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COMMITTEE FOR OUT-OF-SCHOOL EDUCATION

Doping of Athletes

Review of the problem

as it arises in member countries

(Item IV of the Agenda, Doc. CCC/EES/Inf (62) 52)

SPAIN

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1. EXTENT OF THE PROBLEM IN SPAIN

In ancient times "doping" was known as a means of improving performance in sports and at work, at a time when the two were united in a single athletic and utilitarian activity: hunting. Sorcerers performed rituals and composed philtres designed to make the prey easier to take and to endow hunters with the necessary "virtues" for success in their undertaking: strength, endurance, agility and adroitness.

The Spanish explorers and conquistadores in America first introduced the idea of "doping" into modern Western society. Some of the native American peoples used various plants to give them - or so they believed - strength, endurance and skill and to assuage their hunger and thirst. Some of these plants and products are still used today for doping, for instance coca, cafeine and cocaine. Contemporary chroniclers often cite the uses and properties of these products. Jiménez de Quesada states that Indians used coca, especially when at work, "for it giveth them energy and they suffer nor hunger nor thirst". In Mexico the native conscripts in Hernan Cortès' auxiliary troops took peyotl, especially "when climbing, in order to lessen the fatigue of the march". The tarahumaras believed that taking peyotl "brought them good luck in races and other games". Through peyotl or jiculi the Indians submit to terrible hardships; they feel able to endure great fatigue and to bear hunger and thirst for five days". The natives of the sierras of Ecuador used a variety of gentian which in quichua was called "cashpa-china-yugo", meaning "the-herb-that-makes-run", for the Inca runners or "chasquis" would take it before setting out on their long forced marches.

Plants which are rich in cafeine or alkaloids of the same group (such as guarana, yoco, maté and cacao) are often mentioned as energisers, stimulants and eliminators of hunger and thirst.

Among all these drugs coca (ERYTHROXYLON COCA), whose leaves the natives were accustomed to chew, holds a place of honour, being used mainly to stave off fatigue, hunger and thirst. As with nearly all primitive peoples, coca (and other plants having special properties) played an important part in

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the various taboos and religious rites. Women and boys below the age of puberty were not allowed to chew its leaves. Only after the initiation ceremonies (and beginning during them) were adolescents authorised to partake of it. For similar reasons nobles, warriors and other dignitaries in early Peru were privileged to use it, but the lower classes could do so only with special permission from the Grand Inca. It subsequently came into such general use that its leaves served as a means of exchange, so highly were they valued. Its principal use for long marches and steep climbs led to the adoption of the "cocada" as a measure of distance, that is, the distance travelled under the effects of an average dose of coca leaves chewed during the trip.

Many of the products discovered in this way by the Spanish were introduced into Europe and became more or less acclimatised, some of them still surviving. But we may say that these stimulants were never widely appreciated or used in Spain, with the exception of cacao (THEOBROMA CACAO), treated as a foodstuff and a delicacy. Products of American origin have completely disappeared from the peninsula and those from the Orient, such as tea and coffee, which are in current use, were introduced later from other European countries.

With reference to doping, we can affirm that the use of drugs and energy-producing products to improve athletic performance is not a serious problem in Spain. Government authorities and sports federations have accordingly not troubled to impose penalties for their use, but such practices are implicitly condemned and regarded as fraudulent. We Spanish physicians who specialise in sports medicine have read about the situation in other countries and have also learned much through our own observation of foreign athletes who participate in our contests. We recall several instances of athletes calmly swallowing tablets and having themselves injected; they even asked us to give them their shots and were quite taken aback when we refused; our reaction did not deter them in the least from asking their trainers to inject them before our very eyes.

Moreover, after the competition they refused to let us take a sample of their urine, on the pretext that they had just passed water. They also refused when we sought to take blood samples or to make some other physiological test. We have also observed the use of drugs by some foreign

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trainers and technicians who were looking after professional Spanish athletes in this country. All this goes to show the importance of these international meetings and the need for common action against doping.

1.2 Principal sports affected and methods used

1.2.1 Sports affected. In the first place, we wish to point out that the practice of doping is in most cases imported, either by foreign trainers, coaches or organisers, or by our own athletes who have taken part in contests in other countries where they have seen it done. Spreading out from these centres of infection there has been a certain amount of contamination in some sports, generally limited to small groups or individual players, except as mentioned below.

1.2.1.1 Cycling. This is undoubtedly the sport which has the largest number of addicts. The centre of contagion was the "Tour de France". Spanish competitors wanted to emulate their heroes, not only in their good training methods and technical excellence, but also in their bad habits, such as the consumption of "pastilles" (tablets), sold under various names. They even claimed that Spanish products "had no effect" on them, although their ingredients and strength were identical to those of some foreign firm which they had seen used. These tablets are taken chiefly by road racers, for runs over a long distance or lasting several days: as professionals, they are required to maintain a certain level of performance in order to obtain serial contracts or engagements for several races. But we have also heard of cases of doping among amateur racers contaminated by professionals or trainers. We have no data on other types of race. Our checks (urinalysis of a number of Spanish racers passing through Madrid, performed in specialised toxicology centres) showed no traces of the products investigated. The results of private conversations with some of the best Spanish cyclists, their trainers and their staff were also negative. But information from other sources has convinced us that most cyclists have used drugs at some time, although we have not been able to verify this.

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1.2.1.2 Football. One first-division Spanish team has taken oxygen inhalations at half-time. If we count oxygen as dope (and we believe it should be), then we have this precedent, fortunately short-lived and unique. Apart from this example, we have heard of no case of doping in the clubs, groups of players or teams, but the possibility cannot be dismissed. The result of an enquiry among football doctors was negative.

1.2.1.3 Boxing. We know of a famous French manager who gives (or used to give) his trainees a product which being harmless was not forbidden and which we will discuss at greater length further on. The present federation does not intend to grant any facilities for the doping of boxers.

1.2.1.4 Other sports. We have heard only of sporadic doping among other athletes, who have tried such "remedies" more out of curiosity than any real confidence in their merits. Of course, we are not referring to the impositions of certain trainers - mostly foreign - who compel athletes to dope themselves so long as they are under their orders.

1.2.2 According to our information, the following methods are used in Spain:

1.2.2.1 Amphetamines. They are in common use among those who practise doping. These are virtually the only products employed at present and they are relatively popular, since they are taken by students and candidates for professions during examination periods to ward off fatigue and sleep. They are the preferred drugs of cyclists.

1.2.2.2 Caffeine. For a long time it has been taken in the form of very sweet tea with lemon. Marathon runners are in the habit of taking it in the form of very sweet coffee with a vitamin additive. Can this be called "doping"?

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1.2.2.3 Vitamins. In order not to leave them out of the survey, we shall arbitrarily classify vitamins in the very debatable category of dope. Spanish athletes are so strongly influenced by what they see abroad and by the intensive propaganda of the manufacturing and distributing firms that they believe Vitamin C to be more potent in medical form than in the natural products which contain large amounts of it and which they ordinarily consume in quantity (especially citrus fruits, peppers and other vegetables). In addition to Vitamin C, they are accustomed to take fairly heavy doses of Vitamin B-complex, although their diet provides them with a more than adequate supply. Thanks to advertising certain pharmaceutical preparations, containing multiple vitamin compounds and mineral trace elements, may be included in this group.

1.2.2.4 Hormones. We have heard of isolated cases of athletes taking anabolising hormones under the orders of a foreign coach who knew nothing about the subject and insisted upon their use without any scientific notions of the products and dosage.

1.2.2.5 Other products. The recipe of the boxing manager we mentioned earlier consisted in a glass of Malaga wine containing a spoonful of granulated French Kola. A glass of wine is a well-tried aid for timid souls who need to "buck up their spirits". For some time, aspartic and glutamic acid derivatives have been used in some sporting circles. Staraxic and other sedatives have also been introduced in Spain, but for the moment their use is confined to marksmen. In a sense this may be regarded as doping although it is not covered by the usual definition, as these products are not energy-producers.

1.2.2.6 Psychological doping. This is totally unknown in Spain in the form of subconsious suggestion or hypnosis. The Spanish character is fundamentally opposed to such abdication of personality. We believe this to be the worst form of doping. A special problem is raised by the injection of novocaine or similar products in cases of injury, acute discomfort, etc.,

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with a view to enabling an athlete to begin or go on with a contest. In Spain, this has been done mainly in football. Both ethically and medically, Spanish specialists in sports medicine regard any attempt to force a physically disabled person to give a performance which is beyond his strength as a special form of doping, owing to the danger of aggravating the athlete's injuries by suppressing his natural defence mechanism of pain. It has therefore been agreed at meetings of the Spanish Medical-Athletic Federation to condemn such practices as contrary to the ethics of the medical profession.

1.3 Steps taken

1.3.1 Educational measures. We have tried to make athletes realise that doping is a dishonest and unsportsmanlike practice involving danger to their health and to the future of sport in general. In sports medicine classes stress has been laid at length on the improper and unethical character of doping, in order to convince specialists in sports medicine that they will be unworthy of the name if they do not use every possible means to combat doping at all times. Sports doctors are urged to oppose the schemes of organisers, clubs, trainers and athletes to promote doping, and in this they have the support of the National Medical-Athletic Federation; but they are also threatened with penalties in the event of their conniving at such fraudulent practices. In our opinion, this effort of education and propaganda has greatly helped to check the spread of doping among Spanish athletes.

1.3.2 Checks. We have hardly been able to make any. Analysis of urine, blood samples and substances ingested (during cycling races, marathons, etc.) have practically always failed, in the sense that we have found no traces of energy-producing products which may be unconditionally qualified as dope. In a few isolated cases we have found certain products, usually amine-stimulants, together with small amounts of caffeine and strong Spanish wines. Since it is possible to make a positive identification of such amines only during contests lasting several days, and considering their natural elimination from the system, a police check would be the

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only effective means of verification. (But in Spain no legal provision has been made for police action.) We accordingly believe that regulations should be issued making checks compulsory in certain sports, as described under 5.2.1.4.

1.3.3. Preventive measures. The chief aim of preventive measures should be to educate athletes, trainers and sports doctors. The fact that doping is known by all to be an unsporting practice which medical men are determined to fight with every weapon is in itself an indirect and widespread preventive measure. However, in contests in which foreign teams are competing, we apply pressure directly to the Spanish teams, to dissuade them from using dope and, by watching them carefully to prevent them from having an opportunity of doing so. Nevertheless, some of our athletes (long-distance cyclists in particular) have doped themselves, although to a lesser degree than the foreign teams who, according to our observations, have been equipped with a veritable arsenal of drugs, hypodermic needles, syringes, etc.

1.3.4. Results. Without any statistical support, for it is clearly difficult to assemble reliable sample data for a study of this type, our own experience and that of our fellow sports physicians whom we consulted in preparing this paper enable us to affirm that doping, in our sporting circles, is on the wane. Opinions vary as to the causes of this trend: some attribute it to the solid opposition of sports physicians to all forms of drugs, together with the poor opinion they would form of a colleague who authorised or, worse, recommended them. Others believe that both athletes and their advisers are already disillusioned, that is, they doubt the real effectiveness of dope and do not feel it worth while to risk the consequences. Lastly, there are those who would consider that except in the cycling world and a few isolated cases in other sports, there has been no opportunity to make converts, since the passage of information would be tantamount to confession of dishonest practices. At present there is no real danger that doping will spread beyond the sports mentioned. It should also be observed that, apart from football, cycling, pelota, wrestling and boxing, there are virtually no professional athletes in Spain. There is of course bull-fighting, but that is much too serious and dangerous an affair for its practitioners to have any desire to dope themselves, thereby adding still further to the risk of death or grave injury. Among amateurs, especially in gymnastics and other pure sports of that type, this evil is, naturally enough, virtually unknown.

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2. THE MORAL ASPECT

2.1 Sporting ethics

We Spanish specialists in sports medicine believe that the use of any substance, physical process or psychological treatment inconsistent with the customs and practices accepted as constituting "fair play" is contrary to sporting ethics.

Thus, in keeping with traditional ideas, it is unethical not merely to use products designed to enhance performance even if their success is debatable, but also to use totally ineffectual products, if they are taken with the base purpose of defeating the other competitors by securing an unfair advantage. We also hold the application of depth psychology and hypnosis to be contrary to sporting ethics. Here we are considering the ethical aspect only, not the scientific factors.

2.2. Medical ethics

2.2.1 Use of positively dangerous products in toxic or near-toxic doses.

2.2.2 Use of habit-forming substances

2.2.3 Use of products creating an immediate danger:

2.2.3.1 by suppressing or excessively delaying the sensation of fatigue;

2.2.3.2 being administered in circumstances where they tend to lower the resistance of the system, particularly of previously tired, overstrained or weakened persons;

2.2.3.3 being misused in some other way;

2.2.3.4 being negligently prescribed or authorised without a check on the individual, the dosage or possible intolerance.

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2.2.4 Breach of professional ethics for the sake of gain alone

2.2.4.1 Prescription of substances whose effects are uncertain or unnecessary.

2.2.4.2 Prescription of substances which have no effect.

2.2.4.3 Prescription merely in order to be accommodating.

2.2.5. Deliberate use of products which counteract the desired end with the intention of lowering performance.

2.3 The law

The activities of physicians which are regarded as amoral or immoral may or may not be punishable. (Traditional distinction between acts contrary to ethics only - i.e. sins - and acts contrary to law - crimes, offences, infractions. The legal provisions are divided into two distinct categories: the ordinary law which is set forth, in respect of criminal acts, in the penal code and the supplementary laws applicable to all offences other than those regulated by special legislation; and a series of secondary legal provisions or statutory rules which take full effect in cases not covered by the criminal laws or cases confined to very specialised fields outside the normal procedure of the administration of justice. The ordinary courts can impose a specific penalty for a medical offence; but the Medical Councils can also penalise the same offender, for, if he has committed a punishable offence, he has thereby grievously violated the code of his profession and jeopardised its good name.)

2.3.1 Legal provisions relating to doping and sports

2.3.1.1 Concerning athletes

2.3.1.1.1 An athlete may be variously penalised in different countries for acquiring and using prohibited substances; but he may also be guilty of a crime in countries where voluntary exposure to death is treated as a criminal offence.

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2.3.1.1.2. He may be guilty only of a breach of administrative provisions or sporting regulations (laid down by national organisations, national federations for particular sports, regional or local organisations or federations, referees and judges, etc.) which implicitly condemn or penalise doping and all related transactions or activities.

2.3.1.1.3. He may also be guilty of breach of contract, if it contains clauses forbidding the use of drugs and prescribing penalties for their use (cancellation of contract, penalisation, payment of a fine, etc.). Thus there is a legal pyramid providing for medico-legal action at any level.

2.3.1.2 Concerning trainers, seconds, etc.

2.3.1.2.1. In respect of the illegal acquisition and use of prohibited substances, the measures in the penal code and supplementary laws mentioned in connection with athletes also apply to such persons; but they may be guilty of other offences as well, such as:

2.3.1.2.2 causing injury or death through negligence, if an athlete is injured or killed as a consequence of using drugs;

2.3.1.2.3 unqualified practice, in the case of persons with no medical diploma or other relevant authorisation;

2.3.1.2.4 in some cases their acts may constitute offences against public health, where certain products and substances are named in legal provisions as harmful to health.

2.3.1.3 Concerning physicians

Acts such as those mentioned under 2.2.1 and 2.2.2, and also under 2.2.3, where they have had harmful consequences, may be regarded as crimes of injury or homicide.

Those mentioned under 2.2.4 may constitute the crime of fraud; in any event, in view of their incompatibility with professional ethics, they are also infractions of the medical code.

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Those under 2.2.5 may also give rise to claims for damages and at the same time constitute a violation of the ethical code of the medical profession in most countries.

(We do not presume here to provide an exhaustive list of the problems of forensic medicine which may arise; we merely wish to summarise the aspects which we consider most important. We accordingly leave the more thorough discussion of these aspects for a more suitable occasion).

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3. MEDICAL EFFECTS OF DOPING

3.1 Results of research and observation

Leaving aside the effects on athletic performance itself, which are in any event often discussed in print, we believe that too little attention has been given to the casual relationship between the athlete's personality, the product and the dose taken on the one hand and the performance and results obtained in various sports on the other. Our observations show that improved performance may be obtained in some contests with carefully selected substances administered to certain individuals. This has been proved by a series of experiments carried out under scientific conditions.

Results outside the experimental sphere are another matter, especially in the situations in which doping is ordinarily practised. In this connection we may mention several sporting clubs which formerly used dope and have now abandoned it, because the results proved unfavourable in the long run and both clubs and players concluded that they were only doing themselves harm.

3.2 Treatment and remedies

We believe that doping must be fought by every possible means, preventive, restrictive and punitive.

3.2.1 Preventive measures

We believe that instruction is the best method. Our aim should be to convince everyone concerned (athletes, trainers, managers, clubs, federations, etc.) that doping must be avoided in their own interests, quite apart from the higher interests of sport. (For example, the fact that doping shortens an athlete's career or is harmful to his health concerns trainers and clubs less than the athletes themselves. For physicians the ethical point of view should be emphasised, especially where there are powerful scientific arguments against doping supported by the profession. A demonstration of the ineffectiveness of doping and the eventual lowering of performance level are generally the most convincing arguments.) The ideal solution, no doubt, would be to create a truly sporting spirit in all people connected with sports, a profound conviction that the principle of fair play is the first rule of the sporting code.

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3.2.2 Restrictive measures

Even where it is possible to have such measures applied by the pundits of the sporting world, we believe it is the State, with all its authority, that should impose restrictions on traffic in the drugs commonly used for doping, as it already does for narcotics. There is some advantage in ordaining that chemists shall sell such products only against a doctor's prescription; but this is not entirely effective in practice for two reasons. First, it is not too difficult to find accommodating physicians to issue the requisite prescriptions; secondly, and most important, chemists and laboratories actuated by the desire for profit will supply the drugs without prescription or make them otherwise accessible to their customers. State supervision of dealings in such products is the only sure solution; all sales must be recorded, and stocks replenished in proportion to those sales. It is essential to work out an international arrangement to prevent importation from outside the country of drugs which are not easily obtainable within it.

In addition, police action could be resorted to at chosen times, to find out where these products are going and how they are administered.

3.2.3 Coercive measures

Once the International Olympics Committee, the International Medical-Athletic Federation and all the international and national sports federations have categorically forbidden the use of dope in all sports, an attempt must be made to persuade all governments to take direct action and to codify the penalties for doping, since purely administrative measures are not enough. The prohibition must be more extensive than now obtains in the various branches of the positive law of different countries, hence a codification of the offence is to be recommended.

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3.2.3.1. Where circumstances warrant, the collaboration of international medical bodies (WHO, World Medical Association, etc.) should also be sought, as their views carry great weight in most countries.

3.2.3.2. National physical education and sport organisations should prohibit the use of drugs in their respective provinces, laying down heavy penalties for persons using them, and especially for those who seek to make money out of their use. It should also be forcibly impressed upon all amateur or professional athletes that supervisory measures must not be evaded, particularly those of a medical character.

3.3 Publication of results (in order to dissuade athletes from using artificial stimulants)

We believe this an excellent idea, provided that such publications are prepared by competent and reliable persons. Those showing the damage caused to health and a sporting career by the practice of doping would provide an excellent object-lesson. We also believe in the value of effective promotion of the sporting spirit and we are in favour of action to bar from contests and even to pronounce sentence of "sporting death" on offenders who, despite several penalisations, continue to relapse; as one of the main deterrents, we recommend publishing a list of the names of all those who supply doped athletes and of all those who habitually indulge in doping.

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4. CO-OPERATION WITH SPORTS ORGANISATIONS

4.1 Inclusion of measures against doping in sporting rules

The regulations of Spanish sports federations make no provision against doping, perhaps because the problem there is not very serious (except in cycling) and because such practices may be dealt with under the articles on unsportsmanlike behaviour. We believe that good preventive policy calls for an explicit statement of the illegality of doping and a series of measures to combat it. This statement should refer specifically to those whose sole concern is to increase their profits by "burning up" athletes, as is the case with some trainers, managers, seconds, etc. It should also apply to sports clubs and organisations. Our Medical-Athletic Federation has classified certain practices as unethical, and this may entail penal consequences for those whose conduct has caused damage. We believe that such measures as the following would be useful:

4.1.1 The World Medical Association and WHO should be urged to advise all countries to prohibit doping and take steps to abolish it.

4.1.2 The agenda for the next Assembly of the World Medical-Athletic Federation should include a motion for an official resolution condemning doping as an unsportsmanlike practice and castigating physicians who condone the doping of their athletes as guilty of behaviour unworthy of the medical profession.

4.1.3 All official sporting organisations (federations, etc.) should be made to realise in what sense doping is contrary to the fair-play principle, and if need be, all national medical-athletic federations and associations should be convinced that it is unethical for their staff to collaborate in such practices.

4.2 Recommended tests

Our own experience is limited to chemical and chromatographic methods which we have found unsatisfactory as they necessitate blood tests during or immediately after a competition. Urinalysis is faced with a similar obstacle: doped athletes refused to co-operate, and the

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time between the competition (if it only lasts a few minutes) and the test is too short to show a measure quantity of toxic substance in the urine. Moreover, it is very easy to cheat (by switching samples, emptying the bladder beforehand, etc.). Athletes would scarcely submit to the extraction of urine by means of a catheter, besides which as many catheters would be required as there were samples to be taken, all kept in thoroughly sterilised containers. The best solution would be to make examination compulsory for all who qualify in elimination events or reach the final if they are to be placed or declared winner.

4.3 Sanctions

The offences and competent tribunals in each case may be inferred from paragraph 2.3., on legal medical aspects.

The penalties may be those corresponding to crimes and misdemeanours set forth in the penal code, or they may be imposed by authorities to which the government has delegated powers to punish certain acts. The sporting authorities should ideally inflict the penalties; they would then be easier to enforce, better adapted and more of a deterrent. Paragraph 2, Article 20 of the International Athletics Regulations says that any participant using stimulants (as previously defined) shall be eliminated from the practice of light athletics, and any person aiding or abetting the use of drugs or stimulants should be permanently banned from participating in any event organised under IAAF rules. The medical and health auxiliary professions have prescribed penalties for ethical or professional misconduct.

This is not the place for a detailed study of the various penalties, their nature and gravity, but we should mention that they are graduated: a judge or referee on the spot may penalise foul play which may ultimately come before a high international sport authority; a penalty may be inflicted upon an individual or an entire country and, depending on the gravity of the offence, may range from oral reproof through a longer or shorter term of suspension to ignominious exclusion from all sports for life.

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Penalties should be applicable to all persons participating in sports who come under the jurisdiction of sports organisations; athletes, clubs, organisers, trainers, referees, timekeepers, officials, doctors, federations, etc.; but the seriousness of the offence should be calculated in consideration of the personality involved and his degree of responsibility, due heed being paid to the case of those persons (organisers, managers, trainers, etc.) who, without incurring the risks of addiction, make large profits out of doping, those whose duty it is to foster sporting ethics (federations, etc.), or those who are simultaneously violating a professional code (doctors, medical orderlies, etc.), who should consequently be penalised more severely. It would be useful to hold a meeting of representatives of federations, jurists and medical-athletic specialists to make a study of the question.

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5. ACTION RECOMMENDED

5.1 In the governmental sphere

Such action will understandably differ with the country, the legislative set-up and the sports organisations. Action in the governmental sphere could take the following forms:

5.1.1 A petition might be sent to governments urging them to combat the practice of doping by making laws or orders (the latter usually being sufficient) banning unregulated trade in drugs commonly used for doping, requiring a doctor's prescription for the sale and a record of all movements of dangerous products, and fixing penalties for offenders with special provisions for the laboratories which manufacture the drugs and the chemists and authorised dispensaries which sell them.

5.1.2 A request through legal channels to incorporate provisions against dope traffic in the criminal law of the country including penalties for traffickers and a clear definition of the offences involved.

We do not believe that the anti-doping campaign calls for such high-level legal measures; non-governmental procedure should be enough, or perhaps departmental orders of sufficient force to regulate the traffic in such products and establish penalties for all who do not conform to the orders, whether manufacturers or retailers.

5.2 In the non-governmental sphere

We believe this sphere would offer the most expeditious and simplest course and produce the best results for sport.

5.2.1 International action. Recommendations should be addressed to the:

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5.2.1.1. The World Health Organisation, for study and publication of advice on the supervision and prohibition of doping.

5.2.1.2 The World Medical Association asking it to urge its member associations to declare doping an unethical practice and thereby oblige doctors to cease writing prescriptions for this purpose.

5.2.1.3 The International Medical-Athletic Federation in order that it may discuss the problem at its first international meeting and recommend national medical athletic organisations to regard doping as contrary to good sportsmanship and the medical ethics of sport and to urge all sports physicians to fight it.

5.2.1.4 The International Olympics Committee and the international federations of the various sports, with the proposal that any event be scratched and its results struck from the record if it transpires at any point during or after the contest that any participant was doped or that the victory was won with the aid of a doped competitor, whether in an individual or a team event; these measures should be accompanied by steps to prevent doping and to detect the use of drugs for such purpose.

Warnings and penalties should be extended to all persons connected with sport who aid and abet the doping of athletes in any way.

5.2.2 National action. National organisations should regulate their activities according to the rules approved by international bodies. Recommendations might be made to:

5.2.2.1 The central national sports organisation or, if there is none, to the country's Olympics Committee, to condemn the practice of doping and require subordinate bodies to do likewise.

5.2.2.2 The national federations for separate sports, to include in their regulations a clause on the illegality of doping, and to lay down penalties applicable to any athlete or other person

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under the authority of the federation who encourages doping directly or indirectly or who indulges in it himself. It should be made incumbent on all athlete members to submit voluntarily, if judged necessary, to a check performed either by federation delegates or by sports physicians.

5.2.2.3 Medical-athletic federations and associations, urging them to declare doping an unethical practice and to take steps against sports physicians who encourage or condone doping, and to make every effort to ensure that athletes will have no opportunity of doping themselves.

5.2.2.4 Training schools for medical orderlies and laboratory associations, to obtain their full support in the attempt to control the sale and use of the drugs in question.

5.2.2.5 Communication and publicity media - newspapers, radio, television, etc. - to enlist their help in an all-out, simultaneous, international campaign to educate the public and make it realise that doping is a practice contrary to the ethics of sport and to fair play and that it is, moreover, harmful to the health, future career and performance of the individual, both in his sporting activities and in his work.