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# **DOPING OF ATHLETES**

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A EUROPEAN STUDY

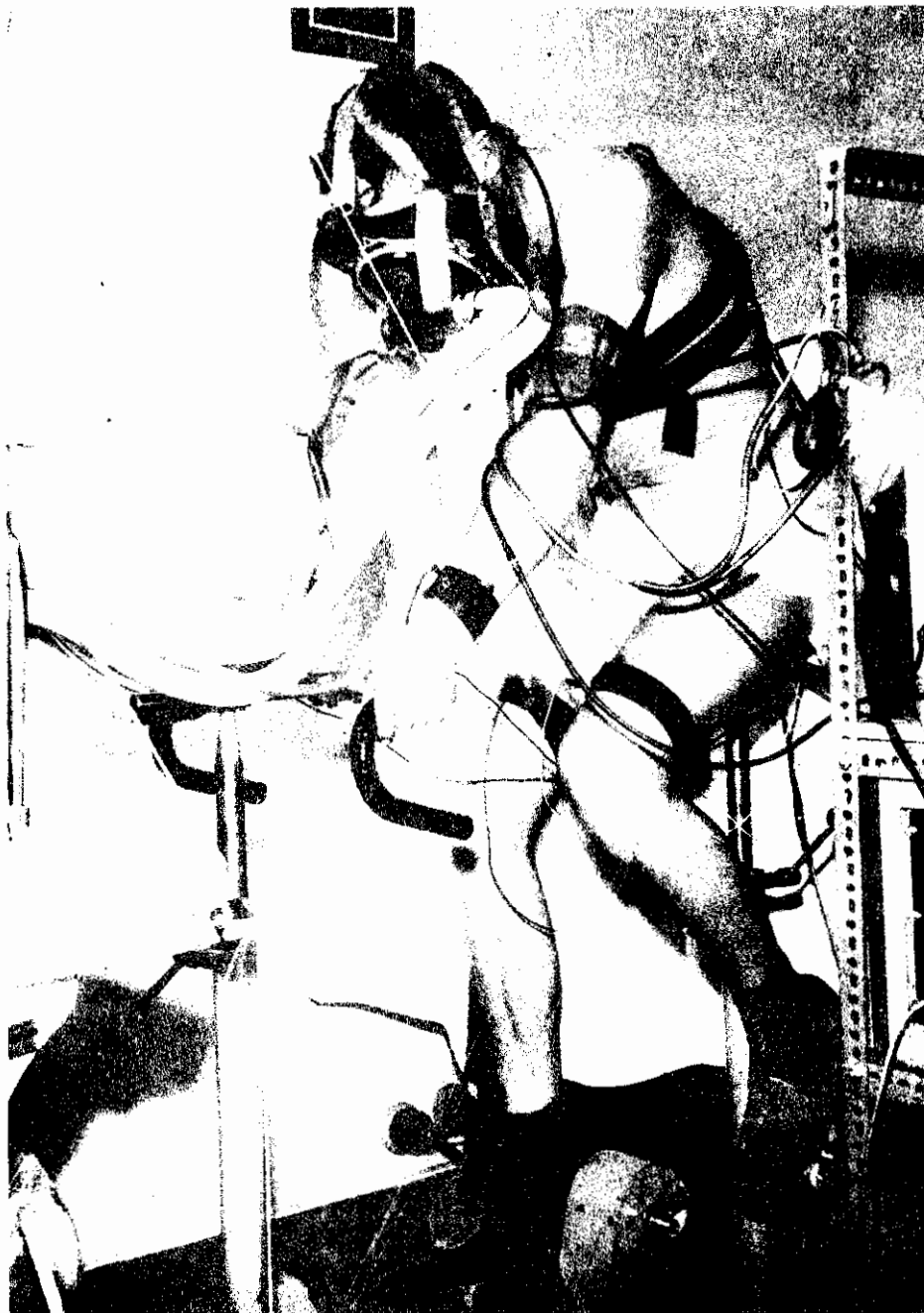
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COUNCIL OF EUROPE, 1964

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"It is generally recognised that there is no known medicament which gives rise to an improved physical performance without at the same time producing harmful side-effects"

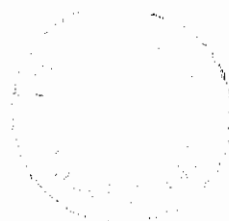
**A VOLUNTEER "GUINEA PIG" IS SUBJECTED TO A LABORATORY TEST  
AT THE NATIONAL INSTITUTE FOR PHYSICAL EDUCATION  
AND SPORT, BRUSSELS**

COUNCIL FOR CULTURAL CO-OPERATION  
OF THE COUNCIL OF EUROPE

COMMITTEE FOR OUT-OF-SCHOOL  
EDUCATION

# DOPING OF ATHLETES

Reports of the Special Working Parties :  
Strasbourg, January 1963  
Madrid, November 1963



STRASBOURG  
1964

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## FIRST MEETING

### SPECIAL WORKING PARTY

Strasbourg, January 1963

These conclusions and recommendations were approved at the 2nd Annual Session of the Committee for Out-of-School Education in February 1963, which decided to transmit them to the competent national and international authorities.

### I. INTRODUCTION

In the meeting of the Committee for Out-of-School Education in March 1962, stress was laid by the representatives for sport on the gravity of the "doping" problem: absorption by athletes of artificial stimulants intended to improve their performance.

The Committee's report (Doc. CCC/EES (62) 24) called for a meeting to be convened in Spain to examine the question.

The Secretariat accordingly contacted all member countries of the Council for Cultural Co-operation, requesting them to provide a report on the national situation and any studies or preventive measures undertaken. Replies received formed the main working papers of the meeting (see Appendix II).

For technical reasons, it proved difficult to hold the meeting in Spain<sup>1</sup>. It therefore took place in Strasbourg, on 15th and 16th January 1963; ten countries were represented, two of them on behalf of the Council of Europe Committee of Experts on Public Health. The participants were mostly medical experts specialising in sport medicine. The gravity of the problem and the value attached to combatting this menace by means of a joint European approach, are highlighted by the fact that several countries not included on the provisional list of participants asked to attend. Furthermore, France, the Netherlands and Spain sent additional experts at their own expense.

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1. On behalf of their Government, the Spanish delegates expressed great regret that the meeting could not take place in Spain and expressed their Government's strong desire that a further meeting (see Recommendations) might be arranged there.

## European co-operation

All participants attach great importance to European co-operation in stamping out the doping of athletes, which they regard as a social evil having ramifications far beyond the realm of sport. They have been at pains to make recommendations which can be applied at minimum cost to national and international authorities, and which respect the liberty of the individual.

While conscious of the need to avoid bureaucratic international machinery, the experts stress that it has been quite impossible to cover the problem adequately in this preliminary meeting. Two specific follow-up measures are therefore proposed to the Committee for Out-of-School Education.

(a) A further meeting of the same specialists, to take place in Spain late in 1963, to examine the results of research and medical aspects of doping. These were not touched upon in detail at the present meeting owing to lack of time. Spain would make all practical arrangements. The CCC would be asked to meet the travel expenses of one expert from each of the seven other countries advising the Committee for Out-of-School Education at the present meeting. The Committee of Experts on Public Health could, if it wished, send two participants.

(b) A third meeting, which France offers to convene and finance, to examine the conclusions of the two working parties. The participants at this meeting might include lawyers, administrators, sociologists and athletes. It would be concerned with Europe-wide concerted action by all concerned to eradicate doping.

It goes without saying that, apart from authorising further action along the lines suggested, the Committee for Out-of-School Education is invited to take all appropriate steps to further application of the measures set out in the following recommendations, and to instruct the Secretariat to bring them to the attention of the appropriate authorities, national and international, private and public.

It is not possible here to report in detail the experts' discussions. The following salient facts emerged, however, which are worthy of comment :

1. The public at large is frequently ignorant of the gravity of the problem. Bad effects are not always immediately apparent, and since tests are difficult to impose statistics probably underestimate the extent of dope-taking.

2. Much more research is required to establish the various forms of artificial stimulants, especially with regard to psychological methods (*placebos*, suggestion, etc.).

3. Doctors and trainers frequently find themselves in an invidious position, subject to pressures for reasons of commercial interest (where "sponsoring" or betting are involved) and sometimes even national prestige.

4. Drug-taking and other methods of stimulation by athletes have implications going beyond the sphere of sport : medical, moral, legal, social and commercial. The French delegates favoured the creation of a European Commission to watch over all aspects of the question. Such a body would be set up by the sports organisations themselves. The proposal was adopted at the Uriage symposium.

NOTE : The experts authorised publication of the results of this working party at forthcoming meetings to be attended by some of the participants, *inter alia*, the colloquium on doping at Uriage-les-Bains (France) in January 1963, and the Conference in Brazil in February 1963. Conversely, the results of these meetings will, of course, be available to any future meetings within the Council of Europe framework.

## 2. CONCLUSIONS AND RECOMMENDATIONS

### I. NATURE AND EXTENT OF THE PROBLEM

The intensity of competition in sport at both domestic and international levels and the increasingly disproportionate social and economic rewards of success have resulted in greater efforts of all kinds to improve physical performance. As the practices of normal methods of training become more widely and vigorously applied, the difficulty of establishing physical and technical superiority increases. Inevitably recourse is had to other methods of establishing superiority. Such methods include the use of various pharmacological agents and psychological procedures to improve performance artificially, the practice known as doping. This practice is becoming more widespread and is involving an increasing number of different sports as, indeed, it is becoming a feature of other spheres of activity which also produce severe pressures on the individual. Experience shows that in those sports in which doping is already prevalent, the moral and physical consequences of the practice have already begun to undermine the whole structure of the sport. If doping is allowed to grow unchecked, the time will come when all the benefits accruing to the individual and to the community from the practice of sport will be lost. The European community is particularly well endowed with the specialised technological, judicial and medical *savoir-faire* to abolish the practice of doping and thus protect its own peoples and give a lead to the world.

### II. DEFINITION OF DOPING

Various definitions of what is constituted by the doping of athletes were submitted to the working party. Many other attempts have been made to define doping. The working party felt that it was essential for international agreement to be reached on a basic definition if effective action were to be taken from the legal, medical, sporting and social points of view.

The working party agreed on the following definitions, in English and French, of the doping of athletes :

Doping is the administration to, or the use by, a healthy individual of an agent foreign to the organism by whatsoever route introduced, or of physiological substances in abnormal quantities or introduced by an abnormal route with the sole object of increasing artificially and in an unfair manner the performance of that subject while participating in a competition. Certain psychological procedures designed to increase the performance of the subject may be regarded as "doping".

*Le doping est l'administration à un sujet sain, ou l'utilisation par lui-même et par quelque moyen que ce soit, d'une substance étrangère à l'organisme, de substances physiologiques en quantités ou par une voie anormale, et ce dans le seul but d'augmenter artificiellement et de façon déloyale la performance de ce sujet à l'occasion de sa participation à une compétition. Certains procédés psychologiques créés afin d'augmenter la performance du sujet peuvent être considérés comme étant du doping.*

### III. STATEMENT OF PRINCIPLES

It will be seen from the statement given above on the nature and extent of the problem that doping is a widespread phenomenon universally condemned by ethical, medical and sporting circles and which is not limited to Europe.

Furthermore, the doping of athletes has far-reaching legal, moral, social, commercial and medical implications.

The working party felt it essential to make a clear statement of principle setting out its unanimous condemnation of the practice of doping of athletes in particular, but also in other activities where it may take place. The following principles are addressed to all authorities whether governmental or private, concerned with the mental, moral and physical health of the people.

(a) Legal implications

With doping playing an important part in top-class sporting events of all kinds and professional sport in particular, legal implications are bound to ensue. Pressure exerted on doctors to give dope brings them into conflict with the basic principles of the profession and, more particularly, with the law. Such pressure may result from considerations of prestige or commercial gain. Measures by the medical societies and more specific legislation might be necessary. Identical considerations apply to chemists when they supply dope without requiring a medical prescription. Prohibition of doping in the statutes of sport federations might be followed by legal proceedings when transgressed. The abuse of pharmacological substances when driving might also be made subject to such proceedings.

In addition, in those events in which the results of a sports contest may have a material effect on the fortunes of the general public, the use of doping to influence the results may constitute a fraud, that is a criminal offence.

(b) Moral and social implications

Doping is a dangerous form of moral deception, and for social reasons the desire or need to achieve good results must not be invoked to justify recourse by a State, or a sports or commercial group or federation to methods (doping being one of the worst) which endanger the health or future of young athletes training for a competition. Apathy on the part of those morally responsible is a crime against humanity.

Consequently, doctors, trainers and the young people concerned must be protected and should be able to fall back on a sports code drawn up by some international authority such as the Council of Europe. The doctor's liberty of conscience must at all costs be protected from pressure liable to be brought to bear on him, sometimes even by the athletes themselves.

(c) Medical aspects

The value of drugs in raising the standard of physical performance is doubtful. It is generally recognised that there is no known medicament which gives rise to an improved physical performance without at the same time producing harmful side-effects. The greatest dangers are as follows :

- the elimination of the natural warning reaction of fatigue, resulting in excessive exertion ;
- disturbance of the natural co-ordination of physiological and psychological functions;
- abuse, habit-forming and addiction.

Many cases of extensive physical and psychological damage, leading in some cases to death, are known to medical science.

An aspect of the problem calling for special attention is the widely observed use of dope by minors.



#### IV. PRACTICAL RECOMMENDATIONS

##### Action at national level

1. Action by national sports federations and private national sports committees on appeal from or intervention by the State (depending on national legislation).

##### Aims :

(a) Doping to be prohibited in competition rules, giving sports authorities the right to carry out the necessary measures of inspection (luggage, clothing, cloak-rooms, analysis of urine, etc.).

(b) When doping is proved to have occurred, the first offence to be punished by disqualification and any subsequent offence to entail the dismissal of the culprit from membership of the group.

(c) Athletes, trainers, promoters and members of sports groups to subscribe to an undertaking neither to use nor to promote the use of dope and to submit to measures of inspection.

2. Government regulations to prohibit doping; increased medical and pharmaceutical inspection, with penal sanctions.

3. In order to minimise the risk of recriminations, doctors attending individual sportsmen or teams should be warned against the use of any therapeutic substances which in addition to ameliorating the disability may also enhance performance. It is also suggested that when a sportsman is competing while under treatment with a drug, the nature and dose of that drug should be made known in confidence to the official organising body prior to the competition. This presentation of information will prevent a subsequent scandal and enquiry into allegations of doping.

4. Propaganda with government support : leaflets, posters, photographs, films, radio and television to be used to emphasise the harmful effects of doping.

##### International action in general

5. Action by international sports federations. Aim : to oblige national sports federations to take the action referred to under point 1 above.

6. Action by the International Olympic Committee : recommendation and solemn appeal; suspension from the Olympic Games ; addition of appropriate words to the Olympic Oath.

7. Action by the International Medico-Athletic Federation.

8. Action on a world scale by the International Council of Sport and Physical Education and UNESCO. Extension of European activities to the world level.

##### Role of the Council of Europe in particular

9. The Committee for Out-of-School Education and the Committee of Experts on Public Health to draw up an international convention on more strict medical and pharmaceutical control.

10. Appeal to sports federations and Governments to act, or promote action, on points 1, 2, 3 and 4.

11. Action to facilitate, in particular, the preparation of the propaganda material referred to in point 4.

12. Recommendations to international sports federations (point 4), to existing European sports committees, and to the International Olympic Committee (point 6).

13. Liaison to be established between the ICSPE and UNESCO (point 8).

14. Meeting of experts to be called to study the medical aspects of doping.

A certain amount of work and various clinical observations have already been carried out in some countries; and must be studied and compared. This might be done by a committee of experts which could be convened by the Council of Europe. To this end it is suggested that the same group of experts should meet in Spain in the autumn of 1963 to continue studies already in hand, in particular in the medical field. Working papers could be prepared by MM. Dumas and Williams, the *Rapporteurs* appointed by the experts.

15. Meeting of an enlarged working party in 1964. The experts should study the scientific conclusions of the group referred to at point 14 and review the proposals made. The working party would be composed of legal experts, administrators and sociologists and might also include some athletes and leaders of national or international sports organisations. The conference would be convened and financed by France, with administrative and material aid from the Council of Europe, and would be expected to co-ordinate the work of sports, medical, legal, social and journalistic circles, etc.

### 3. AGENDA

- I. Adoption of the agenda
- II. Election of the Chairman and *Rapporteur*
- III. Outline of the problem by the Secretariat
- IV. Review of the problem as it exists in the various member countries :
  - principal sports affected
  - extent of the problem
  - steps taken (checks and preventive measures)
  - results
- V. The moral aspect
- VI. Medical effects of doping :
  - results of research and observation
  - treatment and remedies
  - possible publication of results (in order to dissuade athletes from using artificial stimulants)
- VII. Co-operation with sports organisations :
  - inclusion of measures against doping in sporting rules
  - recommended tests (measures of control through analysis)
  - sanctions
- VIII. Action recommended (to national and international bodies) :
  - in the governmental sphere
  - in the non-governmental sphere.

#### 4. NATIONAL DEFINITIONS

1. AUSTRIA

We speak of doping as an attempt to achieve a higher efficiency output by means which may not normally be administered to the human body or at least not in such doses. The way in which they are administered is irrelevant thereto.

2. BELGIUM

See Doc. CCC/EES/Inf (62) 56, pages 7 - 9.

3. DENMARK

Doping is any kind of consuming of medicaments - hormones included - by eating or injections, with the purpose of stimulating the circulation, the central nervous system, the musculature, or to prevent natural fatigue resulting from the exercise of sport.

4. ITALY

Doping is the consumption of substances intended to heighten performance artificially during competition, in a manner contrary to sporting ethics and physical and mental health.

5. NETHERLANDS

By doping we understand the use of pharmacologically active substances with the intention to achieve a better performance than is deemed possible without them. This concerns persons who do not normally use such substances, or at least not in the same quantities and concentrations. The performance may be physical or mental.

6. SPAIN

We understand doping to consist in the use of dishonest pharmaceutical or psychological methods to gain advantage over other competitors.

We believe that a strictly medical definition is problematic as conventions and regulations vary from one country to another and methods change along with progress. New products will be devised and used for doping and those in use today will have no connection with such activities tomorrow.

7. SWITZERLAND

For the purposes of the ethics of sport, doping means any action apparently capable of improving the performance of an athlete for the period of a competitive event to a degree out of proportion to his state of training or to his best unaided performance, with a view to obtaining unfair advantages over other contestants. In practice, doping in a competitive sports event is taken to cover the use of any medical product for which a doctor's prescription is required, either immediately before or during the event (according to IKS lists A and B).

For a practical definition of doping the regulations governing medicaments drawn up by the Office for the Intercantonal Control of Medicines (IKS) have been taken as a basis and this definition limited to products for which a medical prescription is required.

8. TURKEY

Dope is any kind of pharmacological stimulant agent which increases performance.

9. UNITED KINGDOM

Dope is any substance administered by any route and for any purpose which, when present in the body in abnormal quantities, exerts a general (as opposed to purely local) effect on the tissues of the body in such a way as to influence the total performance of a physical activity to the benefit of the performer.

## 5. PARTICIPANTS IN THE FIRST MEETING

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## SECOND MEETING

### SPECIAL WORKING PARTY

Madrid, November 1963

The conclusions and recommendations were approved at the 3rd Annual Session of the Committee for Out-of-School Education in March, 1964, which decided that both reports should be published in a single volume and transmitted to the competent national and international authorities.

#### 1. FIGHTING AN EVIL

The first report of the experts on the doping of athletes was welcomed by the various Council of Europe bodies who were called upon to give an opinion thereon. The Secretariat was instructed to organise a further meeting during 1963. The Spanish Government's invitation to hold the meeting in Madrid was accepted. The experts intended during their 2nd Session to cover the medical aspects of the question. It was subsequently agreed to add further study of legal problems and, finally, to discuss the rational preparation of sportsmen.

On this last point it should be noted that many doctors and officials are convinced that drug-taking and other unfair and frequently dangerous practices by athletes in competition will only be eliminated when adequate attention is given to a positive approach: what measures the athlete and his trainer, under the guidance of a medical officer, may and should take adequately to prepare for competition.

Since the first meeting of experts in January 1963, much has happened with regard to doping. The results of the meeting were presented and approved at an international conference in Uriage-les-Bains, France. Delegates in Madrid stressed that the very specific measures taken or in preparation in certain member countries would not have been possible without the authoritative conclusions of these two meetings. One may mention the decree issued by the Austrian Federal Ministry of Education providing severe sanctions, and the draft convention submitted to national sports associations; the draft law in France banning doping and providing sanctions and testing procedures; the new agreements and penal measures adopted in Italy; the rules adopted in 1963 by the Swiss National Association of Physical Education.

It is of interest to note that these examples cover various methods of dealing with legal aspects of the problem, corresponding to the type of national machinery governing sport in each of the countries concerned.



Public interest in the results of the first meeting has been intense. The Secretariat has distributed some six hundred copies of the report, on request.

The Italian delegation reported in Madrid on the results of detailed checks in Italy, particularly with regard to football and cycling. In the space of one or two years it has been possible to reduce the prevalence of doping from about 30% of participants to 1%.

The experts draw attention to the fact that dope-taking is not restricted to the sporting world. In some countries it is becoming a serious menace to the health of students and workers. The practice is particularly common among young people. The present series of meetings could have beneficial results for these sectors of the public as well as for sportsmen.

### **Procedure**

At the beginning of their meeting the experts elected Professor Fernandez Cabeza as Chairman. The Secretariat representative made a declaration on aims and procedure. Discussion and drafting of conclusions covered five working sessions. The press followed the meeting with great interest and about twenty-five journalists attended the press conference which concluded the meeting.

## 2. PROBLEMS OF DEFINITION : THE DISABLED OR SICK ATHLETE

During their first meeting the experts drew up the following definition of doping :

Doping is the administration to, or the use by, a healthy individual of an agent foreign to the organism by whatsoever route introduced, or of physiological substances in abnormal quantities or introduced by an abnormal route with the sole object of increasing artificially and in an unfair manner the performance of that subject while participating in a competition. Certain psychological procedures designed to increase the performance of the subject may be regarded as "doping".

This text has been welcomed as the first internationally agreed definition. Since this meeting, however, it has become apparent that a major loophole in measures against doping is furnished by the situation of the sick or disabled athlete who wishes to be made capable of undertaking or continuing competitive sport. Taking as their starting point the texts drawn up at Uriage and in the United Kingdom (Docs. CCC/EES (63) 76 and 85)<sup>1</sup>, the experts adopted the following text :

### Definition of Doping : Supplement on disabled athletes

Clarifying the definition drawn up at its first meeting at Strasbourg in January 1963, and taking into consideration the concordant texts adopted by other bodies, the study group draws attention to the following problem :

When an athlete or sportsman is disabled by injury or disease he may only be treated by, or on the authority of, a doctor.

Only the doctor has the authority to determine whether an athlete under treatment for injury or disease may take part in competition. Nevertheless, when the prescription includes an agent or substance whose nature, dosage, preparation or route of administration, which by its effects would modify artificially and in an unfair manner the performance of the individual during the period of competition, that individual may not take part in competition : he would be considered to have been doped.

For the benefit of doctors attending sportsmen, both amateur and professional, it is regarded as essential to draw up a cumulative list<sup>2</sup> of the pharmaceutical preparations, the use of which, if considered necessary on authoritative medical grounds, must preclude competition during the period of treatment.

The United Kingdom delegate proposed that the word "increase" should replace the word "modify", and that an addition be made to the footnote as follows :

*Only those pharmacological preparations which have the effect of increasing artificially the performance of a healthy athlete should be included in the list of products which are forbidden to be used for the treatment of an injured or sick athlete taking part in competition.*

He explained that his opinion was based on a moral standpoint. Within the limits of fair competition, an athlete should be free to decide for himself whether he would be rendered capable of further competition even if in so doing there might be some risk to his health.

As this view was not acceptable to the other delegates, it was agreed that a minority opinion should be recorded on this point.

1. Given in the Appendix.

2. The first version of this list, now prepared by the Council of Europe Study Group, should be kept up to date by means of proposals from the various national organisations, in co-ordination with the appropriate international authority representing those national organisations.

### 3. CLASSIFICATION

The experts desire that the widest possible publicity be given to their report. Only the list of products should remain confidential, in order not to furnish medical information to persons who might misuse it.

It was therefore agreed that the list should be published as a confidential supplement available only to the Committee for Out-of-School Education and medical authorities.

The experts are aware that new knowledge on drugs and toxicology is constantly becoming available. This list of substances which the experts consider are to be prohibited without reserve should be completed by national and international authorities in the light of experience.



DOPING ...

Dessin d'un médecin  
italien.

Illustration by an Italian  
medical artist.

#### 4. DETECTION AND RESEARCH

The study group noted that no final solution has yet been found to the question of taking tests for purposes of detection. It expressed particular interest in methods which enable a rapid elimination test to be made on sports premises without extensive apparatus, and noted in particular experiments being carried out in France, Italy, Switzerland and the United Kingdom.

The experts felt that with regard to the products employed in almost all cases for purposes of stimulating performance, it seemed that the taking of blood tests was not essential especially as this gives rise to medical/legal objections. Nevertheless, some delegates felt that the possibility of taking voluntary blood samples should not be excluded, and called, furthermore, for examination by legal experts of the implications of taking blood samples, voluntary or otherwise.

Some delegates felt that in certain cases the use of urine tests alone might have disadvantages. Further research should be carried out on the perfecting of initial tests by the use of saliva and sweat.

The Italian delegation offered to make its laboratory facilities available to interested parties. Particular attention was drawn to Swiss research in Geneva, and the offer of the Swiss delegation to make available instruction in the techniques of microanalysis devised by Dr. Sanz was accepted. Delegations offered to supply the results of their research to the Italian authorities<sup>1</sup>.

The Italian delegation's offer to co-ordinate and summarise the results of all research notified was welcomed. The Council of Europe is requested to distribute this information to all interested parties at periodic intervals.

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1. The report of the Italian delegation on detection techniques appears in the Appendix.

## 5. RATIONAL PREPARATION OF SPORTSMEN

The experts unanimously adopted the following conclusions on this question :

Of all the methods of combatting doping, we regard preparation of the athlete as one of the most effective.

Rational preparation includes the supervision and control of training so that the sportsman may be sufficiently fit to carry out the optimum performance without risk to his health - in other words to give of his best from physical and mental resources alone.

Supervision must therefore cover four elements :

- (a) Perfect health;
- (b) Training methods (accident prevention);
- (c) Hygienic and dietetic habits;
- (d) Physiological and clinical control of training;
  - organic and psychological qualities.

Hence the doctor's preventive action should be concentrated on control of the state of health and examination of anatomical or physiological changes caused by the practice of sport.

However, in view of the exceptional performances expected of some athletes, one may allow - with caution and subject to certain reservations - pharmaceutical treatment of fatigue.

Fundamental reservation : such treatment is permissible only if given after the race or competition for the purpose of assisting the physiological recuperative forces.

Such treatment presupposes accurate diagnosis of the state of fatigue.

Since so-called "anti-fatigue" treatments are still too often based on inadequately proven theoretical or clinical principles, prudence dictates that only those guaranteed by reliable publications or experiments and tested in conditions of strain should be utilised. (Of course, no substance on the Doping Black List may on any account be used.)

The sports doctor's function is, in agreement with the athlete and his trainer, to supervise training for the sole purpose of protecting health - never in order to improve performance artificially.

## 6. MEDICO-LEGAL PROBLEMS

The working party agreed that there is a distinction to be drawn between the laws of individual countries (embracing the penal codes) and regulations of the Sports Federations which cover broader aspects of the problem of doping.

Sports Federations should be urged to promulgate specific anti-doping regulations, including provision for sanctions. Such regulations should as far as possible be drawn up at international level.

With regard to legislation in individual countries it was noted that there are differences in the systems. It was accepted that any athlete taking part in a competition is subject to the laws of the country in which the competition is held. It is desirable that there should as far as possible be some standardisation of legislation in this respect, as there is already for example, with regard to narcotics.

It is evident that there can be no repression of doping without information on cases where they occur. The working party requests the legal experts of the Council of Europe to examine this point in conjunction with the problem of the oath of medical secrecy.

In order that sport may become more widespread and have a beneficial effect on sportsmen, action in the sphere of sports medicine should be considered by the official sports authorities of each country. The study group recommends the taking of official measures regarding health control for sports activities and that steps to repress doping be mentioned therein.

A detailed statement drawn up by the experts on medico-legal problems appears in the Appendix to this report.

## 7. JOINT ACTION

The experts welcomed confirmation of the offer by the French Government to hold a final meeting on the question of doping of athletes in Paris in June 1964, financed by France, with administrative and material aid from the Council of Europe.

While confirming that this meeting should take the form of an enlarged conference as described in their first report, Doc. CCC/EES (63) 5 revised, page 9, the experts wish to stress the importance of presenting their conclusions to the international sports authorities, especially the International Olympic Committee and the International Federation of Sports Medicine. They recommend that these bodies be invited to participate in the Paris meeting. The Council of Europe is asked to propose a day of private discussions between the various interested international organisations prior to the open meeting.



## 8. AGENDA

1. *Election of the Chairman*
2. *Adoption of the agenda*
3. *Progress since the first meeting*
  - (a) Practical achievements (detection, etc.).
  - (b) Research (results obtained, etc.).
  - (c) Laws, bills, orders, motions.
  - (d) Congresses.
4. *Detection and treatment*
  - (a) Classification, pharmacology, analyses, clinical problems.
  - (b) Perfecting of a method.
  - (c) Co-ordination at European level.
5. *Research*
  - (a) Exchange of information and possible co-ordination of research.
  - (b) Publication of results.
6. *Rational preparation of sportsmen*

The resolution adopted at the Uriage Symposium states :

"A physio-pathological investigation must be carried out in order to be able to define the substances which can be used for the rational preparation of the athlete"<sup>1</sup>.

The need for a positive approach to the problem is becoming apparent.
7. *Medico-legal problems*
  - (a) Co-ordination of bills of law.
  - (b) Medical evidence.
8. *Joint action*
  - (a) Discussion on the bodies set up in various countries.
  - (b) Examination of the advisability of European action.
  - (c) Relations with international bodies.
9. *Other business*

1. See Doc. CCC/EES (63) 76.

## 9. PARTICIPANTS IN THE SECOND MEETING

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Presidente de la Federación Española  
de Medicina Deportiva  
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SWITZERLAND

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SECRETARIAT OF THE  
COUNCIL OF EUROPE

Mr. David W.P. LEWIS  
Administrator  
Division for Out-of-School Education

**10. TABLES SUMMARISING THE SITUATION IN THE COUNTRIES REPRESENTED  
IN THE SECOND WORKING PARTY**

Country	1. Principal organisation controlling sport	2. Relationship between governmental and private bodies	3. Is sports medicine recognised as a specialist profession ?
AUSTRIA	<i>Bundessportfachrat</i> (Union of all sport federations)	The Ministry of Education provides organisational and financial assistance. The <i>Länder</i> (provincial) authorities play a most important role	No
BELGIUM	<i>Institut national de l'Education physique et des Sports</i>	Provision of subsidies and courteous assistance ( <i>tutelle</i> )	Yes
FRANCE	<i>Secrétariat d'Etat à la Jeunesse et aux Sports</i>	Very close. Extensive financial assistance to associations, federations, research organisations, etc.	The <i>Ordre national des Médecins</i> recognises sports medicine as a "compétence"
ITALY	The National Olympic Committee (CONI) and its 31 affiliated federations	The CONI's activities are watched over by the Ministry of Tourism. The Italian Sports Medicine Federation also comes under the control of the Ministry of Public Health	Yes
NETHERLANDS	Netherlands Sport Federation	Very little	No
SPAIN	<i>Delegacion Nacional de Educacion Fisica y Deportes</i>	All private bodies for federated sport belong to federations, which in turn are dependent upon the D.N.F.F.yD.	Yes, instituted by law
SWITZERLAND	<i>Association nationale de l'Education physique et des Sports</i> (ANEP), which brings together all sports federations	No direct relations : there are no state subsidies. The only state institution is the Federal Sports School at Macolin, which comes under the Military Department	No

Country	1. Principal organisation controlling sport	2. Relationship between governmental and private bodies	3. Is sports medicine recognised as a specialist profession ?
UNITED KINGDOM	Governing bodies of individual sports. The British Olympic Association. The Central Council of Physical Recreation (CCPR)	Private governing bodies are autonomous and there is no direct control. Tenuous indirect control is exerted through the Government - sponsored CCPR	No, but it is becoming so
Country	4. Is there an association for sports medicine ?	5. (a) Is there a consultative body in the field of sports medicine bringing together the various interested parties ? (b) If so, describe its membership (c) functions (d) legal status	
AUSTRIA	Austrian Federation of Sports Doctors	(a) Doping Commission (b) Austrian Sport Federations; Ministry of Education; Ministry of Health; Federation of Sport Doctors (c) Control of doping (d) Voluntary at present	
BELGIUM	Yes	(a) <i>Société nationale belge d'Education physique et l'INEPS</i> (b) The <i>Société</i> is a scientific organisation, the INEPS a state body	
FRANCE	The French Medical Society for Physical Education and Sport, founded 1921	(a) The French Medical Society for Physical Education and Sport; the Medical Committee of the National Sports Committee; the Medical Committee of the <i>Haut Comité des Sports</i> (b) Practising and administrative doctors; suitably qualified technicians (c) Co-ordination; study of special cases, promotion of sports medicine; technical opinions for official bodies (d) The <i>Société</i> is an association recognised by law (1901)	
ITALY	Italian Sports Medicine Federation (ISMF)	(a) The ISMF took up the struggle against doping in 1954. In 1962 a laboratory was set up in Florence and an Executive Committee appointed. (b) Composed of medical experts (c) To fight doping in accordance with ISMF directives, which has negotiated agreements with the sports federations concerned (d) Authorised by law (1950) to undertake action in the field of preventive medicine for the well-being of sportsmen	

Country	4. Is there an association for sports medicine ?	5. (a) Is there a consultative body in the field of sports medicine bringing together the various interested parties ? (b) If so, describe its membership (c) functions (d) legal status
NETHERLANDS	No	<p>(a) Medical Consultative Committee of the Netherlands Sport Federation            (b) Doctors            (c) Advisory            (d) None</p>
SPAIN	Spanish Federation of Sports Medicine	<p>(a) The Sports Medicine Service of the National Delegation for Physical Education and Sport, which is given responsibility for the health of athletes by the Physical Education Law. It has set up a special committee.            (b) Medical and sports authorities            (c) Study of all aspects of sports medicine            (d) Rules approved by the D.N.E.F.y D.</p>
SWITZERLAND	Yes	<p>(a) Not yet, but planned for the anti-doping struggle (Anti-doping Committee of the ANEP)            (b) The membership will probably consist of sports doctors and lawyers (representing the federations)            (c) Control and detection of doping            (d) An organ. of the ANEP</p>
UNITED KINGDOM	British Association of Sport and Medicine	<p>(a) Institute of Sports Medicine founded 1963            (b) Joint project of the BASM, British Olympic Association; Physical Education Association. No "membership" as such, but there is a Board of Management            (c) Collection and dissemination of information; research; teaching; treatment            (d) Private organisations</p>

Country	6. If no such body exists, describe how action is taken against doping	7. What are the main sports affected ?	8. Have national laws been promulgated against doping ?
AUSTRIA	-	Cycling Football Weight-lifting	Yes. See Document CCC/ EES (63) 81
BELGIUM	-	Cycling Football Weight-lifting	No
FRANCE	-	Cycling Football Boxing	Draft law prepared (see Appendix)
ITALY	-	Cycling Football Fencing Swimming Boxing Athletics Canoeing Car-racing	No, but there are disciplinary measures taken by sports federations
NETHERLANDS	-	Cycling	No
SPAIN	-	Cycling ) Football ) to a small degree	No
SWITZERLAND	-	Cycling Ski-ing Shooting Swimming Football	No
UNITED KINGDOM	Little, if any, action is taken	Football ) Tennis ) to a small degree Cycling )	No

Country	9. Have anti-doping rules been made by sports federations ?	10. What penalties are provided ?	11. Describe practical experience in your country from the following angles : (a) preventive measures (other than those described in questions 8-9) (b) detection (c) educational measures (d) results
AUSTRIA	Yes	See Appendix	Appendix
BELGIUM	Yes	Licence withdrawal	<p>(a) Press publicity, advice to federations, action through films and television</p> <p>(b) Several attempts at detection were very badly received by certain federations</p> <p>(c) Through the press, films and television. The preparation of athletes (especially those of Olympic standard) is watched over by the INEPS</p> <p>(d) Limited</p>
FRANCE	In some cases	Very vague, and not always applied	<p>(a) During the cycling <i>Tour de l'Avenir</i> there was a daily check on the French team, provided for by a new rule</p> <p>(b) Several bodies are carrying out research into detection methods</p> <p>(c) Yes</p> <p>(d) -</p>
ITALY	Yes	Withdrawal of right to compete, fines, etc., applying to athletes, trainers and clubs	<p>(a) Health education of athletes through lectures, etc.</p> <p>(b) See Appendix</p> <p>(c) See Appendix</p> <p>(d) See Appendix</p>



Country	9. Have anti-doping rules been made by sports federations ?	10. What penalties are provided ?	11. Describe practical experience in your country from the following angles : (a) preventive measures (other than those described in questions 8-9) (b) detection (c) educational measures (d) results
NETHERLANDS	Yes	From disqualification to permanent exclusion	(a) none (b) none (c) radio, TV., press (d) -
SPAIN	No	-	(a) - (b) Studies being undertaken. Results to date unreliable (c) Press, radio, TV., lectures for trainers, professors of physical education, and athletes (d) Very little doping in Spain
SWITZERLAND	Yes (See Appendix)	Disqualification (temporary or permanent); fines	(a) - (b) Checks at cycle races, with urine tests (c) - (d) -
UNITED KINGDOM	Yes	None specified, but disqualification understood	(a) none (b) none (c) Some low pressure publicity (d) Not a big problem

Country	12. Other projects on the national level	13. Links with international bodies (e.g. IOC and FIMS)	14. Any other comments
AUSTRIA	-	-	-
BELGIUM	There is a project to set up an anti-doping commission	The INEPS provides practical links, the Belgian Society for Physical Education and Sport the medical links	-
FRANCE	Law to be passed in 1963	Regular links with FIMS and the "Latin group for physical medicine and sport"	The preparation of the draft law has been made easier by the Decree of 1953 providing for the medical control of sport and physical education. 3,000,000 sportsmen have been examined for aptitude, 100,000 of them rejected
ITALY	-	-	-
NETHERLANDS	A report on doping was recently published by the Health Council. Tighter pharmaceutical control is planned and the Royal Netherlands Society of Medicine is to see what can be done to stop members practising doping	-	-
SPAIN	Anti-doping propaganda will continue	The Spanish Sports Medicine Federation is a member of the Spanish Olympic Committee and of the FIMS	-
SWITZERLAND	-	-	-
UNITED KINGDOM	None	The BASM and the British Olympic Association have co-operated with the IOC in supplying information	Doping is not a serious problem in the United Kingdom

## APPENDIX

to the report on the second meeting  
Madrid, November 1963

### I. RESOLUTION ADOPTED AT THE URIAGE SYMPOSIUM 27th JANUARY 1963

*The first European Symposium held at Uriage (France) on 26th and 27th January 1963, proposes the following motion :*

1. *Doping is not the physiological preparation of the athlete. This preparation is essential and must remain under medical control.*

*Is considered as doping : the use of substances and of all means conducive to increase artificially the desired efficiency of the athlete in view of competitions, and which may be detrimental to the physical and psychological integrity of the latter.*

*The European Symposium condemns doping such as defined above.*

2. *The Symposium maintains that resorting to the practice of doping constitutes an infringement of rights or offence in sport, which comes under the disciplinary jurisdiction of each Federation or Sport Organisation, without regard to the rules in force at the time.*

3. *The Symposium considers that it is urgent and vital that an international body should examine the matter thoroughly and standardise the rules governing sport in the different countries.*

*While awaiting this standardisation of rules, the statutes governing sport of one country will apply as law to every competitor.*

4. *The Symposium desires the formation of an International Commission whose purpose would be :*

*(a) to draw the attention of all athletes, of medical authorities in charge of Physical Education and of public opinion to the noxious effects of doping;*

*(b) to study the behaviour of the athlete during competitions, and to draw up a plan of action for the rational preparation of the athlete;*

*(c) to appoint a permanent Board charged to draw up and control regularly a list of methods used in doping and to find means to track it down. The results of the work of this Commission would be submitted to the relevant sports authorities in each country.*

5. *The Symposium demands the inclusion in the statutes of each federation or sporting organisation, of a clause by the terms of which the sworn athlete would pledge himself not to*

resort to doping and agree to undergo all medical, clinical or biological tests even without notice. Every precaution will be taken to ensure that this control will not be detrimental to the competition.

6. The Symposium requests that the Commission meet in one month's time.

7. Right from the opening of this Conference, the Symposium insists on the noxious effects of all forms of doping on the human body, that there are efficacious means of detecting the use of artificial stimulants (especially with regard to psychamines and other stimulants of the nervous system, of analeptics or other forms of tranquillizers, of drugs modifying the blood-pressure or respiratory action, of hormones, etc.).

A physio-pathological investigation must be carried out in order to be able to define the substances which can be used for the rational preparation of the athlete.

8. The Symposium notes that one of the most important means in combatting doping is the rational preparation of the athlete, and this calls for the rational application of the principles of hygiene, diet, physical and psychological training leading to the formation of more and more groups of capable adepts of sports-medicine.

The Symposium confirms its desire to uphold and maintain the "highly educative" influence of sport since it is such a valuable factor to improve the health of mankind.

## II. A DEFINITION OF DOPING, PRODUCED BY THE BRITISH ASSOCIATION OF SPORT AND MEDICINE IN COLLABORATION WITH THE SECRETARY OF THE BRITISH OLYMPIC ASSOCIATION

Doping is :

1. The administration to, or use by, a healthy individual while taking part in a competition, of :

(a) any agent or substance not normally present in the body and which does not play an essential and normal part in the day to day biochemical processes of metabolism, by whatever means and/or in whatever quantities introduced into the body;

and/or of :

(b) any physiological agent or substance which plays an essential and normal part in the day to day biochemical processes of metabolism, when introduced in abnormal quantities and/or by an abnormal route and/or in an ab-

normal manner, which are present in the body of the individual during competition,

and which are used for increasing artificially and in an unfair manner the performance during the period of the competition;

48  
11-20

2. *The administration to or use by, an individual disabled by disease or injury while taking part in competition, of :*

*(c) any agent or substance, regardless of nature, dosage, preparation or route of administration*

*present in the body of the individual during competition,*

*with the sole purpose of alleviating or curing the disability and/or its cause,*

*which, by its secondary effects would increase artificially and in an unfair manner the performance of that individual during the period of competition.*

3. *It is considered that no proper purpose other than medical (either therapeutic or prophylactic) is to be served by the exhibition<sup>1</sup> to an individual taking part in competition of agents or substances as set out in 1 (a) and (b), and 2 (c) above, and that in the absence of proper medical evidence to the contrary, the detection of administration or use of such agents or substances shall form prima facie evidence of doping.*

### III. NEW MEASURES AGAINST DOPING IN AUSTRIA

#### A. Ministerial Decree

A Decree issued by the Federal Ministry of Education and designed to put a stop to health-damaging doping practices in Austrian sport has been brought to the notice of the Ministries of Social Affairs, National Defence and Finance respectively and of the administrations of the *Land* Governments, the *Land* Sports organisations, the various sports associations, the Federal Sports Council and the Federal Professional Sports Council.

In order to examine the results of and continue the investigation into doping practices instituted on 10th April 1963, a meeting convened by the Federal Ministry of Health was held at the Vienna *Haus des Sports* on 3rd September 1963. The meeting was attended by sports doctors and other experts who discussed at great length the serious problem of harmful doping in amateur sports and the preventive measures that might be taken against the misuse of drugs in the sporting world.

Following the suggestions, requests and recommendations made at that meeting not only by the Commission on Doping but by Austrian and foreign experts, and more particularly by various sports associations, and having regard to the preliminary findings made in this connection, the Federal Ministry of Education, anxious to deal as effectively as possible with unfair and health-damaging doping practices in Austrian sport, is obliged to adopt forthwith the following measures :

1. Sports associations, clubs or individual athletes, who, in future, are found by their professional association or the Commission on Doping to have used or tolerated the use of "doping" drugs harmful to health in sports competitions shall not be eligible for any grants (including prizes) from Ministry of Education sports appropriations until such time as it can be guaranteed, or the relevant association, club or athlete can offer satisfactory proof that doping no longer takes place.

2. If, in connection with an application for a grant, there are grounds for suspecting that the applicant (association, club or individual athlete) uses or tolerates the use of "doping"

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1. a medico-legal town for administration of a drug.

drugs in sports competitions, the Ministry of Education will suspend further consideration of the application or, where the application has already been accepted, will not release the authorised funds, until the case has been duly investigated and cleared up by the appropriate professional association and the necessary disciplinary action has been taken against the responsible officials or athletes.

3. Associations, clubs and athletes who fail to put a stop to doping practices and are found to have repeatedly resorted to such practices cannot and may not be admitted to Federal Sports Schools, sports centres or sports training centres . . .

(Taken from the *Wiener Zeitung*, 9th October 1963).

## B. Draft Convention on the Eradication of Doping, submitted to the Sports Associations

*In view of the disquieting incidence of doping in certain areas of sport, which, through the use of drugs, leads to severe physical and psychological injury, and which, by reason of the fact that the performances achieved by the use of such drugs do not correspond to the degree of training attained, constitutes an unfair practice, the Austrian Sports Associations declare that they agree to adopt the following Convention, which is designed to combat and prevent doping. The provisions of this Convention in no way undermine the internal autonomy and competence of the Associations.*

### Article 1

#### Definition of Doping

*Doping is defined as the administration or the use of substances foreign to the human organism in any form, and the administration or use of psychological remedies in abnormal quantities or through abnormal methods with a view to improving performance. This definition is valid in particular for every medicinal preparation issued on prescription, and wherever a danger to health exists.*

*If medical treatment involving the administration of medicine is required, the doctor is responsible for taking a decision as to whether such treatment disqualifies the patient from taking part in competitive events, and this in exceptional cases only. With the exception of medicine held by doctors, it is prohibited to bring such substances to, or to be in possession of such substances during, competitions.*

### Article 2

#### Field of application

*This prohibition of doping applies to all active athletes who are members of Austrian sports associations and to the staff of these associations, in particular to coaches, masseurs, seconds and other persons responsible for care and training; and to competition meetings taking place both in Austria and abroad. These provisions apply also in principle to the sports doctors who are responsible for medical care.*

### Article 3

#### Responsibility for inspection

*Where a case of doping is suspected, all the sports organisations shall carry out necessary inspection, which shall cover both competitors and persons responsible for care or training. The Commission on Doping and the Federal Sports Council may also require sports organisations to carry out inspection, or may make such inspection themselves.*

#### Article 4

##### Execution of inspection

*The Association may have inspection carried out through its own organs or through outside bodies such as the Austrian Commission on Doping, which shall name the competitions and the athletes to be subjected to inspection. The inspecting bodies shall transmit their report, which shall be strictly confidential, only to the sports organisation concerned.*

*Inspection may be carried out on clothes, sports amenities, effects and cloakrooms, and on physiological excretions (urine).*

#### Article 5

##### Decision and penalties

*If it is established that there has been any violation of the provisions of Articles 1 or 2, the matter shall be referred to the relevant disciplinary commissions of the Association, which, according to the circumstances and the gravity of the offence, shall take any or all of the following measures :*

- (a) disqualification from distinctions obtained, expulsion or down-grading;*
- (b) temporary or permanent banning;*
- (c) fines ;*
- (d) disciplinary measures particular to the association concerned.*

*The penalties must be published and, where applicable, communicated to the international federations.*

#### Article 6

##### Financial provisions

*The costs incurred in the control of doping shall be borne by individual sports associations to the extent that such costs do not qualify for a State subsidy. Necessary chemical analyses shall be carried out by the forensic medicine institutes of the universities, by agreement.*

#### Article 7

##### Preventive measures

*Association statutes shall contain clauses providing for effective measures against doping, and making it compulsory for persons taking part in competitions to submit to inspection. Educational action must also be taken.*

#### Article 8

##### Commission on Doping

*The Austrian Commission on Doping, which comprises both medical experts and representatives of associations, shall constitute the supreme and neutral advisory body which the associations may consult in case of doubt as to theory or practice, and on the application of measures to check doping.*

**IV. NEW MEASURES AGAINST DOPING IN FRANCE :**  
**BILL PROHIBITING THE PRACTICE OF DOPING IN CONNECTION**  
**WITH SPORT**

*The National Assembly and the Senate have adopted,*

*The President of the Republic promulgates the following Law :*

Article 1

*It is prohibited for any person taking part as a competitor in a physical or sports event, or preparing so to take part, to resort to the practice of doping.*

Article 2

*It is prohibited for any person whatsoever to facilitate in any way whatsoever the practice of doping in connection with physical or sports activities.*

Article 3

*Doping is defined as the use of substances and all means designed to improve performances artificially in view of or on the occasion of a competitive event, and which may be detrimental to the physical or psychological integrity of the person concerned, or of a nature to endanger any other person.*

Article 4

*The means of implementing this Law shall be laid down in a Decree promulgated by the Conseil d'Etat.*

*The Decree will determine, first, the conditions governing inspection and the medical examinations and taking of specimens made with a view to establishing whether doping has been practised, or participation in such practice; and secondly, the disciplinary measures regarding sport and the legal penalties which may be imposed upon persons infringing the provisions of this Law and of the Decree implementing it.*

*This Law shall be executed as a Law of the State.*

Implementation

Article 1

*The organisation of every competitive event shall include the following technical measures :*

*(a) agreement by the competitor to submit to any inspection, even without notice, in particular to any clinical or biological examination of his person ;*

*(b) inspection arrangements shall be made at the request of the bodies referred to in Article 1.*



*In conjunction with these bodies, inspection teams appointed by the High Commissioner for Youth and Sport shall carry out all necessary inspection. Their composition and powers, the methods they will use and the limits to their competence shall be defined in an addendum to this Decree.*

#### Article 2

*Every leader, sports manager, coach, second or any other person holding a similar post shall agree to assist the Federation or the sports association which employs him in combatting the use of the substances and means referred to above, and to facilitate any inspection carried out with a view to establishing whether such substances and means are being used or are in the possession of any individual.*

#### Article 3

*Every person who does not respect these agreements shall incur one or more of the following penalties, which shall be imposed, annulled or confirmed, provisionally or permanently by the sports organisations . . . ;*

*(1) disqualification of the competitor in the competition concerned; possibility of disqualification of the team to which he belongs;*

*(2) non-recognition of performances achieved in this competition by the said person;*

*(3) withdrawal of awards and prizes;*

*(4) immediate provisional or permanent cancellation of the sports licence or equivalent association membership card;*

*This measure may be extended to bar the person concerned from all the bodies referred to above.*

*(5) Temporary or permanent ban from any post whatsoever within sports associations at all levels.*

#### Article 4

*The Délégué Général for sports and Olympic training is responsible for the implementation of this Decree, which shall be published in the Journal Officiel of the French Republic.*

### V. NEW MEASURES AGAINST DOPING IN ITALY

#### A. Anti-Doping Convention concluded by the UVI and the FMSI

*Whereas the 1955 anti-doping Convention is no longer valid in the present circumstances; whereas, moreover, there is an urgent need for preventive action against doping, and for inspection; and whereas such action in the sport of cycling is highly desirable, the Unione Velocipedistica Italiana and the Federazione Medico-Sportiva Italiana, parties to this Convention, have agreed as follows :*

(1) Every year, at the beginning of the sporting season, the UVI shall communicate to the FMSI the dates of events at which an inspection is to be made; the FMSI will ensure that its own qualified physicians (medical inspectors) examine the participants and take a urine sample at the end of the competitions. The number of participants to be inspected will be determined in advance, in agreement with the UVI.

(2) The FMSI will send a confidential report of the results of the analyses and examinations to the head of the UVI, who will decide what steps to take.

(3) The UVI shall organise, at the most suitable time, a series of lectures and meetings for racers, coaches and club directors, pointing out the dangers of doping and other useful points in connection with preventive hygiene. The UVI will be assisted in this activity by the FMSI, which will nominate the most qualified doctors.

(4) The UVI will pay a sum of 10,000 (ten thousand) lire to the FMSI for any reports of analyses made by the Florence Anti-Doping Laboratory or any other centre to be set up in the future, and will also repay the travelling expenses of medical inspectors, in addition to a daily allowance of 5,200 lire (Government rate). In exchange for this, the FMSI will conduct the health education campaign free of charge.

(5) This agreement shall be valid for three years and shall be automatically renewed for a further period of three years unless one of the parties to it proposes some amendment.

(6) This agreement shall enter into force at the time of its signature.

Rome, 26th June 1963  
Prof. Antonio Veneranda,  
President of the FMSI

Gr. Uff. Adriano Rodoni,  
President of the UVI

#### B. Convention between the FIGC and the FMSI on Anti-Doping Medical Inspection for Championship Football Matches (1963-1964)

Considering the necessity of continuing the anti-doping campaign to protect players' health and sporting ethics; considering the reliability of the latest scientific advances in the analytical field and, in particular, the experience acquired by the FMSI in Italy; considering the advisability of more effective and exact standards for the procedure for anti-doping inspection,

The FIGC and the FMSI propose to perform anti-doping medical inspections during the 1963-1964 championship football matches according to the following rules:

(1) An executive Commission shall be appointed and shall be responsible for applying these regulations; it shall be composed of Professor P. Niccolini, Chairman; Professor G. Ottani and Dr. G.C. Borchi, members; and Dr. G. Marena and Dr. F. Fini, secretaries.

(2) 27 specially qualified physicians shall be appointed medical inspectors, officially responsible for carrying out the examinations in accordance with these regulations.

(3) Particulars of dates and places of the matches will be furnished by the office of the President of the League.

The League will send one of its inspectors to the place where the match is to be held, with instructions to give official notice to the clubs of the inspection to be made, and to specify which players are to be inspected.

The same number of players must always be inspected on each team and this number shall remain constant throughout the season.

The League inspector shall inform both club and doctors where the medical examination is to be held and the tests performed, in accordance with a general agreement concluded between the League and the medical commission before the opening of the season.

(4) Samples of organic liquid (urine) of the designated players shall be taken in the presence of the club doctor or, in his absence, of the directors of the respective clubs. Two samples of urine shall be taken and placed in two separate and properly sealed containers. Both the medical inspector and authority representing the team shall place their signature on the seal. The two samples shall be taken by the medical inspector to the Anti-Doping Laboratory of the Sporting Medicine Centre in Florence and given to the Secretary of the Anti-Doping Commission for keeping. The Secretary shall place one of the two samples in a refrigerated locker at the CTF of the Coverciano FIGC for analysis. The locker shall be equipped with a single key which shall be kept by the Secretary. The remaining sample shall be given to the Anti-doping Laboratory technician in charge of analyses who will transmit the results directly to the Anti-Doping Commission, and to no one else. A brief note shall be written both when the samples are taken and when they are given to the Anti-Doping Laboratory, and shall be signed by the interested parties; in addition, the samples shall bear a number, but no name, when they are given to the technicians. Analysis shall be performed according to the techniques considered by the Commission to be most suitable for the detection of amphetamine or similar substances, or of any pharmaceutical products which the FIGC considers it advisable to investigate. The report of the analysis shall state the technique employed, giving bibliographical references or, where this is not possible, briefly describing the procedure followed.

(5) The medical inspector will ensure that a data sheet is filled out in duplicate for each player, bearing a number corresponding to that written on the containers and prepared according to the instructions of the Anti-Doping Commission.

The player shall supply all clinical information requested by the medical inspector, giving, in particular, the names of any pharmaceutical products he may have taken. Both copies of the sheet signed by the player shall be given together with the urine samples to the Secretary of the Anti-Doping Commission who shall place them in a sealed envelope.

(6) After examining the analysis reports the Anti-Doping Commission shall open the sealed envelopes containing the sheets in order to identify the players and verify their statements and shall submit the results of this inspection within 12 days of the date on which the sample was taken to the office of the President of the FMSI which will forward them directly to the FIGC. There shall be no exceptions to the period allowed for the transmission of the results of the inspection, except for particular scientific reasons which must be communicated in good time to the office of the President of the FMSI. One copy of the sheet and the material used for the analytical investigation (chromatogrammes, etc.) shall remain in the archives of the Anti-Doping Laboratory where they may be seen by the FIGC, and the other copy of the sheet shall be sent, together with the results of the analysis, to the FMSI. If the results are positive the FMSI shall send photocopies of the sheet of the player concerned to the FIGC.

(7) The clubs may have analyses made by their own experts of the samples kept in the refrigerated locker at the Coverciano CTF. The analyses must be made jointly, that is, the actual operations must be carried out simultaneously at the FMSI Anti-Doping Laboratory by the club's expert and the laboratory technician. Access to the samples for analysis shall be granted by the office of the President of the FMSI and the results of the double analysis must be transmitted to the FIGC within ten days after it has notified the club concerned of any cases of doping of players from that club.

The FIGC and the FMSI shall provide for incidental and unforeseen expenses by means of consultations at regular intervals.

Approved  
Dr. Giuseppe Pasquale,  
President of the FIGC  
Rome, 26th October 1963

Professor Antonio Venerando,  
President of the FMSI

### C. New Text of Article 22 of the Sportsman's Code - Anti-Doping Regulations

*In pursuance of the instructions of the Council of the Federation with respect to the publication of the new text of Article 22 of the Sportsman's Code, based on principles adopted by the Council at its meeting on 19th July (see Official Bulletin No. 6 of 30th July 1963), the President of the Federation has approved the following text, which will come into force on the date of publication of this Bulletin, as new Article 22 of the Sportsman's Code :*

*(a) Doping is contrary to the principles of sporting fairness and honesty which must be honoured by all clubs, their directors, members and associate members, and all others who have undertaken to respect the standards and regulations of the FIGC.*

*Doping is the taking of substances for the purpose of improving performance artificially during competition, to the detriment of sporting ethics and of the athlete's physical and mental integrity as well.*

*(b) All persons governed by the regulations of the Federation referred to in Article 1, paragraph (a) of the Sportsman's Code are forbidden to administer to athletes, and athletes are forbidden to accept, either before, during or after the competition, substances and drugs containing any of the products on the list of prohibited substances drawn up by the FMSI.*

*(c) The FIGC shall investigate the use of such substances by whatever methods it considers appropriate.*

*Sporting clubs must allow their players to undergo such investigations and must facilitate the necessary inspections.*

*Clubs, together with the official team managers and captains, are responsible for the failure to comply with the provisions relating to anti-doping inspection, although this does not diminish individual responsibility.*

*Official team managers and players taking part in the competition may not leave the locker rooms until twenty minutes after the end of play.*

*(d) Where it is scientifically proved, beyond any doubt, that the regulations under (a) and (b) have not been complied with, or when the regulations for anti-doping inspections have not been followed, the President of the Federation shall summon those responsible to appear before the competent disciplinary boards which shall apply the penalties incurred.*

*Decisions are taken according to the procedure established for disciplinary penalties. As a rule, notifications are made by telegram.*

*The parties concerned may request a review by their own experts of the scientific data which resulted in the penalty. The review must be carried out at the Federation's medical centre in the presence of the physicians and analysts designated by the FIGC and the FMSI and may not take place more than five days following the dispatch of the notifications.*

*(e) The directors, members and associate members summoned by the President of the Federation may be found responsible by the Board; in addition, a club's directors, coaches, doctors and masseurs, and the club itself, may be found responsible by the Board if it has a well-grounded conviction that such responsibility is established after consideration of certain elements.*

*These elements are the following :*

*The number of persons involved, the number of times the offence has been committed (first or repeated), statements made during the hearing and the Board's own evaluation of the facts submitted for its consideration.*

Players found guilty of the offences mentioned under (a) and (b) shall not be penalised if it is established that they took the substances or drugs referred to under (b) by compulsion or without knowledge of their contents.

In either case the club is considered to have objective responsibility and its coach and doctor may be given the penalties mentioned under (f) (3). If the responsibility of the masseur is also established, he may receive the same penalty.

(f) Penalties :

(1) Players guilty of the offences covered by these regulations may, depending upon the nature and gravity of their offence, be punished by disqualification for a stated period which may not be less than one month following the date of the decision. In particularly serious cases he may be permanently barred from competition.

For professional players these penalties may be accompanied by suitable fines.

(2) Directors, members and associate members (excluding those mentioned under (3) below) who are found responsible for the offences covered by these regulations may, depending upon the nature and gravity of their offence, be penalised by the measures given at (4) and (5) of Article 7, paragraph (a) of the Sportsman's Code. x

Temporary disciplinary measures must be applied for a period of at least three months following the date of the decision.

(3) Trainers, doctors and masseurs who are found responsible for the offences covered by these regulations shall be expelled from the federation, if they are members of the SIPT.

If not, they shall be permanently ineligible to work for a club or in any capacity in athletics, regardless of any contracts they may have signed.

(4) The club held objectively responsible is penalised by automatic loss of the competition, in accordance with Article 8 paragraph (b) of the Sportsman's Code, and loses one point in its classification.

These penalties are applied to both clubs taking part in the competition if both are found responsible.

If one club is found objectively responsible and one or more players of the opposing club are found individually responsible for any of the offences covered in paragraphs (a), (b) and (c), the penalty of loss of competition applied to the objectively responsible club does not alter the actual score of the match in favour of the other club.

(g) The regulations in Articles 9, 10, 11 and 12 of the Sportsman's Code also apply to the above penalties.

With the entry into force of the present Article 22 the following shall be annulled : former Article 22, Article 22 bis and the Article 22 in force since 1st July 1963, reproduced in Official Bulletin No. 74 of 28th February 1963.

Published in Rome on 11th September 1963.

Rag. Franco Bertoldi,  
Secretary

Dottore Giuseppe Pasquale,  
President

**VI. NEW MEASURES AGAINST DOPING IN SWITZERLAND :  
DIRECTIVES (1963) ON THE ERADICATION OF DOPING**

*The Assembly of the delegates of the ANEP<sup>1</sup>, referring to the following provisions in its statutes :*

**Article 2**

*The aim of the ANEP is to promote the exercise of all physical activities of a nature to benefit the health of the people and contribute to national defence.*

**Article 3**

*To achieve this aim the ANEP concentrates on the following tasks :*

- (a) to promote the right spirit in Swiss sport;*
- (b) to develop the sports medicine service;*
- (c) to supervise professional sport;*
- (d) to combat sports injurious to health and excesses in sport.*

**Article 6**

*The autonomy of the associations affiliated to the ANEP is not affected. Nevertheless through affiliation, the associations agree to co-operate actively with the ANEP, to accept its decisions and to put them into effect;*

*Observing that in certain sports, and especially in professional sport, the use of drugs has assumed such proportions that all possible methods must be employed to combat this practise, which is unhealthy and contrary to the ethics of sport;*

*Convinced that any act with the apparent purpose of improving the performance capacity of a competitor beyond the level consonant with his state of fitness and his personal capacities is unsportsmanlike.*

*Issues the following directives :*

**Article 1**

**Definition**

*Doping is the use (absorption, distribution or administration by injection) before or during competitive sports events of medicaments issued only on medical prescription and appearing in lists A and B of the IMS. Doping shall be prohibited.*

*With the exception of doctors, persons who at competitive sports events are in possession of any of the medicaments referred to in the first paragraph shall also be offenders.*

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1. Association Nationale de l'Education Physique.

## Article 2

### Field of application

*The prohibition of doping shall apply to all those taking part in sport events who are members of the federations affiliated to the ANEP, and to their assistants such as doctors seconds, auxiliary medical assistants etc.*

*With the exception of local anesthetics administered in the case of injury it shall be prohibited, even to doctors, to administer to active competitors medicaments which may be issued only by prescription.*

*The prohibition of doping shall apply to competitive events taking place both in Switzerland and abroad.*

## Article 3

### Inspection

*Affiliated federations shall agree to order an inspection as soon as they suspect the existence of doping. Competitors and assistants must submit to such inspection.*

*The Central Committee of the ANEP may request a federation to carry out an inspection.*

## Article 4

### Organisation of Inspection

*By agreement with the Société Suisse de médecine sportive (SSMS), the ANEP shall appoint a special body to carry out medical, clinical and chemical inspections. Chemical inspections shall be confined to the analysis of specimens.*

*The federations shall inform this body of the events and the competitors inspected.*

*The inspecting body shall transmit its report to the Central Secretariat of the ANEP and to the federation which requested it to intervene.*

## Article 5

### Decision and penalties

*If it is established that an offence has been committed, the Federation shall submit all relevant information to its disciplinary body for judgment. If it does not possess a disciplinary body it shall refer the matter to the ANEP for a decision.*

*According to the circumstances and the gravity of the case, the offenders shall incur the following penalties :*

- (a) disqualification from the list of winners and, where applicable, from distinctions obtained;*
- (b) fine ;*
- (c) suspension for a set period or for life.*

*Reservation is made with regard to the penalties laid down in the statutes of the federations.*

*More than one penalty may be imposed.*

*The ANEP shall be informed of decisions regarding doping.*

#### Article 6

##### Costs

*Costs incurred by the implementation of these directives shall be borne by the federation concerned. The ANEP shall share the costs of inspection.*

#### Article 7

##### Supervision

*The Central Committee of the ANEP shall supervise the implementation of these directives. It shall issue the provisions necessary for putting them into effect.*

#### Article 8

##### Final provisions

*The prohibition of doping shall apply to all ANEP member federations, which shall make provision therefor in their regulations, and, where necessary, shall appoint a body responsible for enforcing it.*

*The ANEP shall conclude a convention with the SMSS on carrying out inspections.*

*The ANEP shall appoint a disciplinary body responsible for deciding on cases referred to it by the federations.*

*These directives do not relieve the federations of their duty to inform competitors and assistants at every opportunity that doping is harmful and unsportsmanlike.*

*These directives shall enter into force as soon as they have been approved by the Assembly of Delegates.*

### **VII. MEDICO-LEGAL PROBLEMS : STATEMENT BY THE EXPERTS**

The experts are of the opinion that the legal implications of doping could take two forms - penal action and disciplinary action confined to sport.

As regards the penal aspect, there are many ways in which the law may be contravened. First, cases where an offence is committed against the integrity of the person; secondly, where such an offence has financial basis leading to the possibility of fraud; thirdly, cases of coercion of the liberty of the individual through doping (offence of coercion); fourthly, where there is illegal practice by a person not medically qualified; and finally, where doping constitutes a danger to the public health.



In all such cases doping is a somewhat incidental or subsidiary factor and in principle does not affect the character of the penal code. Nevertheless it would be advisable to expand certain articles of the code in order to cover doping more effectively. It might perhaps be appropriate, in legal texts where comparatively few offences are named, to specify a particular offence with reference to the danger presented by the administration of harmful substances, or by the use of other means such as, for example, psychological treatment whose effects may be harmful to health.

The second aspect is that of discipline enforced by the sports authorities. Here it is a question of penalising offences infringing the rules of sport alone. Such offences do not require legal measures (application of the penal code) but disciplinary measures in the sport itself. In general it may be said that such offences occur in cases where competition is distorted, and where a person's health is affected; or where the code and spirit of sport are not respected. The penalties for such acts should be enforced by the sports bodies themselves, through a disciplinary process according particular importance to the expert opinion of sports doctors. The offenders may be either individuals or sports clubs, and this should be borne in mind in imposing penalties. The same applies as regards the part played by the person or persons said to have provided the drugs.

The penalties could be as follows : provisional or permanent suspension, loss of points, loss of title, fines (in cases of professional sport), withdrawal of subsidies.

The scale of penalties should take particular account of whether the person concerned was doped with his consent, and whether this consent was forced. The latter case would give rise to two types of penalty, both penal and purely disciplinary within the sport.

Sports discipline should be the responsibility primarily of the various national sports federations ; then of the national sports authorities of the country concerned (for example, the CONI in Italy, the Secretariat of State for Youth and Sport in France).

At the request of this authority, or in cases where the offence occurred on the occasion of international sports meetings, the competent body would be the corresponding international federation or even the International Olympic Committee.

#### **VIII. ITALIAN EXPERIMENTS ON THE PATHOLOGY OF DOPING AND WAYS TO CONTROL IT : BY PROFESSOR A. VENERANDO**

Though the problem of doping in competitive events has been under discussion in sports medicine for many years, it has not yet been fully solved, either in theory or in practice. This despite the fact that unquestionable and radical improvements have recently been made in the definition of the subject and in practical methods of detection and prevention.

The problem of doping is an extremely complex one and the aspects with which the doctor, the physiologist, the pharmacologist and the health expert are concerned make up only one part of it, though the most important part. Moreover, even if an unequivocal solution could be found for all the legal and ethical questions raised by recourse to doping in sport, the international regulation of the whole subject would still remain to be dealt with.

For sport recognises no barriers or frontiers ; amateurs and professionals alike comply with international technical regulations which are enforced in all countries and observed in all competitions.

So far, the international sports associations have unfortunately not paid sufficiently serious attention to solving the problems of doping; and when they have done so in exceptional cases, it has been for the sake of publicity rather than with any intention of getting to the root of the evil. Athletic circles themselves are influenced by a variety of long-standing prejudices which impeded the eradication of doping; and worst of all, it seems that in some countries doping is undertaken almost officially with a view to ensuring brilliant performances and the establishment of records which can be exploited in the field of international politics - regardless of the consequences to the individual athlete.

However, after attention had been long and repeatedly called to the subject by writers - chief among whom, in Italy, were Foà, Mitolo and La Cava - the question of doping has recently captured the attention of doctors and athletes; and it is gratifying to remember that it was the International Conference on Psychoergopharmacology, held in Rome during the Olympic Games, which reactivated research and other measures. Among these last, the two Round Table Conferences arranged at Florence by the *Federazione Medico-Sportiva Italiana* (FMSI) were, in my opinion, of fundamental importance. The Council of Europe subsequently dealt with the subject at Strasbourg - in 1962 and again in January 1963 - as being one of the most important aspects of the out-of-school education of young people; it was also discussed at European level during a meeting held at Uriage-les-Bains, and was prominent on the agenda of the Fourth Pan-American Congress on Sports Medicine, at Sao Paulo, Brazil. Even more recently, in May 1963, various scientific aspects of the matter were set forth in two papers read at the *Convegno Nazionale di Medicina dello Sport* by Prof. D. Bovet, the Nobel Prize winner, and Prof. Niccolini, a pharmacologist from Florence. In Spain, Belgium, Austria and Switzerland, studies of doping are now being carried out and repressive measures are under consideration.

In view of all this, and since the situation seems ripe for an early and permanent solution of the doping problem on a European or even world-wide scale, it may be helpful for me to give a detailed description, covering both technical aspects and organisation, of Italian experience connected with the epidemiology of doping and the most appropriate means of preventing and detecting it.

It is now an accepted fact that "doping" does not necessarily mean the administration of a medicine or drug, but covers any system or practice aimed at increasing artificially the psychological and physical performance of the subject, human or animal.

In the narrow sense, however, doping may be regarded as within the compass of pharmacology when it brings into play the stimulating effect which certain substances produce - just as other substances have an antipyretic, cardio-kinetic, antibiotic or other effect.

This must naturally lead us to consider the effects of a medicine other than that of doping in the strict sense of the term; and among these the physician is chiefly interested by its toxicity, whether acute or chronic.

And while it is very doubtful whether any of the hundreds of pharmacological substances known to ancient and modern times are really "dope" in the sense that they can effectively increase the working capacity, close attention should be paid to the psychomimetic properties of a medicine, which mask its doping effect and lead participants in a competition to exceed the natural limits of physiological fatigue and fall into a state of pathological exhaustion which sometimes proves to be irreversible.

These, then, are the two greatest dangers of doping - intoxication in the pharmacological sense, and the serious auto-intoxication induced by fatigue.

In athletics either of these may occur, which makes it extremely difficult to differentiate, for clinical purposes, between hyperacute muscular fatigue or strain and pharmacological poisoning by sympathetico-mimetic amines. Needless to say, this combination of factors, found only in sport, not only affects the pathogenesis of the serious and sometimes fatal

accidents which occur, but also, and even more disastrously, hampers the application of measures of first aid to such cases, where they often prove ineffective and sometimes even harmful.

Having put forward these general considerations, which will be familiar to most people, I will go on to review the epidemiology of doping in Italy, the types of analytical tests carried out, the results obtained during the anti-doping campaign of 1962-63, and the different methods of preventing doping.

### Epidemiology of doping

Epidemiological investigation of the extent to which doping is prevalent in Italy can take three directions :

- (a) clinical-toxicological research ;
- (b) analytical tests carried out with selected groups of athletes ;
- (c) surveys.

A. Though not without considerable difficulty, the *Federazione Medico-Sportiva Italiana* has assembled statistics on cases of suspected or proved doping which have occurred since 1949. The following are typical cases :

- (1) F.A. : cyclist, died of amphetamine poisoning (September 1949, municipal hospital, Rapallo);
- (2) A.A. : cyclist, admitted to hospital, his mind being deranged as a result of excessive recourse to amphetamine products (December 1956, Psychiatric Hospital, Montello);
- (3) C.G. : cyclist, shock induced by excessive recourse to sympathetico-mimetic drugs (July 1958, during a race ; statement by the athlete, who was suspended for life);
- (4) P.G. : cyclist, admitted to hospital with poisoning caused by amphetamine and other analeptic drugs (July 1962, Medical Clinic, Turin);
- (5) A.S. : cyclist, admitted to hospital in a comatose condition, after dropping out of a race, after the absorption of amphetamine (July 1963, Hospital at Valenza dell'O.M.).

In all these cases the substance which caused the death or the very grave toxic syndromes observed was amphetamine, absorbed in huge quantities either through the mouth or in intra-muscular injections.

B. Setting aside a few sporadic analytical tests of capsules confiscated from athletes, all of which proved to have a basis of beta-phenyl-isopropylamine, and following chronological order, mention should be made of an inspection carried out by the FMSI in April 1955, in the course of a bicycle race lasting several days. Twenty-five samples of urine were taken, 5 of which revealed traces of beta-phenyl-isopropylamine substances.

In 1961 the Italian Football Federation carried out an extensive series of inspections and analytical tests in all the teams competing in the A and B Divisions. A special committee organised this survey, which undoubtedly made a very valuable contribution to the epidemiology of doping in professional football. The data assembled were afterwards published by Prof. Ottani in a monograph from which we draw our graphs 1 and 2, showing the wide range of substances absorbed by these athletes, 17% of whom were using amine stimulants during matches.

The Italian Football Federation's survey revealed the form and extent of the doping practised in the world of football, and called attention to another undesirable development - the excessive recourse to various methods of treatment, particularly those employing hormones and vitamins, among athletes - *i.e.* subjects who by definition should be in excellent health.

This might be called "para-doping", for its purpose is similar to that of actual doping; it is equally noxious, and is not devoid of dangers and drawbacks.

C. . In 1962 the FMSI conducted a survey among all the Sports Federations represented on the Italian National Olympic Committee (CONI), to discover to what extent doping was practised in the different branches of sport. From this survey, and others we have carried out, it may be concluded that :

(1) doping is largely confined to football and bicycle-racing, though it occurs sporadically in fencing, rowing, swimming, athletics and motor-racing;

(2) all the Sports Federations, even those not affected by doping, have an interest in eradicating it;

(3) apart from the UVI, the Cyclists' Federation, and the FIGC, only two Federations - Athletics and Fencing - have special regulations to prohibit doping.

The clinical and toxicological observations we have compiled, together with the reported results of inspection and analysis, especially that undertaken by Professor Ottani, go far to clarify the epidemiology of doping and give a reliable idea of its extent and gravity.

Confirmation of this factual evidence was provided by a survey conducted by the FMSI in 1962 among Italian pharmacologists, physiologists and doctors interested in sport, which led to similar conclusions and indicated even more clearly what substances lend themselves to doping.

This survey, the results of which we published with the collaboration of Barbieri and Romano, was undertaken in order to determine which drugs :

(a) are used in competitive events or absorbed in circumstances such that they will take effect during those events;

(b) artificially increase the athlete's vigour;

(c) prevent the sensation of fatigue, so that the subject may become dangerously overtired;

(d) affect the mental faculties and speed of reaction and/or diminish self-control;

(e) expose the subject, through habit-forming or other effects, to acute or chronic poisoning.

During this survey every substance known to pharmacology was tested, including certain foods. Replies to questions indicated that amphetamine and caffeine derivatives are the substances used by athletes for doping purposes.

Subsequently, at the first and second round-table meetings on doping held at Florence in 1962, the following definition was drawn up, with a preliminary list of substances to be prohibited in competitions, which will be kept up to date.

It runs as follows :

*Doping is to be defined as the absorption of a substance intended to increase artificially the performance of the subject while participating in a sporting event, this being incompatible with the ethics of competition and with physical and mental integrity. The following preliminary list of prohibited substances is given to supplement this definition : (1) amphetamine and its derivatives ; (2) substances similar in action to amphetamine ; (3) anti-MAO ; (4) caffeine. It should be pointed out that these substances are not only the most commonly used, but can be easily detected.*

I would like to stress the fact that the definition we thus formulated was adopted almost word for word by the international meetings held at Strasbourg (15th-16th January 1963, under the auspices of the Council of Europe) and at Uriage (first European Colloquium on doping and the biological preparation of athletes for competitions, 25th-26th January 1963), and by Prof. D. Bovet in the paper he submitted to the *Convegno Nazionale di Medicina dello Sport*, at Florence (May 1963).

#### Results of the anti-doping campaign (1962-1963)

Between 1st July 1962 and 30th June 1963, the *Federazione Medico-Sportiva Italiana*, acting in full agreement with the Cyclist' Federation (UVI) and the Football Federation (FIGC) carried out a series of clinical and laboratory tests on athletes during competitions and championship matches.

The information thus obtained is set forth in Tables 1 and 2; the figures are sufficiently impressive to make comment superfluous, but I should like to take this opportunity of publicly thanking all those who carried out or are now engaged upon the serious and delicate task of anti-doping inspection.

Anti-doping inspection in Italy is directed by the following :

(1) A Central Laboratory equipped for the purpose, at the *Centro Medico-Sportivo*, Florence. The tests are carried out here by a chemical expert, Dr. De Sio, with the collaboration of other analysts and pharmacological experts;

(2) An Executive Committee headed by Professor Niccolini, pharmacologist, Florence, Professor G. Ottani and Dr. G.C. Borchi, with Drs. G. Marena and F. Fini as its Secretaries;

(3) Thirty medical Sports Inspectors, who are particularly well qualified and expert in anti-doping activities.

These Inspectors are sent to the towns where the events to be investigated are taking place. There, with the co-operation of the organisers, they proceed, in the hours immediately following the end of the race or match, to make a detailed and impartial examination of the selected participants, taking down their statements concerning the drugs they have used, if any. They take charge of a sample of urine produced by each athlete in their presence. The bottle is sealed and marked for identification purposes with the number appearing on the clinical index-card of the athlete, who countersigns it. The Inspectors take the bottles, in special refrigerating bags, to the Anti-doping Laboratory at Florence, where they are taken in charge by the Secretaries of the Executive Committee; a minute to this effect is drawn up.

Two samples are taken from each bottle, one for immediate testing, the other to be kept in a special sealed refrigerator, to be used later for control tests in the event of any dispute. About a week later the bulletins giving the results of the analysis, accompanied by the corresponding index-cards, are forwarded by the Committee to the Directors of the FMSI, who are responsible for transmitting the results to the appropriate Sports Federations for disciplinary action.

After thus summarising the method of anti-doping inspection which will be continued, with slight changes, in the coming year, we should comment briefly on the particulars given in Tables 1 and 2.

Among the numerous considerations that come to mind, one is the striking difference between the percentage of positive reactions in bicycle racing (where nearly half the participants tested during the amateur championship of 1962 were affected) and in football, where out of the 875 players examined during the 1962-1963 championship matches, only a mere 1.14% gave positive results.

TABLE 1. - CYCLING EVENTS INVESTIGATED FOR THE UVI, 1962

Title of the event	No. of participants	No. of coses investigated	Positive results (No.)	Positive results (%)
Italian Road Championship for apprentices	128	28	4	14.2
Italian Road Championship for beginners	90	28	4	14.2
Italian Road Championship for amateurs (third round)	67	30	14	46.6

N.B. - By arrangement with the UVI, only the first 30 cyclists to finish in each race were examined. The competitors were warned beforehand that tests would take place. Only substances in the beta-phenyl-isopropylamine group.

TABLE 2. - ANTI-DOPING TESTS IN FOOTBALL (FIGC CHAMPIONSHIPS, 1962-1963)

Matches	Division			Teams inspected	Ployers tested	Players with positive reaction	%
	A	B	C				
70	90	48	2	140	875	10	1.14

Setting aside cycle-racing, where we shall have to wait for the effects of an anti-doping campaign conducted on a larger scale, with greater determination and, so far as professionals are concerned, at international level, it may be confidently assumed that the low percentage of positive reactions among footballers is due to far-reaching, vigorous and strict measures of inspection.

In this connection it should be emphasised that the measures of inspection adopted by us were subject to every possible precaution, both to ensure the secrecy of the anti-doping campaign and to guard against possible criticisms of the methods of analysis employed.

For example, in cases where results were positive, we permitted a further analysis to be made in the presence of leading experts representing the Association and the players. These later tests invariably confirmed the original results.

#### Prevention of Doping

In the anti-doping campaign now taking place in Italy, repressive action is accompanied by a steadily expanding campaign for the education of athletes in matters of hygiene and health. Our Provincial Committees and Panathlon Clubs arrange lectures and demonstrations on the dangers of doping and the need for giving athletes a psychological and physical preparation based on definite standards of hygiene and on physiologically supervised methods of training.

The Italian sporting press and the big newspapers have given us tremendous help in this campaign, elaborating the theme of the undesirability of doping with a keen sense of responsibility.

We also place great hopes for the prevention of doping on action by the doctors attached to the various sports clubs. With this in mind we have arranged frequent meetings of social welfare doctors, and feel that there should be due recognition, in all its aspects, of the work they are doing to safeguard the health of athletes and popularise sport.

No preventive action has any hope of success unless close and wholehearted co-operation is established, as it has been in Italy, among sports directors, technical staff and doctors, as an indication of the mature outlook on which the scientific organisation of sport must be based.

The UVI deserves full credit for having applied to the FMSI as early as 1955 for help in combatting the spread of doping among racing cyclists (the FMSI - UVI anti-doping agreement was adopted in that year and has been recently amended and brought up to date). I would also like to congratulate the leaders of the FIGC upon the courage and shrewdness with which they introduced the anti-doping campaign in football three years ago, and, in particular, upon their realisation of the need to carry it to a firm conclusion, perfecting all aspects of its organisation with technical assistance from us. I must emphasise that it is the duty of sports organisations, in cases where athletes are proved to have resorted to doping, to show severity in applying the penalties laid down in their own disciplinary regulations. Fair punishment always gives effective warning, and has considerable preventive value.

This combination of inspection and education has already borne fruit in Italy, leading to a marked reduction in the use of amphetamines for doping and, as we have seen, placing athletic training on an increasingly scientific and serious footing. In the football sector, doping in Italy has already declined to very small proportions, and we think that in the next few years it will have become no more than an unpleasant memory.

But doping, like any other form of drug addiction or contagious disease, cannot be eradicated in one country alone; it must be fought steadily, with equal pertinacity and determination, in all other countries as well. In Europe at least, and more particularly among the nations of common Latin origin, the anti-doping campaign should be given practical form as rapidly as possible, and be translated from words into action. The Italian experience can be of great value here, facilitating the immediate practical results which are needed to avoid the risk of further damage and unethical victories won by fraud.

Young people will then return to sport with unblemished aims, competing by fair means and restoring to sport its primary function as a means of preparation for life itself.

## WORKING PAPERS

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A detailed Report on the situation in the Netherlands was distributed in a limited number of copies. It was supplied by the Federation of Offices for the Medical Supervision of Sport in the Netherlands.

### SECOND MEETING

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Doping/Misc 8	Proposals by the Spanish delegation
Doping/Misc 10 revised	Legal aspects (sub-committee report)
Doping/Misc 11	Legal aspects (proposal by the Spanish delegation)
Doping/Misc 12	Draft conclusions on detection and research
Doping/Misc 13	Conclusions on the rational preparation of sportsmen
Doping/Misc 14	Draft conclusion on medico-legal questions.