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Explanatory Report to the Anti-Doping Convention

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Introduction

1. At the 13th Informal Meeting of the European Conference of Ministers responsible for Sport, held near Athens on 1 and 2 June 1988, the Sports Ministers, in the framework of a lengthy discussion on doping, agreed that, in order to maintain and improve the Council of Europe's lead in anti-doping work, it would be advisable to prepare an anti-doping convention which should be open for signature by non-member States of the Council of Europe. This should be based on earlier accepted texts of the Council of Europe, such as the European Anti-Doping Charter for Sport (Recommendation No. R (84) 19). A convention "would be a further encouragement to those already engaged in such work, a significant step towards a greater unity of approach and a signal of Europe's determination to keep up the work" it was already engaged in.

2. The Bureau of the Committee for the Development of Sport (CDDS), at its meeting in September 1988, agreed to try to meet the wish of the Sports Ministers expressed in Athens to approve a text of the proposed convention at their 6th Conference to be held at Reykjavik on 31 May and 1 June 1989. The CDDS, with the help of its Expert Group on the European Anti-Doping Charter for Sport (DS-DO), therefore worked on the preparation of the draft convention in the second half of 1988 and the first half of 1989, together with this explanatory report,

3. The 6th Conference of European Ministers responsible for Sport at Reykjavik adopted Resolution No. 1 approving the text of the proposed draft convention and transmitted it, and the draft explanatory report, to the Committee of Ministers, inviting it to adopt it and open it for signature at an early date.

4. The Committee of Ministers, meeting at Deputy level, adopted the text of the convention (No. 135 in the European Treaty Series) at its 428th meeting on 19 September 1989 and decided that it would be opened for signature on 16 November 1989 at the 85th Session of the Committee of Ministers.

5. The Committee of Ministers also authorised the publication of this explanatory report on 19 September 1989.

Background

6. The Convention is largely based on previous work of the Council of Europe on doping in sport. It behoves us, therefore, to set out this work and to comment on the texts which have been accepted in the past. It is to be noted that the resolutions and recommendations of the Committee of Ministers mentioned below were adopted unanimously.

7. The first text to do with sport adopted by the Council of Europe was indeed on the subject of doping. The refusal of the first five riders in the 1966 world road-race championship to submit to a doping control and the death of a professional cyclist in the 1967 *Tour de France had* resulted in considerable public concern at the abuse of drugs in sport. The adoption by the Committee of Ministers in 1967 of Resolution (67) 12 on the doping of athletes was therefore particularly timely. It was the first international text of this kind on the subject. Later that year, the International Olympic Committee instituted its first doping controls, for the 1968 Olympic Games. Resolution (67) 12 provided a definition of doping that was accepted for several years - it talked of chemical or physiological manipulation - and was sufficiently broad to include types of doping which were not even thought of in 1967, such as "blood-doping". The resolution stressed the moral and ethical principles at stake for sport, and the health dangers for athletes. It recommended governments to persuade sports organisations to take the necessary steps to have proper and adequate regulations and to penalise offenders. Lastly, the resolution recommended governments to take action themselves if the sports organisations did not act sufficiently within three years.

8. It is to be noted that several states legislated against doping in this period: Belgium and France in 1965, Italy and Turkey in 1971. Amongst sports bodies, the International Olympic Committee (IOC) had adopted anti-doping regulations in 1967; the Swiss Sports Association in the same year. The *Union cycliste internationale* had in fact been the first sports organisation to have anti-doping regulations (since 1965) and to set up a system of accredited laboratories.

9. As the 1967 resolution clearly states two of the main principles which have guided the Council of Europe in all its subsequent work on doping, it is perhaps useful to examine them:

a. *An insistence on the ethical and moral aspects*

Doping is cheating.

Doping is contrary to the values of sport and the principles for which it stands: fair play, equal chances, loyal competition, healthy activity. Doping endangers the health of athletes, as they are using substances in ways that they were not designed for; sport is meant to be a life-enhancing activity not one that imperils life. In Resolution (76) 41 on the principles for a policy for sport for all - the European Sport for All Charter of 1975 - the practice of doping was described as "abusive and debasing".

b. The *responsibility of sports organisations*

It is the governing bodies of sport who are responsible for organising all internal aspects of the competition, events and activities which they provide for their members. Doping is one of these aspects: it is upon them that the primary responsibility falls for drawing up doping regulations, providing doping controls, fixing penalties, etc., as with other aspects of discipline. Governments, desirous of respecting the autonomy of the voluntary sports movement, respect its capacity for self-regulation. Doping in sport is a legal offence only in countries which have legislated, and a "police force" for sport is not therefore practicable on a large scale. Furthermore, sport is international so there is a need for the international sports organisations to ensure equality of chances and obligations for all national federations. Governments would not, therefore, in principle intervene unless the sports' governing bodies failed to discharge their responsibilities.

10. In the 1970s, action was taken by several national sports organisations (for example, in the Federal Republic of Germany, by the *Deutscher Sportbund;* in Norway, by the Norwegian Confederation of Sport) and most of the international sports federations involved in the Olympic Games aligned their own regulations on those which they had to follow when at the Olympic Games. But if procedures slowly improved, so also did doping techniques: the ingestion of anabolic steroids, to increase muscle mass and endurance; the use of peptide hormones (for example HCG) and the application of testosterone to improve strength/weight

ratios. There were rumours of the use of blood-doping in endurance events, and news of the abuse of substances and procedures multiplied considerably in the late 1970s. The pioneering work into detection and analysis techniques undertaken at the first IOC – recognised laboratories, particularly the one at Cologne, financed by the Government of the Federal Republic of Germany, provided evidence of large-scale and often sophisticated abuse. Competitors were being encouraged to win - by friends, by their entourage – on the basis of rumours of success, and thinking that they would be unlikely to be tested, or if so, not detected.

11. For the 2nd Conference of European Ministers responsible for Sport (London, 1978), the Committee for the Development of Sport commissioned a study from Prince Alexandre de Merode, President of the IOC Medical Commission, on the then situation. This study revealed wide discrepancies in the status and effectiveness of national and international regulations, inadequate testing, a lack of laboratories, and, lastly, that virtually no preventative work was being undertaken.

12. At their 2nd Conference, the Sports Ministers held a major debate on ethical problems in sport, in which doping figured largely, and adopted, in a resolution on "Ethical and human problems in sport", a substantial text on doping. This text stated that governments should provide a co-ordinated policy and an overall medical care framework in which the doping controls of sports organisations could take place. The latter should increase and harmonise their work and begin educational campaigns. It was at the London Conference that the Norwegian Minister responsible for Sport announced his Government's support for the policy of the Norwegian Confederation of Sport, which would not tolerate the use of doping agents by Norwegian competitors, even if that meant that the price to be paid in the future was that Norwegian athletes would no longer win medals in major international events.

13. This resolution provided the basis for the next recommendation of the Council of Europe - Recommendation No. R (79) 8 on doping in sport. This recommendation was to encourage the development of reliable detection tests, the creation of an adequate number of approved laboratories, the setting up of a proper programme of controls, providing proper health and medical checks for sports participants, international standardisation of regulations and the institution of strict penalties.

14. Once again, the recommendation was faithful to the principle of the separation of competences between governments and sports organisations, but also suggested areas for co-operative work in the development of educational programmes, and in the creation and use of doping control laboratories. Member states were to co-operate in helping set up such laboratories: in 1978-79 there were too few of them - only three IOC-approved laboratories in the then twenty-two states participating in sports co-operation.

15. In the aftermath of Recommendation No. R (79) 8, and in the period when the recommendation was influencing national policy, the 11th Olympic Congress at Baden-Baden in 1981 sent a further message from the united sports movement. The athletes described doping as the greatest and most evil scourge of modern sport and called for life bans on all those involved in its administration or use.

16. This appeal from Baden-Baden was a spur to further work within the Council of Europe. In considering the desirability of a new initiative, the CDDS was aware of three favourable circumstances:

– governments had made their opposition to doping clear, not only in Recommendation No. R (79) 8, but also, more recently, at the 3rd Conference of Ministers responsible for Sport (Palma de Mallorca, April 1981) when the eradication of doping was specified as the priority topic for their co-operation with international sports organisations;

– sports organisations were aware of their members' urgent appeals, and needed the help of public authorities, for example, with finance and technical facilities;

– lastly, laboratories were confident that they could detect most abuses. Many new laboratories were in the process of being set up and/or accredited by the IOC. Technical facilities and scientific techniques would soon be adequate: it merely required the will to use them.

17. It was in those circumstances that a meeting of CDDS doping experts, mainly laboratory heads, asked the CDDS, in 1981, to prepare a convention on doping in sport. In 1981-2, however, a convention was not a political feasibility: the CDDS suggested, in 1982, and the 9th Informal Meeting of Sports Ministers held in Paris on 27 January 1983 approved, that efforts should be directed towards consolidating all its past work and the work of all the various parties concerned (government, sport, medicine, science) into a new, revised comprehensive strategy. This was the origin of the European Anti-Doping Charter for Sport. This charter would not have the status of a legally binding convention, but that of a recommendation. The intention and hope was, however, that it would have a moral, political and practical impact rather higher than that of an ordinary recommendation.

18. The European Anti-Doping Charter for Sport was drawn up by an expert group of the CDDS, under the chairmanship of Prince Alexandre de Merode (Belgium). Accompanying this statement of principles were an explanatory memorandum and four annexes listing useful and practical information for doping strategies/policies. It was submitted by the CDDS to the 4th Conference of European Ministers responsible for Sport in Malta (May 1984), approved by the Sports Ministers there in Resolution No. 1, and adopted by the Committee of Ministers in September 1984 as Recommendation No. R (84) 19.

19. In 1984, the General Association of International Sports Federations and the International Olympic Committee both adopted resolutions in support of the charter, as did the Association of European National Olympic Committees in 1985.

20. The Doping Charter, as it is commonly called, has also been cited as a reference text by international public bodies, including the Commission of the European Communities, the World Health Organisation and Unesco.

21. With regard to acceptance by other states, progress was made at the 5th Conference of European Ministers responsible for Sport, in Dublin in October 1986. The Canadian Minister responsible for Sport made proposals, welcomed by the conference, on ways to widen its impact, and offered his help to collaborate with the Council of Europe with this objective in view. In Resolution No. 4 of the Dublin Conference, the Sports Ministers asked for action to enlarge "the circle of countries or regions which could accept and begin to apply the principles" of the charter.

22. A first start was made when, in December 1986, Canada was admitted as an observer in the CDDS work on doping, followed, in March 1988, by the admission of the United States of America.

23. Meanwhile, the Vice-Chairman of the CDDS expert group, Sir Arthur Gold, had been appointed chairman of a working group on doping set up by the (pan-) European Sports Conference. At the 8th European Sports Conference in Athens, in October 1987, participants adopted a declaration on doping which indicated very complementary avenues of thought. Just before that conference, the leaders of sports organisations from socialist countries had issued an appeal in which they asked for internationally accepted rules and obligations on doping, and in particular for out-of-competition controls. In November 1988, the leaders issued an appeal from Budapest, requesting the IOC to set up an international itinerant team for such doping controls.

24. In June 1988, the first Permanent World Conference on Anti-Doping in Sport took place in Ottawa. Co-chaired by Canada and the International Olympic Committee and prepared by a working group composed of representatives from Canada, the United States Olympic Committee and the Chairman and Vice-Chairman of the DS-DO, this conference adopted a series of statements, including an International Anti-Doping Charter. This charter was very largely based on the European charter (Recommendation No. R (84) 19) and was later endorsed by the IOC and became the International Olympic Anti-Doping Charter. Furthermore, at the 2nd International Conference of Ministers and Senior Officials responsible for Sport and Physical Education, organised by Unesco in Moscow in November 1988, the Ministers present adopted a recommendation (No. 5) in support of the International Olympic Anti-Doping Charter. This recommendation referred to the European Anti-Doping Charter.

25. Thus, by the end of 1988, the Conference of European Sports Ministers' resolution adopted in Dublin in October 1986, proposing to enlarge "the circle of countries or regions which could accept and begin to apply the principles laid down in the European Anti-Doping Charter for Sport", had been carried through with several non-Council of Europe states, and international sporting and intergovernmental organisations endorsing an international charter based on the European one.

26. Meanwhile, on 21 June 1988, the Committee of Ministers had, on the proposal of the 13th Informal Meeting of Sports Ministers (see paragraph 1), adopted Recommendation No. R (88) 12 on the institution of doping controls without warning outside competitions, extending the principles of the charter to this important area of anti-doping work.

The Convention

a. Reasons for preparing a convention

27. As the preceding paragraphs will have shown, a major task in the anti-doping campaign is to secure international harmonisation, not only between sports but also between countries. The adoption of the International Olympic Anti-Doping Charter (paragraph 24) was a major step forward in this respect as far as sport is concerned. The Convention provides the counterpoint for public authorities, acknowledging their general responsibility for actively participating in this work as partners with and of sport. The main harmonisation provided by this Convention will be in providing a common backdrop for each country's specific policy. It is not the intention of most of the governments of the signatory states to organise controls themselves, but to ensure that they are carried out by the appropriate authorities. By adopting a common backdrop and framework, governments will help athletes who will know that they are subject to the same policy and procedures no matter which country they come from.

28. Developments in all aspects of doping in the past few years have also brought the topic increasingly into the news: incidents at the Olympic Games in 1988 and the *Tour de France in* 1988 have dominated the news for days at a time. Athletes themselves have become more conscious of the problem and many have taken initiatives themselves to compete in dope-free sport. The growing number of controls (47 069 analyses in IOC-accredited laboratories in 1988, 2,45% of which were analytically positive A-samples) has also brought, perhaps inevitably, an increase in controversy, appeals and, on occasions, recourse to civil law. Both sports organisations and the athletes who are controlled need to have clear unambiguous regulations and rules, objective analyses and impartial procedures for dealing with infringements. Most laboratories are supported by public funds: governments will therefore seek assurance that they are both properly and adequately used.

29. The pressures of top-class international sport and the rewards for success are now substantial. The length and sophistication of the training required, the intensity and continuity of competition, the psychological demands on an élite performer are very considerable. Such people are provided with technical backup of high standard coaches, trainers, medical and paramedical personnel are available, and they too are required constantly to keep up to date with the latest professional literature. The influence of the "peer group factor" should not be

ignored either - both on athletes and on the auxiliary personnel. In these circumstances, the word-of-mouth recommendations of colleagues, the need to do well in a competition for which one is not 100% physically or psychologically ready, and the desire to beat the next person by any means are some of the factors that may trigger the temptation to use – or be ready to use – an artificial aid; often, to use dope, and thus to cheat. By having commonly agreed standards, such as those in the Convention, the pressures are somewhat reduced and thus contribute to a more controlled and acceptable situation.

30. The dividing line between scientific advance and scientific manipulation can often be a fine one, and it is here that ethical considerations can help to provide a clearer view of what should and should not be allowed. The athlete has a body, an organism, which is as inviolate as any other person's; he is engaged in a pursuit of bodily perfection in technical or artistic ways; he requires - at high level - a very high degree of physical fitness, co-ordination, skill and technique. The joy of sport has always been in using these gifts and talents in a way which pushes the boundary of performance just that little bit further- this applies whether the athlete is competing against his or her own self at a recreational level or at top international level. This physical prowess and skill is totally abnegated if it is buoyed up or replaced by pharmaceutical, chemical or physiological experimentation and manipulation. The pharmacological laboratory should not replace the human body. The Convention affirms this position and states clearly that the legitimate search for improved performance can only be sought within agreed limits, and in the respect of each individual human being.

31. Experience often shows that the suppression of an undesirable social phenomenon is not always the result of repressive or controlling actions. Repression often leads to such phenomena going underground and becoming even more difficult to control. On the other hand, to acknowledge the existence of a problem, to discuss it and to provide educational material for target groups at potential risk is in itself a measure of prevention and potential cure. It may be doubted if doping will ever be completely eliminated from sport, any more than society will ever be free of cheating, but the efficacy of the anti-doping campaign will be much improved if the strict and necessary control measures are complemented by long-term educational work. The Council of Europe has always acknowledged this and the Convention turns this appreciation into a commitment, and a commitment in which public authorities have a major role to play in carrying it out.

b. Main features of the Convention

32. The Convention, expressing the political will of the Parties to counter doping in sport, recognises that effective action has to be both multilateral and co-operative. Thus, a number of common standards are set out whereby all Parties engage to take an agreed set of measures – legislative, financial, technical, educational, etc. – and a series of common policy measures are set out for implementation by all the bodies concerned within the state, both by governments themselves and by governments in support of sports organisations. One of the main aims of the Convention therefore is to encourage further international harmony and consensus, particularly within the sports organisations themselves, but also, and acting in support of them, the public authorities.

33. Because of the wide variety of constitutional arrangements within the states which have participated in the elaboration of the Convention, and because the Convention is an open one – that is, it is not restricted to Council of Europe member States or States which have acceded to the European Cultural Convention and therefore may attract, it is hoped, other Parties – the Convention tries to avoid setting out a rigid model for legislation or implementation. The Convention recognises that many actors will be involved and that Parties will use the structures and bodies which are most appropriate to it. There will be a common lead by all Parties' governments, and common action by all states: the intermediate features and responsibilities will be individual (see paragraphs 49-51). it is also for this reason that the Convention has purposely avoided making detailed provisions. It sets out a series of basic Common principles, the implementation of which will be up to the appropriate national authorities.

34. It is not the purpose of the Convention to lay down obligations which will be applied with equal rigour to all sports at all levels. It will be for each Party's authorities to judge which sports and which levels require attention and action at various times. However, the Convention ensures that all sports and all sports people will be treated on an equal basis. The spread of doping abuse throughout sport means that authorities will be concerned not only with the top level of high-profile sports but also with the possible misuse of drugs in mass or recreational sport. Each Party will decide its own priorities and emphasis, but public authorities and various sports have the obligation to be able to show, and prove, claims to be free of drug abuse.

35. The Convention tries to strike a balance between understanding the many and complex factors which lead to doping in sport and the somewhat simplistic solution of merely punishing those sports participants found positive. Awareness of the problems of athletes and the pressures on them, the need for them to have rights as well as responsibilities, and the need to search for the person behind the competitor who often encourages or prescribes the use of doping agents, are some of the features of the text.

c. Text of the Convention

Preamble

36. The text invites "other States" which do not participate in the work of the Council of Europe on sport (that is, the member states of the Council of Europe and the states which are party to the European Cultural Convention) [(1)] but which participated in the elaboration of this Convention, that is to say Canada and the United States of America, to join in this international instrument. The text itself has been examined by a group of experts into which those two non-member states have been admitted as observers. Furthermore, Canada, Hungary and Poland took part as observers in the 6th Conference of European Ministers responsible for Sport which approved the draft text of this Convention.

37. *Second paragraph.* Not all sports are safe at all times for all participants. Injuries may happen. There are particular dangers for young sports people in some sports at elite level, if they are encouraged to excess. The Convention therefore stresses that sport should play an important role in the protection of health, and in developing moral and physical qualities. The fact that sport is organised on an international basis, through the international sports organisations, also provides unique scope for international co-operation and understanding between countries and people.

38. *Third paragraph.* Evidence is appearing of the spread of doping in sport to more and more sports, and to ever lower levels of sports and at all ages. Some of this may be pure inadvertence, but not all. Public authorities are concerned by the implications of this – not only from the ethical viewpoint, but also because of its possible connections with the general misuse and abuse of drugs in society; in particular, they will wish to help provide a better protection for young people. If abuse is more strictly controlled at top level, which is always a focus for emulation and attention, sports people at other levels will find it easier to resist the spread of abusive practices. Furthermore, governments have a general obligation to take the measures they consider appropriate to protect public health. Top-level sport is subject to intense public attention, and must therefore expect intense scrutiny as well.

(*) Member States of the Council of Europe (1989): Austria, Belgium, Cyprus, Denmark, Finland, France, the Federal Republic of Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, the Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, Turkey, the United Kingdom.
States which have acceded to the European Cultural Convention (1989): Holy See, Hungary, Poland, Yugoslavia..

39. *Fifth paragraph.* The international sports federations are responsible for the organisation of the activities under their aegis. They have consistently stressed their democratic, independent, non-governmental nature and their desire to carry out their duties free from political interference. As mentioned in paragraph 24, the International Olympic Committee has adopted its own Anti-Doping Charter in 1988, and most international sports organisations have adopted regulations, etc. which follow those of the IOC. At its 1988 General Assembly, the General Association of International Sports Federations adopted a declaration which, inter alia, stressed the need "to respect the moral and physical well-being of competitors" and stated that: "Sport is about health and honesty and doping is unhealthy and dishonest."

40. *Sixth paragraph*. Public authorities have a general duty to protect the interests of society as a whole and to protect the health of citizens, including sports people. They should ensure that sport contributes to the wholesome development of each person. Education and information are of special value in preventing the use of doping in sport. The scope for action by public authorities will depend, partly, on each country's constitution, sports legislation and tradition. The voluntary sports organisations, which are independent at international level, but whose degree of autonomy varies from state to state at national level, similarly have varying degrees of scope of action in the anti-doping campaign. It is not possible to specify a precise division of responsibilities for all countries, and in nearly all countries these responsibilities would in practice be shared, each partner contributing to the campaign in the way that it was best able to. The two main areas of complementary responsibility are the need to ensure fair competition and the need to preserve a healthy activity, as stated in paragraph 9 of this report. Articles 3 to 8 of the Convention indicate how these "complementary responsibilities" may be effectively shared and divided.

41. *Eighth and ninth* paragraphs. See paragraphs 3 and 7 to 26 of this report.

42. *Tenth paragraph*. As mentioned in paragraph 24, the 2nd Unesco International Conference of Ministers and Senior Officials responsible for Physical Education and Sport adopted a recommendation on doping which brings the principles of the European Anti-Doping Charter, the Ottawa Anti-Doping Charter, and the IOC Anti-Doping Charter into operation at world level as far as public authorities are concerned. This constitutes the first world-wide intergovernmental agreement on doping. The Convention too follows the principles set out in these international texts.

43. *Eleventh paragraph*. The Convention is conceived as an instrument to intensify international co-operation and harmonisation in the anti-doping campaign. Its essence derives from the political desire to help safeguard the ethics of sport and to preserve the underlying purpose of the Sport For All philosophy. The Convention is not an instrument for bringing about sophisticated technical changes, but a reassertion, at a crucial moment in sport's history, of certain lasting principles.

Article 1 – Aim

44. The aim of the Convention is to reduce and eliminate doping, as far as possible, from sport. This can only be done within the law and states can only commit themselves as far as their existing confidential constraints allow (see paragraphs 50 and 51).

Article 2 – Definition and scope

45. The definition of doping adopted in Resolution (67) 12 (see paragraph 7 above) is now considered by experts to be unsatisfactory in some respects. The international sports organisations have not yet provided a universal definition, preferring to specify practices or the use of certain substances which are forbidden. The two criteria used by such organisations are:

– practices (that is, all methods) or substances (that is, all doping agents) which have an effect on performance (which includes using such practices or substances to improve training or recuperation from training) to obtain an unfair advantage;

– practices or substances which have either adverse effects on the health of those who take them or which normally healthy persons (which competitors should be) would not need.

This is summarised in Article 2.1.*a*.

46. The International Olympic Committee (IOC) is to be regarded as the relevant international organisation to be used for reference, as its list of banned classes and methods is now recognised by virtually all international sports federations, including non-Olympic sports, and stems from sport itself. It is the current IOC list (April 1989) which is reproduced in the appendix to the Convention as the reference list, and it is future revisions of it which the Monitoring Group will examine and approve. The word "approve" was chosen as it implies a formal decision and endorsement. As indicated in Article 11.1.*b*, the drafters have provided for a mechanism allowing speedy approval by the Monitoring Group of new lists, so that they may become legally applicable for the Parties' own purposes. As a transitional measure, the reference list reproduced in the appendix shall apply only between the time of entry into force of the Convention and the time when the Monitoring Group is able to approve a list under the procedure set forth in Article 11. 1.*b*. Thereafter, the appendix to the Convention shall cease to be effective and the applicable list shall be the list approved by the Monitoring Group (Article 2.2).

47. For the IOC list of banned pharmacological classes of agents and related compounds to be used practically in each country, it is highly desirable to draw up national lists, for doctors and others who look after the health of sportsmen and women, which show indicatively - but as fully as possible - pharmaceutical preparations which are available in each country and which contain (or do not contain) compounds of these banned classes. These lists have to be national as it is at national level that authorisations are given to put pharmaceutical preparations on the market, and some preparations have different trade names in different countries. National authorities will, however, need to be vigilant not only with regard to imports of preparations not available in that country, containing banned classes or related compounds, but also with regard to individual, non-commercial preparations containing them.

48. It is not the drafters' intention that the Convention is to be applied indiscriminately to ail sports and to all levels of sport. Certain sports are assumed to be dope-free. Some sports have a history of fairly consistent drug abuse. National authorities will decide their own priorities and make appropriate selections and decisions: the provisions of the Convention may in some countries be progressively applied to an increasing number of sports. The Convention will be applied realistically, concentrating firstly on sports where doping is known to exist. As dope controls multiply, other sports will provide evidence as to whether or not doping exists in that sport. In most states, membership of an approved sports association or participation in an organised event will automatically confer the obligation to be ready to undergo an authorised doping control. However, the spread of sport and events outside the control of recognised federations means that not all participants are subject to such obligations. The use of the adverb "regularly" in Article 2.1.*c* is designed to bring these participants within the remit of the Convention where it is appropriate, while not prescribing an unduly heavy obligation to control purely casual participants. For sports using animals, the definition should bear in mind the explanation given in paragraph 72 of this explanatory report.

Article 3 – Domestic co-ordination

49. There are likely to be several governmental departments or agencies involved in the anti-doping campaign: the departments responsible for sport, physical education, public health, medical care, police and customs, universities and research, veterinary services, etc. They will need to work together constructively to achieve the best results.

50. As stated earlier in this report, inter alia in paragraphs 9.*b* and 40, the Convention does not propose a single operative method, and it does not intend that governments should usurp or otherwise take over or assume responsibilities which have traditionally been exercised by sports organisations. It is up to each state to decide how responsibilities will be allocated. However, Parties assume, *vis-à-vis* other Parties, the obligations laid down in the Convention and for this purpose may wish to establish or maintain a national responsible body. In many states, such a consultative or co-ordinating body already exists; if so, it might continue to be responsible for these matters. Experience has shown the usefulness of such a body, which has some degree of authority over individual sports in order to ensure national consistency between sports in anti-doping matters.

51. Article 3.2, may be particularly useful for states which may have already entrusted by law some responsibilities in sport and/or in doping matters to an overall (national in most countries) sports organisation, for states whose legal framework may prevent or hinder the assumption of direct governmental responsibilities, as well for those states whose tradition it is to entrust all sports questions to their national sports organisations.

Article 4 – Availability and use

52. In the IOC list of banned pharmacological classes of agents, there are six main classes: stimulants, narcotics, anabolic steroids, betablockers, diuretics and peptide hormones and analogues. Many of the drugs in the stimulant class - such as amphetamines and related compounds - are protected by strict pharmacists' regulations, and others - such as the ephedrines - are often present in preparations for colds and hay fever which can be bought, quite correctly, directly over the counter. Narcotics are already protected in all phases of their production, distribution and supply by the rigorous provisions of the 1971 Vienna Convention on psychotropic substances. Beta-blockers and diuretics should only be administered under strict medical control.

53. The main area for further restriction lies in the anabolic steroids. This class of drugs is closely related to the male hormone testosterone, which is a natural product. Used unnaturally or in unnatural quantities, it increases muscle bulk, strength and power and, in some circumstances, competitiveness. Used in training periods, it increases the training load which can be assumed and speeds recovery time. In many states, the possession of anabolic steroids is already regulated via the need for a valid and appropriate prescription. Methods which may be appropriate for states to consider besides those mentioned in Article 4, paragraph 1 ("legislation, regulations or administrative measures"), include: strict control of medical ethics and the pharmacists' code; collaboration between the police, customs, veterinary services and public health inspectors; control of private gymnasiums and fitness centres; co-operation between police and customs authorities and sports organisations; inspection of sports teams' luggage at border controls, etc. A principal objective should be to try and dismantle the channels by which sports people are supplied, increasingly by "outsiders", with illicit consignments of steroids and to punish severely those who organise this trafficking. A future area of concern may lie in the peptide hormone and analogue class.

Article 4 (paragraphs 2 and 3)

54. In addition to direct measures, states may offer various forms of encouragement to sports organisations to reduce the use of doping agents in sport. These may take various forms:

- financial encouragement and/or penalisation (Articles 4.2, 4.3.*a* and 4.1*b*);

- practical (for example, in facilitating the granting of visas for international itinerant random dope-control teams) (Article 4.3.*c);*

- reciprocal standardisation (Article 4.3.*d*).

55. Paragraph 2 can be applied by states or by central sports organisations which grant subsidies to individual federations in such a way that the criterion may be judged with particular reference to the effectiveness of the regulations applied by the sport to the élite (national level and higher) sector. In the case of very widespread sports and/or sports with a large recreational practice, it would be unrealistic to expect anti-doping regulations to be applied at all levels and at all times with the rigour required for national or international purposes (see also paragraph 48). In order to take account of the special situation of some non-governmental umbrella organisations whose resources derive mainly from public money (CONI in Italy, for example), this article should be applied in such a way that the practice of sport in general is not prejudiced.

56. Paragraph 3.*a* respects the situation of those states who provide grants to sports organisations without conditions. In addition, governments may underwrite the entire cost of doping controls and analyses or offer partial grants and subsidies to encourage sports organisations to undertake them on a worthwhile scale.

57. Paragraph 3.*b* is to be interpreted in the sense of withholding financial support from public funds, whether directly or indirectly through sports organisations, to sportsmen and sportswomen (including, where appropriate, to those categories of sports officials mentioned in Article 7.2.*e*). It does not apply to subsidies granted by sports organisations from non-public sources (though they are encouraged to adopt similar guidelines) nor does it imply that suspended sportsmen and sportswomen are not allowed to benefit from indirect public help (in having access, for example, to a sports facility for training purposes).

Article 4, paragraph 4

58. Some states have adopted legislation by virtue of which, inter alia, public authorities may themselves organise doping controls. This is particularly the case where the public authorities feel that the sports organisations are not fulfilling or shouldering their responsibilities adequately (sub-paragraphs 9.*b* and 27). Article 4.4 not only recognises this possibility, but it also provides a further encouragement for sports organisations to regulate their own affairs satisfactorily. The conduct of doping controls by public authorities is subject to the same principles and standards as those set out in the Convention and carried out by the sports organisations.

Article 5 – Laboratories

59. The creation of doping control laboratories is an essential part of a coherent anti-doping strategy (see paragraphs 8, 10, 14, 16, 17 and 28 above). Their complexity is such that, in the vast majority of cases, such laboratories will be attached to an institution benefiting from public funds (hospital, university, etc.). A number of elements for the recognition of doping laboratories are relevant, in particular the criteria established by the International Olympic Committee. Their criteria are followed by virtually all sports organisations. It is their criteria which the Monitoring Group will examine and approve.

60. It is important that laboratories not only reach high technical standards, but that they also abide by an ethical code. Here too the IOC's ethical code provides an internationally accepted safeguard. This code includes safeguards to ensure that controls are not carried out with the sole purpose of screening athletes (for example, before an international competition) but that appropriate action is taken subsequently.

61. Not all states will either wish to have or need a laboratory (a minimum of 2 000 analyses per year is necessary for reasonable economy of operation). In such cases, access to an accredited laboratory in another country must be sought and subsidised in the same way as a laboratory on its own territory, as indicated in Article 5.1.*b*.

62. Research is an essential part of such laboratories' work (see paragraph 10) and should be incorporated in their assignment and taken into account in staff allocation. The rapid publication of research results is important: publication is a criterion for scientific consideration and for the divulgation of new techniques and/or discoveries, whether relating to analysis or to new doping methods. The development of new detection methods should be made operational and applied in all laboratories as soon as possible.

Article 6 – Education

63. The drafters of the Convention have consistently underlined the importance of effective, preventative work and medical care for athletes as a necessary complement to control (see paragraphs 11, 13, 30, 31 and 35). Education is primarily an area for governmental action, as it must start with young people in schools, when and where they have their first contacts with sport and games in physical education classes. Anti-doping education is a part of general moral and civic education as well as a specific element in the education of sport ethics and fair play. For both the current and the future generations of sportsmen and sportswomen, practical emphasis will doubtless be given to the dangers to health (see also paragraph 76 in this context).

64. However, the necessary complementary role of sports organisations and clubs in education is vitally important, both for young athletes, their parents, and, not least, in educating officials, coaches and medical personnel in the dangers of doping to sport. The regional sports organisations referred to are those within a single country with the authority to act in this way.

65. Medical practitioners need the encouragement of the last sentence of Article 6.1, in order to help them combat the pressures that they too are subject to in the modern, highly competitive sports world (see paragraphs 29 and 35 above).

66. The drafters of the Convention considered that the rights and obligations of the patient and doctor could be summarised as follows:

> *a*. doctors had the right to treat their patients in the way they considered most appropriate (sport did not seek to dictate treatment; even if it did, doctors would not and could not accept it);
>
> *b*. patients had the responsibility to inform their doctors if they were practising sportsmen and sportswomen and had thus to abide by certain regulations;
>
> *c*. sports doctors had a responsibility to know the medical and anti-doping regulations of the sports organisation(s) to which they were affiliated ;
>
> *d*. doctors could offer alternative therapies, and it was for the patient to judge the consequences for his or her eligibility to participate in sport;
>
> *e*. the "workload" often required of a modern, top-level sports person was not a sufficient reason for prescribing medical preparations containing banned substances if the medically indicated therapy was a period of rest.

The drafters noted that the freedom to practise emphasised in subparagraph a would hardly be limited in practice, as, for virtually all medical conditions, there were pharmaceutical preparations available which did not contain any banned classes.

67. A further weapon in the anti-doping campaign is supported in Article 6.2. If biochemical manipulation is to be avoided (see paragraphs 29 and 30 above), science must contribute its dose towards the constant and legitimate search for improved performance. That men and women should consequently seek new barriers or limits to conquer is normal and praiseworthy, but not at any price.

Article 7 – Co-operation with the sports organisations in measures to be taken by them

68. Within the sharing of responsibilities set out in the preamble and Article 3, there are a number of policy and operational matters for which the sports organisations have sole or prime competence: the adoption of regulations, lists of banned classes and methods, control procedures, punishments, the organisation of controls, etc. The purpose of this article is not only to encourage sports organisations to adopt and implement a series of measures which, together, will constitute the effective application of anti-doping regulations called for in Article 4.2; but also to indicate the strong desire for national and international compatibility and harmonisation between sports and countries, with due respect for the rights of persons who may fall foul of these regulations. As indicated earlier (paragraphs 46 and 59), the harmonisation referred to in Article 7.2.*a*, *b* and *c* is to be sought on the basis of the regulations, etc. adopted by the IOC. Parties are conscious that they cannot make demands of the sports organisations; they can, however, and, when they feel it appropriate, must encourage them to undertake certain courses of action, relying on their good sense to turn those principles into practical regulations.

69. Article 7.2.*d* implies that sports organisations should adapt - or if necessary, adopt - regulations which would give expression to the concept of natural justice, or due process. The principles to be followed are those set down in, for example, the International Covenant on Civil and Political Rights of the United Nations (1966) and, for the member states of the Council of Europe, in the Convention for the Protection of Human Rights and Fundamental Freedoms (1950), or in the procedures adopted by the IOC. In particular, their disciplinary procedures will need to ensure:

> *a*. that the reporting (accusatory) and disciplinary (judging) bodies are distinct. The laboratory or the medical commission should not be the bodies or persons which impose penalties;
>
> *b.* the suspected athlete should be present, and/or be assisted or represented by a person of his/her choosing, at a hearing which should be fair, and he/she should have the right to speak;
>
> *c*. there should be clear and enforceable provisions for appealing against any judgement made, and that appeal should be heard with regard to the principles in sub-paragraphs *a* and *b* above.

70. The provisions of Article 7.2.*d*. iii (paragraph 69.*c* above) should not be interpreted as interfering with the right and duty of sports organisations to organise and prepare for their events properly and fairly. The power to order the disqualification of a sportsman - whether from a result obtained in competition or suspension from future events in that competition, or as a result of an out-of-competition control - is a necessary power, if only to ensure that athletes who do not use dope can participate in fair and equal competition. If a convicted athlete wishes to appeal, he may do so, after the competition, but the power of the sports organisation to order its affairs may be likened to those powers which enable courts to grant injunctions, temporary or otherwise.

71. Article 7.2.*e* and *f* introduces elements of consistency between sports and between nations: to ensure that penalties are not disregarded by seeking alternative jurisdictions, and to ensure that those who encourage or abet the abuse of drugs (see paragraphs 29, 30, 35 and 65) are also subject to similar and proportionate penalties. Any such penalties imposed should also be rendered public.

72. The inclusion of "veterinary doctors" is a reminder that sports involving the use of animals must also apply doping regulations to those animals in order to ensure fair competition. In many countries, drug abuse discovered in such an animal (for example, the horse in modern pentathlon) is treated by regarding the horse as a part of the competitor. It will have been noticed, from the phrase in this paragraph "sports involving the use of animals" and from the definition given in Articles 2. 1.*a* and 2.1.*c*, that the Convention was not drawn up with the primary intention of applying to sports that are mainly or solely contests between animals (like horse-racing or greyhound racing), as distinct from human beings. However, co-operation between the responsible authorities and in particular the veterinary experts and laboratories - should continue or be developed in these sports in order to decide and implement effective anti-doping measures, including the detection of attempts to sabotage another animal, appropriate for sports using animals.

73. Article 7.3.*a* and *b* repeats the basic principles of Recommendation No. R (88) 12. One international federation organises its own out-of-competition controls; many national anti-doping commissions prefer to organise them on a national basis. The Convention leaves it to the appreciation of each Party to judge what is the most "effective scale" in a way that is equitable for the various sports and for potential competitors. Penalties should also be effective: athletes have responsibilities as well as rights. It is important that suspended athletes wishing to re-enter competition are regularly tested during the period of their suspension, so that, if and when they do so, it is on a fair and equal basis. The purpose of out-of-competition testing is to detect those who abuse drugs during training, thus demonstrating their willingness even determination - to cheat. The emphasis will therefore concentrate on deterring the use of anabolic steroids and other classes of drugs with long-term effects, such as peptide hormones.

74. Following the principles alluded to in paragraph 69, out-of-competition controls should not unreasonably interfere with the private life of a sportsman or sportswoman (see, for example, Article 17 of the International Covenant on Civil and Political Rights).

75. As stated at paragraph 56, governments may decide to finance such out-of-competition controls and analyses either wholly or partly. It is to be anticipated that the emphasis of doping control will progressively shift from competition to out-of-competition controls. The sports organisations have procedures for the imposition of penalties following out-of-competition controls, proposed by the IOC, which take account of ordinary therapeutic needs during training.

76. Article 7.3.*f* is a further reflection of the concern expressed in Article 6.2, namely that the pressures of modern elite sport may lead to excesses. Many sports organisations already provide guidelines to protect competitors (for example, in age-limits for various levels of competition, frequency of competition, restrictions on particular events at various ages), and such guidelines should be developed so that young sportsmen, their parents and their coaches are provided with a clear set of practical and reasonable ambitions which will not cause unnecessary harm to the competitor's body or growth patterns. This would remove any temptation to steal a march on other competitors by taking dope. In this context, it is also important to stress that nationalist pressures are also amongst those which may contribute to such temptations. The provision of scientifically prepared training guidelines - based primarily on biomechanical and physiological studies - would provide a necessary start in this direction.

Article 8 – International co-operation

77. Articles 8.1 and 8.2.*c* are logical extensions of the principle of Articles 3 and 4 in the context of an international instrument. A main channel for such co-ordination will naturally be the Monitoring Group set up by virtue of Article 10.

78. Most international sports organisations already apply regulations giving effect to the principle of only ratifying records when negative doping control reports are submitted. The drafters discussed the desirability of obliging national record claims to be subject to a similar requirement, but the practical difficulties of having a doping control team at every event, in every sport at which a national record might be claimed would be too great. In some countries where the emphasis is on out-of-competition controls, it would also be retrograde. However, the drafters considered that it was important that this explanatory report should mention the desirability of having such a condition, where practical, for national records, at least in high-profile sports or events. The regional records referred to are those of a grouping of countries.

79. Article 8.2 is similarly a logical extension of the principle of Article 7 towards the independent international sports organisations.

80. Articles 8.2*b* and 8.3 seek to ensure that all Parties have equal access to high-quality laboratories, as provided for in Article 5.

Article 9 – Provision of information

81. The purpose of this article is not primarily to check the effectiveness of the Convention but, through the offices of the Secretary General, to exchange information and experiences between Parties and observers. The meetings of the Monitoring Group (Article 10) are also suitable occasions for providing and exchanging such information.

Articles 10 and 11 – Monitoring Group

82. The purpose of setting up a Monitoring Group, composed of representatives of the Parties, is to facilitate the smooth running of the Convention.

83. In particular, the Monitoring Group is empowered to approve and update the list of banned pharmacological classes of agents and methods referred to in Article 2.1 and the criteria for accreditation of laboratories referred to in Article 5.1.*a*.

After the transitional period during which the list of banned pharmacological classes of agents and methods appended to the Convention shall be the applicable list, the ordinary procedure for approval of the list, as set forth in Article 11.1.*b,* shall be followed. The scope of the Convention under the terms of Article 2.1 shall therefore be determined by the decisions of approval by the Monitoring Group.

84. The drafters did not think it useful to have transnational criteria for accreditation of laboratories; hence, the first set of criteria shall be the one approved by the Monitoring Group under the ordinary procedure of Article 11.1.*b*.

85. In both cases, the Monitoring Group shall fix the date for the relevant decisions to enter into force.

Article 13 –Amendments to the Articles of the Convention

86. The Committee of Ministers, which adopted the original text of the Convention, is also competent to adopt any amendments.

In accordance with paragraph 1, the initiative for amendments may be taken by the Committee of Ministers itself, by the Monitoring Group and by a Party (whether a member state of the Council of Europe or not).

Any proposal for amendment which has not originated with the Monitoring Group should be submitted to it, in accordance with paragraph 3, for an opinion.

Any amendment shall enter into force upon acceptance by ail Parties.

Articles 14 to 19 – Final clauses

87. The provisions contained in Articles 14 to 19 are, for the most part, based on the "Model final clauses for conventions and agreements concluded within the Council of Europe", which were approved by the Committee of Ministers of the Council of Europe at the 315th meeting of their Deputies in February 1980.

88. The provision of Article 14 is intended to enable the maximum number of interested states, not necessarily members of the Council of Europe, to become Parties as soon as possible. The Convention is open for signature by the member states of the Council of Europe, by the other states party to the European Cultural Convention, as well as by non-member states which have participated in its elaboration. The last provision is intended to apply to two non-member states, Canada and the United States of America, which were actively associated with the elaboration of the Convention. They may sign the Convention, just as the member states of the Council of Europe, before its entry into force. According to Article 15, the Convention enters into force when five states, including at least four member states of the Council of Europe, have expressed their consent to be bound by it.

89. Non-member states other than those referred to in Article 14.1 may, by virtue of Article 15, be invited by the Committee of Ministers to accede to the Convention, but only after its entry into force and after consultation of the Parties.

Notes on the Appendix to the Convention (as approved on 19 September 1989)

The list is based on the banning of pharmacological classes of agents.

This definition has the advantage that new drugs, some of which may be especially designed for doping purposes, are also banned.

The following list represents examples of the different classes of doping agents to illustrate the doping definition. Unless indicated, all substances belonging to the banned classes may not be used for medical treatment, even if they are not listed as examples. Action will be taken if substances of the banned classes are detected in the laboratory. It should be noted that the presence of the drug in the urine constitutes an offence, irrespective of the route of administration.

Explanations

I. Doping classes

A. Stimulants

Stimulants comprise various types of drugs which increase alertness, reduce fatigue and may increase competitiveness and hostility. Their use can also produce loss of judgement, which may lead to accidents to others in some sports. Amphetamine and related compounds have the most notorious reputation in producing problems in sport. Some deaths of sportsmen have resulted even when normal doses have been used under conditions of maximum physical activity. There is no medical justification for the use of "amphetamines" in sport.

One group of stimulants is the sympathomimetic amines of which ephedrine is an example. In high doses, this type of compound produces mental stimulation and increased blood flow. Adverse effects include elevated blood pressure and headache, increased and irregular heart beat, anxiety and tremor. In lower doses, they are often present ephedrine, pseudoephedrine,

phenylpropanolamine, norpseudoephedrine, for exemple - in cold and hay fever preparations which can be purchased in pharmacies and sometimes from other retail outlets without the need of a medical prescription.

Thus no product for use in colds, flu or hay fever purchased by a competitor or given to him should be used without first checking with a doctor or pharmacist that the product does not contain a drug of the banned stimulants class.

– Beta 2 agonists

The choice of medication in the treatment of asthma and respiratory ailments has posed many problems. Some years ago, ephedrine and related substances were administered quite frequently. However, these substances are prohibited because they are classed in the category of "sympathomimetic amines" and therefore considered as stimulants.

The use of only the following beta-2 agonists is permitted in aerosol form: bitolterol, orciprenaline, rimiterol, salbutamol, terbutaline.

B. Narcotic analgesics

The drugs belonging to this class, which are represented by morphine and its chemical and pharmacological analogues, act fairly specifically as analgesics for the management of moderate to severe pain. This description, however, by no means implies that their clinical effect is limited to the relief of trivial disabilities. Most of these drugs have major side effects, including dose-related respiratory depression, and carry a high risk of physical and psychological dependence. There exists evidence indicating that narcotic analgesics have been and are abused in sports, and therefore a ban has been issued and maintained on their use during the Olympic Games. The ban is also justified by international restrictions affecting the movement of these compounds and is in line with the regulations and recommendations of the World Health Organisation regarding narcotics.

Furthermore, it is felt that the treatment of slight to moderate pain can be effective using drugs – other than the narcotics – which have analgesic, anti-inflammatory and antipyretic actions. Such alternatives, which have been successfully used for the treatment of sports injuries, include anthranilic acid derivatives (such as mefenamic acid, floctafenine, glafenine, etc.), phenylalkonoic acid derivatives (such as diclofenac, ibuprofen, ketoprofen, naproxen, etc.) and compounds such as indomethacin and sulindac. Athletes and team doctors are also reminded that aspirin and its newer derivatives (such as diflunisal) are not banned, but are cautioned against some pharmaceutical preparations where aspirin is often associated to a banned drug such as codeine. The same precautions hold for cough and cold preparations which often contain drugs of the banned classes.

Note: Dextromethorphan is not banned and may be used as an antitussive; diphenoxylate is also permitted.

C. Anabolic steroids

This class of drugs includes chemicals which are related in structure and activity to the male hormone testosterone, which is also included in this banned class. They have been misused in sport, not only to attempt to increase muscle bulk, strength and power when used with increased food intake, but also in lower doses and normal food intake to attempt to improve competitiveness.

Their use in teenagers who have not fully developed can result in stunted growth by affecting growth at the ends of the long bones. Their use can produce psychological changes, liver damage and can adversely affect the cardiovascular system. In males, their use can reduce testicular size and sperm production; in females, their use can produce masculinisation, acne, development of male-pattern hair growth and suppression of ovarian function and menstruation.

D. Beta-blockers

The therapeutic indications for the use of beta-blocking drugs have been reviewed and it has been noted that there is now a wide range of effective alternative preparations available in order to control hypertension, cardiac arrhythmias, angina pectoris and migraine. Due to the continued misuse of beta-blockers in some sports where physical activity is of no or little importance, the right has been reserved to test those sports which are deemed appropriate. These are unlikely to include endurance events which necessitate prolonged periods of high cardiac output and large stores of metabolic substrates in which beta-blockers would severely decrease performance capacity.

E. Diuretics

Diuretics have important therapeutic indications for the elimination of fluids from the tissues in certain pathological conditions. However, strict medical control is required.

Diuretics are sometimes misused by competitors for two main reasons, namely: to reduce weight quickly in sports where weight categories are involved, and to reduce the concentration of drugs in urine by producing a more rapid excretion of urine to attempt to minimise detection of drug misuse. Rapid reduction of weight in sport cannot be justified medically. Health risks are involved in such misuse because of serious side-effects which might occur.

Furthermore, deliberate attempts to reduce weight artificially in order to compete in lower weight classes or to dilute urine constitute clear manipulations which are unacceptable on ethical grounds. Therefore, it has been decided to include diuretics on the list of banned classes of drugs.

N.B. For sports involving weight classes, the right is reserved to obtain urine samples from the competitor at the time of the weigh-in.

F. Peptide hormones and analogues

It is well known that the administration to males of human chorionic gonadotrophin (HCG) and other compounds with related activity leads to an increased rate of production of endogenous androgenic steroids and is considered to be equivalent to the exogenous administration of testosterone.

Corticotrophin has been misused to increase the blood levels of endogenous corticosteroids, notably to obtain the euphoric effect of corticosteroids. The application of corticotrophin is considered to be equivalent to the oral, intramuscular or intravenous application of corticosteroids (see section III.D).

The misuse of growth hormone in sport is deemed to be unethical and dangerous because of various adverse effects, for example, allergic reactions, diabetogenic effects, and acromegaly when applied in high doses.

All the respective releasing factors of the above-mentioned substances are also banned.

II. Methods

A. Blood doping

Blood transfusion is the intravenous administration of red blood cells or related blood products that contain red blood cells. Such products can be obtained from blood drawn from the same (autologous) or from a different (non-autologous) individual. The most common indications for red blood transfusion in conventional medical practice are acute blood loss and severe anaemia.

Blood doping is the administration of blood or related red blood products to an athlete other than for legitimate medical treatment. This procedure may be preceded by withdrawal of blood from the athlete who continues to train in this blood-depleted state.

These procedures contravene the ethics of medicine and of sport. There are also risks involved in the transfusion of blood and related blood products. These include the development of allergic reactions (rash, fever, etc.) and acute haemolytic reaction with kidney damage if incorrectly typed blood is used, as well as delayed transfusion reaction resulting in fever and jaundice, transmission of infectious diseases (viral hepatitis and Aids), overload of the circulation and metabolic shock.

Therefore, the practice of blood doping in sport is banned.

B. Pharmacological, chemical and physical manipulation

The use of substances and of methods which alter the integrity and validity of urine samples used in doping controls is banned. Examples of banned methods are catheterisation, urine substitution and/or tampering, inhibition of renal excretion, for example by probenecid and related compounds.

III. Classes of drugs subject to certain restrictions

A. Alcohol

Alcohol is not prohibited. However, breath or blood alcohol levels may be determined at the request of an international federation.

B. Marijuana

Marijuana is not prohibited. However, tests may be carried out at the request of an international federation.

C. Local anaesthetics

Injectable local anaesthetics are permitted under the following conditions:

a. that procaine, xylocaine, carbocaine, etc. are used but not cocaine;

b. only local or intra-articular injections may be administered;

c. only when medically justified (that is, the details including diagnosis, dose and route of administration must be submitted immediately in writing).

D. Corticosteroids

The naturally occurring and synthetic corticosteroids are mainly used as anti-inflammatory drugs which also relieve pain. They influence circulating concentrations of natural corticosteroids in the body. They produce euphoria and side-effects such that their medical use, except when used topically, requires medical control.

Since 1975, attempts have been made to restrict their use during the Olympic Games by requiring a declaration by the team doctors, because it was known that corticosteroids were being used non-therapeutically by the oral, intramuscular and even the intravenous route in some sports. However, the problem was not solved by these restrictions and therefore stronger measures, designed not to interfere with the appropriate medical use of these compounds, became necessary.

The use of corticosteroids is banned except for topical use (aural, opthalmological and dermatological), inhalational therapy (asthma, allergic rhinitis) and local or intra-articular injections.

Any team doctor wishing to administer corticosteroids intra-articularly or locally to a competitor must give written notification.

Note: The explanations given above are an edited version of those issued by the International Olympic Committee in 1989 with regard to its list of banned pharmacological classes of agents and methods.

For the list of banned pharmacological classes of agents and related compounds to be used practically in each country, it is highly desirable to draw up for doctors and others who look after the health of sportsmen and sportswomen national lists which show indicatively, but as fully as possible, the pharmaceutical preparations which are available in each country and which contain (or do not contain) compounds of these banned classes. These lists have to be national as it is at national level that authorisations are given to put pharmaceutical preparations on the market, and some preparations have different trade names in different countries. National authorities will, however, need to be vigilant with respect not only to imports of preparations not available in that country, containing banned classes or related compounds, but also with regard to individual, non-commercial, preparations containing them.