minutes

Tuesday 27 February 2018

Members present:

Damian Collins, in the Chair

Paul Farrelly	Chris Matheson
Simon Hart	Rebecca Pow
Julian Knight	Giles Watling
Ian C Lucas	

Draft Report (*Combatting doping in sport*), proposed by the Chairman, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 154 read and agreed to.

Summary and glossary agreed to.

Resolved, That the Report be the Fourth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No.134.

[Adjourned till Tuesday 6 March at 10.00 a.m]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Tuesday 8 September 2015

Question number

Dr Michael Ashenden , Science and Industry Against Blood Doping, Australia	Q1–62
Nicole Sapstead , Chief Executive, and David Kenworthy , Chair, UK Anti-Doping	Q63–131
Mr David Howman , Director General, World Anti-Doping Agency	Q132–177

Wednesday 2 December 2015

Lord Coe CH KBE , President, International Association of Athletics Federations, and Thomas Capdevielle , Anti-Doping Senior Manager/Acting Operations Director, International Association of Athletics Federations	Q178–431
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Tuesday 26 January 2016

Ed Warner , Chairman, UK Athletics	Q432–534
Nicole Sapstead , Chief Executive, UK Anti-Doping	Q535–619

Tuesday 14 June 2016

Dan Stevens , whistleblower	Q620–747
Jonathan Calvert , Sunday Times Insight Team	Q748–897

Monday 19 December 2016

Robert Howden OBE , President and Chairman, British Cycling, and Dr George Gilbert , Chair, Technical Commission and Ethics Commission, British Cycling	Q898–1019
Shane Sutton , former Technical Director, British Cycling	Q1020–1098
Sir David Brailsford , General Manager, Team Sky	Q1099–1197
Sir Craig Reedie CBE , President, and Olivier Niggli , Director General, World Anti-Doping Agency	Q1198–1262

Tuesday 10 January 2017

David Bedford OBE , former Olympic athlete	Q1263–1352
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Tuesday 24 January 2017

Nicole Cooke MBE, Former Professional Road Cycle Racer (via videolink) [Q1353–1406](#)

Wednesday 1 March 2017

Simon Cope, formerly of British Cycling [Q1407–1582](#)

Nicole Sapstead, Chief Executive, UK Anti-Doping [Q1583–1648](#)

Wednesday 19 April 2017

Dr Barry Fudge, Head of Endurance, UK Athletics, **Dr John Rogers**, formerly Medical Officer, UK Athletics, and **Dr Robin Chakraverty**, formerly Chief Medical Officer, UK Athletics [Q1649–1751](#)

Ed Warner, Chairman, UK Athletics , and **Liz Nicholl**, Chief Executive Officer, UK Sport [Q1752–1825](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

DOP numbers are generated by the evidence processing system and so may not be complete

- 1 British Cycling ([DOP0001](#))
- 2 Phil Burt (DOP0006)
- 3 Dr Richard Freeman (DOP0007)

The following written evidence was received by the Committee in the previous Parliament and can be viewed on the [inquiry publications page](#).

BDA numbers are generated by the evidence processing system and so may not be complete.

- 4 British Cycling ([BDA0009](#))
- 5 Dr Michael Ashenden ([BDA0003](#))
- 6 Dr Richard Freeman MBChB MRCP MSc FFSEM ([BDA0018](#)), ([BDA0019](#)), ([BDA0020](#))
- 7 Leicester City Football Club ([BDA0007](#))
- 8 Letter from Damian Collins MP, Chair, Culture, Media and Sport Committee to Sir David Brailsford, Principal, Team Sky ([BDA0016](#))
- 9 Letter from Sir David Brailsford, Team Sky to Damian Collins MP, Chair, Culture, Media and Sport Committee ([BDA0015](#))
- 10 Medicines and Healthcare Products Regulatory Agency ([BDA0014](#))
- 11 Nicole Cooke MBE ([BDA0012](#))
- 12 Sunday Times ([BDA0001](#))
- 13 Supplementary evidence from UK Anti-Doping with reference to the oral evidence given on 8 September ([BDA0004](#))
- 14 Team Sky response to Committee questions ([BDA0017](#))
- 15 Team Sky whistleblower ([BDA0021](#))
- 16 UK Anti-Doping ([BDA0008](#))
- 17 UK Anti-Doping Supplementary written evidence ([BDA0006](#))
- 18 University of Tübingen ([BDA0005](#))
- 19 World Anti-Doping Agency ([BDA0013](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

Session 2017–19

First Report	Appointment of the Chair of Ofcom	HC 508
Second Report	The potential impact of Brexit on the creative industries, tourism and the digital single market	HC 365
Third Report	Appointment of the Chair of the Charity Commission	HC 509