

# How I doped 150 sports stars

A doctor has boasted of helping elite cricketers, footballers and other athletes to cheat. Britain's anti-drug watchdog has known of his activities for two years and let him carry on unchecked. Insight reports

Insight

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The bread was being served in the elegant hotel restaurant in central London when Dr Mark Bonar began explaining his controversial views on doping in sport to his two business companions.

In the doctor's opinion, the disgraced cyclist Lance Armstrong had been unfairly pilloried for taking performance-enhancing drugs because all his competitors were "on the same gear", too. Armstrong was simply the best cheat.

It was time to accept that drugs were in sport, he argued, and that athletes should be free to take anything they liked under the supervision of medical specialists. In fact, Bonar explained, he had already been doing so for years at his private clinics.



Rob Brinded, a former Chelsea fitness coach

As an array of dishes arrived at the table, Bonar went on to reveal how he had treated 150 elite sportsmen — including many household names — with secret “programmes” of banned performance-enhancing drugs.

His doping clients included Premier League footballers, international cricketers, Tour de France cyclists, boxers, martial arts competitors, tennis players and bodybuilders. “So I’ve worked with some high-profile people,” he confided. “They tend to keep a very low profile.”





His clients were referred by word of mouth, he said, and he did not advertise his services because he could not risk coming under “media scrutiny”. But it was too late. His dining companions were undercover reporters from The Sunday Times.

The film footage of that encounter and other evidence collected during this newspaper’s investigation provides the first evidence that a British doctor has been profiting from the supply of dangerous class C drugs to healthy athletes to help them cheat in sport.

His confessions about treating a network of stars across a range of British sports opens up a whole new chapter in the doping scandal. It also raises questions about the role of UK Anti-Doping (Ukad), the body charged with catching the cheats, which was warned about the doctor’s activities two years ago but did not contact Bonar or pass the evidence on to the General Medical Council (GMC).

Yesterday, John Whittingdale, the culture, media and sport minister, said he was “shocked and deeply concerned” by the revelations and had ordered an independent investigation into why Ukad – which is funded with £6m of taxpayer’s money – did not act sooner.

The trail that led our reporters to Bonar began with a call from a whistleblower who had read this newspaper’s investigation into cheating in athletics last summer. The whistleblower, who wishes to remain unnamed, was no saint. He had attracted interest from Ukad’s testers after achieving some of the best times of his life while taking the banned substances testosterone, human growth hormone and erythropoietin (EPO).



The drugs had all been prescribed by Bonar in a series of consultations three years ago. At the time, Bonar, a dapper 38-year-old in Louboutin shoes, was working as an anti-ageing specialist in Harley Street, central London, offering testosterone replacement therapy to menopausal men.

In his first consultation, the whistleblower says he told the doctor he was struggling with low energy in training and had read that testosterone might help – even though it was banned. After a blood test, the whistleblower says Bonar told him he had low testosterone and gave him a double shot of the drug on his second visit.

The whistleblower claims Bonar then “corrupted” him by offering him EPO and human growth hormone. “I knew taking these drugs was wrong but I was curious. I wanted to know how much these drugs could improve performance,” said the whistleblower.

However, Ukad’s testers knocked on his door in early 2014 and he was given a two-year ban. In the hope of reducing the length of his suspension, he offered the anti-doping body’s intelligence unit evidence about Bonar’s doping service and doping by other athletes.

This newspaper has seen the recorded transcripts of three meetings between the whistleblower and the intelligence unit in April and May 2014 which were initially overseen by Pat Myhill, who is now the anti-doping body’s director of operations. The whistleblower told the investigators that Bonar had given him performance-enhancing drugs and said the doctor had talked openly about giving similar treatment to a “world-class boxer”.



He went on to describe how he had also visited another London clinic where one of British sport's top doctors had advised him on drugs he might take which mimicked the effects of testosterone but were not yet banned in sport.

Five months elapsed and the whistleblower became increasingly frustrated that the investigators did not appear to be acting on his allegations. By then he had hired a legal team at a personal cost of £60,000 to force the anti-doping body to take his evidence seriously.

In October 2014 he wrote to Ukad: "Regarding Dr Mark Boner [sic]: I made it perfectly clear to Ukad that this doctor deals with other athletes and Ukad should be doing everything in its power to discover [his] client list and more. I was expecting Ukad to come back to me for more information and your silence in this regards leads to concerns."

His solicitor received an email response from Ukad's lawyer, Stacey Shevill, which suggested the anti-doping body had, indeed, been sitting on its hands. She wrote: "If [the whistleblower] wished to provide evidence against the doctor, he would need to do this by way of a written statement setting out everything he knows and attaching all documentary evidence (including, for example, prescriptions)."

So the whistleblower drafted his own witness statement and handed over his prescriptions from Bonar. But it still was not enough. In January 2015, he received an email from Graham Arthur, Ukad's legal director, saying his information had been investigated and this had "not led to the discovery of [an] anti-doping rule violation or other grounds for action to be taken against Dr Bonar."



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Earlier Ukad had informed the whistleblower that it would pass the evidence on to the GMC if it had no jurisdiction over the doctor. In the end, it did not.

The whistleblower was flabbergasted: “The proof of Bonar’s actions was concrete and credible, and yet they weren’t interested. I felt as if Ukad had let down the public and potentially placed other athletes’ lives at risk by allowing this to continue.”

There was a simple way to check out the whistleblower’s story: send in another athlete to the doctor’s clinic undercover. The German broadcaster ARD/WDR — which has been collaborating with this newspaper on doping stories — put our reporters in touch with a young aspiring Olympic runner who was willing help.

The runner’s first appointment was last October. By now Bonar had moved his practice to the gleaming consulting rooms of the upmarket Omniya clinic and pharmacy in Knightsbridge, close to Harrods.

The runner told Bonar he was an athlete struggling to recover from training and the doctor instantly suggested he might have hormone deficiencies. “So, I mean, my approach is very simple,” he said. “I do some blood tests to have a look at your hormones. So looking obviously at testosterone, human growth hormone.”

Testosterone and growth hormone are banned in sport because they are used to build strength in a way that gives athletes a competitive advantage over their rivals. There could have been many other causes of the runner’s mild symptoms, but testosterone and growth hormone were the doctor’s stock in trade.



He charges £150 for a 20-minute consultation but also claims he takes a cut of any profits on the drugs he prescribes or any diagnostic treatment he recommends.

And his drug programme is expensive. A course of growth hormone, for example, can cost as much as £1,600 a month and he also charges £600 a time for the regular blood tests needed to monitor the effect of the drugs.

The first appointment was only seven minutes in when Bonar broached the issue of drug testing.

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Testosterone and growth hormone were the doctor’s stock in trade

“Obviously some of these treatments I use are banned on a professional circuit. So you have to be mindful of that. Having said that, I have worked

with lots of professional athletes who do use these treatments. But it’s how you do it . . . maybe micro-dose, off-cycle, off-season and things like that.”

The runner was, of course, super-fit and healthy as his blood tests were to show when he returned for his second appointment two weeks later. But Bonar had spotted something.

“Your haematocrit [red blood cell count] is, if I’m being honest, a little lowish side. That can obviously affect performance — things like endurance. The way that you would boost that, potentially, is to use something like EPO, which you may have heard of.”



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EPO is a drug intended for seriously ill people either undergoing chemotherapy or suffering from kidney failure. It is banned in sport but has been used secretly by cyclists and athletes because it can improve performance by 10% or more — the difference between first and last in a big race.

It is a drug with dangerous side effects because, as Bonar told the runner, “your blood becomes thick and it can clot . . . which is obviously risky”. He suggested the runner could buy his own testing machine from Amazon to monitor the thickness of his blood at home.

The runner’s blood levels were in fact within the normal range and there was no clinical reason to prescribe EPO. His hormone levels were fine, too, but Bonar wanted to give him an injection of testosterone at his surgery that day.

As the runner was working undercover and had no desire to cheat, he told Bonar he wanted to postpone the treatment until a later date. However, he left the surgery with prescriptions for two banned performance enhancing drugs: Genotropin (human growth hormone) and DHEA (a steroid hormone).

He was given the thyroid medication Levothyroxine which is currently being scrutinised by the anti-doping authorities and may soon be outlawed. “The reason I had him on that was to try and cut him a little bit,” Bonar was later to explain. “Cut” is a word he used frequently to describe stripping already lean sportsmen or women of excess body fat.





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The Sunday Times later showed the runner's blood test from the appointment to Ashley Grossman, professor of endocrinology at Oxford University. His assessment of Bonar's prescriptions was withering. He said the runner's thyroid levels were, if anything, slightly high and did not require boosting, a testosterone shot was "completely inappropriate" and there was no medical reason to prescribe the growth hormone.

The professor warned that all the drugs had side effects. He said the growth hormone could cause high blood pressure and diabetes, and even weaken the heart muscles long-term; the thyroid drug places extra strain on his heart and the testosterone thickens the blood, increasing the risk of a stroke.

The chances of a stroke would be even greater if the runner also embarked on a course of EPO, as Bonar was proposing at a later stage. Bonar told the runner the danger was that a patient's blood might "become gloopy" so he might need to prescribe yet another drug. "I'd probably put them on blood thinner if that happened," he said.

In order to find out more about Bonar's activities, the runner introduced the doctor to an undercover reporter posing as the "uncle" who financed his treatment.

At a third appointment in the Knightsbridge clinic, the reporter sought to clarify whether the drugs had been prescribed for any other reason than performance. Bonar was only too willing to confirm: "He doesn't have any medical problems."



Nonetheless, he offered to put the runner on an eight-week programme of steroid injections and went on to explain that some of his other sports clients tended to do this three times a year “off season”. It was an opportunity to ask him about who his other clients were.

He began reeling off a list of sports. It was the first time he had helped a runner but he worked with “pretty much every other sport” and they were all “elite”.

He continued: “Elite sports, absolutely. Well you can’t function at that level, you can’t compete at that level unless you are, you know, using . . . I mean, the truth of the matter is drugs are in sport. What I do is prescribe responsibly.”

It was an opening into Bonar’s secret world of drug using clients. In total, he claimed to have treated 150 elite, professional and amateur athletes in the past six years. “I’ve never met a clean athlete ever,” he said.

The reporter asked whether he treated all his athletes with performance-enhancing drugs. “Yes, but they want to do it safely,” Bonar replied, “and they want to do it with someone who understands it. And rather than buying stuff from some guy in a gym off the back of a lorry they want pharmaceutical grade. They want to know that the dosage has been prescribed responsibly.”



It is unlikely that the GMC would agree that Bonar was acting “responsibly”. Its code for doctors states: “You must not prescribe or collude in the provision of medicines or treatment with the intention of improperly enhancing an individual’s performance in sport. This does not preclude the provision of any care or treatment where your intention is to protect or improve the patient’s health.”

But Bonar had already thought out his defence, should he ever be investigated. He said he carefully monitored the banned drugs so that his “clients” hormone levels would not go beyond the normal range for an average person.

Bonar: “So like if somebody came in to me and said ‘Why are you giving [names the runner] testosterone?’ Well I can say . . . he has symptoms of androgen testosterone deficiency syndrome so his levels were suboptimal and I just topped him up.”

Reporter: “But of course that’s not the real reason. The reason is to increase his performance, yeah?”

Bonar: “It’s how you sell it, you know.”

So who were the sportsmen and women Bonar was dealing with? As a device to talk to Bonar more openly outside his clinic, the reporter explained that his business partner was working with half a dozen young athletes hoping to compete at the Rio Olympics who would also benefit from his doping programme.

Bonar was only too happy to be of service. “[The athletes] just need a bit of tweaking, yeah,” he said.



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It was agreed that the fee for doping so many athletes would be £15,000 a month. This led to the dinner with the two undercover reporters in early January at the five-star Lanesborough Hotel.

Bonar was in confessional mood that evening. He had barely sipped his first glass of red wine before he started naming some of his famous sports star clients from football, cricket, boxing and mixed martial arts. This newspaper has decided not to name the sportsmen Bonar identified but the information will be passed to the authorities.

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**This is the first time that Premier League players have been directly dragged into the doping scandal**

The doctor claimed he had worked with “a few footballers” who have been or are currently members of the playing staff of the Premier League football clubs Arsenal,

Chelsea and Leicester City, and Birmingham City of the Championship. He named some of the footballers, including players who are well known to fans. He claimed one had been given a “cocktail” of steroids and another had approached him recently seeking a similar treatment to extend his playing career.

It is the first time that Premier League players have been directly dragged into the doping scandal, although this newspaper revealed six months ago that a study by Uefa, the governing body of European football, had discovered 68 players with “atypical” drug test results across the continent’s top clubs.



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Bonar said none of his players had ever tested positive for drugs.

“Footballers are hardly ever tested anyway,” he said. “Think about it, you’re like in your thirties and you’re on the football pitch. How do you keep up with the 18-year-olds on the pitch unless you’re doing something. If you’re not doing something, then you are going to get screwed over.”

It was not just football. Cycling is widely believed to have cleaned up its tarnished image especially in Britain — but Bonar’s comments suggested otherwise. He admitted to seeing “quite a few cyclists”, especially for treatment with EPO.

He said he had treated Tour de France cyclists from Britain and abroad with great results. “They just lead the pack,” he said. “One guy who did the Tour de France — I mean it was just incredible . . . especially when you are going uphill or you need more oxygen to get to your muscles. It’s amazing.”

Over dinner, Bonar began reeling off the combinations of drugs and supplements he used on his cyclists. He said he gave them steroids for “bulk” and “strength” but also kept them lightweight with supplements such as thyroid hormone and another drug called Victoza. “It’s a diabetic drug that strips off the fat . . . a lot of my clients, they want to cut,” he said. Despite Bonar’s claims, there is no independent evidence that Bonar treated the sportsmen. There is no evidence the football clubs were aware of Bonar or drug use by their players.

Cricket has largely escaped drugs scandals but Bonar said he had worked with some players, including an England international. The tennis players Bonar had treated were top amateurs rather than professionals. He said he gave them a mixture of steroids to build their strength and endurance.



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The following day at another meeting in his clinic Bonar named a well-known British boxer he claimed he had been treating. But he was starting to become wary about identifying too many clients.

“You have to appreciate that these are high-profile people that are seeing me discreetly,” he said. “I have an understanding with them that they are not going to go out and tell newspapers that I am treating them . . . their reputation is at stake, mine is at stake.”

At this point the undercover phase of the investigation might have ended. But when talking about football, Bonar had previously remarked he “got a lot of business” from a friend who had been a fitness coach at top clubs.

Rob Brinded had worked as head of strength, conditioning, injury and rehabilitation at Chelsea for six years until July 2007 and then moved to Barcelona as a fitness coach. He is now working as a freelance consultant.

The reporters had suggested that Brinded might make a good coach for the fictitious group of athletes they were intending to dope because he would be familiar with Bonar’s methods. So a meeting was set up in January at the Bulgari Hotel in Knightsbridge, one of Bonar’s favourite haunts. Ahead of the meeting, Bonar introduced the reporters to another man who he wanted to bring in to the team. This was Peter Cox, a former weightlifting coach, who works alongside Bonar as a nutritionist at the Omniya clinic.

Cox appeared happy to provide nutritional advice to the athletes to support the course of EPO and androgen therapy that Bonar was proposing. The key, he said, was to make sure the athletes were not over-doped which would alert the testers.



“It’s about achieving optimum physiological levels as opposed to something super- normal which would be picked up on a test,” he said.

Brinded was waiting for Bonar at the Bulgari later that evening. They greeted each other with the familiarity of old friends. “We’ve collaborated on a lot of clients including elite athletes . . . and I think we are a great team,” said Bonar.

Brinded appeared content to work with the reporters’ fake athletic team but made it clear the doping side of the operation would be handled solely by Bonar. His job was to be the fitness coach using his motivational skills.

When pressed later, he said he was “neutral” regarding the use of drugs in sport as it was the athletes’ choice. As long as the medications kept the athletes within normal and healthy ranges he did not have a problem with it. He did not question the ethics of the proposal.

He had not worked directly with players on sports drugs but claimed he had been told that some of the Chelsea players used banned substances during his time at the club. There is no evidence that the club had any knowledge of this. Brinded has denied making this claim.

Brinded claimed he had recently encouraged a Premier League player to consider testosterone treatment. He said the player had been concerned about whether his contract would be renewed and was finding it difficult to recover.



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Brinded was more guarded when he met the reporter for dinner in Barcelona later in January. He said Bonar had worked with “a lot of footballers”. He denied referring athletes to Bonar. There is no evidence the players Bonar claims he treated were referred to him by Brinded.

The sportspeople named by Bonar who were contacted by this newspaper either denied ever being treated by him or declined to comment.

Brinded confirmed he had recommended that the Premier League player should seek advice from Bonar on testosterone treatment and believed there had been contact with the doctor but as far as he was aware nothing further had happened at that stage. The player denies Brinded’s claim.

That was the last meeting with Brinded or Bonar. By then both men were becoming suspicious and were asking questions about the reporters’ cover story.

Bonar was also tied up with another serious matter, unrelated to sport, which questioned his ethics. In December, he appeared before the Medical Practitioners Tribunal Service accused of giving inappropriate treatment to a terminally ill cancer patient. He denies any wrongdoing and the tribunal is expected to make a decision later this month.

His confessions about doping sports stars have now sparked a fresh investigation by the GMC and will reverberate across British sport.

Toni Minichiello, coach to the Olympic gold medallist Jessica Ennis, has viewed the undercover footage. He said: “This case shows that British sport has a bigger doping problem than any of us imagined.” He called on Nicole Sapstead, Ukad’s chief executive, to resign for her “clear error of



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Olivier Niggli, who will be the new director-general of the World Anti-Doping Agency, said: "It's very frightening to imagine that a true medical practitioner could behave that way."

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