



House of Commons  
Culture, Media and Sport  
Committee

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# **Drugs and role models in sport: making and setting examples**

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**Seventh Report of Session 2003–04**

*Volume I*





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*Volume I*

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## Summary

*“Orandum est ut sit mens sana in corpore sano.”<sup>1</sup>*

There is huge public interest in sport. The investment of time and money in following sporting performances and sporting heroes is colossal. International sporting events attract the largest audiences in the world. Significant sums of public money are invested in sport. The Government has recently put a renewed emphasis on active and healthy lifestyles in order to improve public health and alleviate future demands on the NHS. In this, and in other areas, the influence of high profile sportsmen and -women on our lives is substantial and pervasive. The Government needs to review investments in initiatives, alongside key national sports, to maximise the obvious potential of sport and sportspeople to inspire grassroots participation, as well as future champions, amongst the younger generations.

We believe there is, therefore, an important policy imperative for the Government to assist sports to keep themselves clean and fair as well as successful at an elite level and popular within the community. A key issue is the fight against the use of banned drugs and methods. Doping in sport attracts headlines and media speculation far in excess of the actual prevalence indicated in our evidence. However, perceptions of drug use amongst rivals can only increase the already huge pressures on elite sportsmen and -women preparing for competition. A sport with a bad reputation will create disincentives for aspiring youngsters, and crucially their parents, to make the commitments necessary to achieve excellence. The Government also needs to make an assessment of the extent of the abuse of steroids outside elite sport and the implications of this for public health.

The international effort on anti-doping, spear-headed by the World Anti-Doping Agency (WADA), has made great headway in establishing a consensus on many principles and practicalities of the fight against drugs in sport. The Government has an important part to play in supporting this fight as part of its view of Britain as a ‘sporting nation’ and a responsible, even leading, member of the international sporting community. However, the Government, as it has said many times, does not run sport in the UK. Its focus, principally via UK Sport, should be on the encouragement and coordination of the evolving activities and roles of the key sports bodies—especially where there is an inter-governmental dimension—with due regard for the existing relationships between national governing bodies, international federations, the IOC and WADA.

The UK has a highly effective system for the drugs testing of sportsmen and -women in this country run by UK Sport and compliance with WADA obligations seems to be well-advanced. Relative weaknesses in the UK’s anti-doping programme relate to: the management of anti-doping cases and hearings; educational provision; and the quality of available data on the results of the testing programme. There is a challenge for the international anti-doping effort in the contamination of dietary supplements with banned substances. Our recommendations are aimed at tackling these issues.

1 Pray only for a healthy mind in a healthy body [and neither glory, power, wealth, beauty nor long life]. Juvenal, 10<sup>th</sup> Satire.



# 1 Introduction

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## Terms of reference

1. The terms of reference for this inquiry were published in April 2004 and followed a twin-track approach. One strand concerned drugs in sport and set out the issues as follows:

- the policy underpinning drug-free sport and the extent of the problem;
- variations in approach and regime between different sports;
- the role and performance of DCMS and UK Sport as the lead agency in this field (within the context of the current review of its functions);
- progress by the UK as a whole towards adopting the World Anti-Doping Code; and
- the importance of educational initiatives and processes.

2. The second strand was the associated issue of the positive and negative aspects of the role-model status assigned to sportsmen and -women and initiatives designed to capitalise on the public profile of such figures to encourage people, especially young people, to:

- achieve their own personal “gold medal” standard of sporting performance;
- engage generally in a more active and healthy lifestyle; and
- reach goals, and overcome hurdles, beyond sport.

## Course of inquiry

3. In addition to issuing an invitation to submit written evidence, the Committee took oral evidence from: Ms Michelle Verroken, former Director of UK Sport’s Drug-Free Sport Directorate (DFSD) and Vice-President of the Association of National Anti-Doping Organisations; Professor David Cowan BPharm, PhD, FRPharmS, Director of the Doping Control Centre, Kings College London (the UK’s IOC-accredited drugs testing laboratory); Mr Charles Woodhouse, Chairman, Mr Jon Siddal, Director, Mr Peter Leaver QC, panel member, Ms Alison Faiers, Case Officer, Sports Dispute Resolution Panel (SDRP); Mr David Sparkes, Chief Executive of British Swimming; Mr David Moorcroft, Chief Executive, Ms Helen Jacobs, Operations Director, UK Athletics and Mr Mark Richardson, athlete; the Rt Hon Richard Caborn MP, Minister for Sport and Tourism, Mr Stephen Hodgson, Head of Elite Sports, DCMS; Mr (now Sir) Trevor Brooking, Director of Football Development, and Mr Nic Coward, Director of Corporate & Legal Affairs, The Football Association (FA); Ms Guinevere Batten, Olympic rower, Mr Giles Long, Paralympic swimmer, and Mr Adam Pengilly, Bob Skeleton rider, from the British Athletes Commission; and Ms Sue Campbell CBE, Chairman, and Mr John Scott, Acting Director of the Drug-Free Sport Directorate, UK Sport.

4. In addition to these proceedings we were aided by a technical briefing commissioned from the Parliamentary Office of Science and Technology (POST)<sup>2</sup> as well as a private briefing from the FA on aspects of its disciplinary proceedings. We were grateful for the efforts by all our witnesses to supply clear and helpful material in this inquiry. The evidence gathered is set out in Volume II of this Report.<sup>3</sup>

5. Alongside our inquiry there was a review of the role of UK Sport's Drug Free Sport Directorate undertaken by consultants PMP on behalf of UK Sport and the Department for Culture, Media and Sport. This report provided a useful backdrop to our work and is available from UK Sport.<sup>4</sup> On 20 April, Ministers meeting in the UK 'Sport Cabinet' considered the way forward for drug-free sport policy, including the role to be played by UK Sport and the findings of the PMP review. The conclusions of the Sports Cabinet, which broadly endorsed the PMP report, were set out in the submission from the DCMS to the Committee.<sup>5</sup>

## 2 The public interest in sport

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6. There is huge public interest in sport. The investment of time and money by the public, and by the media on behalf of the public, in following the activities of sporting heroes (on and off the pitch and track), gambling on outcomes and in an ever-increasing array of associated merchandise, is colossal. The Olympic Games and world cup competitions in football and rugby attract the largest international audiences, in person and via the media, of any events in the world. In virtually all countries significant, if variable, sums of public money are invested in sport: facilities; elite sporting development and performance; grassroots and community activity; and bidding for, and hosting, major events.<sup>6</sup> Britain sees itself as a "sporting nation"; but for this to mean more than just what we like to watch on television, we, and our children, need to be encouraged actually to take part.

7. The Government has, relatively recently, laid increasingly heavy emphasis on the importance of sport in promoting active and healthy lifestyles; itself a significant strand in the improvement of public health and the amelioration of future calls upon NHS resources. Recent reports on public health estimate the costs of inactivity in England to be in the region of £10.7 billion per year.<sup>7</sup> The Government's Strategy Unit report on sport, *Game Plan*, published in December 2002, estimated that a 10% increase in adult activity could

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2 Ev 134ff

3 Ev 1ff

4 *Review of Drug Free Sport Directorate*, PMP, UK Sport, 22 March 2004.

5 Ev 53

6 Total Government and national lottery expenditure on sport and physical activity in England is estimated to be roughly £2.2 billion a year (a significant proportion of which is distributed by local authorities, *Game Plan, 2002* (see below).

7 *Securing good health for the whole population, final report*, Mr Derek Wanless, Department of Health, 2004 and *At least five a week: Evidence on the impact of physical activity and its relationship to health*, Professor Sir Liam Donaldson, Chief Medical Officer, Department of Health, 2004, see page iii.

reduce premature deaths by over 6,000 per year with a positive economic benefit in excess of an annual £500 million.<sup>8</sup> The impact and influence of sportsmen and -women on our lives, particularly those of young people, is substantial: what happens on the pitch on a Saturday will be reflected on the streets on Sunday and in playgrounds on Monday. In addition, there seems to be no part of the national curriculum that has not been made more accessible by reference to sport, for example, bringing numeracy alive in the context of a mid-season assessment of the relegation or promotion prospects of one's favourite club.

8. This all creates a policy imperative to assist the efforts of national and international sporting bodies to keep sport clean and fair in line with sports' own rules and codes as well as the public's expectations. A key battleground in this struggle is the abuse of substances to aid performance in both competition and training. Sports have a clear rationale for banning the use of certain drugs and methods in training or competition as fundamentally contrary to sporting values.<sup>9</sup> The use of performance-enhancing drugs and methods is seen as:

- cheating (in terms of seeking an unfair advantage);
- dangerous to the user and to other competitors (directly in contact sports and indirectly in creating pressure to emulate worst practice in order to compete effectively); and
- damaging to the integrity, image, value and spirit of sport.

The International Association of Athletics Federations (IAAF) summed it up admirably in asserting that “doping is cheating, and there should be no glory in gaining an edge over rivals this way. Victories gained by doping are not only empty and meaningless but should really be considered as acts of fraud. Doping destroys individuals and has the power to destroy our sport.”<sup>10</sup>

9. Sportsmen and -women are argued to have a right to be able to train and compete without added pressures to take risks with their health or livelihood because of perceptions that others, perhaps their key rivals, are ‘at it’<sup>11</sup> and the British Psychological Society described this pressure as ‘sinister’.<sup>12</sup> In view of the heavy commitments required for headway in today's sporting environment, aspiring youngsters, and crucially their parents, are likely to be put off making the commitments, necessary for excellence, to sports which do not have good reputations for ethical policies and effective measures on such issues as anti-doping and child protection. Lord Coe, former Olympic athlete and now head of London 2012, said recently that perceptions of drugs in sport have made many people he knows “actually queasy about the idea that their kids may harbour sporting ambitions.”<sup>13</sup>

8 *Game Plan*, a strategy for delivering Government's sport and physical activity objectives, Strategy Unit, Cabinet Office, December 2002

9 The WADA Code defines the “spirit of sport” as characterised by: ethics, fair play and honesty; health; excellence in performance; character and education; fun and joy; teamwork; dedication and commitment; respect for rules and laws; respect for self and other participants; courage; community and solidarity.

10 IAAF website, 2004

11 See, for example, Q 117 and Ev 131

12 Ev 131

13 *The Guardian*, 26 January 2004

Mr David Moorcroft, Chief Executive of UK Athletics, was more optimistic in oral evidence expressing the hope that most parents were thinking, “We like what we see. We would like our child involved.”<sup>14</sup>

10. There are other occupations where drug abuse is an issue—doctors and nurses, the emergency services and armed services, airline pilots and others in charge of public transport vehicles—and where it has been argued that the public interest would be served by random drugs testing.<sup>15</sup> However, there is no profession we are aware of where the key drug abuse issue is performance-enhancement (and, principally, health risks to the user) rather than performance-inhibition (and health risks to others).

11. In view of the public interest in sport, from many angles, the inter-governmental, and pan-sport, dimensions of drug-free initiatives and the wide variation in the size and resources of different sports governing bodies, we believe that the Government has an important role to play in supporting and promoting the fight against drugs in sport—filling in the obvious gaps and coordinating and trumpeting the various initiatives—as part of its wider agenda to promote participation in sport and engage the public in more healthy lifestyles.

## 3 Drugs in sport

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### The history

12. The use of drugs intended to enhance, or in some cases to nobble, sporting performance is generally known as “doping”.<sup>16</sup> The term, used in this sense, appeared first in the late nineteenth century but the use of drugs, and preparations containing more or less potent ingredients, is evident throughout the history of sport. From the outset it appears to have been the appalling health risks run by sportsmen and -women using performance-enhancing substances that have driven the effort to combat the practices. Professor David Cowan, Director of the Drug Control Centre, Kings College London, told us that one consolation he felt, in the face of frustration with the pace of progress in anti-doping, was that “the deaths are not quite as common as we used to have.”<sup>17</sup>

13. Information made available online by the Australian Sports Drug Agency—and repeated across a wide variety of internet resources and media articles—asserts that ancient Greek athletics, and its proponents, enjoyed a status roughly equivalent to today’s major sports and sporting heroes. Olympic victories brought substantial rewards (including tax

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14 Q 212

15 We note press reports of controversy sparked by a recent call, supported by Professor Sir Graeme Catto, President of the General Medical Council (GMC), for the testing of surgeons for alcohol and drugs prior to the conduct of operations. *The Daily Mail*, 28 June 2004, p 33 and see *The Evening Standard*, 28 June 2004, p 18. This issue has been debated over a long period. See, for example, *The Observer*, Sunday March 11, 2001.

16 “Doping” is said to have its roots in the Dutch word “dop” which, in South Africa, referred to an alcoholic drink used as a stimulant in Zulu ceremonial dancing.

17 See Q 117

exemptions and deferment from military service) and, in consequence, corruption was commonplace. Competitors of this period were reputedly willing to ingest any preparation that might enhance their performance. According to the Australian agency, the Romans were no better (motivated perhaps more by a desire for ever more spectacular events). Chariot-racers doped their horses to enhance their speed and gladiators were similarly treated to ensure their combat was “sufficiently vigorous and bloody”.<sup>18</sup>

14. Sporting events, as we would recognise them, were relatively quiescent between ancient Greece and Rome and, virtually, the dawn of the industrial revolution. In Britain, urbanisation moved sporting events away from mass engagement at community festivals and towards mass spectatorship at more organised events.<sup>19</sup> The resulting increase in commercialism and professionalism (initially in the loose sense of new demarcations between players and spectators, winners and losers) has been blamed for “pressure on sports people to become not only successful, but the best”.<sup>20</sup> This pressure is argued to have, at the very least, contributed to an escalation in drug-taking, and therefore of drug-related deaths, within the sporting community.<sup>21</sup> The response to these matters, however, was initially neither swift nor sure, as the table of key events set out below reveals.

15. International and national sporting organisations, assisted by growing concern amongst governments and inter-governmental bodies (the first of which to be seized of the issue was the Council of Europe<sup>22</sup>), continued to develop anti-doping initiatives throughout the late 1960s and 1970s and drug-testing became a more common feature of high-level sporting competition. There were, however, problems with the effectiveness of the available drug tests and much evidence of athletes learning quickly how to beat the system. This included the provision of ‘clean’ substitute samples; allowing the drugs in question to clear the body prior to a sample being given; new substances and methods being sought and found; and/or other drugs being taken that masked the presence of anything untoward.<sup>23</sup>

16. It is worth noting here the longstanding view of the British Airline Pilots Association (BALPA) that the best way to identify substance abusers, albeit in its own sector, was by way of “peer intervention” (in other words, whistle-blowing) rather than by random testing.<sup>24</sup> Ms Verroken told us that: “the athletes were always the best people to tell us who we should have been testing and we tried to make them very much part of the process”.<sup>25</sup> ‘Peer intervention’ was of course the route by which the existence of a new synthetic anabolic steroid, tetrahydrogestinone (THG), came to light in 2003 (see below).

18 Australian Sports Drug Agency (ASDA) website, History of Drugs in Sport, 2004

19 As ASDA points out, early rural ‘football’ matches could involve whole villages roaming across a few miles of countryside; something not possible in the emerging industrial / urban landscape.

20 ASDA, History of Drugs in Sport, 2004

21 The first death related to drug-taking in sport is widely cited to be that of British cyclist, Arthur Linton from Wales, in 1886 and attributed to a trimethyl overdose. However, a closer examination of the case, for example by sports historian, Simon Craig, reveals that Mr Linton died, reportedly of typhoid fever, in 1896, about two months after setting a record time in the then ‘blue riband’ Bordeaux-Paris cycle race. There is no concrete evidence linking his death with his riding and/or drugs that he may or may not have been using. See Riding High, *History Today*, June 2000.

22 For example the Committee of Ministers of the Council of Europe adopted a Resolution on the Doping of Athletes on 29 June 1967.

23 ASDA, History of Drugs in Sport, 2004.

24 BALPA news release, 13 November 2003.

25 QQ 41-42

17. In addition to the actions and attitudes of some sportsmen and -women, Ms Verroken pointed to evidence of negligence, whether wilful or not, within sports governing bodies when it came to putting their athletes in the dock on doping charges. She told us that there were examples of where sports bodies had kept quiet about names of athletes with adverse findings despite forthcoming major events and the terms of continued public funding and/or private sponsorship.<sup>26</sup> She also said that the material gathered in 1987 for Sebastian (now Lord) Coe's seminal *Drugs in Sport* report contained evidence of "samples that did not reach the laboratories and samples were not provided by the athletes who were selected".<sup>27</sup> Separating mistakes from deviousness was obviously very difficult. Mr David Sparkes, Chief Executive of British Swimming, conceded that "governing bodies by their nature want to keep things to themselves, because then they can deal with them in-house" but he emphasised that he wanted more openness and transparency about these matters to give the public confidence in the process.<sup>28</sup>

18. It is worth emphasising that taking drugs with the aim of enhancing performance is certainly not always a successful strategy (quite apart from the health risks and the consequences of getting caught). Ms Verroken emphasised to us that the assumption that taking drugs led to success was quite wrong. She told us that, on the one hand, "one would hope that Paula Radcliffe is the prime example of how that is not the case" and, on the other, "David Jenkins will be an example of an athlete who, on his own admission, seems to have performed worse when he was actually taking drugs than he ever performed before."<sup>29</sup> Mr Peter Leaver QC, panel member for the Sports Dispute Resolution Panel, said that "most athletes do not take drugs".<sup>30</sup> However, for those who did, there seemed to be no limit to what they would try. Mr Leaver recalled a case – from the Salt Lake Winter Olympics – where he described a bob sleigh pusher's use of multiple illegal substances as the chemical equivalent of standing in the path of an express train.<sup>31</sup>

19. A significant impetus behind international initiatives to combat drugs in sport has come from the Olympic movement which holds a substantial sanction in its capacity to withhold, or restrict participation, in the Games and in its ability to take anti-doping considerations into account in awarding the right to host the event. In selecting athletes to compete at the Olympics, bye-law 8.1 to Rule 31 of the Olympic Charter requires national Olympic committees to take into account, not only the "sports performance of the athlete" but also his or her ability "to serve as an example to the sporting youth" of his or her country. The International Olympic Committee (IOC) and, more recently, the relatively new World Anti-Doping Agency (WADA) have been at the heart of the battle. However, virtually all international sports federations, including those for non-Olympic sports, have taken the issue very seriously and have long had relevant codes of conduct with associated testing programmes and sanctions.

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26 Q 7

27 Q 14

28 Q175

29 Q 8

30 Q 123

31 QQ 122 and 124

<b>Selected events in the history of doping in sport</b>	
<b>Date</b>	<b>Event</b>
1865	The first documented anti-doping action. The British Medical Journal cited the expulsion of a swimmer from an Amsterdam canal race for taking an unnamed performance-enhancing drug.
1896	Arthur Linton, a British cyclist from South Wales, reported to have died from typhoid fever (nine weeks after setting a record time in the then 'blue riband' Bordeaux-Paris race). His death (often given as 1886) has been linked to the use of trimethyl – one of a range of drugs in vogue within the sport at the time – but this link seems based on only circumstantial evidence.
1904	Thomas Hicks, a marathon runner, collapsed from the effects of a dose of brandy and strychnine.
Early days	Most doping seems to have involved alcohol and strychnine with heroin and cocaine also in extensive use until limited to prescription only.
1928	The International Amateur Athletics Federation (IAAF) was the first international sports body formally to ban the use of doping in sport; specifically stimulants used in-competition. Other federations followed suit but there were no effective tests.
1930s	Amphetamines were produced and fast became the dope of choice over strychnine. Synthetic hormones were also developed.
1950s	The Soviet Olympic team suspected of using male hormones and the anabolic steroids were developed in the USA.
1952	A high profile doping case at the Oslo Winter Olympics involved several speed skaters who became ill as a result of amphetamines use.
1960	Knud Enemark Jensen, Danish cyclist, died in competition at the Rome Olympics in an accident linked to amphetamines use (one of several competitor deaths related to these Games).
1963	France passed legislation banning doping in sport. Belgium followed suit in 1965.
1966	The UCI (cycling) and FIFA (football) were among the first international sports federations to introduce drugs testing at their respective world championships.
1967	Tommy Simpson, British cyclist, collapsed and died on Mount Ventoux during the Tour de France. His death, caught on camera, was brought on by heavy amphetamines use.  IOC Medical Commission established to tackle doping in sport.  The Committee of Ministers of the Council of Europe adopts a Resolution on the Doping of Athletes (67/12) initiating Council involvement in the issue which led to the European Anti-Doping Charter for Sport in 1984, and the European Anti-Doping Convention in 1989 and numerous other resolutions, recommendations and declarations on this issue. The Council has two of the four European seats on the World Anti-Doping Agency Board.
1968	The IOC defined doping and established first list of banned substances. Drug testing began at the Grenoble Winter Olympics and the Mexico City Summer Olympics.
1970s and 1980s	State-sponsored use of banned substances (and negation of effective drugs testing) suspected in some countries and, in the case of the German Democratic Republic, later largely substantiated (including the doping of minors without their consent).

1974	Reliable test for anabolic steroids introduced.
1976	IOC added anabolic steroids to the banned list.
1978	The FA introduced voluntary post-match testing of players.
1982	IOC added testosterone and caffeine to the banned list.
1983	IOC developed a reliable test for anabolic steroids and the Caracas Pan American Games endured a scandal as 19 athletes tested positive for steroids and large numbers of other athletes left the Games without competing.
1984	Eight members of the US Olympic cycling team indulged in blood doping (transfusing stored blood back into the circulation prior to competition to raise red blood cell levels and hence increase the capacity of the body to carry oxygen). The US team won nine medals overall in the Los Angeles Olympic Games.
Late 1980s	Artificial EPO (a hormone that stimulates the production of red blood cells in bone marrow) introduced to help patients needing dialysis. Used by healthy athletes, it had the same effect as blood doping.
1986	IOC adds blood doping to the banned list as a prohibited method.
1987	Seminal report, <i>Drugs in Sport</i> , put together by Sebastian Coe, Olympic athlete, which laid the foundations for random, unannounced, out-of-competition drugs testing (to which he himself was subject only a few months later).
1988	Ben Johnson, 100 metre gold medallist at the Seoul Olympic Games, tested positive for a banned anabolic steroid and was stripped of his medal and banned from competition for two years.  The FA introduced compulsory post-match testing.
1989	UK played a lead role within the Council of Europe in the establishment of the European Anti-Doping Convention (which came into force the following year).
1990s	The introduction of more effective test methods assumed to be linked to a demonstrable drop in the level of results in some sports throughout the 1990s, notably in track and field athletics.  New doping agents developed such as human growth hormones.
1992	The British Olympic Association, at the request of its Athletes' Commission, introduced a life ban on eligibility for the GB Olympic team for athletes found guilty of a serious doping offence where no mitigating circumstances were established.
1994	The FA introduced compulsory out-of-competition testing at training grounds.
1997	UK Sport was established and took on the role of the UK's "national anti-doping organisation" (as then defined by the IOC).
1998	The French Festina team was expelled from the Tour de France after 400 phials of EPO were found in a support vehicle. Other teams were implicated in the scandal. Less than half the original competitors finished the race after withdrawals from the competition for a variety of reasons including protests at the nature of the investigations.

Source: ASDA, 2004, *Parliamentary Office of Science and Technology* (see Ev 134) and *passim*.

## Current situation

20. Following the conclusions of a World Conference on Doping in Sport in 1999 (in the aftermath of the 1998 Tour de France debacle), the World Anti-Doping Agency (WADA) was established in Lausanne in November 1999. The aims of WADA are to:

- protect athletes' rights to participate in doping-free sport and thus promote health, fairness and equality; and
- ensure harmonised, coordinated and effective anti-doping programmes at international and national levels on the detection, deterrence and prevention of doping.<sup>32</sup>

21. A declaration on anti-doping in sport was signed by 52 governments in Copenhagen in March 2003 in order to create a foundation for international cooperation. A further 51 governments had signed up to this instrument by March 2004.<sup>33</sup> A convention on anti-doping, under the auspices of UNESCO, is in development and is set to replace the Copenhagen Declaration as the legal basis for inter-governmental cooperation with WADA (which formally is a private foundation constituted under Swiss law). The Minister for Sport, the Rt Hon Richard Caborn MP, told us that this process, in which the UK was taking a lead, aimed to link international "political clout" with sport's efforts on anti-doping.<sup>34</sup>

22. There was a meeting of representatives from the 190 member countries of UNESCO in January 2004 to discuss a preliminary draft of an anti-doping convention with a final version intended to go to the UNESCO General Assembly in October 2005.<sup>35</sup> Sports organisations have also been asked to accept separately the WADA Code and the Government told us that to date "the vast majority of sports international federations, the major Games organisations ... the national anti-doping organisations and the Olympic committees have accepted the Code."<sup>36</sup>

23. The World Anti-Doping Code (WADC) came into force formally on 1 January 2004. WADA and the Code were together described by DCMS as representing "a truly global partnership between national governments and the sporting movement. Drug misuse in sport is an international problem and, as such, WADA is uniquely placed to co-ordinate and provide a lead in the international fight against drugs in sport." The Department said that the Code sought to "harmonise the principles behind testing processes, hearings, sanctions and list of prohibited substances and methods across all sports and countries."<sup>37</sup> The preferred date for national compliance (principally in respect of Olympic and Paralympic sports) is the first day of the Athens Olympic Games 2004. However, WADA

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32 World Anti-Doping Code, page 1.

33 Ev 50

34 Ev 251

35 *Play True*, April 2004, WADA

36 Ev 50

37 Ev 50

has conceded some flexibility in this, provided signatories can demonstrate that they are actively pursuing full compliance.<sup>38</sup>

## The WADA Code

24. The WADA programme consists of the World Anti-Doping Code; the List of Prohibited Substances and Methods (to be revisited at least once a year); a set of International Standards for technical matters (also open to revision); and a set of Models of Best Practice “tailored” to the needs of each of the major groups of signatories to the code (international federations for individual sports, international federations for team sports and national anti-doping organisations etc.). The programme includes both mandatory and advisory elements but, where flexibility is allowed (such as in the management of test results and the conduct of hearings) it is required that “the diverse approaches of the Signatories satisfy principles stated in the Code”.<sup>39</sup>

### *Strict Liability*

25. The key principle upon which anti-doping policy is hinged is “strict liability” and this was regarded by almost all our witnesses as a key element of an effective anti-doping regime.<sup>40</sup> Mr Mark Richardson, 400 metre runner and former casualty of this principle, nevertheless described strict liability as the “cornerstone” of the fight against drugs in sport which should not be diluted in any way.<sup>41</sup> Under this regime a sportsman or -woman is regarded as being absolutely responsible for the substances found in their samples. The doping violation, or offence, is committed when the evidence of a banned substance, or method, is identified in the athlete’s urine and/or blood. Once the integrity of that sample and the result is established, the rest of the process is simply argument over whether mitigating circumstances exist that should reduce the applicable sanction.<sup>42</sup>

26. The reduction, or even elimination, of punishment is provided for under the Code (depending on exceptional circumstances)<sup>43</sup>; but the violation stands as a matter of record.<sup>44</sup> Mr Nick Bitel, Chief Executive of the London Marathon and sports law specialist, felt, however, that a clearer distinction should be drawn between cases of deliberate cheating and those of inadvertent violations. He quoted the Court of Arbitration in Sport in support of this argument: “It is equally important that Athletes in any sport ... know clearly where they stand. It is unfair if they are found guilty of offences in circumstances where they neither knew nor reasonably could have known that what they were doing was wrong (to avoid any doubt we are not saying that doping offences should not be offences of

38 Ev 103

39 World Anti-Doping Code, page 3.

40 QQ 25, 122, 190, 252, 349 and Ev 51

41 Q 227

42 Q190

43 World Anti-Doping Code, Article 10.

44 The DCMS said that recent high-profile doping cases involving tennis players, have given rise to some concern over the application of the “strict liability” principle. The Association of Tennis Professionals (ATP) found that players in question had unwittingly taken contaminated supplements handed out by ATP staff and, in consequence, were not guilty of a doping violation. The DCMS said that this did “not appear to be in accordance with the [WADA] Code” and it supported WADA’s decision to review these cases. Ev 51

strict liability, but rather that the nature of the offence should be known and understood.).<sup>45</sup>

27. Equivalent considerations apply to other doping violations such as: attempting to use, or administer to another, a banned substance; failing to provide ‘whereabouts’ information; tampering with samples or other aspects of the process of doping control; possession of, or trafficking in, banned substances; and failing, or refusing, to provide a sample after notification. For example, the non-provision of a sample, after notification that one was required, constitutes the offence and subsequent argument over the circumstances may, or may not, persuade a hearing that mitigating factors should be taken into consideration. The standard of proof for all these matters set out in the Code is “greater than a mere balance of probability but less than proof beyond a reasonable doubt”.<sup>46</sup> Some practical considerations behind the principle of “strict liability” are set out in the World Anti-Doping Code (quoting the Court of Arbitration for Sport) as follows: “it is likely that even intentional abuse would in many cases escape sanction for lack of proof of guilty intent. And it is certain that a requirement of intent would invite costly litigation that may well cripple federations—particularly those run on modest budgets—in their fight against doping”.<sup>47</sup>

### **What is banned**

28. The WADA Code is accompanied by the “Prohibited List”, a list of banned substances and methods based on principles established by the IOC Medical Commission in 1967. Substances are assessed against three criteria:

- the potential health risk for the user or the risk to the safety of other athletes;
- the ability or potential to enhance sporting performance; and
- the potential for a substance fundamentally to challenge the spirit of sport.

The list distinguishes between in-competition, and out-of-competition, prohibitions (with most ‘recreational’ drugs excluded from the latter). In addition, there is provision for the identification of “specified substances” which are particularly susceptible to unintentional doping violations because of their presence in a wide range of medicinal products.<sup>48</sup>

29. The Parliamentary Office of Science and Technology (POST) supplied the following information on banned substances and methods as well as their potential side-effects.<sup>49</sup>

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45 Ev 127, paragraph 24. The World Anti-Doping Code also uses Court of Arbitration for Sport findings to illustrate its approach. “It is true that a strict liability test is likely in some sense to be unfair in an individual case ... where the Athlete may have taken medication as the result of mislabelling or faulty advice ... But it is also in some sense “unfair” for an Athlete to get food poisoning on the eve of an important competition. Yet in neither case will the rules of the competition be altered to undo the unfairness.” *Op. cit.*, Comment, page 9.

46 World Anti-Doping Code, Articles 2 and 3.

47 World Anti-Doping Code, Article 2.1.1, Comment, page 9.

48 World Anti-Doping Code, Article 4.

49 Ev 135-6

Effect	Examples	Main side-effects
<b>Muscle building</b> Increases strength by encouraging muscle growth allowing athletes to build mass, strength and power and to train longer and harder	Anabolic steroids; Beta-2 agonists; hormones that stimulate natural steroid production; hormones that stimulate growth; insulin  Gene therapy (IGF-1 and similar factors applied by viral agents to nerve cells)	Jaundice, liver damage, mood swings, nausea, headache, raised heart rate; overgrowth of hands, feet and face, heart problems; low blood sugar  Mainstream research is still some distance from clinical tests on humans
<b>Increasing oxygen supply</b> Enhances performance by increasing the supply of oxygen to muscle tissue	Protein hormones (EPO); artificial oxygen carriers; blood doping	Increased risk of heart failure and strokes; damage to immune system and kidneys, iron overload; infection and further increased risk of heart failure and strokes
<b>Masking pain</b> Allows athletes to train through injuries by masking pain (the warning signal for problems)	Narcotics; inflammation reducing hormones; local anaesthetics	Addiction, impaired mental abilities; stomach irritation, ulcers, long term effects on bone and muscle tissue; aggravated injury
<b>Stimulation</b> Make athletes more aggressive, confident, alert and less fatigued	Caffeine, amphetamines, ephedrine and cocaine	Irregular heartbeat, high blood pressure, and convulsions, uncontrolled behaviour
<b>Relaxation</b> Help athletes relax, and may be used to steady hands (in skill-based sports) and overcome inhibitions (in risk-based sports)	Alcohol, cannabinoids; beta blockers	Impaired mental functions (including judgement of risk); low blood pressure, slow heart rate, fatigue
<b>Weight control</b> Helps athletes lose weight	Diuretics	Dehydration, dizziness, cramps, heart damage and liver failure
<b>Masking</b> Works to reduce levels of other drugs in the urine or to mask their presence	Diuretics; epitestosterone; plasma expanders; secretion inhibitors	As above; allergic reactions; nausea, vomiting, kidney damage

30. It is significant, if depressing, that POST reported that researchers developing gene therapy (aimed at encouraging muscle development in patients suffering from serious wasting diseases) had “already been approached by athletes” interested in using gene therapy for performance-enhancement despite the fact that the techniques in question were still “some 5-10 years away from being clinically useful in humans”.<sup>50</sup> The misapplication of legitimate clinical developments, often aimed at solving serious chronic diseases, seems to be a common feature of doping in sport including EPO (renal problems), growth hormones (poor development in children), anabolic steroids (various wasting diseases) not to mention medicines originally developed for gout and anaemia. The DCMS told us that, currently, it had no mechanisms to work jointly with the Department of Health, and/or the Medical and Healthcare Products Regulatory Agency (MHRA), on the specific issue of the misuse of new medical research, pharmaceuticals or devices for the purposes of enhancing sporting performance. **Given the apparent**

**ingenuity and foolhardiness of the minority of sportspeople who seek to cheat, we recommend that the DCMS, UK Sport, DoH and MHRA jointly determine whether to seek to pre-empt the abuse of new medical research and developments by sportsmen and -women or their coaches.**

### *Drawing the line*

31. WADA's List of Prohibited Substances and Methods, developed through worldwide consultation with experts in medicine, science and ethics, establishes for the first time an international consensus over what is allowed and what is banned. Its key achievement is that it has attracted this consensus and therefore stands as part of the rules of sport which sportsmen and -women must respect. We received evidence on two broad issues arising from the List in addition to the questions raised by the discovery of tetrahydrogestinone (THG), the so-called "designer steroid".

### *Means or ends*

32. The first issue is best illustrated by the banning of the artificial peptide hormone, erythropoietin (EPO), which enables users artificially to increase their capacity to supply oxygen to muscle tissue, thereby increasing endurance levels (usually in competition). EPO has the same effect as blood doping (the reintroduction to the body of stored blood just before competing). Although the Sydney Olympics in 2000 saw the introduction of a blood test for EPO it is said to be of limited value without regular blood screening to assess 'normal' red blood cell levels on an individual basis.<sup>51</sup>

33. A significant point is that sophisticated, and more expensive, training methods, such as time spent in a hypoxia tent to reproduce high altitude conditions, also 'artificially' boost the body's capacity to carry oxygen. In his submission Mr Nick Bitel raised the question of why EPO and blood doping are banned, while hypoxia facilities are not, in the context of a consistent and levelled playing field.<sup>52</sup> Whilst not concluding against this apparent inconsistency, he did emphasise the importance of continually reviewing why certain drugs or techniques are, or are not, banned in sport: a point of view with which we agree.<sup>53</sup>

34. We believe that the "level playing field" argument should be seen as a development of the right of sportsmen and -women not to feel the need to take banned drugs in order to prevail. To protect athletes from themselves, the pressure to put potential glory ahead of possible death or injury must be reduced by ensuring that as far as possible drug cheats do not—and are not perceived to—win all the medals. The idea that the 'playing field' is being levelled for reasons of equity between nations with different access to sophisticated banned substances cannot be correct in the light of the vast differences between countries in terms of their investment in legitimate training methods, medical and dietary support and sporting facilities.<sup>54</sup>

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51 Ev 135-6

52 Ev 126

53 Ev 127

54 Ev 127

35. In the view of virtually all our witnesses, the ultimate value of WADA's work on the Code and the banned list is that, whether right or wrong in every last detail, there does now exist a single standard, and set of principles, that all of sport can look to; and a process by which further refinements can be made in a way that will command consensus. The task now was said to be to educate everyone involved in sport in the implications and practicalities of these standards. The challenge of this task should not be underestimated and, as stated by virtually all our witnesses, its importance could hardly be overstated.<sup>55</sup>

### *Recreational drugs*

36. A second controversial issue is the treatment of illegal narcotics when taken out-of-competition for 'recreational' reasons rather than for performance-enhancement. Ms Verroken told us that UK Sport had originally put forward "strong arguments" to WADA that, for instance, cannabis should not be on the banned list but should be a "monitored" substance (the way that alcohol is treated within football).<sup>56</sup> UK Sport and the Government drew attention to the current distinction between out-of-competition, and in-competition, rules. The Government's memorandum stated that: "The majority of substances that are usually considered to be social are not tested for during out-of-competition testing programmes, as these substances are not considered prohibited in sport in...[this]...context."<sup>57</sup>

37. The Government believed that it was important that such substances be banned in-competition and that the same sanctions should apply for adverse findings for social drugs, as for performance-enhancers, in view of the message that would otherwise be sent out regarding what is, and what is not, acceptable behaviour.<sup>58</sup> UK Sport also pointed out that certain "recreational" substances had effects that were either performance-enhancing, posed risks to the athlete and those around them or could mask other substances. UK Sport stressed that the anti-doping rules were clear and that a violation was caused by the presence of a banned substance in an athlete's specimen; the violation itself (as opposed to the eventual sanction) did not depend on whether the motivation was to gain an advantage or just for 'fun'.<sup>59</sup>

38. The issue of social or recreational drug use was of key concern to the Football Association. The FA told us that out of thousands of tests of players in English football over the years "there had only been one positive find for a performance-enhancing substance"<sup>60</sup> but, in common with society as a whole, "professional football has to deal with social or recreational drug use".<sup>61</sup> The FA said that those "who use, and particularly those with addictions to, social drugs may be causing themselves harm, and possibly risking harm to

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55 Ev 38

56 Q 49

57 Ev 51

58 Ev 51

59 Ev 100

60 FIFA Chief Medical Officer, Professor Jiri Dvorak, reports similarly on the global situation. Between 25,000 and 28,000 footballers are tested for prohibited substances with adverse findings in about 15 to 20 cases each year (including recreational drug use and, arguably, inadvertent ingestion). *Play True*, issue 1, 2004, WADA (from *FIFA magazine*).

61 Ev 67

fellow professionals ... if they go on to the field of play in an intoxicated state.”<sup>62</sup> In accordance with this view, and the nature of the football season, Mr Nic Coward, Director of Corporate and Legal Affairs, told us that the FA did not distinguish between in- and out-of-competition regimes but tested throughout the season for the full range of substances, including social drugs. Mr Coward said that ‘football’, by way of joint action between the governing body, the employers the leagues and the players, had decided to take this comprehensive approach “of itself, for itself”.<sup>63</sup> This has implications for The FA’s approach to disciplinary proceedings to which we refer later in the Report.

### New substances

39. The original List banned substances, classes of substances and their “analogues” and “mimetics” in an effort to provide for just the sort of illicit new development of which THG is a prime example. The List defined an “analogue” as a substance with a similar chemical structure *and* similar pharmacological effects. In the case of “THG”, a banned anabolic steroid was re-engineered to mimic the effects of a banned substance without triggering existing tests. In the light of these circumstances, WADA has concluded that new performance-enhancing substances—unsurprisingly but contrary to good and safe medical practice—will be administered to, or taken by, sportspeople without any studies having been conducted on their pharmacological effects. In consequence, the List has been amended and now bans specified substances and others with “similar chemical structure *or* similar pharmacological effect(s)”.<sup>64</sup>

### UK compliance

40. The UK has had a “national anti-doping policy” in place since 2000 to which the relevant bodies (the home country sports councils, the British Olympic Association, the British Paralympic Association, UK sports governing bodies) and athletes have signed up. This policy is in the process of being updated to reflect the final WADA Code.<sup>65</sup> UK Sport described the outstanding issues as twofold:

- the need for WADA-related revisions of the rules of international sports federations, and national sports governing bodies, and of the UK national policy, to be dovetailed and consistent; and
- resolution of some complex legal and other issues around interpretation of the Code and the need for related consultation of all parties.<sup>66</sup>

41. Detailed issues, on both mandatory and discretionary parts of the WADA Code, highlighted by UK Sport were:

- complexities arising, uniquely for the UK, out of having five possible national teams – Great Britain, England, Northern Ireland, Scotland and Wales – which were mostly

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62 Ev 67

63 QQ 313 and 314

64 WADA, Science and Medicine, 2004

65 Ev 103

66 Ev 103-104

concerned with avoiding potentially undue and distracting administrative burdens on UK athletes;

- mandatory compliance with four detailed International Standards (relating to sample collection, laboratories, the banned list and the system of exemptions for documented medical conditions) published relatively recently in January 2004;
- the need for new arrangements related to pre-hearing reviews of potential anti-doping rule violations and the reporting of results;
- provision for an independent and impartial appeals process; and
- complexities over the arrangements for Paralympic sports and athletes and coordination between WADA and the International Paralympic Committee's own revised anti-doping code.<sup>67</sup>

UK Sport said that, to some extent, its own reforms were subject to the pace of progress made by international federations on their rules and regulations.<sup>68</sup>

42. UK Sport argued, however, that the UK was “at a more advanced stage of compliance than many countries”.<sup>69</sup> **We commend the efforts of UK Sport, and all the relevant sports authorities and governing bodies within the UK, for the steps already taken. We regard the position of WADA—accepting demonstrable progress and determination to succeed—to be a much healthier approach than legalistic nit-picking. The international push for drug-free sport depends heavily on negotiated consensus and the winning over of hearts and minds across a complex sporting landscape of markedly different disciplines, countries and cultures. This process takes time and we believe that it is vital to keep the fundamental objectives, principles and values embodied in the World Anti-Doping Code to the fore.**

### The extent of the problem

43. Cases of doping in elite sport attract a huge amount of media attention and our own summary of the history of sport doping is itself alarming when taken in isolation. However, it is important to take an objective look at the available evidence. The international average for adverse findings from drug tests is 2%. The equivalent overall figure for tests carried out in the UK was 1.5% and UK Sport suggested that this indicated that “the vast majority of athletes are not attempting to cheat using prohibited substances” with those in the UK behaving better than the global population of elite sportspeople.<sup>70</sup> Individual comparisons with other countries are difficult to make due to variations in reporting but, for example, the respective figures for 2002-03 in the UK and Australia were 1.39% and 0.59%. The results of UK Sport's testing of sportsmen and -women, in this country over the past 5 years, are summarised in an annex to this Report.

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67 Ev 103-105

68 Ev 104

69 Ev 103

70 Ev 99

44. UK Sport says that the data indicate that the existing testing programme, of about 6,000 tests per year, is acting as an effective deterrent.<sup>71</sup> However, UK Sport conceded that there is no room for complacency as indicated by the deliberate development of a new steroid, THG (for which no test existed), as a way for the cheats to move a step ahead once again.<sup>72</sup> Mr Bitel wrote that he did not believe that the majority of sports men and -women deliberately took performance-enhancing drugs but perceptions to the contrary had been created by three factors:

- the treatment of inadvertent drug users in the same way as those intending to cheat;
- the profile of drug stories in the media compared to coverage of any other aspects of sport (except football); and
- the presence of illegal ‘recreational’ drugs on the banned list, use of which was prevalent amongst young people across the population.<sup>73</sup>

### THG

45. During this inquiry various investigations and proceedings were taking place in the US with regard to revelations over a new performance-enhancing anabolic steroid called tetrahydrogestinone (THG).<sup>74</sup> An adverse finding for THG in August 2003 has already led to a British 100 metre sprinter, and Athens medal prospect, Mr Dwain Chambers, being banned from competition for two years.<sup>75</sup> We have not sought specific evidence on these matters, not least because the situation is developing and involves criminal, as well as anti-doping, proceedings (albeit in another country).<sup>76</sup> However, the material already in the public domain suggests a worrying level of sophistication on the part of those offering a competitive advantage to sports people in the form of banned substances or newly developed analogues. THG was unlikely to have been developed in someone’s garden shed. UK Sport confirmed that some means were needed to tackle proactively the developers and traffickers in performance-enhancing drugs but that this would require “a commitment from all organisations working in sport, including UK Sport, Government, sports governing bodies, etc”.<sup>77</sup>

46. On the other hand, Mr Richard Pound, Chairman of WADA, has said that the evolving THG saga demonstrated significant progress, and changing attitudes, in anti-doping; in particular, increased cooperation between sporting and government bodies. Mr Pound highlighted a number of positive factors, including:

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71 The Drug Control Centre has indicated that its optimum capacity is 10,000 tests per annum, Q 75. UK Sport said that this was the figure included in its 2005-09 business plan subject to additional resources becoming available, Ev 114.

72 Ev 99-100

73 Ev 126-127

74 In October 2003 the US Food and Drug Administration issued a statement on THG defining it as an unapproved drug (and not a dietary supplement), derived, by simple chemical modification, from another anabolic steroid explicitly banned by anti-doping authorities.

75 Mr Chambers has been banned from competition until 6 November 2005 and the International Association of Athletics Federations has annulled his performances from the test date (1 August 2003). IAAF, 29 April 2004.

76 See *Play True*, Issue 1 of 2004, April 2004, WADA

77 Ev 117

- a whistleblower supplied the US Anti-Doping Agency with a sample of the previously unknown, and untested for, anabolic steroid;
- the UCLA laboratory found a test for it after intensive work (now passed round all WADA accredited drug control facilities enabling the retesting of stored samples<sup>78</sup>);
- a US grand jury has handed down four indictments, announced personally by the US Attorney General, against those believed to have broken US law in distributing controlled substances to sportspeople;
- the President of the United States referred to doping in sport in his 2004 State of the Union address; and
- first in line for indictment were the alleged distributors rather than simply the sportsmen and -women themselves.<sup>79</sup>

**47. We believe that the prevalence of performance-enhancing drugs in sport should not be over-stated. There is no doubt that a small number of sportsmen and -women will deliberately or recklessly take, or do, anything to gain a competitive advantage. There also seem to be those who seek to profit from the development of new ways to help cheats to do so. However, it seems equally clear that a significant number of sportspeople commit violations as a result of carelessness, ignorance and/or sheer bad luck. In assessing the situation, and presenting data, these categories should not be conflated, nor should it be forgotten that, even when taken together, these sportsmen and -women represent a tiny minority.**

### **An unanswered question**

48. One issue of concern to us was the extent of doping, most likely to be over-use of anabolic steroids, outside elite sport. As Professor Cowan made clear, anabolic steroids are regulated by the Misuse of Drugs Act and the Medicines Act. Possession without a prescription is an offence but, in practice, a conviction for a limited amount of formulated product would be very unlikely with prosecution usually reserved for trafficking offences.<sup>80</sup> UK Sport told us that very little research in the UK had been undertaken into this topic but that it would welcome the allocation of resources to such work.<sup>81</sup> The DCMS told us that the Government had not commissioned any specific research into the use of performance-enhancing drugs outside elite sport.<sup>82</sup> The Department cited Canadian and US studies which suggested links between steroid use at school, to improve physique, with the use of performance-enhancing substances in later life as an elite athlete. Estimated rates of steroid use amongst US adolescents ranged between 4 to 12% for males and between 0.5 to 2% for

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78 UK Sport has re-tested 914 samples from 10 sports where collection dated back to September 2003. No evidence of THG was discovered. The threat of re-testing stored samples is obviously a significant deterrent to those who seek to use new drugs that are analogous to existing banned substances.

79 *Play True*, Issue 1 of 2004, April 2004, WADA

80 QQ 107-110

81 Ev 95

82 Ev 49

females.<sup>83</sup> Professor Cowan told us that US research revealed that “quite a high percentage” of young American males used steroids so they could “impress their girlfriends”.<sup>84</sup>

49. Some Government information is available despite the lack of specific research. According to the Department of Health's biennial survey of trends in drinking, smoking and drug-taking amongst young people in England, only 1 per cent of 11 to 15-year old boys had taken steroids in 2001 (and no girls).<sup>85</sup> The Home Office reportedly estimates that 42,000 people per year in the UK use anabolic steroids without prescription. DCMS did give figures for HM Customs and Excise seizure of illicit imports of steroids over the last three years: 100,000 tablets in 2001; 800,000 in 2002; and 300,000 in 2003.<sup>86</sup> Given expected interception rates for illegal drug imports, a significant illicit market for these drugs in the UK is indicated. Key findings from the 2002/2003 British Crime Survey indicated that, in 2002, the use of steroids among 16 to 59-year olds had decreased since 1996 (with the drugs being more popular among 34 to 59-year olds than among 16- to 24-year olds).<sup>87</sup>

50. The DCMS said that the health risks of the use of anabolic-androgenic steroids included: mental illness, respiratory, heart and kidney disease and, in circumstances of prolonged use, combination with other substances and/or overdose.<sup>88</sup> Evidence from media reports has also illustrated the both physical and psychological damage that over-use of steroids can inflict including liver ruptures and heart failures arising particularly from ‘unmonitored’ use by body-builders and amateur weightlifters. Instances of both violent crime and violent sex crime have been linked to the increased aggression caused by excessive steroid use. A key, if indirect, health risk is that steroid users may inject the drug and, in doing so, share needles running the risk of infection with HIV or hepatitis.

51. POST reported to us that a survey in 1993 suggested that about 5% of gym-users were using anabolic steroids for performance-enhancing or cosmetic reasons. More recent surveys have indicated that steroid use is higher (in the region of 25-50%) among those attending gyms equipped for competitive bodybuilding. For example, a long-term survey of users of three bodybuilding gyms in the Mid-Glamorgan area suggested that 58% of the clientele were using anabolic steroids. One in five of those using steroids have reported that they shared needles when injecting the drugs. A follow-up study of people in the survey who had used steroids for 20 or more years found evidence of increased risks of cardiovascular disease. Indeed, further follow-up work in 2002 showed that three of the 20 subjects had died since the tests were conducted, two from cardiovascular problems.<sup>89</sup>

52. With regard to efforts to combat steroids in ‘grassroots’ sport, Ms Verroken told us of an ultimately unsuccessful pilot project that UK Sport had run in Darlington for the promotion of a self-regulatory system amongst private gyms aiming at ensuring a drug-free, steroid-free, status.<sup>90</sup> UK Sport’s evidence included a description of *Start Clean*; an

83 Ev 49

84 Q 82

85 *Op. cit.*, Department of Health, 2004

86 Ev 49

87 *Op. cit.*, Home Office, 2004

88 Ev 49

89 Ev 138

90 Ev 58 and 62

initiative aimed at educating 13 to 17 year-old aspiring athletes in the importance of drug-free sport as well as improving personal development, self-confidence and respect for health and well-being.<sup>91</sup>

**53. We believe that there are sufficiently worrying indications of dangerous levels of steroid use, outside elite sport, to warrant specific research by the Government into the extent of the illicit trade and use of steroids amongst gym-users in the UK. We recommend that the Government commission comprehensive research into the prevalence of steroid use. The status of anabolic steroids under the law, and the regulation—or rather the non-regulation—of gyms and fitness clubs in this respect, should be reviewed in the light of the results.**

### **Available data**

54. Overall, we found the information available related to current levels of drug use in sport to be unsatisfactory. We asked UK Sport to set out its drug test results data in the context of: the various numbers of sportspeople eligible for testing in each sport; the estimated annual number of competitions in each category; and the split between ‘public interest’ tests provided by UK Sport as opposed to those purchased by sports governing bodies. UK Sport responded that: “No data collection system currently exists for the specifics of these questions. Providing such information would entail a considerable amount of time and human resource beyond current UK Sport capacity.” The organisation pointed to “the difficulties of quantifying the potential numbers involved in team sports” and said that providing such figures would require too much guesswork for them to be at all meaningful.<sup>92</sup> We find it hard to believe that truly effective policies for anti-doping can be developed in such a data-vacuum.

55. The picture is also confused by the testing of foreign sportspeople competing in this country and the testing of British sportspeople while abroad. UK Sport said that its figures “include tests conducted by UK Sport in the UK on UK and overseas competitors. Tests conducted on UK athletes in other countries will be included in the results reports published by those countries. Again, no data collection system currently exists for such results.”<sup>93</sup> We note evidence from Ms Verroken relating to severe time lags in UK Sport finding out about British sportspeople with adverse findings from tests in other countries; in some instances the UK’s national anti-doping agency was left to read about such cases in the newspapers.<sup>94</sup>

**56. The information collection and analysis relating to drugs in elite sport is currently unsatisfactory in view of the seriousness with which the Government claims to be taking the matter and the importance of robust data in establishing an effective level of deterrent and preventative action through the testing regime. We expect that the development of international cooperation under the auspices of WADA and efforts of national agencies to achieve WADA compliance will help. We recommend that further**

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91 Ev 106

92 Ev 117-118

93 Ev 118

94 Q 7

resources be allocated to UK Sport to remedy this deficit with respect to British sportsmen and -women whether they are tested here or abroad.

### Variations between sports

57. The available data on adverse findings from drug-free sport testing indicates marked differences across sports (and between performance-enhancing and other drugs). Anti-doping policies recognise that sports vary in character and present different levels of risk in terms of the likely prevalence of performance-enhancing drug use. UK Sport uses a number of criteria to determine the priorities for the allocation of resources within its testing regime:

- the international status of the UK in the sport;
- the negative public impact of a doping offence and the positive impact of clean sport;
- the financial rewards available to participants (including sports council funding);
- previous history of doping offences; and
- the potential for drug misuse.<sup>95</sup>

58. These and other differences between sports, and the environment in which competition takes place, have implications at other stages of the anti-doping process. One key factor, for example, is the structure, and crucially the available resources, of national sports governing bodies and the relationships they have with their international federations. We illustrate, with a broad brush, some significant factors with reference to athletics and football (two vocal participants in this debate) in the figure below.

<b>Athletics</b>	
<p>Athletics is a collection of largely individual sporting activities based, in large measure on power, speed, endurance and, of course, technique and strategy. There can be quite narrow performance margins in separating gold from bronze medals (the narrowest being 0.17 of a second, for instance, in the Sydney men’s 100 metres).</p> <p>Athletics, in relation to many other sports, has a significant record of adverse findings in relation to performance-enhancing substances. Between Olympiads, athletics appears prominently in the media perhaps more often in relation to alleged doping infractions than for other reasons.</p> <p>Between competitions athletes train in a number of locations, including travel abroad for warm-weather and/or high-altitude training.</p> <p>Athletics relies on UK Sport-provided “public interest” drugs tests each year and, in general, the governing body and many athletes rely on awards of public resources. UK Athletics would prefer not to have to undertake both the supportive, and the prosecutorial, functions with respect to athletes who suffer adverse findings in drug tests. Some individual athletes enjoy effective support networks but this is perhaps</p>	<p>The nature of many athletics events are potentially susceptible to participants seeking “an edge” that might be thought to be in the gift of banned substances and methods</p> <p>The empirical evidence supports the contention set out above. There is a need to handle disclosure of allegations of doping offences carefully to avoid false perceptions and witch-hunts.</p> <p>The need for out-of-competition testing to include effective arrangements for ‘whereabouts’ information is important in athletics.</p> <p>The resources available to athletics and to athletes are likely to be stretched by proceedings over alleged doping offences. There is understandably a desire for an independent, publicly funded, sport tribunal system and some</p>

<p>not the norm. There was also concern over the risk of significant liabilities arising out of doping cases.</p> <p>The IAAF has been at the forefront of initiatives to combat drugs in sport. As a lynchpin of the Olympic movement it is no surprise that the IOC's approach, now taken up by WADA, reflects the dynamics of athletics, perhaps, rather better than those of team sports.</p>	<p>action to pre-empt potential liabilities.</p> <p>UK Athletics, alongside British Swimming, is a strong supporter of harmony in approach across all sports on doping control issues.</p>
<p><b>Football</b></p>	
<p>Football, on the other hand, is a protracted, and interactive, team game requiring multiple skills and plenty of contact. In England, The FA reports one proven case of use of a performance-enhancing substance over the last 10 years.</p> <p>Professional players are effectively "in competition" for the whole season on club or national duty. Players are 'in the hands' of their clubs – i.e. required at identifiable training grounds – for most of the time. Professional football players, to varying degrees, are under a media spotlight.</p> <p>Football has to have rules governing the interaction of competing players (who must contest physically for possession of the ball). This gives rise to authoritative compliance and disciplinary arrangements which The FA, a relatively large and well-resourced sports governing body, runs. The FA believes that anti-doping rules, and associated proceedings, fit comfortably into these longstanding arrangements and culture. The players have their clubs, own resources and an active and well-resourced professional association to provide support in the event of disciplinary proceedings.</p> <p>FIFA was an early adopter of doping control at its world championships and was involved in the drafting of the Code from the outset. The FA looks to FIFA to provide the rules and regards itself as the national anti-doping agency for football in England.</p>	<p>Footballing performance, being a mix of very many factors, is not conventionally seen as being open to improvement through the use of banned substances and methods.</p> <p>Professional football players are generally available to Drug Control Officers through their clubs, as a matter of practicality and contract, throughout the season (barring exceptional circumstances or deliberate action). The intense media interest in footballers' lives informs The FA's approach to disclosure.</p> <p>The FA has to have a substantial and effective apparatus for disciplinary proceedings, quite apart from doping control, due to the nature of the game. Players have other sources of support due to the structure of the game and the resources within it.</p> <p>The FA stresses the importance of implementing whatever is agreed between FIFA and WADA and that sports should 'own' their procedures.</p>

### UK policy

59. Under the WADA Code each compliant country must have a “national anti-doping organisation” (NADO) defined as having “primary authority and responsibility to adopt and implement anti-doping rules, direct the collection of samples, the management of test results, and the conduct of hearings, all at the national level”. National arrangements vary, as we discuss below. In the UK the ‘NADO’ is the UK Sports Council (UK Sport), specifically the Council’s Drug-Free Sport Directorate.

60. Overall, UK Sport is responsible for leading the UK “to sporting excellence by supporting winning athletes, world class events, and ethically fair and drug-free sport” with the aim of the UK becoming one of the world's top five sporting nations by 2012, measured by performances at World Championships, Olympic and Paralympic Games. On the performance-side UK Sport runs a number of programmes aimed at:

- supporting the UK’s most successful competitive athletes and supporting staff in both training and competition (and including personal athletes’ awards);
- implementing the UK’s strategy for hosting major events and getting the best sporting, legacy and wider social and cultural returns from them; and

- assisting sports governing bodies to increase efficiency and effectiveness or to meet other policy objectives.<sup>96</sup>

### **Drug-Free Sport Directorate**

61. According to the latest review of UK Sport, which we discuss further below, UK Sport's block grant from DCMS for 2003-04 was £19.6 million. For 2004-05 the grant was £25.8 million. According to the PMP report the 2004-05 increase for UK Sport included a specific, but not ring-fenced, £1.5 million uplift which DCMS recommended should be spent on drug-free sport. In the event UK Sport announced an increase of £1.2 million for anti-doping, the bulk of which we understand to be for a substantial increase in the number of drug tests with extra resources also earmarked for the education budget. The Drug-Free Sport Directorate (DFSD) has a complement of 13 (and 116 subcontracted doping control staff based around the country). The total budget for Drug-Free Sport is:

- £2,466,882 for 2003-04;
- £3,681,073 for 2004-05; and
- £4,996,073 for 2005-06 (still to be confirmed).

62. The Drug-Free Sport Directorate has responsibility for:

- representation of the UK in meetings and negotiations in international fora on anti-doping issues;
- the development and implementation of a national anti-doping policy which is compliant with the WADA Code;
- education and information for all involved in sport;
- collection of urine and blood samples using quality assured procedures;
- arranging the analysis of samples at a WADA/IOC accredited laboratory (currently the Drug Control Centre at King's College London) under a tendered contract;
- the report of test findings to the relevant sports governing body; and
- monitoring the actions taken by governing bodies in relation to adverse findings.<sup>97</sup>

### **UK Sport's doping control programme**

63. There was general consensus that the accredited doping control programme run by UK Sport, comprising the collection and testing of samples, was a model of its kind. UK Athletics said that effective out-of-competition drug testing was "arguably the most important weapon in combating deliberate cheating, but only five sports (athletics, weightlifting, powerlifting, swimming and the Scottish Rugby Union national team)"

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96 UK Sport website, 2004

97 *Review of Drug Free Sport Directorate*, PMP, UK Sport, 22 March 2004

operated a “true no notice, any time, any place, out-of-competition programme”.<sup>98</sup> From the start of the 1994-95 season, the FA introduced random, unannounced testing “out-of-competition” at club training grounds. The FA explained that “as a team sport, players are generally at the training ground”.<sup>99</sup> In 2003-04 the FA purchased around 1,000 drug tests in addition to the 250 “public interest” tests provided by UK Sport. We were intrigued by one specific, and high-profile, example of where the out-of-competition testing system seemed to have broken down. This was the case of Mr Rio Ferdinand, the England, and Manchester United, footballer.

### *Rio Ferdinand and other examples*

64. Mr Ferdinand was suspended for eight months, after appeal, for failing to supply a sample after notification, in the usual manner at a Manchester United training ground, that he had been selected for a drugs test. We found this incident difficult to reconcile with accounts of the FA’s rigorous approach to drug-free sport and UK Sport’s usual procedures. These specify that doping control officers normally accompany sportsmen and -women from the moment of notification until after an adequate sample has been collected.<sup>100</sup> Since Mr Ferdinand evaded attempts to get him to provide a sample it is clear that this did not happen in this case.

65. The FA told us that it contracted UK Sport to provide a WADA-compliant, ISO-accredited service and relied on the UK Sport team to deal with communication and notification on arrival at club facilities. Mr Nic Coward, Director of Corporate and Legal Affairs at the FA, told us that, but for one high-profile case, the process had “worked fantastically well for ten years”.<sup>101</sup> UK Sport said that: “the success of any test is always dependent on the establishing of certain necessary conditions to allow testing to take place. In all sports, the governing body has a significant responsibility for this which includes, for example, ensuring that affiliates such as member clubs are aware of these conditions”.<sup>102</sup> We note that the FA, in written evidence, recognised this responsibility in setting out the role of the “FA Supervising Officer” who should accompany UK Sport testers on each visit, to “ensure full co-operation from the player and club involved, to explain the rules and procedures to players and officials where necessary, and to check all the paperwork completed by the Sampling Officers is in order”.<sup>103</sup> UK Sport told us that: “Lessons have been learned with the FA and we have since worked with them on the review of its procedures and these are due to be amended for the 2004-05 season to ensure such circumstances cannot be repeated.”<sup>104</sup>

66. The FA has agreed new arrangements for the 2004-05 season. Lord Coe had led the review of football’s anti-doping arrangements which claimed that the FA had in place a

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98 Ev 36

99 Ev 70 and 71, paragraph 3.9

100 See, for example, QQ 15, 16, 50, 149, 151-153, 163, 302-304 and 328.

101 Q 303

102 Ev 114-115

103 Ev 71

104 Ev 114-115

robust and effective system, appropriate to the needs of football. The relevant changes include:

- A substantial increase in what is already the largest doping control programme in the UK with an increase in tests of at least 20%;
- Reaffirmation of procedures for the notification of individuals selected for tests and for FA regulations to reflect the need for chaperoning of players throughout the testing event; and
- Affirmation of the appropriateness of training-ground testing for team sports with subsequent, but still unannounced, target-testing of any player not present at the venue on a day when their name is randomly selected.<sup>105</sup>

67. Sportspeople cannot be forced to give a urine sample and the FA's example of a player who jumped out of a window to avoid doing so demonstrates this clearly.<sup>106</sup> We remain somewhat baffled by Mr Ferdinand's specific case but we agree with Mr Peter Leaver QC, of the SDRP, that what is certain "is that [Mr Ferdinand] was told that he was to provide a sample ... and he did not provide a sample. That is the breach of the rules ... Everything else, unless you know all the facts of the case, is speculation."<sup>107</sup> In conclusion we note four points offered in mitigation: the incident was said to be one of only three such failures in football over 10 years; it attracted a substantial penalty, considered and confirmed by two separate independent panels; the FA pressed for a full year's ban on appeal (albeit short of the new WADA standard); and new arrangements are to be put in place to prevent reoccurrence.

68. It is fair to point out that UK Sport has reported other failures to comply with doping control in addition to that of Mr Ferdinand (although none were of equivalent interest to the media). The results of these for 2002-03 were as set out below.

<b>Governing body actions in respect of failures to provide a sample 2002-03</b>	
<b>Governing body / sport</b>	<b>Result</b>
Rugby Football Union (total tests – 669)	Banned for 2 years
UK Athletics (total tests – 974)	Retired athlete – no action
English Cricket Board (total tests – 201)	Trialist – no action
BAWLAP (powerlifting) (total tests – 282)	Banned for 2 years
"	Banned for 2 years
"	Banned for 2 years
"	Second offence, banned for life
"	Second offence, banned for life

105 The Football Association, letter to the Committee, 12 July 2004.

106 Q 302

107 Q 163

"	Banned until August 2004
"	Banned until July 2004
"	Banned until October 2004
BAWLAW (weightlifting) (total tests – 243)	Banned until June 2004
"	Banned for life
"	Banned until December 2004

Data source: UK Sport, *Anti-Doping Results, Reports and Governing Body Actions, Full Year, April 2002-March 2003*. (It is not always clear from the data when a ban was put in place) and EV 55ff.

69. In a further, and again less publicised, case 17 members of Penygraig Rugby Football Club have been disqualified from playing by the Welsh Rugby Union (WRU) for refusing to provide samples to UK Sport testers following the Silver Ball final in May 2003. In this case the WRU called in UK Sport Doping Control officers in response to information received from the South Wales Police regarding the supply and use of Class A drugs at the club.<sup>108</sup> The original bans for the players, of 18 months, were reduced to 15 months on appeal whilst the club secretary received a three year ban, similarly reduced to two years.<sup>109</sup> We note that the WRU bans were nearly twice as long as that imposed on Mr Ferdinand; a contrast that speaks for itself. **We recommend that all sports governing bodies in the UK agree a joint tariff of penalties for anti-doping violations based on sanctions set out in the World Anti-Doping Code.**

### **Conflict of interest**

70. The implications of the dual role of UK Sport as a whole—principally the potential conflict of interests in supporting athletes to win medals whilst also testing them for banned substances—was the subject of a review just prior to our inquiry. We discuss this later in the Report.

## **Key principles and issues**

### **Consistency and harmonisation**

71. The global effort on anti-doping is directed towards harmonisation and consistency across sports and between countries based on agreement to a single code. Our witnesses were unanimous in their support for this approach. UK Athletics wrote that “harmonisation, across sports, across countries, was a fundamental principle underpinning establishment of the WADA Code” and “it has been seen as the key ‘win’.”<sup>110</sup> UK Sport described the move to harmonisation as a “major watershed”.<sup>111</sup> Mr David Sparkes, Chief Executive of British Swimming, told us: “I think the public, for whatever reason, want to see a level playing field, they want to see consistency”.<sup>112</sup> The British Athletes Commission

108 See BBC news, Monday 19 May 2003

109 Welsh Rugby Union, 20 May 2004

110 Ev 36

111 Ev 96

112 Q 174

told us that, while participants in different sports might not be competing against each other, a single standard made the system easier to understand for athletes and for the public.<sup>113</sup>

72. The FA said it supported any contribution to the fight against doping in sport. The FA stated that it was bound by FIFA's regulations and FIFA had taken the lead with WADA to create football's anti-doping system (without conclusion so far).<sup>114</sup> We note that, since the FA's evidence to us, the FIFA 2004 congress has ratified a headline declaration of continued cooperation with WADA based on mutual respect. In its report of proceedings, FIFA highlighted WADA's acceptance of individual case management and flexible sanctions and FIFA's acceptance of the right of WADA to appeal to the Court of Arbitration for Sport over the conduct of anti-doping cases within football.<sup>115</sup>

73. DCMS wrote that the "WADA Code is designed to harmonise the principles behind the testing processes, hearings, sanctions and list of prohibited substances and methods across all sports and countries." The Government expressed its belief that sportspeople would benefit from uniform processes irrespective of which country they are training or competing in."<sup>116</sup> **We agree with the Government that harmonisation of the principles behind the effort to combat drugs in sport across all sports and all countries will be a benefit. However, the terms of the debate need careful definition as harmony and consistency of approach cannot necessarily equate to a uniformity of outcome in each individual case.**

### *Independence*

74. In terms of the debate in the UK, the principle of "independence" has caused some confusion.<sup>117</sup> Issues raised in our evidence related to both the independence of the drugs testing programme and proposals for an independent service or agency to manage proceedings following an adverse finding of a banned substance. Some proposals, such as the case made by British Swimming, conflated these issues into a call for a single new agency to handle both doping control (sample collection, testing and results management) and subsequent proceedings (hearings, judgements and recommendations to sports governing bodies over sanctions).<sup>118</sup>

### *Independent doping control*

75. A review of the role of UK Sport's Drug-Free Sport Directorate (DFSD) was concluded, as we have mentioned, around the beginning of our inquiry. The review was undertaken by consultants PMP and a thorough report was published in March 2004 by UK Sport. The issue raised by British Swimming, and others, was the conflict of interests in a single organisation being responsible for (a) promoting the overall performance of the UK on the

113 Q 362

114 Ev 73 and 66

115 Declaration of the 54th Ordinary FIFA Congress in Paris on 20 and 21 May 2004. FIFA, May 2004

116 Ev 50

117 See Ev 111-112

118 Ev 29-31

international sporting scene and related funding decisions; and (b) testing and reporting on the compliance with anti-doping rules of key components of that performance – the UK’s top sportsmen and -women.<sup>119</sup> Ms Verroken, former DFSD Director, told us that there was “a direct conflict between funding or promoting elite sports and being able to police or enforce standards in sport.”<sup>120</sup> In support of her argument, she pointed primarily to the elongation of proceedings in a number of alleged doping violations.<sup>121</sup>

76. We noted that Ms Verroken’s detailed criticisms were levelled at sports governing bodies rather than any tension between the constituent directorates of UK Sport. The PMP report, however, recorded similar concerns about a conflict of interests on the part of a “significant number of sports governing bodies and other organisations”.<sup>122</sup> Both British Swimming and Ms Verroken pointed to developments in other countries where new anti-doping agencies had been established with statutory independence and focused remits for drug-free sport.<sup>123</sup>

77. In response, UK Sport wrote that:

“The PMP report concluded that any conflicts [of interest] were a perceived problem, with no actual evidence that such conflicts exist. At the heart of UK Sport’s remit is the desire to help athletes win medals at World Championships and Olympic and Paralympic Games. We want British competitors to win, but we want them to win fairly and through our funding agreements with national governing bodies we demand the highest standards in this area. The main perceived area of conflict outlined in the PMP report is the issue of a funding body also being responsible for anti-doping. From our point of view, the fact that we fund and test athletes means we can act quickly in the case of a finding to suspend funding. The same is true if we feel a funded governing body is not dealing appropriately with a reported case.”<sup>124</sup>

78. In relation to international comparators, the PMP report said that “the case for major change ... is strongest following a dramatic failure of existing systems, or evidence of unethical behaviour by officials, sports administrators or policy makers. The UK has experienced neither of these.”<sup>125</sup> The report also pointed out the practical burden of creating a wholly new agency. The Government, in the form of the “UK Sports Cabinet” (the five Ministers responsible for sport in the UK) considered the PMP report on 20 April 2004 and endorsed its findings and recommendations with the proviso that more work be done to flesh out recommended changes to the governance of the DFSD within UK Sport. The Government concluded that:

- UK Sport was best placed to achieve transparency, accountability and value for money in delivering the UK’s anti-doping policy;

119 Ev 29-31 and Q 4

120 Q 4

121 Q 7

122 *Op. cit.*, page 57

123 The Australian and US anti-doping agencies were highlighted as very good examples.

124 Ev 112

125 *Op. cit.*, page iv, Conclusions

- UK Sport’s performance to date was shown to be generally good and perceived as such by a majority of those consulted;
- no tangible evidence of unethical behaviour on the part of either the performance team nor the DFSD had been found; and
- perceptions of a conflict of interest had been laid to rest.<sup>126</sup>

**79. We were presented with absolutely no evidence in support of the fundamental case for a new agency, namely that the Performance Directorate within UK Sport, or the organisation as a whole, ever acted to inhibit the operation of the Drug-Free Sport Directorate to allow a UK sportsman or -woman to compete for a medal, or other trophy, to which he or she was not entitled. We recommend, however, that UK Sport take whatever steps deemed necessary to separate and clarify the twin chains of command within the agency to ensure that any such perceptions are laid to rest once and for all.**

### *Independent proceedings*

80. Perhaps the most significant issue raised with us was the question of how to manage proceedings once an adverse finding for a banned substance had been recorded. As Mr Moorcroft of UK Athletics said: “independence is more about post-adverse finding than it is pre-adverse finding”.<sup>127</sup> The current situation was that once UK Sport’s doping control programme had turned up evidence of the presence, in a sample, of a substance on the banned list, then it was up to the sports governing body to establish a disciplinary process and, if and when appropriate, determine and apply a sanction. In the view of, perhaps, the majority of UK sports governing bodies this feature of the system was the least satisfactory. Witnesses identified five key flaws.

81. First, there was the conundrum of sports governing bodies trying to support their athletes through a difficult process, and having to play the prosecuting role, at one and the same time. We greatly appreciated the opportunity to discuss these matters with Mr Mark Richardson, an athlete who had been in the crucible of doping control proceedings and emerged, ultimately vindicated, but at huge financial, career, and personal, cost. He told us that UK Athletics had been a “counsellor” and “confidant” but at the same time “they were also the prosecution. For an athlete it is very confusing.”<sup>128</sup>

82. Mr Sparkes regretted the confrontational and legalistic nature of such proceedings and also said that the proper role of a sports governing body should be to support the athlete.<sup>129</sup> UK Athletics wrote that the change in role of a sports governing body, from guide and supporter to prosecutor, “places further unnecessary stress on an athlete at an already difficult time. This can be particularly detrimental to less financially able athletes who cannot afford a sophisticated support network, and this should not preclude them from

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126 Ev 53

127 Q 203

128 Q 205

129 Q 187

access to a fair process.”<sup>130</sup> Mr Nic Coward, Director of Legal and Corporate Affairs at the FA, told us that “in football we do not have the issues to which [Mr Richardson] referred, because we have a very supportive Professional Footballers’ Association” which assists players through these processes.<sup>131</sup>

83. Secondly, there was some dissatisfaction with the perceived inconsistencies arising from the individual approaches adopted by different sports governing bodies. The SDRP said that the significant variations in the size and resource of the sports governing bodies coming within the Drug-Free Sport programme inevitably led to differences of approach in managing doping cases which in turn led to inconsistencies of outcome.<sup>132</sup> Mr Sparkes argued for a single national process that the public could understand and have confidence in. He said that a footballer should be treated the same as a swimmer, irrespective of how much they earned, and that footballers, swimmers or ping-pong players should be treated fairly, within the same set of rules, with the same set of sanctions and allowed to make the same arguments for mitigation.<sup>133</sup>

84. Achieving the harmony and consistency of approach implicit in the WADA Code was argued to necessitate that a single independent agency provide tribunal services for the whole of sport. Mr Moorcroft said that “the final part of the jigsaw is a government-backed, government endorsed disciplinary process” which he said could provide both sportspeople, and the public, with confidence in the credibility, consistency and fairness of the system.<sup>134</sup>

85. Thirdly, there was the issue of the significant liabilities to which sports governing bodies were exposed in the conduct of disciplinary proceedings against their athletes; in other words that an individual might take them to court. UK Athletics described these as “considerable and unacceptable” and questioned how less well-resourced governing bodies were going to manage.<sup>135</sup> Mr Richardson said that he had not been compensated for the £50,000 worth of legal fees he had incurred, nor the impact of the ordeal on his career and earning potential.<sup>136</sup> He told us: “I think it is an unwritten code: these are the rules of sport, and you abide by them, as simple as that”.<sup>137</sup> Mr Moorcroft took pains to point out that whatever is signed between athlete and governing body does not preclude legal action “nor should it”; but the fact that the doping rules rest on the principle of “strict liability” (as discussed above) was significant. He said: “That rule, and any other element of whether it is a restraint of trade or infringement of human rights, will only really be tested when athletes ... go to the courts. For the most part, the courts have tended to leave sport alone, rightly or wrongly.”<sup>138</sup>

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130 Ev 37

131 Q 304

132 Ev 19 and see Ev 130

133 Q 190

134 Q 220

135 Ev 36

136 QQ 195-197

137 Q 198

138 Q 199

86. Fourthly, there was evidence that the hearings conducted in the past by some sports governing bodies had been less than satisfactory in simple terms of practicalities and procedure. Professor Cowan told us that the biggest advance at present would be to establish a better system of hearings. He regarded the established procedures and rules of evidence in criminal or civil court as very helpful. By way of contrast he told us that “in too many sports hearings, and I am talking internationally now as well as nationally, I have been in cases where I have had four lawyers trying to ask me questions at the same time and sometimes you feel it is just like a free-for-all”.<sup>139</sup>

87. Finally, the SDRP pointed out a number of practical considerations where a larger central agency would probably perform better than a number of smaller governing bodies. These were:

- the capacity to separate the roles to guarantee a fair and independent process and the lack of effective representation (for all concerned);
- financial constraints leading to inappropriate decisions on cost grounds or significant burdens for the body concerned; and
- delays in the process due to unfamiliarity with the process.<sup>140</sup>

88. The WADA Code does not have mandatory rules with regard to hearings and appeals but rather sets out principles and guidelines with the objective of securing a fair and expeditious hearing for athletes as well as the opportunity for a fair and independent appeal. Mr John Scott, Acting Director of UK Sport’s DFSD, said that the Code had room for either a distinct tribunal service or for sports to continue with their own arrangements. In either approach, however, the principles and guidelines set out in the Code should be followed.<sup>141</sup>

89. The Sports Dispute Resolution Panel has provided independent arbitration services for sport since 1999: both proceedings under its own rules and the appointment of suitable panel members for sports governing bodies’ own proceedings. Its establishment, by agreement between a wide range of sports bodies (with initial grant-in-aid from UK Sport), was, in part, inspired by the “much reported case of Diane Modahl”.<sup>142</sup> The SDRP has been commissioned to produce recommendations for UK Sport on the implementation of the WADA Code in the UK in relation to results management, hearings and related matters. The Minister for Sport said that he was waiting for the SDRP’s report, and consequent recommendations from UK Sport, but he undertook to act on those findings.<sup>143</sup>

90. The PMP report offered a model in which a single register of accredited panellists would be established for anti-doping hearings. Sports governing bodies with demonstrably sound and effective arrangements would be able to run their own hearings using this

139 Q 118

140 Ev 19-20

141 Q 369

142 In 1994 Diane Modahl was found guilty of a doping offence by a British Athletics Federation (BAF) panel. In 1995 she was cleared after an independent appeals panel accepted flaws in laboratory procedures. In 1996 the IAAF also accepted her argument and she was cleared to compete internationally. Ms Modahl took the BAF to court claiming damages, legal and medical costs. She lost at the High Court in 2000 and at the Court of Appeal in 2001.

143 Q 262

register.<sup>144</sup> We note that the FA, for example, already uses SDRP panellists to chair their appeal proceedings, and from next season, will use a further SDRP panellist for such hearings.<sup>145</sup> Under the PMP proposals other governing bodies could contract out the whole of the case management function to an enhanced SDRP (or other arbiter) using the same register. Our witnesses proposed a combination of government-funding and fees or a levy on relevant sports bodies in order to pay for this service.<sup>146</sup> The Minister gave no specific undertakings on the funding of a new service but referred to the Government's funding of UK Sport as a whole, and strong support for drug-free sport policy within the making of that allocation.<sup>147</sup>

91. The FA was clearly not amongst those sports governing bodies seeking a new and external system for disciplinary hearings on doping for reasons we have referred to already. The FA has a tried and tested disciplinary system, adequate resources, separation of roles (with support for the players coming from the PFA), and its own approach to testing for, and responding to, recreational drugs (including assessment, treatment and rehabilitation).<sup>148</sup> The FA said that its approach had been described as “enlightened” by outside observers and affirmed as effective by a review conducted by Lord Coe.<sup>149</sup> Mr Scott, Acting Director of DFSD, said that the WADA Code allowed for either an independent system or the application of its principles within the sport's own arrangements. He told us that FIFA and the FA wanted to go down the latter route: “they have the resources, they have the experience to do it, but that is not to say their process does not fulfil the absolute requirements of the WADA Code principles, it is just that the practice of implementing it will be slightly different.”<sup>150</sup> UK Sport said it had been encouraged by the approach taken by the FA on recreational drugs.<sup>151</sup>

92. We regard the SDRP as an obvious candidate for development into a national anti-doping tribunal service to address the problems and gaps identified by our witnesses. UK Sport seemed to agree. Ms Sue Campbell, the Chair, told the Committee that “we would like to set up an independent resolution panel which provides those sports that need it with an alternative to actually conducting the hearing themselves.” In a supplementary submission, UK Sport said that it had commissioned a costed options appraisal for a national service and had ear-marked £250,000 in its plans for 2005-09.<sup>152</sup>

**93. If the Government is serious about its support for drug-free sport then it must enable UK Sport to develop the Sports Dispute Resolution Panel into a national tribunal service for the management of anti-doping cases. This service must be able to protect sports governing bodies from liabilities arising out of errors in its conduct of their cases.**

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144 *Op. cit.*, page 63, R14

145 Q 304

146 Ev 37 and see Ev 115, paragraph 12A

147 Q 261

148 Ev 70-74 and QQ 297 and 314

149 Q 304 and see Ev 127

150 Q 369

151 Q 370

152 Q 369 and Ev 115, paragraph 12A

94. To tackle the issue of consistency across sports we recommend that the UK Sport seeks to establish as much coordination as possible between the FA—and any other governing bodies who wish to manage their own cases—and the new service, along the lines suggested by the PMP report.

95. UK Sport, in concert with the Department and relevant sports governing bodies, should establish a common accreditation process for any new arrangements, with provision for periodic review, to assure the public, and all sports, that robust and equitable systems are in place.

### Transparency

96. There have been calls for more openness and transparency throughout the process of anti-doping.<sup>153</sup> Such demands are difficult to resist without looking furtive and as if there is something to hide. However, there are issues of privacy, fair play and natural justice to be considered as well as the extent to which the public interest, as opposed to the interest of the public, is genuinely engaged. The WADA Code requirements are that full public disclosure of any names should not take place before an initial review by the national anti-doping organisation to establish, effectively, a *prime facie* case; but not later than 20 days after the conclusion of the main hearing.<sup>154</sup>

97. There is no doubt that allegations of the use of banned drugs are of great interest to the media whether the subject is a swimmer, tennis player or footballer. However, even the deliberate use of a banned substance by an athlete is unlikely, by itself, to amount to criminal behaviour under English law. Therefore the offence seems much more analogous to a contractual breach between the employee and employer, and the norms of transparency in related proceedings, than it is to a criminal or civil case and the usual openness of court proceedings.

98. An adverse finding, by itself, is only the start of a process that may lead to the reduction, or even elimination, of any sanction. One could argue that there is a case for delaying disclosure until the conclusion of all proceedings, including appeals, to avoid trial by media, witchhunts or other forms of media harassment. There is also a case for allowing the tribunal, or panel, being in possession of all the facts, to stipulate on disclosure: timing as well as extent. This seems to have particular importance in cases of recreational drug abuse, perhaps addiction, where: (a) the likelihood of successful treatment and rehabilitation may well be affected by the degree of public disclosure and media exposure; and (b) the applicability of the WADA Code varies between in- and out-of-competition testing.<sup>155</sup>

### Medicines and supplements

99. A significant issue faced by athletes subject to the “strict liability” regime is obviously the possibility of ingesting a banned substance unwittingly. This was said to occur, primarily, in two ways. First, there is the danger of being prescribed, or purchasing over-

153 See QQ 7, 69, 134 and 175

154 World Anti-Doping Code, Article 14

155 Ev 67 and Q 315

the-counter (OTC), a medicine which, for whatever reason, contains a banned substance which the sportsperson fails to notice. There is of course the example of Mr Alain Baxter who forfeited his Winter Olympic medal due to a variation in the formulation of a US OTC remedy compared to its English equivalent.<sup>156</sup> We heard in evidence of a similar incident, again abroad, where an innocently prescribed medicine, and a difficult-to-reach team doctor, could have resulted in an adverse finding<sup>157</sup> and we were told that this “happens every single day for athletes travelling abroad”.<sup>158</sup> Evidence of the potential for confusion, where similar OTCs have very different implications under the anti-doping regime, have been given as set out below.<sup>159</sup>

Permitted	Banned
Alka-seltzer Beechams lemon tablets Hedex Resolve Expulin chesty cough Solpadine Max Lemsip (Ireland) Franol (NI/UK) Night Nurse Vicks Inhaler (UK)	Alka-seltzer XL Beechams hot lemon Hedex extra Resolve extra Expulin Solpadine Lemsip (NI/UK) Franol (Ireland) Day Nurse Vicks Inhaler (US)

100. Professor Cowan told us that the British National Formulary now made reference to sources of information about substances banned in sport but he said: “I would like to see that over-the-counter remedies could bear some symbol or some label to make it clearer”.<sup>160</sup> The Committee on Culture, Youth, Education, the Media and Sport of the European Parliament has also called for a “traffic lights” logo for OTCs to indicate ‘safe’, ‘banned’ or ‘consult your team doctor’.<sup>161</sup> Professor Cowan conceded that the problem was “very special to the sport competitor”.<sup>162</sup> **While we would welcome a voluntary move by the pharmaceutical industry to introduce a labelling scheme aimed at identifying medicines containing substances banned in elite sport, we would regard moves to impose such a requirement as a possible misdirection of effort and of anti-doping’s scant resources. Other avenues such as the provision of training and awareness-raising material for GPs and, in particular, pharmacists might be fruitful (and such efforts could start in cities hosting significant sports events).**

156 Mr Alain Baxter tested positive for the banned substance methamphetamine after winning a bronze medal, in the Slalom, at the Salt Lake City Olympic Winter Games in 2002. Although denying his appeal, the Court of Arbitration for Sport (CAS) described Mr Baxter as “a sincere and honest man who did not intend to obtain a competitive advantage in the race”. BOA Statement, October 2002.

157 Ev 340

158 Ev 341. The World Anti-Doping Code, however, uses this very circumstance to illustrate its approach to strict liability: “the Athlete may have taken medication as the result of mislabelling or faulty advice for which he or she is not responsible – particularly in the circumstances of sudden illness in a foreign country ... the prohibition of banned substances will not be lifted in recognition of its accidental absorption. The vicissitudes of competition, like those of life generally, may create many types of unfairness ... which the law cannot repair.” *Op. Cit.*, page 9.

159 Orla Sheehan MRPharmS, MPSI, MMedSci and Brendan Quinn B Pharm Hons MPSI, *Irish Pharmacy Journal*, 2002, 80 (6) pp 256-62

160 Q 93 but also see Q 157.

161 Report of the Committee on Culture, Youth, Education, the Media and Sport, European Parliament, 17 July 2000, on the Commission communication on Community support plan to combat doping in sport.

162 Q 95

101. The second major cause of accidental ingestion of banned substances seems to be the unregulated nature of the enormous dietary supplements industry and the variable standards to which such products are made; causing variations even between different batches of the same product.<sup>163</sup> The last few years have seen a number of adverse findings for banned substances such as nandrolone where strong evidence pointed to poorly labelled, or contaminated, supplements as the source. In February 2003, UK Sport published a report highlighting the findings of a major IOC study conducted in 2002 which showed that 94 out of 634 samples of “legal supplements” contained undeclared banned anabolic-androgenic steroids. In this latter study, one batch of creatine was found to be contaminated with 7 different banned hormones. Other studies of dietary supplements have revealed various undeclared banned substances, including a range of hormones, ephedrine and high levels of caffeine.<sup>164</sup>

102. Many athletes would argue that they need supplements to replace material exhausted by the unnatural demands placed on their bodies in training and competition. Mr Richardson said athletes were suffering a “Catch-22”; with the danger of depleting the body’s resources on the one hand, and the threat of an inadvertent doping violation on the other. Unsurprisingly perhaps, given his experiences, Mr Richardson advised strongly against taking supplements.<sup>165</sup> UK Sport told us that the potential demand for such products from the elite sport community was far too small to persuade the world-wide supplements industry to introduce the kind of pharmaceutical-grade production and administrative processes that would be required to guarantee the absence of anything other than the list of ingredients on the packet.<sup>166</sup>

103. Intensive discussions at all levels of sport, including a major international symposium on the issue organised jointly by the Canadian Centre for Ethics in Sport, the Canadian Olympic Committee, Sport Canada and WADA in May 2004, have so far failed to produce a satisfactory answer to this conundrum.<sup>167</sup> UK Sport’s advice to athletes on the subject is simply to be ‘extremely cautious’. The Minister for Sport clearly recognised that there was an issue but there was little suggestion that progress was imminent. Mr Caborn told us:

“On the question of food supplements, we recognise this is a complex area and indeed possesses significant hazards, but, as I have said, I think that we need now to look at this area of supplements. We have got the clear position of WADA, but it is an area (supplements) on which we need to have further developments. We are, as I said, from 1999 moving this agenda quite quickly, and I know there is a lot more work to be done and I think this area of supplements is one that WADA and, indeed,

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163 Q 229

164 Sheehan and Quinn, *Irish Pharmacy Journal*, 2002, 80 (6) pp 256-62

165 QQ 227 and 225

166 Ev 112

167 After the seminar WADA reported that, in the short term, awareness of the dangers of contamination of supplements needed to be raised ahead of the Athens Games. In the longer term work was needed on common definitions; identification of the supplements being used and abused by athletes and why; and a global database to ensure access to reliable information. Industry representatives agreed to consider self-regulation and government representatives recognized a potential role for regulation. WADA, 1 June 2004

the national governments and governing bodies need to spend a little more time on. So it is a problem and I think it is something that we need to look at further.”<sup>168</sup>

The DCMS memorandum said that the applicable European legislation could not apply to the global industry and regulation did not tackle the contamination issue. The Department also referred to joint work on the matter with the Food Standards Agency, but it stated that: “in the absence of an internationally approved quality assurance standard ... it was difficult to see how an accredited list approach can be made to work.”<sup>169</sup>

**104. As with the medicines issue, we would have some sympathy with the likely resistance to formal regulation from the global supplements industry in the interests of a tiny fraction of its customers. However, there are some possible alternatives to Mr Richardson’s, and UK Sport’s, advice to ‘just say no’ which we suggest below.**

- Despite the limited elite sports market for supplements, there is still clearly an identifiable, and quite desperate, demand for guaranteed ‘clean’ product. It might be possible for an attractive business case to be developed, perhaps by a sympathetic pharmaceuticals manufacturer, on the back of this demand if the cooperation and endorsement of WADA, the IOC and the various NADOs were involved. We discuss the influence of sporting heroes later in this Report, but it is likely that the endorsement and support of high-profile drug-free athletes (and perhaps a selection of previous victims of contamination) would widen the appeal of a range of ‘super-supplements’ to a market beyond elite sport.
- Clearly an increase in the advice and education of sportspeople, and crucially their supporting personnel, is a priority and, as we discuss below, this area is over-due for increased attention and more effort and investment.
- Mr Richardson told us that, in relation to his own adverse finding and subsequent ordeal, his argument had not been with the IAAF, UK Athletics or the anti-doping system (which he still whole-heartedly endorsed), but rather with the manufacturer of the supplements in question.<sup>170</sup> In the light of this there might be the potential for WADA, or another body, to support a test case being brought in the civil courts against the next manufacturer of supplements who causes a sportsman or -woman to incur the significant loss of livelihood, and general odium, that a doping charge involves.
- Finally, there may be ways in which the anti-doping system could take account of this problem without abandoning, or significantly diluting, the strict liability principle. It may be appropriate for sportspeople to do something simple, if laborious, such as keeping comprehensive records, and perhaps even one example per batch, of every supplement taken.

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168 Q 251

169 Ev 52

170 Q 227

## Education

105. In the light of the complexity of the principles and practicalities in anti-doping; the principle of strict liability; and the potentially grave consequences—in health and career terms—of transgressions, all our witnesses laid great emphasis on the education of sportspeople and their support personnel. UK Athletics said that sports needed imaginative education strategies aimed at parents and coaches as well as the sportsmen and -women themselves. New audiences also needed reaching such as doctors, pharmacists, agents, the media and the public. For those in, or entering, elite sport, a twin-track approach was necessary. Ethical and health-based arguments were required to tackle tendencies towards deliberate abuse. Easily accessible information and awareness-raising materials were needed to deal with the potential for accidental ingestion of banned substances.<sup>171</sup>

106. Mr Leaver, of the SDRP, said that there was enormous room for improvement in the education of sportspeople: “some international federations are very good at educating athletes, some are absolutely dreadful, they do not even begin to scratch the surface.”<sup>172</sup> Professor Cowan pointed to coaches as having a “moral responsibility” for their athletes. He told us that knowledge about drugs should be as important to coaches, and taken as seriously, as what they were coaching an athlete to do.<sup>173</sup> Ms Campbell, Chair of UK Sport, made reference to moves to introduce a national coaching certificate which might in the future allow a “tougher stance” on the role of coaches in anti-doping.<sup>174</sup>

107. The PMP report on UK Sport said that, while the current framework for drug-free sport education was “sound and valuable” there was a “vitally important need to put more resource into education in terms of both funding and human resources to ensure an improved delivery in terms of scope, innovation and targeting”.<sup>175</sup> UK Sport said that the UK was considered to have one of the most comprehensive and effective education and drug information programmes in the world. Nevertheless, the agency had doubled the budget for this strand of its anti-doping work for 2004-05 in order to deliver “more structured and formalised programmes across the UK”.<sup>176</sup>

## Making examples

108. We believe that the UK’s record on anti-doping is an excellent one, both domestically and in terms of its contribution to the international effort. As Professor Cowan told us, in terms of international comparisons different countries have been to the fore on drug-free sport at different times.<sup>177</sup> We expect that the re-organisation of UK Sport and the likely development of the SDRP, whilst not producing the independent anti-doping agency called for by some, will provide the boost that will put the UK once again amongst the leaders of the fight against drug cheats in sport.

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171 Ev 38, section 5

172 Q 155

173 Q 79

174 Q 375

175 *Op. cit.*, page v.

176 Ev 117

177 Q 74

109. The Government needs to keep its focus on the realisation and implementation of the fundamental principles contained within the WADA Code and, while protecting and promoting existing effective systems, should seek to lift the performance of all sporting bodies to the level of the best with a mixture of advice, support, public validation of compliant practices and the judicious application of resources.

110. We believe that there are also important contributions that can be made in policy areas beyond the sporting arena, such as an assessment of the issue of steroid use outside elite sport and work on developing an approach to dietary supplements that could enable the problems of contamination, and/or undisclosed ingredients, to be tackled.

## 4 Role models in sport

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### The influence of sport and sporting heroes

111. The interest of the British public in sport and sporting heroes is undeniable. The influence that their behaviour—on and off the pitch, court and track—can have is strong and pervasive. The British Psychological Society (BPS) wrote that “due to their success and prominence in the public domain, sports heroes are likely to act as role models to a wide range of individuals, from those who have only a casual interest in sports activities to those with aspirations to achieve greatness.”<sup>178</sup> The society’s evidence cited a number of factors leading to the absorption and emulation of the endorsements and behaviour of leading sportsmen and -women. For example, in the US the volunteer rate, amongst university students, to assist an AIDS victim carry out a school project went from 0 to 83% once basketball star Magic Johnson had announced he was a victim of the disease.<sup>179</sup>

112. This influence can of course cut both ways. The BPS described the example set by such figures as being received “uncritically” and it said that, for example, “mixed messages” whether conveyed by sportsmen and -women, coaches and managers or by the apparent inconsistency of sports authorities in the way they treat high-profile cases, will “undermine campaigns to reduce or eliminate the use of drugs in sport”.<sup>180</sup> Sporting conduct can also have an impact on the behaviour of young people, whether aspiring elite athletes or amateur players. The attitude of elite and professional players to the rules, and to referees, linesmen and umpires, is likely to have an influence on the values and behaviour of younger spectators. The Minister for Sport said that a lot of teachers told him that “what happens on the football field on a Saturday afternoon is replicated in the playground on Monday morning, and some of it is not very desirable as far as sport is concerned.”<sup>181</sup> He said that he had written to football club chairmen in 2002 asking them to raise this issue

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178 Ev 129

179 Ev 129-130

180 Ev 130

181 Q 291

with managers and players.<sup>182</sup> Mr Caborn did point to the role of the media in this area, in that “the vast majority of players” took their role model responsibilities seriously but, unfortunately, “when there is a misdemeanour committed, it gets blown out of all proportion on the back pages.”<sup>183</sup>

113. Sporting values—physical prowess, talent and skill within a context of team spirit and fair play— create expectations that, for instance, the more raffish nature of being a popular music icon does not. Our evidence was clear on the influence that sportsmen and -women can exert over people, particularly young people, to participate in sport. Our witnesses were also virtually unanimous in accepting that sportspeople have consequent responsibilities to behave appropriately. Mr Mark Richardson, 400 metre runner, told us that it is crucial to have role models and that sport provides a “fantastic platform for that”. He said that sportsmen and -women are in a very privileged position—“they are living the dream”—and had to conduct themselves in a proper manner because of their “very powerful and influencing effect on the younger generation”.<sup>184</sup>

114. Mr David Moorcroft, Chief Executive of UK Athletics, also told us “the future of our sport is built on positive role models, because parents have a huge influence and parents will watch a sport and wish, or not, their children to take part in that sport.”<sup>185</sup> Ms Sue Campbell, Chair of UK Sport, said that even young people at school will become leaders of their peers from the vantage point of the school first-team.<sup>186</sup> She said that the public funding for elite athletes created a potential call for some involvement in community contribution.<sup>187</sup>

115. Sir Trevor Brooking,<sup>188</sup> Director of Football Development at the FA, said that close and intense media coverage—leading to fairly instant role model status—was “a fact of life in professional football”. He said that coverage of controversial matters masked the very large amount of good work that went on and the very large number of excellent role models within the game (a point echoed by the athlete, Mr Mark Richardson).<sup>189</sup> Sir Trevor told us: “The FA, as the governing body of the sport, tries to emphasise to players, particularly when they are getting to first team level and then on into the national arena, to accept their responsibility ... Lots of youngsters will look up to them and they have to take that responsibility seriously.”<sup>190</sup> Sir Trevor said that, despite the best efforts of The FA, and of professional clubs, in providing education, training and support for all their players, relevant to their perceived responsibilities as well as media pressure (from the first team to

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182 Q291

183 Q 292

184 QQ 207 and 212

185 Q 212

186 Q 377

187 Q 377

188 Mr Trevor Brooking, former England international and West Ham football player (and former Chairman of Sport England) was announced as being awarded a knighthood on 12 June 2004 (between giving evidence to the Committee and preparation of this Report).

189 Q 305

190 Q 307

the teenagers in football academies), “there are individual weaknesses and you cannot monitor the players for 24 hours of the day.”<sup>191</sup>

### Appropriate demands

116. Ms Campell said it was clear that athletes, not least as recipients of public funding, should be role models in terms of their conduct within the sporting arena. For example, remaining ‘drug-free’ was a contractual obligation under the terms of an athlete’s personal award from either UK Sport or Sport England (and equivalent terms were included in the funding agreements for publicly-supported sports governing bodies). Ms Campell said, however, that some athletes would not have the aptitude to perform in a non-sporting forum, for example, speaking at a school assembly.<sup>192</sup> The British Athletes Commission supported this argument and called for more thought, organisation and resources to go into initiatives designed to exploit the power of sporting achievement by visits from athletes to schools and other youth organisations.<sup>193</sup>

117. The FA saw the issue of role models as part of a much wider agenda whereby football “as the nation’s game” can touch “hearts and minds within every constituency” and “has a great ability to assist in key Government priority areas”.<sup>194</sup> Evidence from the FA and the FA Premier League gave a great many examples of national and local programmes through which football clubs and players made contributions back to the community.<sup>195</sup> The Professional Footballers Association pointed to the standard contractual obligation on professional footballers to put in six hours per week community work (and there are similar obligations within rugby).<sup>196</sup>

118. We note the research quoted by DCMS which indicates that sporting heroes are likely to exert more influence on young people than anyone other than their immediate family.<sup>197</sup> If sports governing bodies do not take strong steps to tackle instances of poor and/or aggressive attitude towards the rules of their sport, and towards the officials charged with implementing those rules, then the messages being sent out from sport will be extremely damaging to the next generation of sportsmen and -women and also have a negative effect on the wider values being absorbed by impressionable young people. **Given that observance of the rules is integral to good sporting conduct, especial efforts to ensure such conduct on the field of play should not be seen as an external burden on sport but rather it should be an objective of every responsible governing body, and sporting participant, at the elite or professional level.**

119. **There seem to be, however, implications of the public profile of sportsmen and -women that do create wider expectations than simply good conduct on the field of play. It is impossible to over-estimate the impact and influence of sportspeople on young**

191 Q 308

192 Q 377

193 Ev 90

194 Ev 74

195 Ev 75ff, 88ff and 131ff

196 Ev 140

197 Ev 50

people who admire, follow and emulate their heroes' activities on and off the pitch, court and track. We urge sporting authorities, managers and coaches to bear this in mind in all the advice, training and wider guidance provided to their athletes and players.

### Promoting sport and physical activity

120. The Government's public health agenda has recently developed a significant dimension focused on the benefits of more active lifestyles (particularly amongst young people). The example set by current sportsmen and -women is obviously going to contribute to any efforts to encourage the public into grassroots, as well as competitive, sporting activity. Sport England is responsible for the delivery of this agenda and its mission is to make England "an active and successful sporting nation" and "to create opportunities for people to get involved in sport, to stay in sport and to excel and succeed in sport at every level."<sup>198</sup> Sports themselves have a particular interest in the promotion of grassroots participation as volunteers and players are likely also to be 'consumers' of the professional or elite sport (as well as including potential future champions).

121. Major sporting events such as the Olympics, world cups and grand slam tennis tournaments are notorious for producing short term peaks in levels of participation in the sports in question in one form or another. Sport England's key initiative to use the power of sporting personalities to extend this effect is *Sporting Champions* established in 2002 with a budget in 2003-04 of £300,000. The initiative is a programme of visits of sports stars and emerging talent, from a wide range of sports and disciplines, to schools and other youth organisations in England (with an analogous programme in Scotland). Each visit involved a combination of speaking and Q&A at assemblies and in class groups; coaching and demonstration; showing cups, caps and medals; signing autographs; and presenting awards. In 2003, 339 visits were undertaken, reaching over 90,000 children, with a feedback rating of "very good" recorded at 66.5%. The initiative has recruited 398 English 'champions' representing 69 sports. Sport England reported that considerations was being given to using the initiative to maximise the impact of its other programmes aimed at promoting sport in schools, colleges, school/club crossovers and the Gifted and Talented programme.<sup>199</sup>

122. Ms Guinevere Batten, Olympic rowing silver medallist and representative of the British Athletes Commission (BAC), argued for more account to be taken of practical considerations in initiatives such as *Sporting Champions* which do not always take account of the demands on athletes in training.<sup>200</sup> Sport England's evidence said that mentoring and some training is offered to the sportspeople participating in the scheme but it seemed clear that more could be done. The British Athletes Commission suggested that more use could be made of recently retired elite athletes, pointing to the demands that elite athletes already face in training, recovering from training and travelling overseas.<sup>201</sup> Mr Adam Pengilly, British bob sleigh team, recognised that training to work with children, for example, might

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<sup>198</sup> Ev 119

<sup>199</sup> Ev 120-123

<sup>200</sup> Q 351

<sup>201</sup> Ev 90

have benefits for athletes in terms of broadening the “obsessive” attitude that athletes were sometimes seen to have towards their sports.<sup>202</sup> Ms Batten pointed out a number of simple issues which needed consideration such as travel times between the home, or training venue, of the sporting champion and the school in question; as well as the risks to the athlete’s preparations posed by exposure to the concentration of viruses inevitable in a school environment.<sup>203</sup>

123. The Lawn Tennis Association (LTA) emphasised the results of UK Sport’s review of sporting conduct amongst which were the findings that while sporting standards in cricket and football were perceived to have fallen, those in tennis were regarded as having risen (with 92% of spectators believing that professional tennis players acted in a fair and sporting manner). The LTA also pointed out that while 70% of sports supporters thought that sportspeople were good role models, 85% of tennis supporters thought that professional players were good role models.<sup>204</sup> The LTA said that it supported the Government’s sports and public health agenda and was proud to support initiatives such as City Tennis Clubs and Sport Relief aimed at greater inclusivity in tennis. The LTA had committed £1 million to the City Tennis Club scheme which is aimed at deprived inner-city areas with an under-provision of tennis facilities and linked to relevant schools.<sup>205</sup>

124. The FA suggested that football’s status as Britain’s most popular sport indicates that there is the potential for it to make a significant contribution to the Government’s target for encouraging further physical activity and healthy living amongst the population. Currently 7 million adults, and 5 million children, regularly play amateur football and it is the top participation sport for females. The FA invested up to £50 million per year in the grassroots game working in partnership with local authorities and local education authorities and schools, local professional clubs, Football in the Community and other local organisations.<sup>206</sup>

125. The FA said that, together with the Premier League, it contributed £40 million per year to the Football Foundation, matched to date, by an annual lottery award. In total, for every £1 of public money invested, the Foundation has secured an additional investment of £5. The Foundation has objectives that span sport and wider social objectives:

- to put into place a new generation of modern facilities in parks, local leagues and schools;
- to provide capital/revenue support to increase participation in grass roots football ; and
- to strengthen the links between football and the community and to harness its potential as a force for good in society.<sup>207</sup>

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202 Q 365

203 Q 351

204 Ev 125

205 Ev 125

206 Ev 69 and 77

207 The Football Foundation, June 2004

126. The FA said that English football already operated “by far the most redistributive structure applied by football in any European country”. This was in some contrast to the DCMS’ spending which, on the analysis of the Central Council for Physical Recreation (CCPR), was £103 million in 2003-04: the lowest of any major European country and less than half the per capita investment made by France.<sup>208</sup> **We look forward to detailed announcements from DCMS on how it will be tackling its new Public Service Agreement targets—set out in the 2004 Comprehensive Spending Review—to increase participation in sport amongst children and priority groups and halt the year on year rise in obesity amongst under-11 year-olds.<sup>209</sup> We expect to see enhanced levels of investment in the key grassroots sports where the highest levels of participation can be achieved in the most cost-effective manner.**

127. The example of professional football clubs and players clearly plays a large part in creating an appetite to participate in the grassroots game. It is important that the means exist to satisfy this hunger, for football and other sports. The FA said that the single most important issue in the grassroots game was an estimated £2 billion worth of investment needed in facilities to meet the current level of demand to play football in society. In addition to this financial demand there was a need for a fresh look at playing field protection. Around 75% of football is played on publicly-owned land. The FA said that, on average, one playing field comes under threat from a planning application every day and that “The DCMS and other relevant departments do not appear to be doing enough to ensure that PPG17 [the relevant policy planning guidance] is properly enforced, and consequently vital grassroots facilities are being lost.”<sup>210</sup>

128. We raised a number of issues around the protection of playing fields in March 2004 (in the course of commenting on the DCMS’ overall performance in 2002-03). The Department’s response was that in 2002-03, 90% of planning applications that involved playing fields were neutral or beneficial to sport. Benefits were identified as including all-weather pitches, multi-sport centres, swimming pools, floodlights, changing rooms or replacement pitches.<sup>211</sup> The FA said, however, that football had the most to lose from the erosion of publicly-owned playing fields and unmarked, “jumpers for goalposts”, open space. Ways of avoiding PPG17 strictures altogether, such as land re-designation, and the issue of site-size thresholds (ignoring the rise in popularity of mini-soccer) may also play a significant role in this debate.<sup>212</sup> **We recommend that the DCMS, Sport England, The FA (and other relevant sports governing bodies) sit down with the Office of the Deputy Prime Minister and establish an effective audit process that will be able to settle arguments over the real outcomes for sport from the implementation of planning policy in respect of playing fields.**

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208 Ev 77

209 2004 Spending Review, *Stability, security and opportunity for all: investing for Britain's long-term future*, New Public Spending Plans 2005-2008, 12 July 2004, Cm 6237, page 155.

210 Ev 88

211 Government Response to the Committee’s Second Report, 2003-04, DCMS Annual Report: Work of the Department in 2002-03, Cm 6242, paragraph 3.

212 Ev 88 and Second Report from the Committee, 2003-04, HC 74, paragraph 24 and note 23.

## Promoting wider objectives

129. The British Psychological Society referred to a “halo” effect where sporting prowess, in other words skill in one particular area, is seen as conferring authority and expertise in another quite different area or range of other areas.<sup>213</sup> This presumably is the basis of sponsorship of events, teams and individuals by non-sporting businesses keen to associate their telephone services, airlines or beverages with an exciting and successful sport or sports person. The Government, however, is another customer for the benefits of these ‘haloes’. The FA, the FA Premier League (FAPL) and the PFA all supplied evidence of a long list of initiatives, at both national and local levels, where the power of sporting role models, and of the game itself, was being harnessed to promote a very wide range of non-sporting objectives, including:

- the promotion of numeracy, literacy and other parts of the curriculum, community involvement, disabled access and rehabilitation after drugs and/or crime; and
- the discouragement of racism and other forms of discrimination, social exclusion and crime.<sup>214</sup>

The FA Premier League said that a study had valued the annual contribution to local communities from the Premier League and its clubs at £70 million (redistributed to good causes and reaching nearly 4 million people).<sup>215</sup>

130. The DCMS said that the behaviour of sportspeople is emulated by young people and that the “Government firmly believes that the value of sport goes way beyond personal enjoyment and fulfilment. It is a powerful tool that can help the Government to achieve a number of ambitious goals”. In addition to improved health, national pride and identity (the more traditional virtues of sporting prowess) the benefits of sporting participation were said to include:

- improved confidence;
- diversion from drugs and crime;
- teaching self-discipline and teamwork; and
- encouraging dedication, determination, time-management and overcoming adversity.

The Government said that, despite the unlikelihood that a majority of youngsters would progress to champion status, the life skills acquired through the participation in sport would help young people undertake tertiary education, take up employment and pursue successful careers in other fields.<sup>216</sup>

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213 Ev 130

214 Ev 75

215 Ev 131

216 Ev 53

### **Sport and education**

131. In addition to these 'side-effects' of sporting values, the Department for Education and Skills (DfES) runs a scheme aimed at tapping more directly into the mystique of sport in order to motivate school children. *Playing for success* is a Department for Education and Skills initiative, established in 1997, in partnership originally with football (the FA, Premier League, Nationwide League, clubs) and English local education authorities. Other sports have come on board since 2000 including rugby, league and union, cricket, hockey, ice hockey, tennis, gymnastics and basketball. The scheme provides out of school hours study support centres within football clubs and at other sports' clubs, grounds and venues. The centres use the environment and medium of sport to help motivate selected pupils (identified by their schools) providing them with a boost in literacy, numeracy and ICT skills.<sup>217</sup>

132. In 2004, 89 football and other sports clubs were signed up to the full scheme (including every Premier League club) and 83 have opened centres to date. Around 90,000 pupils have benefited so far, and over 40,000 will benefit each year when all centres are open. Funding is based on a three way-partnership between Government (Department for Education and Skills and local education authorities through the Standards Fund), the sports clubs and business sponsors. The DfES allocation to the scheme for 2004-05 is £9 million. In 2002, the Football Foundation committed £1 million over three years (subject to matched Government spending) to support centres in football clubs outside the FA Premier and Division One leagues.<sup>218</sup>

133. The National Foundation for Educational Research (NFER) has carried out a number of evaluations of the initiative which have found increasing significant educational and developmental gains amongst attendees over successive years in numeracy, reading comprehension, ICT skills, study skills, self-image and general attitude to education. The scheme reached its target group of underachieving pupils with improvements regardless of gender, experience of deprivation, ethnicity or fluency in English.<sup>219</sup>

134. We were able to discuss this programme with Somerset County Cricket Club during a visit to Taunton on another inquiry. We were struck by the enthusiasm of representatives of the club, and of the local schools, for this scheme, and by the liveliness of participating school pupils.

### **Sport and social exclusion**

135. The FA also reported a partnership between football, Sport England and the Home Office within a scheme, launched in 2000, called *Positive Futures*. The initiative was aimed at engaging otherwise marginalised young people living in deprived areas of England and Wales. The scheme's objective is to exert positive influence on participants' drug abuse, physical activity and offending behaviour by widening their horizons and providing access to different lifestyle, educational and employment opportunities. The scheme has a large sporting component (83% of participants) and, within this figure, football plays a

217 Department for Education and Skills website, 2004

218 Department for Education and Skills, news release 2004/0112, 24 May 2004.

219 *Ibid*

significant role (63% of sporting activities). The summary findings of evaluation of the scheme identified sport as “a powerful catalyst, attracting and engaging marginalised young people, and operating as a platform to raise young people’s aspirations.” The FA said that the Football Foundation had contributed £4 million to complement the Home Office’s £15 million and that the scheme had helped some 35,000 young people over the past 4 years.<sup>220</sup>

**136. We were deeply impressed by the extent of the commitment of sports in Britain—especially football—to the communities in which they are based and to wider society. We recognise that there are some very practical reasons why sports might invest to attract future generations of players, supporters and consumers and to ensure good relations with government. However, the existing partnerships between sports bodies and public authorities demonstrate that sport is a willing and able partner for the Government on a range of policy issues and indicates that there is the potential for further gains on the back of the effective investment of public resources.**

### Setting examples

137. It is clear that the vast majority of sporting heroes—and the signals emanating from sport more generally—promote highly laudable examples and values in terms of elite sporting achievement, the general benefits of sporting participation and other personal development goals. The Government has allocated expenditure to initiatives exploiting these links and many sports—football in particular—have given evidence of significant investments, and the meeting of considerable demands, from resources of their own. **We recommend that the Department for Culture, Media and Sport lead a cross-departmental review of the existing array of sport-related initiatives to promote public policy benefits. This review should:**

- **include a thorough assessment of the potential for further investments of public expenditure to achieve cost-effective contributions to Government objectives; and**
- **cover the full gamut of relevant policies and not just the promotion of elite sport and/or healthy and active lifestyles.**

138. **We believe that recently-retired sportsmen and –women—with good track records and high public profiles—represent a pool of talent with particular potential for meeting the demands of new ‘role-modelling’ initiatives.**

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<sup>220</sup> *Positive Futures: Monitoring & Evaluation Progress Report June 2003, 04/09/2003*, Drugs Strategy Directorate, Home Office, 2004

## Conclusions and recommendations

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1. Given the apparent ingenuity and foolhardiness of the minority of sportspeople who seek to cheat, we recommend that the DCMS, UK Sport, DoH and MHRA jointly determine whether to seek to pre-empt the abuse of new medical research and developments by sportsmen and -women or their coaches. (Paragraph 30)
2. We commend the efforts of UK Sport, and all the relevant sports authorities and governing bodies within the UK, for the steps already taken. We regard the position of WADA—accepting demonstrable progress and determination to succeed—to be a much healthier approach than legalistic nit-picking. The international push for drug-free sport depends heavily on negotiated consensus and the winning over of hearts and minds across a complex sporting landscape of markedly different disciplines, countries and cultures. This process takes time and we believe that it is vital to keep the fundamental objectives, principles and values embodied in the World Anti-Doping Code to the fore. (Paragraph 42)
3. We believe that the prevalence of performance-enhancing drugs in sport should not be over-stated. There is no doubt that a small number of sportsmen and -women will deliberately or recklessly take, or do, anything to gain a competitive advantage. There also seem to be those who seek to profit from the development of new ways to help cheats to do so. However, it seems equally clear that a significant number of sportspeople commit violations as a result of carelessness, ignorance and/or sheer bad luck. In assessing the situation, and presenting data, these categories should not be conflated, nor should it be forgotten that, even when taken together, these sportsmen and -women represent a tiny minority. (Paragraph 47)
4. We believe that there are sufficiently worrying indications of dangerous levels of steroid use, outside elite sport, to warrant specific research by the Government into the extent of the illicit trade and use of steroids amongst gym-users in the UK. We recommend that the Government commission comprehensive research into the prevalence of steroid use. The status of anabolic steroids under the law, and the regulation—or rather the non-regulation—of gyms and fitness clubs in this respect, should be reviewed in the light of the results. (Paragraph 53)
5. The information collection and analysis relating to drugs in elite sport is currently unsatisfactory in view of the seriousness with which the Government claims to be taking the matter and the importance of robust data in establishing an effective level of deterrent and preventative action through the testing regime. We expect that the development of international cooperation under the auspices of WADA and efforts of national agencies to achieve WADA compliance will help. We recommend that further resources be allocated to UK Sport to remedy this deficit with respect to British sportsmen and -women whether they are tested here or abroad. (Paragraph 56)
6. We recommend that all sports governing bodies in the UK agree a joint tariff of penalties for anti-doping violations based on sanctions set out in the World Anti-Doping Code. (Paragraph 69)

7. We agree with the Government that harmonisation of the principles behind the effort to combat drugs in sport across all sports and all countries will be a benefit. However, the terms of the debate need careful definition as harmony and consistency of approach cannot necessarily equate to a uniformity of outcome in each individual case. (Paragraph 73)
8. We were presented with absolutely no evidence in support of the fundamental case for a new agency, namely that the Performance Directorate within UK Sport, or the organisation as a whole, ever acted to inhibit the operation of the Drug-Free Sport Directorate to allow a UK sportsman or -woman to compete for a medal, or other trophy, to which he or she was not entitled. We recommend, however, that UK Sport take whatever steps deemed necessary to separate and clarify the twin chains of command within the agency to ensure that any such perceptions are laid to rest once and for all. (Paragraph 79)
9. If the Government is serious about its support for drug-free sport then it must enable UK Sport to develop the Sports Dispute Resolution Panel into a national tribunal service for the management of anti-doping cases. This service must be able to protect sports governing bodies from liabilities arising out of errors in its conduct of their cases. (Paragraph 93)
10. To tackle the issue of consistency across sports we recommend that the UK Sport seeks to establish as much coordination as possible between the FA—and any other governing bodies who wish to manage their own cases—and the new service, along the lines suggested by the PMP report. (Paragraph 94)
11. UK Sport, in concert with the Department and relevant sports governing bodies, should establish a common accreditation process for any new arrangements, with provision for periodic review, to assure the public, and all sports, that robust and equitable systems are in place. (Paragraph 95)
12. While we would welcome a voluntary move by the pharmaceutical industry to introduce a labelling scheme aimed at identifying medicines containing substances banned in elite sport, we would regard moves to impose such a requirement as a possible misdirection of effort and of anti-doping's scant resources. Other avenues such as the provision of training and awareness-raising material for GPs and, in particular, pharmacists might be fruitful (and such efforts could start in cities hosting significant sports events). (Paragraph 100)
13. As with the medicines issue, we would have some sympathy with the likely resistance to formal regulation from the global supplements industry in the interests of a tiny fraction of its customers. However, there are some possible alternatives to Mr Richardson's, and UK Sport's, advice to 'just say no' which we suggest below. (See paragraph 104 in the main Report)
14. The Government needs to keep its focus on the realisation and implementation of the fundamental principles contained within the WADA Code and, while protecting and promoting existing effective systems, should seek to lift the performance of all sporting bodies to the level of the best with a mixture of advice, support, public

validation of compliant practices and the judicious application of resources. (Paragraph 109)

15. We believe that there are also important contributions that can be made in policy areas beyond the sporting arena, such as an assessment of the issue of steroid use outside elite sport and work on developing an approach to dietary supplements that could enable the problems of contamination, and/or undisclosed ingredients, to be tackled. (Paragraph 110)
16. Given that observance of the rules is integral to good sporting conduct, especial efforts to ensure such conduct on the field of play should not be seen as an external burden on sport but rather it should be an objective of every responsible governing body, and sporting participant, at the elite or professional level. (Paragraph 118)
17. There seem to be, however, implications of the public profile of sportsmen and -women that do create wider expectations than simply good conduct on the field of play. It is impossible to over-estimate the impact and influence of sportspeople on young people who admire, follow and emulate their heroes' activities on and off the pitch, court and track. We urge sporting authorities, managers and coaches to bear this in mind in all the advice, training and wider guidance provided to their athletes and players. (Paragraph 119)
18. We look forward to detailed announcements from DCMS on how it will be tackling its new Public Service Agreement targets—set out in the 2004 Comprehensive Spending Review—to increase participation in sport amongst children and priority groups and halt the year on year rise in obesity amongst under-11 year-olds. We expect to see enhanced levels of investment in the key grassroots sports where the highest levels of participation can be achieved in the most cost-effective manner. (Paragraph 126)
19. We recommend that the DCMS, Sport England, The FA (and other relevant sports governing bodies) sit down with the Office of the Deputy Prime Minister and establish an effective audit process that will be able to settle arguments over the real outcomes for sport from the implementation of planning policy in respect of playing fields. (Paragraph 128)
20. We were deeply impressed by the extent of the commitment of sports in Britain—especially football—to the communities in which they are based and to wider society. We recognise that there are some very practical reasons why sports might invest to attract future generations of players, supporters and consumers and to ensure good relations with government. However, the existing partnerships between sports bodies and public authorities demonstrate that sport is a willing and able partner for the Government on a range of policy issues and indicates that there is the potential for further gains on the back of the effective investment of public resources. (Paragraph 136)
21. We recommend that the Department for Culture, Media and Sport lead a cross-departmental review of the existing array of sport-related initiatives to promote public policy benefits. This review should:

- include a thorough assessment of the potential for further investments of public expenditure to achieve cost-effective contributions to Government objectives; and
  - cover the full gamut of relevant policies and not just the promotion of elite sport and/or healthy and active lifestyles. (Paragraph 137)
22. We believe that recently-retired sportsmen and –women—with good track records and high public profiles—represent a pool of talent with particular potential for meeting the demands of new ‘role-modelling’ initiatives. (Paragraph 138)

## Annex

UK Anti-Doping Results for sports with adverse findings UK Sport doping control programme, 1999-2004 <sup>1</sup>				
Sport	Total tests	Performance-enhancing substances <sup>2</sup>	Recreational/social drugs <sup>3</sup>	Total adverse findings
Athletics	4381	53	-	53
Power Lifting	1253	43	-	43
Rugby League	1354	38	6	44
Cycling	1419	34	2	36
Boxing (Pro)	899	24	4	28
Rugby Union	3252	22	-	22
Equestrian Racing	848	22	9	31
Swimming	1091	20	2	22
Association Football (UK)	6101	14	52	66
Weightlifting	1162	12	-	12
Body-Building	87	9	-	9
Basketball	260	6	-	6
Wrestling	100	4	2	6
Disabled Sport	232	4	-	4
Ice Hockey	406	4	6	10
Boxing (Amateur)	234	3	-	3
Cricket	1047	3	-	3
Tug-of-War	33	2	-	2
Equestrian	179	1	1	2
Judo	348	1	-	1
Modern Pentathlon	101	1	1	2
Motor Sports	45	1	2	3
Netball	118	1	-	1
Polo	45	1	1	2
Rowing	268	1	-	1
Snooker and Billiards	767	1	12	13
Motor Cycling	71	-	3	3
Hockey	472	-	1	1
Scottish Games	39	-	1	1
Shooting	123	-	1	1
<b>Totals</b>	<b>n/a</b>	<b>325</b>	<b>106</b>	<b>431</b>

Source data: DCMS, see Ev 55ff

1. Up to 14 April 2004

2. Includes results for all cases: from accident, through negligence, to deliberate cheating.

3. Most recreational/social drugs are not tested for "out-of-competition" except in football.

Sports within doping control but with no adverse findings over this period were: archery, biathlon, bobsleigh, bowls, canoeing, curling, dragon boat racing, fencing, gymnastics, ice skating, karate, lacrosse, lawn tennis, mountaineering, orienteering, roller skating, sailing, skiing, squash, table tennis, taekwondo, ten pin bowling, triathlon, volleyball and waterskiing.

# Formal Minutes

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**Monday 12 July 2004**

Members present:

Sir Gerald Kaufman, in the Chair

Mr Chris Bryant

Mr Frank Doran

Mr Adrian Flook

Mr Nick Hawkins

Alan Keen

Rosemary McKenna

The Committee deliberated.

Draft Report (*Drugs and role models in sport: making and setting examples*), proposed by the Chairman, brought up and read.

*Ordered*, That the Chairman's draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 25 read and agreed to.

Paragraphs 26 and 27 read, amended and agreed to.

Paragraphs 28 and 29 read and agreed to.

Paragraph 30 read, amended and agreed to.

Paragraphs 31 to 41 read and agreed to.

Paragraphs 42 and 43 read, amended and agreed to.

Paragraphs 44 to 46 read and agreed to.

Paragraph 47 read, amended and agreed to.

Paragraphs 48 to 52 read and agreed to.

Paragraph 53 read, amended and agreed to.

Paragraphs 54 to 59 read and agreed to.

Paragraph 60 read, amended and agreed to.

Paragraphs 61 and 62 read and agreed to.

Paragraphs 63 to 68 read, amended and agreed to.

A new paragraph—(Mr Chris Bryant)—brought up, read the first and second time, amended and inserted (now paragraph 69).

Paragraph 69 (now paragraph 70) read, amended and agreed to.

Paragraphs 70 and 71 (now paragraphs 71 and 72) read and agreed to.

Paragraph 72 (now paragraph 73) read, amended and agreed to.

Paragraphs 73 to 116 (now paragraphs 74 to 117) read and agreed to.

A new paragraph—(Alan Keen)—brought up, read the first and second time, amended and inserted (now paragraph 118).

A new paragraph—(Rosemary McKenna)—brought up, read the first and second time, amended and inserted (now paragraph 119).

Paragraphs 117 to 132 (now paragraphs 120 to 135) read and agreed to.

Paragraph 133 (now paragraph 136) read, amended and agreed to.

Paragraphs 134 and 135 (now paragraphs 137 and 138) read and agreed to.

Annex read and agreed to.

Summary read, amended and agreed to.

*Resolved*, That the Report, as amended, be the Seventh Report of the Committee to the House.

*Ordered*, That the Chairman do make the Report to the House.

*Ordered*, That the provisions of Standing Order No. 134 (Select Committees (reports)) be applied to the Report. Several papers were ordered to be appended to the Minutes of Evidence.

*Ordered*, That the Appendices to the Minutes of Evidence taken before the Committee be reported to the House.

[Adjourned till Tuesday 13 July at 10.00am

## Witnesses

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### Tuesday 30 March 2004

**Ms Michele Verroken**, former Director of Drug-Free Sport, UK Sport, Vice-President of Association of National Anti-Doping Organisations Ev 1

### Tuesday 20 April 2004

**Professor David Cowan**, Director of Drug Control Centre, King's College London Ev 11

**Mr Charles Woodhouse**, Chairman, **Mr Jon Siddall**, Director, **Mr Peter Leaver QC**, Member, The Sports Dispute Resolution Panel of Arbitrators, and **Ms Alison Faiers**, Case Officer, The Sports Dispute Resolution Panel Ev 22

**Mr David Sparkes**, Chief Executive of British Swimming Ev 31

### Tuesday 27 April 2004

**Mr David Moorcroft**, Chief Executive, **Ms Helen Jacobs**, Operations Director, and **Mr Mark Richardson**, Athlete, UK Athletics Ev 39

**Rt Hon Richard Caborn**, Member of Parliament, Minister for Sport and Tourism, and **Mr Stephen Hodgson**, Head of Elite Sports Team, Department for Culture, Media and Sport Ev 57

### Tuesday 4 May 2004

**Mr Trevor Brooking**, Director of Football Development, and **Mr Nic Coward**, Director of Corporate & Legal Affairs, The Football Association Ev 78

**Ms Guinevere Batten**, Olympic Rower (Silver Medallist), **Mr Giles B Long**, Paralympic swimmer (Triple Gold Medallist), and **Mr Adam Pengilly**, Winter Olympic Bob Skeleton, British Athletes Commission Ev 91

**Mr Sue Campbell CBE**, Chair, and **Mr John Scott**, Acting-Director, Drug-Free Sport Directorate, UK Sport Ev 108

## List of written evidence in Volume II

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1	Sports Dispute Resolution Panel (SDRP)	Ev 18
2	British Swimming	Ev 29
3	UK Athletics	Ev 35
4	Department for Culture, Media and Sport	Ev 47
5	The Football Association	Ev 66, 86
6	British Athletes Commission (BAC)	Ev 90
7	UK Sport	Ev 95, 111
8	British Olympic Association	Ev 119
9	Sport England	Ev 119
10	Lawn Tennis Association	Ev 123
11	Mr Nick Bittel	Ev 125
12	PGA European Tour	Ev 129
13	British Psychological Society	Ev 129
14	FA Premier League	Ev 131
15	Professional Rugby Players Association	Ev 133
16	Parliamentary Office of Science and Technology	Ev 134
17	Professional Footballers' Association	Ev 139

## List of unprinted written evidence

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Papers have also been received from the following and have been reported to the House. To save printing costs they have not been printed and copies have been placed in the House of Commons library where they may be inspected by Members. Other copies are available to the public for inspection and requests should be addressed to the Parliamentary Archives, Record Office, House of Lords, London SW1A 0PW. (Tel 020 7219 3074). Hours of inspection are from 9.30am to 5.00pm

Manchester City Football Club

## Reports from the Culture, Media and Sport Committee since 2001

The following reports have been produced by the Committee during the last three sessions

### Session 2003–04

First Report	Cultural Objects: Developments since 2000	HC 59
First Special Report	Privacy and media intrusion, Replies to the Committee's Fifth Report, 2002–03	HC 213
Second Report	DCMS Annual Report: Work of the Department in 2002–03	HC 74
Third Report	Broadcasting in Transition	HC 380
Fourth Report	Work of the Committee in 2003	HC 404
Fifth Report	Reform of the National Lottery	HC 196
Second Special Report	Broadcasting in Transition, Replies to the Committee's Third Report , 2003–04	HC 585
Sixth Report	Arts Development: Dance	HC 487

### Session 2002–03

First Report	National Museums and Galleries: Funding and Free Admission	HC 85
Second Report	The Work of the Committee in 2002	HC 148
Third Report	A London Olympic Bid for 2012	HC 268
Fourth Report	The Structure and Strategy for Supporting Tourism	HC 65
Fifth Report	Privacy and media intrusion	HC 458
Sixth Report	The British Film Industry	HC 667

### Session 2001–02

First Report	Unpicking the Lock: the World Athletics Championships in the UK	HC 264
Second Report	Testing the Waters: the Sport of Swimming	HC 418
Third Report	Arts Development	HC 489
Fourth Report	Communications	HC 539
Fifth Report	Revisiting the Manchester 2002 Commonwealth Games	HC 842
Sixth Report	The Government's Proposals for Gambling: Nothing to Lose?	HC 827