

40 years of fighting
against doping



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UCI - 40 years of fighting against doping (1960 - 2001)

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For the UCI, the fight against doping

HAS ALREADY A LONG HISTORY

“We hereby want to launch an alarm call to national governments, to urge them to institute, without delay, strict controls over the distribution, sale and use of doping agents. Radical measures in this field would undoubtedly prevent the massive circulation of these deadly products, which some believe to have miraculous powers, and whose only qualities are those of destruction. We are convinced that this appeal will be heard and that with such support, we will succeed in eliminating this evil, veritable scourge for athletes”.

1967 Appeal

Contrary to the hare-brained insinuations, peddled here and there, the UCI did not wait until the 1990s to fight against doping. Knowing, however, that it would not be able to deal on its own with a phenomenon that goes far beyond the framework of cycling as a sport and the federation's resources, it launched this **Appeal to governments** in September 1967! It was published in *Le Monde Cycliste*, a journal that is widely disseminated among all those involved in cycling. At a time when the world was only beginning to discover the problem of doping, the UCI, with the modest resources it had at that time (only five people were working full-time for it ...), already committed itself to promote and participate in developing a genuine anti-doping policy which it wanted to see enforced uniformly throughout the world. But this was neither a simple gesture, nor a first, short-lived blow in this direction.

Of course, between its creation in 1900 and the 1950s, the UCI had fought against doping occasionally and not in a very sustained form. But one must beware of judging the past in the light of the present: during the first half of the last century, professional competitive sport such as we know it today simply did not exist. Moreover, the side-effects of what were then discreetly called stimulants were barely known. No-one was shocked by the phenomenon, which was still very much on the periphery. At the time, it was accepted that athletes might occasionally need to fortify themselves: a brandy or amphetamines, all was thrown in the same basket and was seen as part of the folklore from another time.

However, when the UCI found that, during the 1955 Tour de France, the attendant of one team had himself encouraged his riders into systematic drug-taking, it did not hesitate to exclude him. This case was the first trigger to raise awareness and marked the beginning of the UCI's fight against doping. Doping became a problem against which one had to struggle!

The UCI at the forefront

Probably inadequately informed, definitely ill-intentioned, critical voices accused: “For too long, the UCI ignored the fact that dangerous substances were being taken”. This is completely wrong! In 1960, when no regulations dealt with the taking of doping substances, the sports federations that wanted to fight against the phenomenon were few and acted on an ad hoc basis. It was the UCI which was the first, without anything or anyone forcing it, to **add a “doping” article to its Sports Code**. Its dual approach – which has not changed since – aims to protect the health of the riders and to guarantee the ethics of the sport: *“In view of the serious danger which the use of narcotics or drugs, which are considered as harmful by the medical profession, poses to the health of riders, any rider who is found to be under the influence of the above-mentioned substances (...) will mercilessly and definitively have his licence withdrawn.” (Sports code, art. 41).*

But the UCI did not content itself with resorting to regulations. In making this statement of principle, it knew that above all, people were needed who would endeavour to find out more about doping, who would come up with solutions, and co-ordinate the work of the checkers on the spot. That is why the UCI Management Committee, then chaired by Mr. Adriano Rodoni, **established the Medical Commission** in 1964, which was a first in the world of sport. Experts would devote their efforts to the riders’ health. This initiative even preceded the establishment of such a body at the IOC by two years (1966). The competent meeting accepted the proposal unanimously, believing that *“the fight against doping is an absolute necessity”*.

The UCI Medical Commission also worked with the public authorities. In 1965, the first **International Conference on Doping** was held in Strasbourg under the aegis of the Council of Europe. The UCI Management Committee demanded that the Medical Commission should integrate its conclusions in its own work to be more effective.

In 1966, the UCI once again hit hard. **It added four articles, devoted to doping, to its Technical Regulation**, whose message is:

- drugs and narcotics are a danger to health and any rider caught in flagrante delicto will be sanctioned;
- the officials have the right to take samples from “refreshments” or the riders’ “bodily fluid”, for the purpose of chemical analysis;
- finally, a schedule of sanctions is produced: first offence, a fine of FF 1,500; second offence, FF 4,500; third offence, withdrawal of the licence.

The UCI’s ambitions were much greater than its resources, and its articles were rarely applied. Even though its convictions were strong and its policy clear, the time was not yet ripe. Doping was still a new phenomenon, not well known, which few people were really concerned about. There was not even yet a unanimously agreed definition of the term. A dramatic event speeded up public awareness of the dangers of doping. Not that of the UCI, which had expected it.

Never again!

The 1967 Tour de France was tragically marked by the death of the English rider Tom Simpson on the slopes of Mont-Ventoux. It was suspected that he had taken amphetamines. This event hit like a bomb: the worst had unfortunately happened. The Management Committee, at its meeting in Amsterdam on 21 August 1967, refrained from making any untimely comment *“in view of the fact that the French court is dealing with the case and that this must take its due course”*. It nevertheless declared itself *“firmly resolved to fight (...) with conviction and with all the means at its disposal against doping, which it strongly condemns”*.

Forging ahead, because it knew that the fight against doping cannot achieve any results unless all those involved in cycling are determined to join it, the UCI Management Committee organised a **“Round table discussion on professional cycling”**, bringing together representatives from the leading bodies, the organisers, the trade teams, riders, the press, the medical and the legal profession. It advocated the development of a “constitutional law for professional sport”. This initiative proved the UCI’s firm determination to fight doping in cycling. And for good measure, it established a “body of anti-doping inspectors”.

The first sanctions were applied in 1967. Fourteen riders (amateurs and professionals) who had absorbed doping substances or had refused to undergo tests, were taken off the course and given penalties ranging from a FF 2,000 fine to three months’ suspension.

Also in September 1967, the Management Committee published its **first list of doping agents**, drawn up by a group of doctors and pharmacologists who met for this purpose.

In 1969, the **Medical Control Regulation** was ratified by the UCI Management Committee. It was a notable event, because it was the first text of this type drawn up by an international sports federation. It replaced the appendix to the 1968 General Regulations. The precursor of the present Antidoping Examination Regulation (AER), this text institutes compulsory tests at the end of competitions in its schedule. From then on, the broad lines of the UCI's antidoping policy have been drawn. What remains is to make them known, to improve them, and to acquire the means, particularly financial but also scientific, to implement them. These last two aspects only depend in part on the UCI, which it why it has sought to develop and strengthen its co-operation with governments and the word of science.

In the 1970s, cycling gained greatly in popularity. The circle of enthusiasts grew larger, more and more people joined the retinue. In 1979, in order to inform the core group and its environment of its decisions, the UCI published a general survey of anti-doping in *Le Monde du Cyclisme*, under the title: **"What you need to know about the Medical Control Regulation"**, which left no doubt whatsoever as to its determination: list of prohibited products, details of antidoping controls, sanctions and the rights of riders.

Informing in order to educate

Indefatigable, convinced that it must persevere and insist, the UCI published a brochure in 1980 which represented a new, important stage in its fight against doping: **"Doping – Information and prevention"**. It was the work of Professor M. Montanaro, President of the Medical Commission, and its aim was to explain the dangers linked to the use of doping substances. In fact, 20 years after the appearance of amphetamines on the "market", the side-effects of prohibited substances are still not very well known. Here, authentic information can have an excellent dissuasive effect: "what the doping products give with one hand, they take away with the other". Extracts from the conclusion:

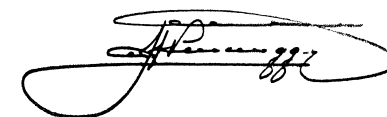
"Often, the athlete is encouraged to resort to doping, particularly by his entourage. This is advice dictated by ignorance, inexperience and, above all, thoughtlessness, which should be instantly rejected and publicly denounced, so as not to harm those who believe it. Sport should above all be a competitive enjoyment, even when economic interests are at stake, interests that should never prevail by having a negative effect on the health of the individual."

The UCI's considerable efforts are acknowledged in the world of sport. In 1981, Prince Alexandre de Mérode, President of the IOC Medical Commission, cited cycling as an example for all the international sports federations, citing the UCI as leading the battle against doping

* * *

These few lines only give an imperfect summary of the efforts the UCI has incessantly made to fight against doping, virtually since it first appeared as a real threat to the health of riders and the ethics of the sport. But they are enough to radically counter the slanderous utterances of some who would like to delude people into believing that the highest instance of cycling had watched without reacting (and what's more, shown leniency to) the birth and development of doping in the discipline for which it has responsibility. The opposite is true, and it is in fact from the beginning, in pre-history in some way, of doping that the first efforts of the UCI's fight against it can be placed. They continue to multiply and intensify, as is shown by the detailed list of measures taken in this respect between 1991 and 2001, presented in the following pages.

Lausanne, the 2nd July 2001



Hein Verbruggen, President

1991 - 2001



1991

"DOPING PUTS THE RIDERS' LIVES IN DANGER!"

01

"DOPING PUTS THE RIDERS LIVES IN DANGER!"

The UCI has two major concerns:

- ☛ *the riders' health*. The sport must remain an activity that is healthy for body and mind;
- ☛ *respect for the sports ethics*. Competition, of course, but above all fairness and respect.

Too often, these two fundamental principles are flouted. Since the 1960s, the UCI has ceaselessly made this appeal to all sections of the cycling world:

- ☛ "Do not gamble with your life by using banned products!"
- ☛ "Do not distort the sports hierarchy by cheating!"

In 1991, the brochure "The fight against doping" defined the latter as "*the use of substances or of means designed to artificially enhance the athlete's performance in the run-up to, and during, the contest, and which may harm his physical or psychological wellbeing*" and expounded the phenomenon in all its perversity.

It:

- ☛ described the UCI's aims in the fight against doping;
- ☛ reviewed the use of prohibited substances;
- ☛ drew up an updated list of illegal substances and means;
- ☛ warned about their secondary effects;
- ☛ gave a summary of methods of detection.

With this didactic approach, the UCI took a pioneering step. To our knowledge, it was the first time that a sports organisation became involved in prevention and information on this scale. It was not enough to appeal only to the riders. It therefore also informed their entire entourage: team managers, team doctors, attendants, leaders, officials, coaches, cyclists at all levels, and both specialist and general journalists.

This text, following on from previous efforts ("Doping. Information and prevention" by Prof. Michele Montanaro was published in 1980), was written after the Canadian sprinter Ben Johnson had tested positive for anabolic steroids at the Summer Olympic Games in Seoul in 1988, which showed that it was absolutely essential to tackle the issue of doping with urgency.



January 1992

WORLD PREMIERE: THE UCI HAS ITS ANTIDOPING COMMISSION

02

WORLD PREMIERE: THE UCI HAS ITS ANTIDOPING COMMISSION

Prompted by the concern raised by doping and the ever more effective products flooding the market, President Hein Verbruggen proposed to the Medical Commission (MC) on 24 January 1992, immediately after his election, to set up an Antidoping Commission:

“Given that the UCI is constantly faced with the problems of doping, these will put increasing pressure on the Medical Commission’s workload. As a result, too much time is lost by the experts and advisers who are part of the MC for reasons other than the specific problem of doping.

The consequences are:

1. *the other important topics (cardiology, biomechanics, nutrition, . . .) are not given enough attention,*
2. *the specific knowledge of certain members is not fully made use of.*

It therefore makes sense to adapt both the working methods and the structure of the Medical Commission. Besides, I intend to propose to the Management Committee to introduce greater specialisation, by establishing a special commission that will deal specifically with issues of doping, which will allow the Medical Commission to concentrate on all the other medical matters that concern our sport”.

The facts are clear: prohibited substances place the life of cyclists at risk and distort the sports hierarchy. To be genuinely effective, the fight against doping must be entrusted to a commission which will devote all its resources and all its energy to it.

Persuaded by this approach, the UCI Management Committee established the Antidoping Commission (ADC) on 31 January 1992 (→ Appendix I).



June 1993

SHARED RESPONSIBILITIES

03

SHARED RESPONSIBILITIES

To exclusively blame the rider who has resorted to the device of doping would be unfair. Professional sport brings with it the intervention of many people who condition the athlete and strongly influence the progress of his career. They include, for example, the team managers, the coaches, the attendants and sports doctors, the parents, friends as well as family doctors. All these intermediaries form part of the rider's environment, on whom they can exert influence.

As early as in June 1993, an "Ethical Questions" working group considered the responsibility of this entourage. In its conclusions, it underlined the need for disciplinary measures that would allow penalising, where appropriate, the riders' training personnel.

On June 1, 1994, the UCI invited all the National Federations and all the trade teams to give their views about an initial draft regulation concerning attendants.

This consultation led to the production of the document "Status and Obligations of the attendant", which was approved by the UCI Management Committee in 1995 and came into force on January 1, 1996.

A draft regulation relating to sports doctors was put forward in February 1996, following the same model. This aimed to establish identical rules and standards for all the doctors specialising in cycling. As for the attendants, penalties (fines, suspensions, indeed final exclusion) were provided for in the event of an infringement.

With the completion of this process on January 1, 1999, the attendants, team doctors, team managers and team leaders had their responsibilities clearly defined from that date (→ 21) and their dereliction of duty penalised.



July 1993

**A CONSTANT PRIORITY: THE HEALTH OF JUNIOR ATHLETES
AND THE NEW GENERATION OF PROFESSIONAL RIDERS**

04

A CONSTANT PRIORITY: THE HEALTH OF JUNIOR ATHLETES AND THE NEW GENERATION OF PROFESSIONAL RIDERS

At the end of the 1980s and the beginning of the 1990s, several young athletes died in dramatic circumstances (including the Pole Joachim Halupczok at the age of 26, who was the amateur road World Champion in Chambéry in 1989). The talk then was about “the sudden of the cyclist”.

The UCI was very worried. In a memorandum dated 13 July 1993 addressed to the national cycling federations, it suggested setting up proper long-term monitoring of riders. In fact, quite a few accidents could be prevented by the early detection of cardiac abnormalities in the riders.

“We will ask eight West-European federations:

1. *to introduce – starting in 1994, and solely for the new generation of professional riders, the obligation to undergo a thorough cardio-vascular examination;*
2. *to select 30 to 40 junior riders from your country and make them undergo the same thorough examination. Such a group will be examined each year for 5 years.*

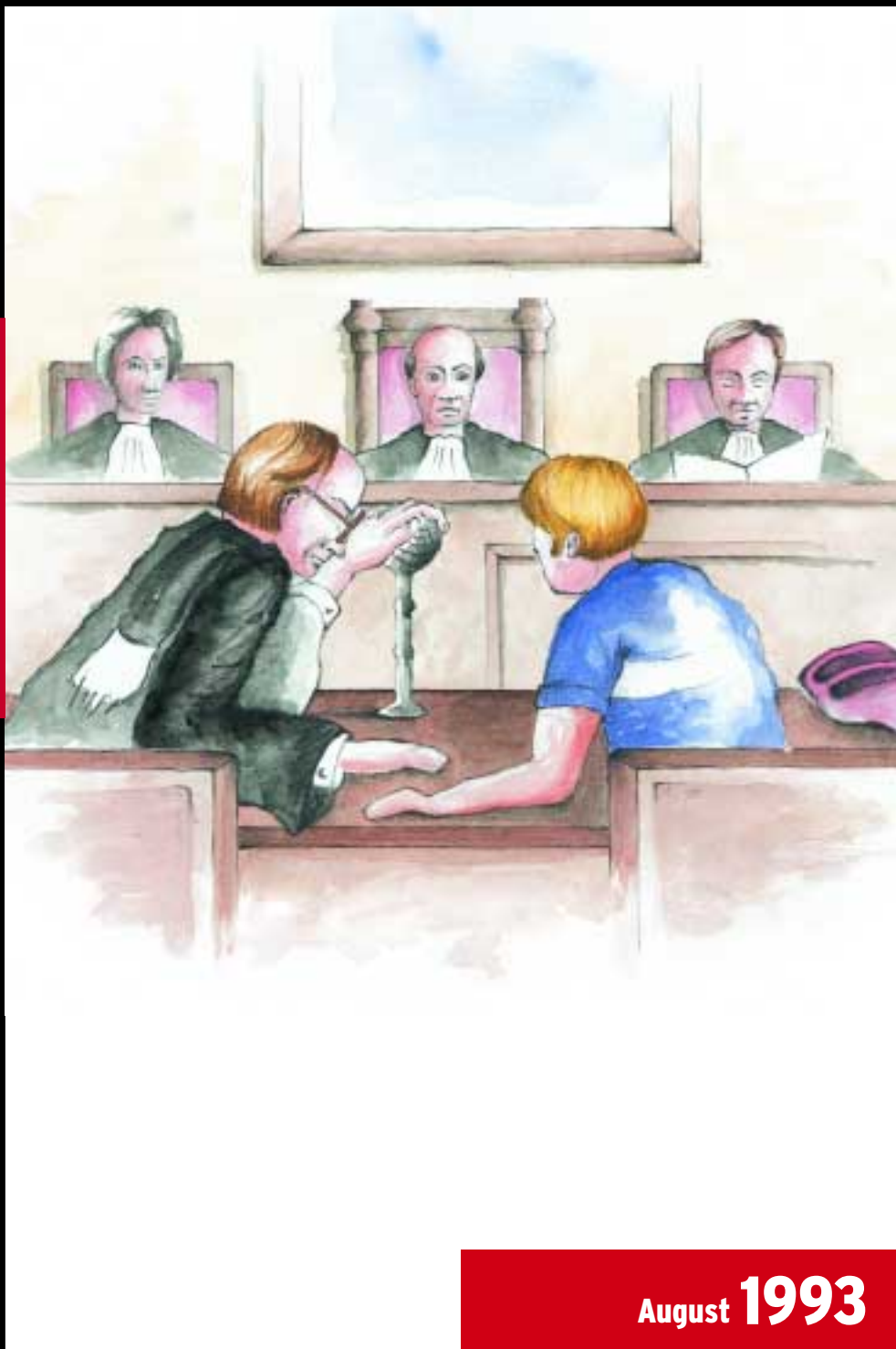
We sincerely believe that the aim of the survey fully justifies this investment.”

While being well received, this plan was nevertheless rejected by several federations who considered the costs to be too high or the structures to be set up as too complex (→ 08).

The UCI did not give up, however. It directly contributed half the funds for a pilot study in Belgium and the Netherlands. The tone of the new UCI pro-health policy was set. It was necessary to:

- ☺ institute medical monitoring of established athletes throughout their career,
- ☺ make sure of the good health of the newly starting champions, *from the moment they obtained their first rider’s licence.*

This survey was completed at the end of 2000 and its conclusions will be published during 2001.



August 1993

LENIENT SANCTIONS?

05

LENIENT SANCTIONS?

According to the UCI Medical Examination Regulation, the rider who dopes himself will be subject to a first suspension of three months. Other international federations suspend their athletes for a minimum of two years.

As early as in August 1993, the President of the UCI Antidoping Commission (ADC) Mr. Werner Göhner, embarked on a thorough study of this difference in treatment which might seem, at best, surprising and at worst unfair.

The standardisation of the procedures and sanctions applicable in doping cases is inadequate because it does not take account of the specific nature of each of the sports concerned. The physical fitness required to practise this exacting discipline would inevitably be destroyed by a suspension that is too long. More than ever, the UCI remains implacably opposed to any form of cheating, but it believes that the imposition of linear sanctions (suspensions of identical lengths) in types of sport as different as cycling, walking or shooting would be inequitable because the repercussions for one and the other are such that they cannot be *compared*.

In a document dated August 1993, the ADC stressed precisely this inequality of a six-month suspension for cycling compared to other sports: its effect on athletic performance and financial loss, in particular, is four times greater. Moreover, the danger of not reintegrating into the profession at the end of a long suspension is much greater for cycling than for the other sports.

The ADC also recalled the problems posed by the intervention of national jurisdictions in doping cases. In fact, several guilty verdicts by the national and international federations were rejected by ordinary courts, with the suspended athletes then claiming that they were being obstructed in their right to carry on a professional activity. Apart from the bad effect on the sport's reputation, the ADC feared that a proliferation of court cases and demands for compensation that would follow would endanger the very existence of the federations.

The relative shortness of the suspensions imposed by the UCI, far from suggesting any leniency, or worse, a pseudo clemency for doping, is in fact the result of a persistent search for an approach to dealing with doping that is both effective and equitable.

Union Cycliste Internationale
COMMISSION ANTI-DOPAGE

Fondée le 14 avril 1900



Aux Commissaires Internationaux
nommés par l'UCI

Réf. CAD/C10109

Lausanne, le 1 septembre 1993

Messieurs,

Afin d'améliorer la qualité des contrôles médicaux, d'uniformiser la procédure des contrôles anti-dopage pour toutes les compétitions et de prévenir des erreurs de procédure qui peuvent provoquer des réclamations ou des procès, la Commission Anti-Dopage (CAD) de l'UCI a pris la décision de former des inspecteurs médicaux, recrutés parmi les commissaires internationaux nommés par l'UCI, au travers de lettres d'information et de séminaires de formation.

L'UCI a donc besoin de personnes motivées et disposées à effectuer des contrôles anti-dopage. En effet, toute personne qui aime ce qu'elle fait, le fait bien !

Nous aimerions savoir si vous :

- seriez intéressé à devenir inspecteur anti-dopage dans des compétitions cyclistes,
- seriez disposé à suivre un séminaire de formation tous les deux ans,
- et combien de contrôles par année vous pourriez effectuer.

Nous vous serions très reconnaissants de bien vouloir renvoyer votre dossier de candidature, mentionnant vos nom, prénom et adresse dans les deux semaines à :

COMMISSION ANTI-DOPAGE
Madame Valentine de Raemy, Coordinateur
Union Cycliste Internationale
Route de Chavannes 37
1007 Lausanne - Suisse

Dans l'attente de vous lire et vous remerciant pour votre collaboration, nous vous prions d'agréer, Messieurs, nos salutations les meilleures.

Commission Anti-Dopage
Le Président
W. Goehner

Secrétariat: 37, route de Chavannes - CH - 1007 Lausanne
Tél. 021/626 00 80 - Fax 021/626 00 88 - Téléc. 450 112 - Adresse télégraphique UCINT Lausanne
Correspondance: Case postale - CH - 1000 Lausanne 23

06

BIRTH OF THE MEDICAL INSPECTORS

"In order to improve the quality of medical tests, standardise the procedure of antidoping tests for all the competitions, and prevent procedural errors that can lead to complaints or court cases, the UCI Antidoping Commission (ADC) has taken the decision to train specialised medical inspectors, recruited from among the international commissaires appointed by the UCI..."

The extract from the letter written by the ADC on September 1, 1993 to the international commissaires clearly shows the UCI's concern to encourage the professionalisation of the fight against doping

True to its continuous commitment, and determined to make it constantly more effective, the ADC proposed the creation of the position of medical inspector.

Seminars would be organised to ensure they would be trained.

The UCI cycling rules (art. 27 to 30, chap. IV, heading 14) assign the following tasks to the medical inspectors:

- responsibility for convening a meeting with a representative of the organiser or his national federation;
- checking, in their presence, that the premises and the equipment required for the tests are in compliance;
- keeping this equipment safe;
- at the end of this meeting, responsibility for drawing up a report confirming whether or not the test conforms to the regulation;
- within 48 hours, sending this report to the Antidoping Commission (with a copy to the organiser's national federation for the races outside the A list).

N.B.: By decision of 24 January 1997, the name of medical inspectors was changed to **antidoping inspectors**. On 31 December 2000, the UCI had 65 antidoping inspectors (→ Appendix 1).

September 1993



March-December 1994

COMBATting ANAEMIA A SURVEY THAT CREATES A STIR BEYOND THE RIDERS

As part of its work, the “Medical follow-up sub-committee” studied the problem of anaemia and published two successive reports in March and December 1994 with the *Hitchcock-like* title: “BLOOD AND CYCLING”. They were aimed at the medical supervision of athletes and at the health personnel, concerned primarily with prevention, diagnosis and, in case of need, the treatment of blood deficiencies. Symptoms of iron deficiency leading to anaemia had been observed in cyclists, and it was in this context that the survey was commissioned. The March report noted in this respect that: “...*The exertions demanded by competitive cycling can cause changes that are not beneficial for the blood, such as a decrease in the capacity to resist infections or of substances that carry oxygen, giving rise to anaemia...*” (p. 5).

In its report the group, chaired by Dr. F. Astorki Zabala, analysed the function of blood in the human body and the effects which practising a cycling sport could have on it. The aim was to provide health personnel involved in cycling with accurate information and to foster the harmonisation of measures of prevention, diagnostics and treatment within the UCI.

The second report (December 94) contained a wealth of useful information for those called upon to combat these deficiencies, in particular

- a definition of the optimum levels of iron deposits in the body;
- an analysis of the causes of the reduction of iron reserves in athletes (nine factors listed);
- a list of symptoms of anaemia;
- the bases for effective prevention of this deficiency;
- clear and reliable instructions for the treatment of anaemia.

The same report included a chapter devoted to the dangers of blood doping methods and, in particular, of *EPO* (erythropoietine). The experts dealt at length, and sometimes in deliberately dramatic terms, with the devastating side effects that athletes could suffer as a result of using exogenous *EPO*. The researchers suspected in fact that this substance was being abused. While useful when given for therapeutic reasons in the treatment of severe anaemia or in cases of chronic renal impairment, for example, *EPO* can, by contrast, have harmful if not disastrous consequences when it is taken with the aim of doping oneself. And the report warned anyone who might be tempted that they would face an “*increased risk of suffering hypertension, vascular thrombosis and death as a result of cardiac problems*”.



March 1994

CARDIO-VASCULAR PROTECTION

08

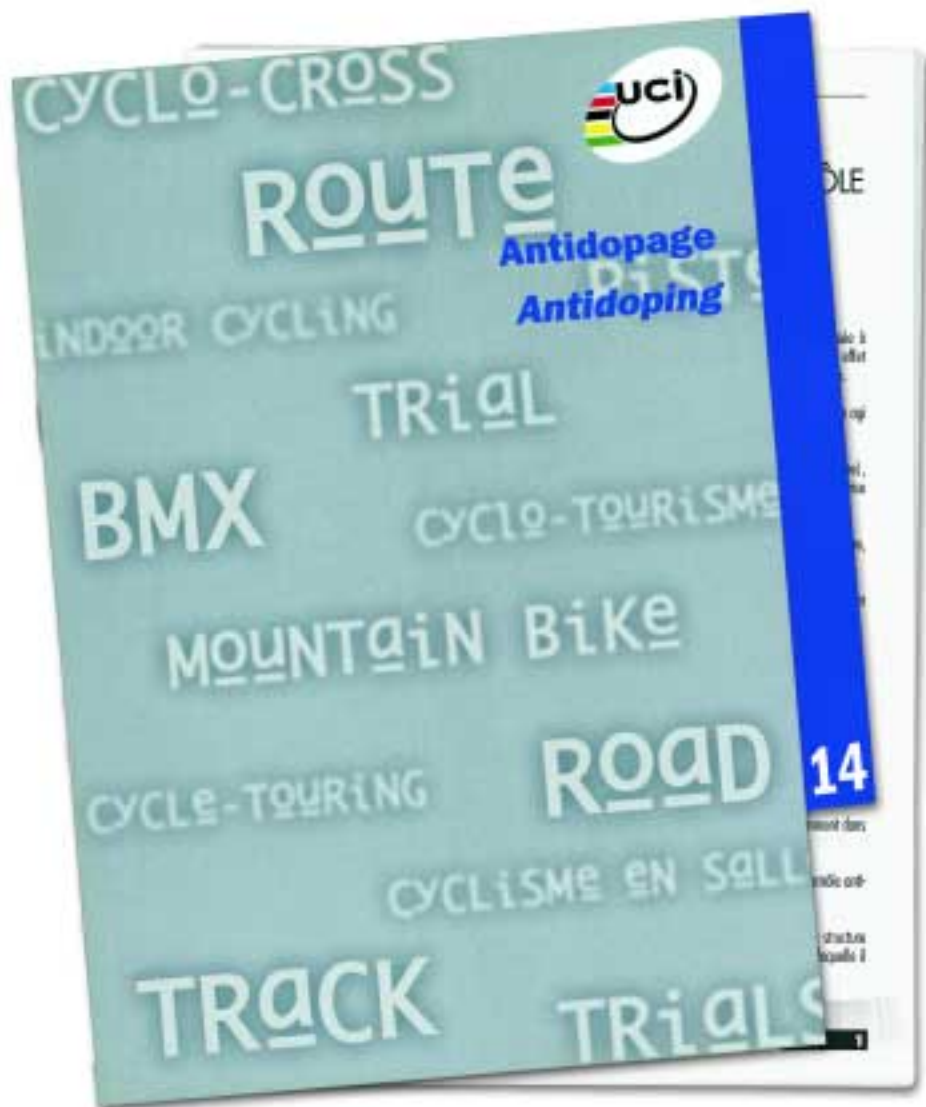
CARDIO-VASCULAR PROTECTION

By asking the national federations to give each person requesting a competition licence, whatever their level or their country, a questionnaire about cardiovascular screening, the UCI's chief intention was to institute a compulsory cardiovascular examination. It had proposed this measure on 21 March 1994 on the advice of the "Cardiology in cycling as a sport" subcommittee, composed of renowned cardiologists and doctors specialised in sports medicine. With this step, it was taking up the main points of a UCI memorandum dated 13 July 1993 (→ 04).

The dramatic deaths that occurred at the beginning of the 1990s were not unconnected to this determination to require a cardiovascular examination prior to obtaining the licence. The initiative was welcomed by many cardiologists who stressed that most of those at risk present clearly detectable symptoms and can therefore be identified.

However, while their goodwill was not in question, several national federations were opposed to these tests. They were worried that they would be unable to deal with the practical difficulties, the means of implementing them, but also the cost of these tests. Thanks to the UCI's determination, a reasonable compromise was found between all the partners, in the form of detailed cardiovascular questionnaires. This represents an intermediate solution between the status quo and the tests, and provides an effective first line of defence against cardiovascular accidents.

By introducing these questionnaires "with forceps", the UCI confirmed once again the pre-eminent place it gives to promoting the health of its licence holders. To those who find these questionnaires far too inquisitive, the UCI responds that, even if they may have prevented an enthusiast from getting his licence, they have certainly contributed towards protecting numerous cyclists against unfortunate, indeed fatal, accidents.



November **1994**

ANTIDOPING EXAMINATION REGULATION (AER)

09

ANTIDOPING EXAMINATION REGULATION (AER)

The *Medical Examination Regulation* came into force as early as 1967. It revealed weaknesses and required a serious face-lift. The UCI's response: the *Antidoping Examination Regulation*.

This pursues essentially two objectives:

- to protect the health of riders,
- to guarantee the sports ethics.

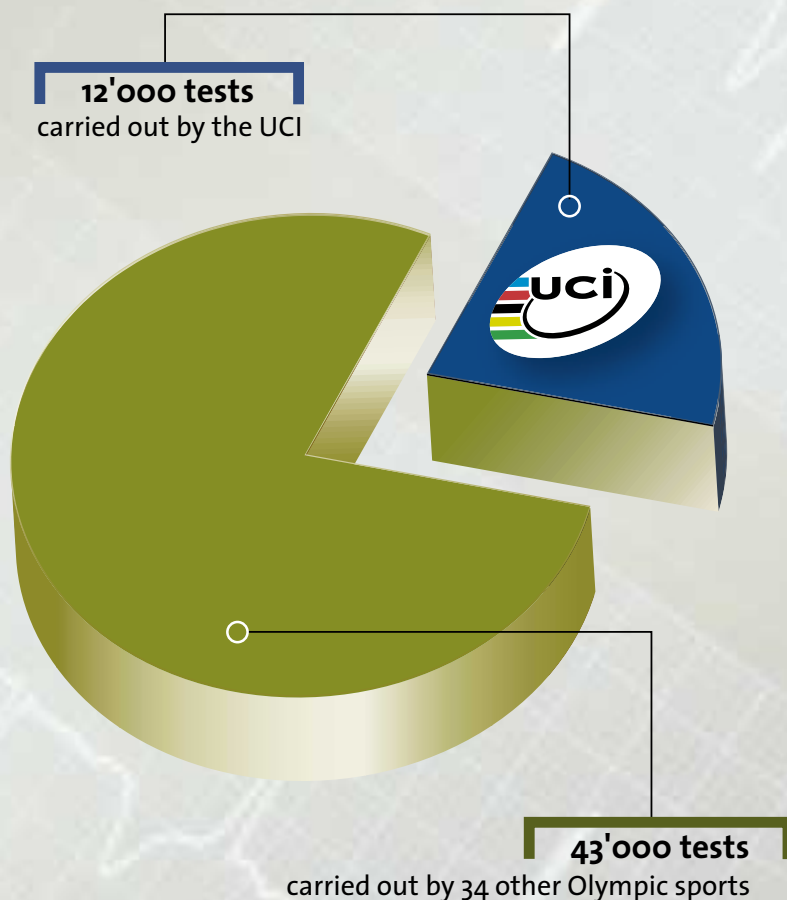
The innovations introduced are meant for the entire world and intend to contribute towards attaining these objectives.

7 revolutionary innovations:

- Introduction of *out of competition random blood tests* throughout the year.
- *Probation is abolished*: penalties imposed will be applied from the first offence.
- Henceforth, both for professionals and for amateurs:
 - the first offence leads to a suspension of between 6 months and 1 year;
 - the second offence to a suspension of 1 to 2 years ;
 - the third offence to the withdrawal of the licence for life.
- The right of riders to defend themselves is guaranteed by a *legal hearing*.
- The decisions of the first instance can be appealed against before the *Court of Arbitration for Sport (CAS)*, a totally independent body.
- The *list of banned substances* will be newly updated each year.
- A list of *accredited laboratories* (there are currently 29, spread over the 5 continents) is drawn up.

This rule came into force on 1 June and 1 November 1994 respectively, or 30 years after the antidoping examinations carried out by the UCI, which was the first federation to incorporate the recent IOC recommendations on the fight against doping

The AER is currently being revised; the revised text comes into force on 1 July 2001 (→ 32).

55'000 testsPERFORMED EACH YEAR BY THE WHOLE
OF OLYMPIC SPORTSNumber of antidoping tests performed in the
laboratories recognised by the IOC.**December 1994****INTERNATIONAL INFORMATION SEMINAR IN GENEVA****10****INTERNATIONAL INFORMATION SEMINAR IN GENEVA**

On 8 December 1994, the UCI Antidoping Commission organised an international information seminar on doping. The event brought together mainly specialists on drug abuse, professional cycling teams and national federations. In total, one hundred people participated.

Three aims:

- to explain the new UCI Antidoping Examination Regulation;
- to reiterate the three cornerstones of the UCI's policy in this respect: information – prevention – tests and sanctions;
- to enable those active in cycling to jointly discuss the problems raised by the phenomenon.

Among the topics tackled were:

- the list of banned substances;
- the dangers of using hormones in sport;
- the out-of-competition tests conducted by the UCI;
- the detection of EPO;
- the responsibility of the rider's entourage;
- the syndrome of excessive training

Conclusions: Cycling wants to be a driving force in the struggle against doping, but also calls for the creation of a united front, with all sports and all levels working together. To achieve this, the participants recommended in their final document that the antidoping regulations should be standardised for all disciplines, through all the federations everywhere in the world.

For the record: Of some 55,000 tests performed each year in the laboratories recognised by the IOC, 12,000 are carried out in cycling under the UCI's responsibility. 34 other Olympic sports share the remaining 43,000 tests.



CHEN MOBIN TORRES

INTERNATIONAL OLYMPIC COMMITTEE

THE PRESIDENT

REÇU le

RÉP:.....

COPIE

Mr. Hein VERBRUGGEN
President
International Cycling Union
Case Postale
1000 LAUSANNE 23

Lausanne, 19th January 1995
Ref.n° 1113 /95/rea

Re: International Cycling Union's anti-doping rules

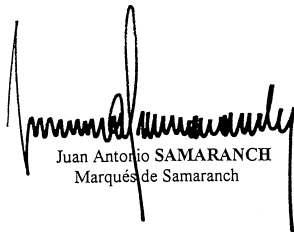
Dear Mr. Verbruggen,

I acknowledge with thanks receipt of the file with documents related to the Anti-Doping symposium which your federation organized on 8th December 1994 in Geneva.

I have read it with great interest and would like to congratulate you and your colleagues for the excellent work performed. This document is a trustworthy testimony of your federation's care for the athletes, care for their health protection and their legal rights. It will certainly be a helpful tool and guide to everyone who is involved in sport.

We are aware of the great effort and constructive initiatives carried out by your federation and would like to extend our sincere gratitude for the contribution you are making in our sporting world.

Yours sincerely,


Juan Antonio SAMARANCH
Marqués de Samaranch

11

WITH THE COMPLIMENTS OF PRESIDENT SAMARANCH

The UCI's commitment to the fight against doping over these last years, and in particular the International Seminar in Geneva (→10) had lasting effects throughout the world of sport, and even beyond. This is shown by the fact that the President of the IOC himself paid tribute to it in a letter to the President of the UCI dated 19 January 1995:

"...I want to congratulate you and your colleagues on the excellent work that you have produced. This document is an exemplary testimony of the action taken by your federation to express your concern for your athletes, for protecting their health, and respecting their rights. This document will undoubtedly become a very useful tool and a guide for anyone involved in sport.

We are aware of the constructive efforts and initiatives undertaken by your federation, and would like to convey our appreciation for the contribution you are making to the world of sport."

* * *

The UCI takes this opportunity to express its thanks to the IOC and its President for the support which the IOC has given to cycling in its fight against doping.

January 1995



February 1996

THE UCI AND THE SCIENTIFIC COMMUNITY UNITED AGAINST EPO

12

THE UCI AND THE SCIENTIFIC COMMUNITY UNITED AGAINST EPO

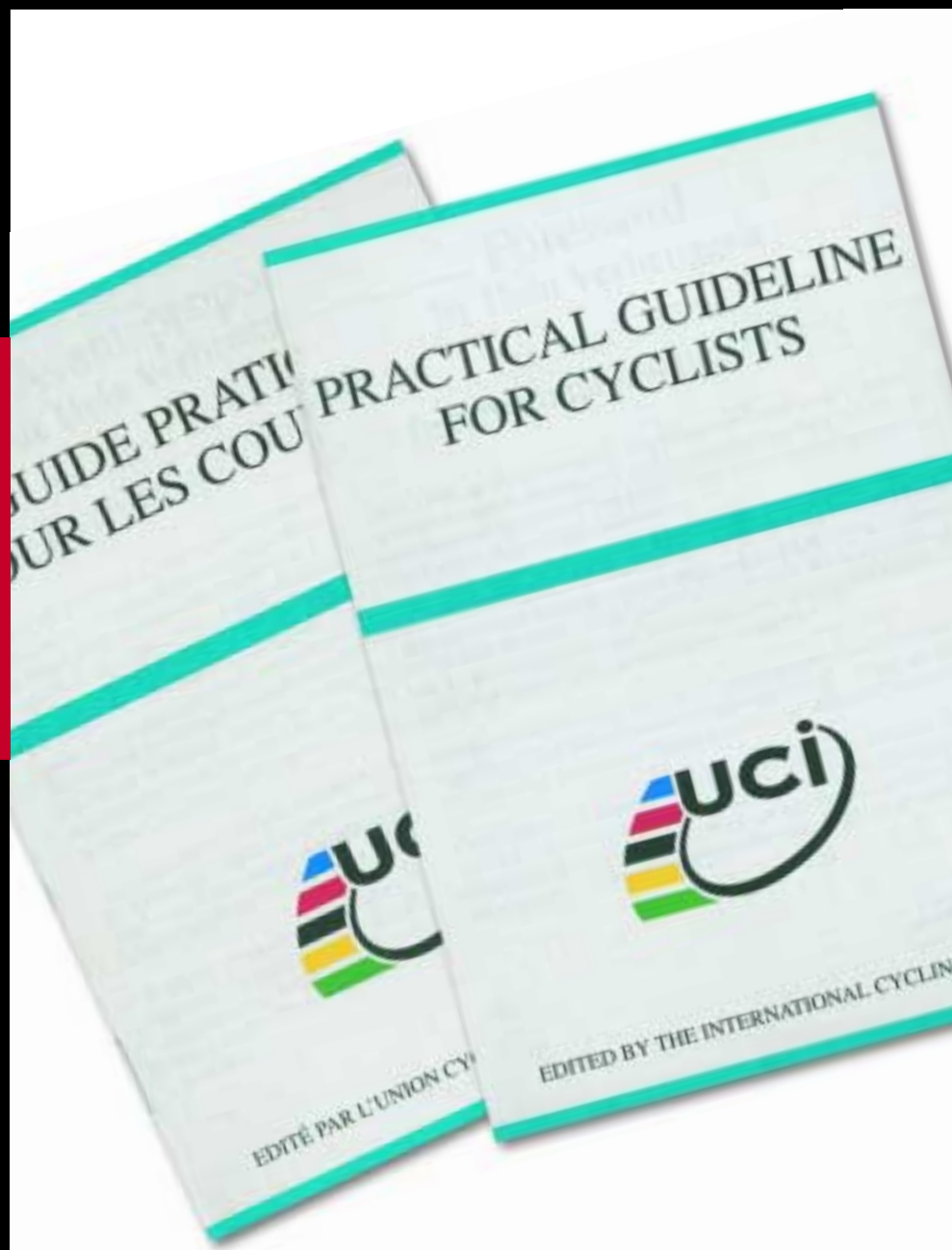
Despite EPO being included in the UCI list of prohibited substances as early as 1991 (and that of the IOC in 1990), the risk posed by the increasingly extensive use of this substance to fraudulently enhance performance is real. Time is of the essence. Despite its determination, the UCI is coming up against a huge problem: science itself is at present unable to detect the taking of exogenous (artificial) EPO. It is thus a matter of urgency to intensify co-operation with university research.

On 7 February 1996, Professor Guy Brisson, Director of the Montreal antidoping laboratory, in agreement with his colleagues at the University Institute of Legal Medicine (IUML) in Lausanne, proposed to the UCI that a completely new tool for EPO detection be tested out at the 1996 Tour de Romandie. Cost: CHF 100,000. The UCI quickly agreed to give *financial* support to this welcome initiative.

The riders of the Tour de Romandie refused to take part in the research. The UCI and its scientific partners, disappointed but convinced that the action was worthwhile, stressed to the body of riders, in order to convince them:

- any improper use of the blood samples that had to be taken was formally excluded;
- respect of anonymity, in accordance with the laws and regulations in force, was guaranteed.

Finally, thanks to the UCI's perseverance, the experiment took place during the 1996 Tour de Suisse, that is one month later. It was the first time that the majority of riders, representing a total of 16 teams, accepted that scientists took a small amount of their blood to develop a method of detecting exogenous EPO. Unfortunately, this research was not successful. However, this episode constitutes a major step on the long road leading to the eradication of a product of formidable effectiveness and side effects (→ 27).



August **1996**

PRACTICAL GUIDE FOR RIDERS

13

PRACTICAL GUIDE FOR RIDERS

On 20 August 1996, all the riders received a “Practical guide for riders” from the UCI. This is a digest of everything athletes need to know about antidoping examinations that they never dared to ask. The message of the AER is clear: you rage against the rule and the antidoping examinations; yet you are the first to benefit from them.

This memo:

- reminded the riders of their *rights*,
- set out the *sanctions* provided for in the Regulation,
- explained, with the help of photographs, *how an antidoping examination is performed*.

The UCI's position: on the side of honest riders, but ruthless with the others.

“For the majority of riders, the name Antidoping Commission is associated with the word punishment. But although it is in effect the UCI which decides the level of sanctions to impose, its main task is to do its utmost to prevent riders from taking medicines that can be harmful to their health, often without their knowledge, because they trust the person who gives these drugs to them. Because it is vital to know that the substances that help to enhance an athlete's sports performance or endurance are very dangerous in the short or long term. History even records some unfortunate fatalities... That is why this has to be explained and why – to set an example and for ethical reasons – people who breach the rules (cycle riders, attendants, team doctors) must be punished.”

Besides, this Regulation also promotes equality. *Let us imagine that at the finish of a race, a “clean” rider is being overtaken by a “drugged” rider. How will the “clean” rider react if no rule has been instituted to punish the “drugged” rider? Will he accept it without protesting? Certainly not. Will he, too, take doping substances in order to “be on a level”? He may well. And thus it all becomes a vicious circle which can only end with an overdose and an expected, almost programmed, death.*” (selected extracts)



December 1996

RESEARCH ON ENDOGENOUS STEROIDS

14

RESEARCH ON ENDOGENOUS STEROIDS

In 1996, the UCI funded research carried out by the Institute for Biochemistry of the Deutsche Sporthochschule in Cologne, in Germany, which is one of the 29 laboratories officially accredited by the UCI.

At that time, several court cases linked to the use of testosterone posed problems for the scientists. Research targeted at these endogenous steroids would thus be of the greatest value. On 9 December 1996, Dr. W. Schänzer decided to carry out precisely this research, *"Forschungsförderung der Isotopenbestimmung von endogenen Steroidhormonen"* in the laboratory of which he is the director.

Spread over three years (1997-1999), this ambitious project was expensive: more than DM 250,000. The UCI released a significant loan of DM 100,000 for this purpose, to enable the institute in Cologne to purchase a machine which would allow distinguishing between endogenous and exogenous steroids.

Remember – the UCI is aware of the devastating effects which doping has on cycling and cyclists. It therefore has a duty to fight against it with clarity and efficiency. For this purpose, it enters into partnership with scientific experts. Since research is costly, the UCI makes major financial contributions to assist them. (→ 29).



January 1997

15

ESSENTIAL BLOOD TESTS

The UCI's anti-doping commitment has two simultaneous aims: to fight against any kind of cheating, of course, but above all to do its utmost to protect the health of riders.

24 January 2000 is a key date in this respect. The team managers and doctors of the teams that had undergone the tests organised for the 1966 Tour de Suisse (→ 12), after having examined the unfortunately inconclusive results, took a series of decisions under the chairmanship of Dr. Goehner of the ADC which can be called historic: from now on, the haematocrit value (the "fluidity of the blood") of the riders would be checked, which implied an obligation in principle for the riders to undergo blood tests when they were asked to do so.

The rules laid down can be summarised as follows:

- the maximum accepted haematocrit value is set at 50% for men and 47% for women;
- a higher value will result in a declaration of unfitness;
- any rider who refuses a blood test will be declared unfit;
- the UCI will fund 700 to 1000 tests annually;
- the first tests will be conducted in March 1997;
- the establishment of a Sporting Safety and Condition Commission (→ 16).

The new instrument was a timely strengthening of the UCI's arsenal in its *pro-health* and *anti-doping* fight. While it did not (yet) provide proof that EPO had been taken, it would nevertheless give clear indications on the riders' haematocrit value. Moreover, these blood tests would enable the detection of side-effects resulting from such undetectable substances, and allow proper medical monitoring to be implemented.

This development perfectly symbolises the value of close co-operation between UCI managers, scientists, professional riders and their teams. Remember: during the 1996 Tour de Suisse, 77 riders belonging to various different teams had accepted a blood test as part of a study conducted by the Montreal Anti-doping Laboratory and the University Institute of Legal Medicine (IUML) in Lausanne. This study had shown that:

- systematic blood tests immediately preceding the competitions are possible;
- they must be performed simultaneously on all the riders;
- with scientists being unable, at the current state of knowledge, to detect EPO in the urine (nor to differentiate a priori between exogenous EPO and endogenous EPO), it is essential to take recourse to blood tests which can then be supplemented by urine analyses.



January 1997

SPORTING SAFETY AND CONDITIONS COMMISSION (SSCC)

16

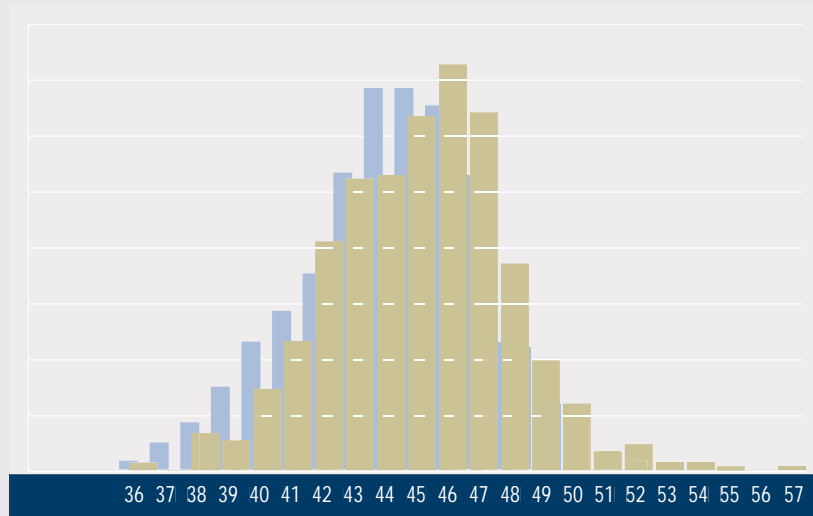
SPORTING SAFETY AND CONDITIONS COMMISSION (SSCC)

This commission was established at the meeting of the cycling community on 24 January 1997 in Geneva (→ 15). The decision was ratified by the UCI Management Committee on 6 March 1997 (→ Appendix III).

The SSCC brings together all the parties concerned: riders, trade teams, sports doctors and authorities, in order to contribute the best thought-out and coordinated responses to the questions posed by the health of athletes, and the conditions in which they carry out their profession. The new commission concentrates essentially on the aspects related to protecting and promoting the riders' health, which differentiates its work from that of the Antidoping Commission.

One of main responsibilities of this multidisciplinary body consists of organising and planning blood tests in order to test the athlete's haematocrit value. Since the beginning of 1999, the SSCC has also been responsible for the setting up, implementation and verification of medical monitoring (→ 19). This is supplemented by a programme for the prevention of health problems which requires trade teams, in consultation with their riders, doctors and attendants (paramedical assistants) to supply the SSCC with the list of risks identified in the riders, but also their suggestions for solutions or improvements, as well as a timetable for putting them into practice.

The detection and management of high levels of *ferritin* (indicating excessive reserves of iron) is a striking example of the effectiveness of medical monitoring. Having found above-average reserves in riders of certain teams, the SSCC has in fact systematically introduced the parameter of ferritin into the blood tests of medical monitoring. At the same time, it has issued recommendations aimed at reducing the excess of iron. One of these advocates the reduction of intravenous treatments with iron substitutes, which is sometimes prescribed in order to alleviate anaemia (→ 7). This example shows the useful role played by medical monitoring and the recommendations of the SSCC when it comes to protecting the riders' health.



Haematocrit value of professional riders:

- Before 1988
- In 1997

January 1997

HAEMATOCRIT: TOLERANCE LIMITED TO 50%

17

HAEMATOCRIT: TOLERANCE LIMITED TO 50%

Where should the threshold between a healthy value and a potentially dangerous value of haematocrit be set? It is a crucial question. Faced with the uncertainties of the scientific community itself, the UCI experts – led by the MC and SSCC – remain extremely vigilant and cautious at the same time.

The haematocrit value does not mean a great deal in itself. Scientific research in 1994 showed that individuals living at 4,500 m altitude can have values of 65%. Without taking EPO! Equally, a 6-week stay at 4,000 m altitude can raise the percentage from 49 to 59%. It is also known that 3% of human beings naturally have a value greater than 50%. Other factors, which have nothing to do with doping either, influence these values: the amount of strain exerted and the method of taking blood, for example.

Following the decision of 24 January 1997 (→ 15), any rider showing a haematocrit level in excess of this limit will have his license withdrawn and an enforced rest period of 15 days imposed on him.

Two criteria in particular justify this threshold of 50%. On the one hand, the average found during the 4th and 7th rounds of the 1996 Tour de Suisse (research on EPO by Prof. G. Brisson, → 12) was 46.11% (it changed to 44.5% in 2000); cyclists are thus comparable to the population in general. On the other hand, values higher than 50% are sufficiently rare for them to be considered abnormal. *"In 15 years of work, I have never found a value higher than 50% in professional cycling"*, confirms Dr Testa, member of the SSCC.

After one year of blood tests, the SSCC noted:

- out of 488 blood tests among professional cyclists, 10 (2%) led to the suspension of a rider;
- although effective, these tests nevertheless still engender fear and are not yet really accepted; they require that the riders get up earlier on the morning of the race since the results seem to be more reliable then;
- these tests are expensive, so their implementation has required a 10% reduction in the budget of the other UCI commissions to the benefit of the SSCC.

All this does not discourage the UCI, which is determined to relentlessly pursue its commitment to the health of the riders.



March **1997**

OBJECTIVE: PROTECTING THE HEALTH OF THE RIDERS

18

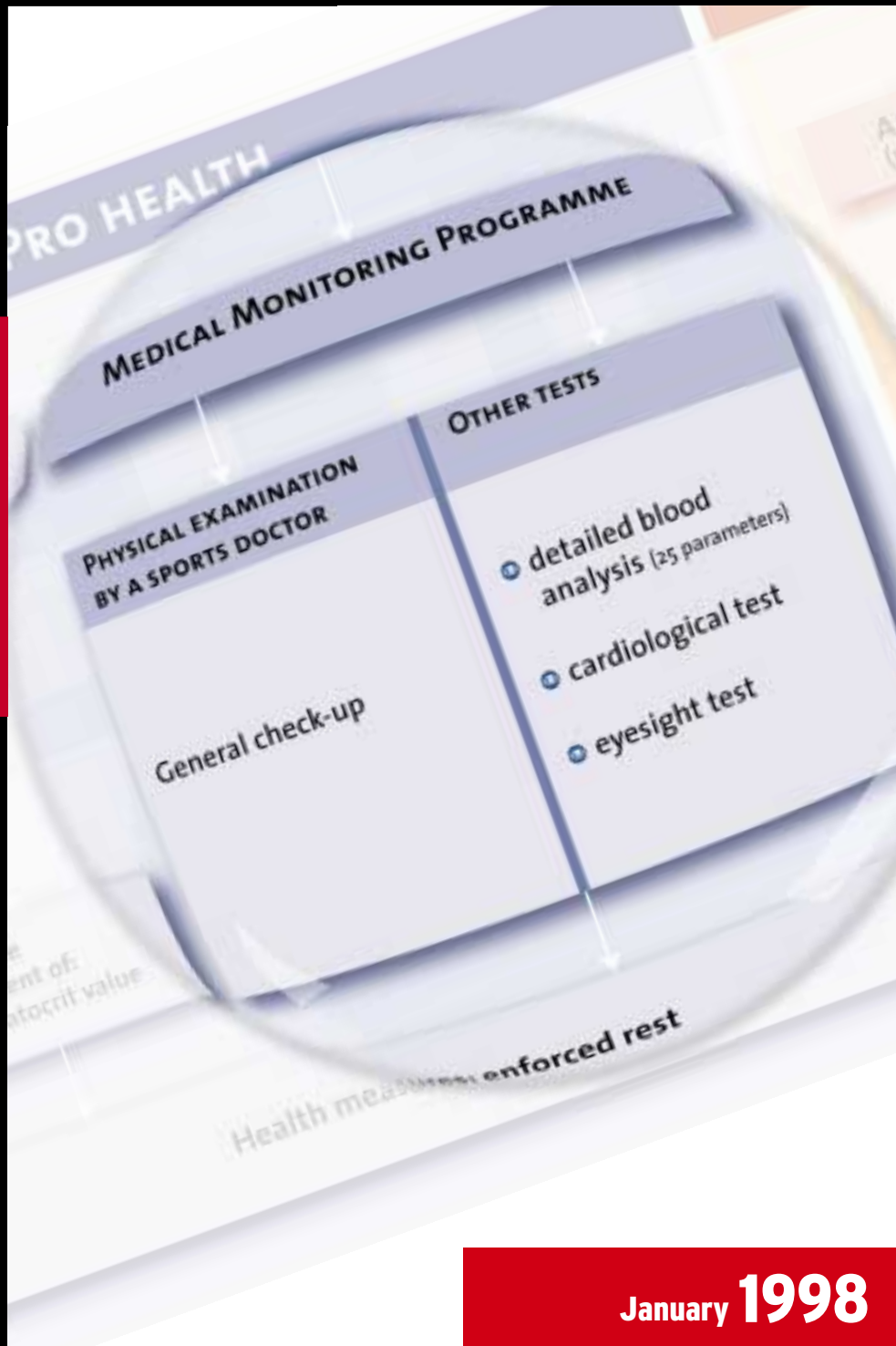
OBJECTIVE: PROTECTING THE HEALTH OF THE RIDERS

By establishing the new Sporting Safety and Conditions Commission (SSCC) on 24 January 1997 (→16), the UCI first of all gave it responsibility for planning blood tests.

With scientists not yet being able to detect exogenous (artificial) EPO, the cycling world responded by instituting blood tests which at least allowed measuring the riders' haematocrit level. These blood tests, which should not be confused with antidoping examinations, are the equivalent of a medical examination whose purpose is to detect and prevent health risks that are deemed unacceptable. If the haematocrit limit value is exceeded, only a declaration of incapacity (temporary inactivity) is imposed on the rider, which in no case constitutes a sanction, but rather an act of protection.

The procedure for carrying out blood tests is set out in detail in chapter XIII of the "UCI Cycling Regulations":

- each rider shall be called individually;
- several criteria exist for determining which riders shall undergo a blood test:
 - ⊗ UCI individual classification;
 - ⊗ general classification of a stage race;
 - ⊗ drawing of lots;
 - ⊗ designation by name;
- the blood tests and analyses are carried out by an independent institute designated by the SSCC
- approximately 5 millilitres of blood is taken from each rider.



January 1998

A TREMENDOUS INNOVATION: MEDICAL MONITORING

19

A TREMENDOUS INNOVATION: MEDICAL MONITORING

Medical monitoring, which is well-known in the world of work, constitutes a tremendous innovation in sport. It consists of a total of four medical examinations spread over the year:

- a physical examination by a sports doctor (general check-up);
- a complete blood analysis (carried out by a UCI-accredited laboratory);
- a cardiological test;
- an eyesight test.

As early as January 1998, the UCI's Management Committee approved the principles of medical monitoring. The regulation was drawn up on 16 and 17 July 1998, following a meeting of the Management Committee during the Junior World Track Championships in Havana; since January 1999, medical monitoring has been obligatory for riders of trade teams I and II.

Objective: to quickly detect a medical abnormality related to the practice of the sport. The team managers and team doctors are responsible for the organisation of the tests, which are supervised by an independent institute accredited by the UCI. The results are communicated to the UCI-appointed checking doctor who checks the conformity of the tests. The medical record is strictly confidential.

The UCI's pro-health and anti-doping efforts have thus been considerably strengthened. The first part now consists of two elements:

- *blood tests*, which allow testing the hematocrit level,
- *medical monitoring*, which allows detecting any physical or psychological problems.

These tests have nothing to do with the antidoping tests. They do not involve any disciplinary sanction, but can lead to, depending on each case:

- additional investigations (to identify a serious health problem in an athlete);
- a declaration of unfitness as a preventive measure, whose length is decided by the checking doctor;

NB: Refusal to undergo medical monitoring can result in an administrative fine or a suspension.

These are therefore essentially medical protection measures, as Dr Schattenberg, Chairman of the Sporting Safety and Conditions Commission which developed the programme, has pointed out!



May 1998

FAST AND APPROPRIATE RESPONSE TO PFC

20

FAST AND APPROPRIATE RESPONSE TO PFC

When the UCI realised that it was now possible to illegally procure, particularly via the Internet, the dangerous substance PFC (perfluorocarbon), it alerted its partners in the cycling world. In a letter dated 14 May 1998 to the trade teams, it pleaded with them not to resort to it and warned:

"The UCI will take strict action against all those who use this prohibited substance or who are involved in its distribution or administration".

So this is how PFC first appeared in the world of sport. This synthetic substance is used to improve the transport of oxygen to the muscles and the brain, and to conduct carbon dioxide towards the lungs (→ 32). What is worrying is that even doctors refrain from using it because they are not yet certain of all the effects it has. Extract from a research study:

"It is conceivable that the use of fluorocarbon solutions combined with procedures of preoperative haemodilution with auto-transfusion could, in the relatively near future, make it possible to avoid using autologous transfusions during the operation. Clinical trials are underway to continue to assess their effectiveness and tolerance". (UPML study, 1996)

From the beginning of the 1999 season, PFC was put on the list of prohibited substances. The UCI, which in August 1998 commissioned the University Institute of Legal Medicine (IUML) in Lausanne, headed by Prof. Patrice Mangin, to checking for any presence of PFC in the blood of riders, has never recorded an offence.



January 1999

WHO IS TO BLAME?

21

WHO IS TO BLAME?

The extension of disciplinary sanctions to include the professional riders' supervisory staff (→ 03) took shape in January 1999.

To reinforce the professional status of the occupations connected with cycling (team manager, team leader, team doctor and attendant), the UCI added three points to its rule book; they concerned:

The team managers / team leaders:

- *The team manager or team leader must hold the appropriate licence.*
- *He must constantly and systematically strive to protect and improve the working conditions, health and safety of the trade team's or team's riders.*

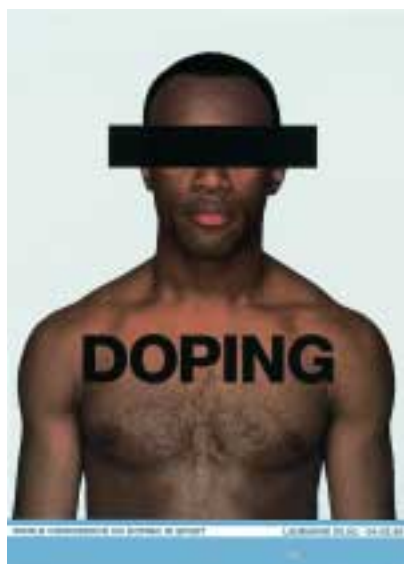
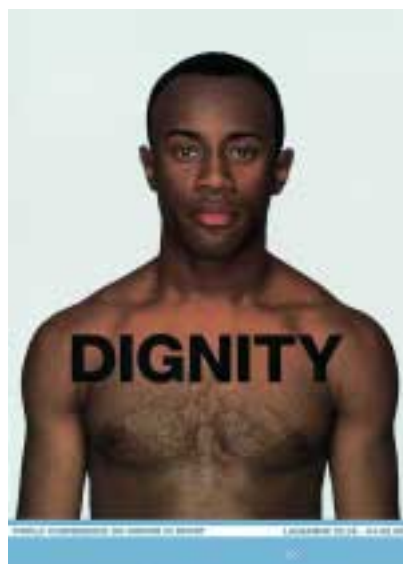
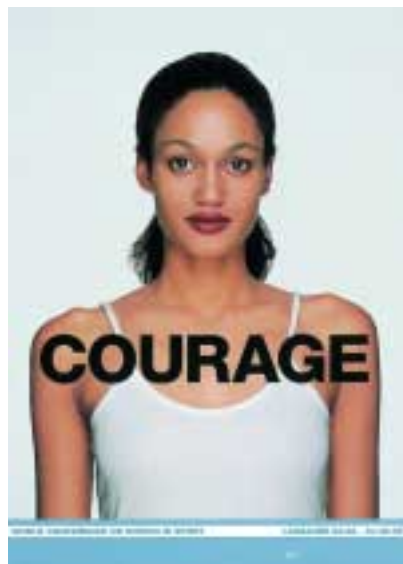
The team doctors:

- *Only a doctor who holds a licence issued by a national federation may practise as a team doctor.*
- *Those involved must meet the following conditions:*
 - *hold a recognised qualification as a doctor of medicine,*
 - *have successfully followed a course of specialist training in sports medicine,*
 - *have passed an examination organised by the national federation on the regulations (UCI and national federation) on matters affecting riders' health and on the "code of conduct for sports doctors".*
- *The health of the athlete as an individual must always remain the key concern of the doctor.*

The attendants (paramedical assistants):

- *No-one may act as an attendant without holding a licence*
- *The attendant must respect, and ensure respect for, the imperatives of the rider's health, the ethics of the sport, and the regulations of the UCI and the national federations.*

This is how specialisation is encouraged and responsibilities are clearly defined. It would in fact be unacceptable for people lacking in competence – even charlatans – to be allowed to take charge of the health and safety of the riders, without incurring any risks when an offence is committed.



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February 1999

THE FIGHT AGAINST DOPING: A DIFFICULT BUT SALUTARY TASK!

22

THE FIGHT AGAINST DOPING: A DIFFICULT BUT SALUTARY TASK!

Reflections by Mr. Hein Verbruggen, President of the UCI, on the UCI's philosophy in the fight against doping (World Conference on Doping in Sport, 2 February 1999, in Lausanne).

On the **structure of the sport**:

"We must face up to a sporting structure which, in many instances, is still a product of amateurism while being increasingly confronted with body of extremely professional people surrounding the athletes. This executive staff increasingly includes elements such as doctors and lawyers who specialise in the art of balancing in the narrow margin between what is and is not tolerated at the medical and legal level".

On the **trend towards wishful thinking**:

"We can continue to shout loud and clear that "fair play" is an absolute principle of the practice of sport, but the reality is that we have not in fact succeeded in getting the athletes to adhere to this, particularly when it comes to doping".

On the **difficulty of defining doping**:

"Doping may be the consequence of the exogenous application of certain substances, but not everything that is applied by exogenous means is doping. It is therefore our regulations which determine what is and is not deemed to be doping. The question at issue is to identify what is fair and what is unfair in sport. These are questions that I, too, am confronted with, but we cannot avoid answering them".

On the **attitude of athletes towards doping**:

"Athletes could be put into categories:

1. *those who would deliberately use doping substances, a minority in my view;*
2. *those who would rather avoid them but use them because they are not sure what their competitors' attitude is;*
3. *those who do not use doping substances but who benefit from ongoing medical assistance (and thus exogenous products);*
4. *those who reject any 'medicalisation', a minority in high-level sport, I fear.*

Categories 1 and 2 are seasoned drug users but, if we could protect category 2 better from category one, we would have resolved a large part of the problem."



February 1999

**"LAUSANNE DECLARATION"
AN ANTIDOPING CHARTER FOR ALL SPORTS**

23

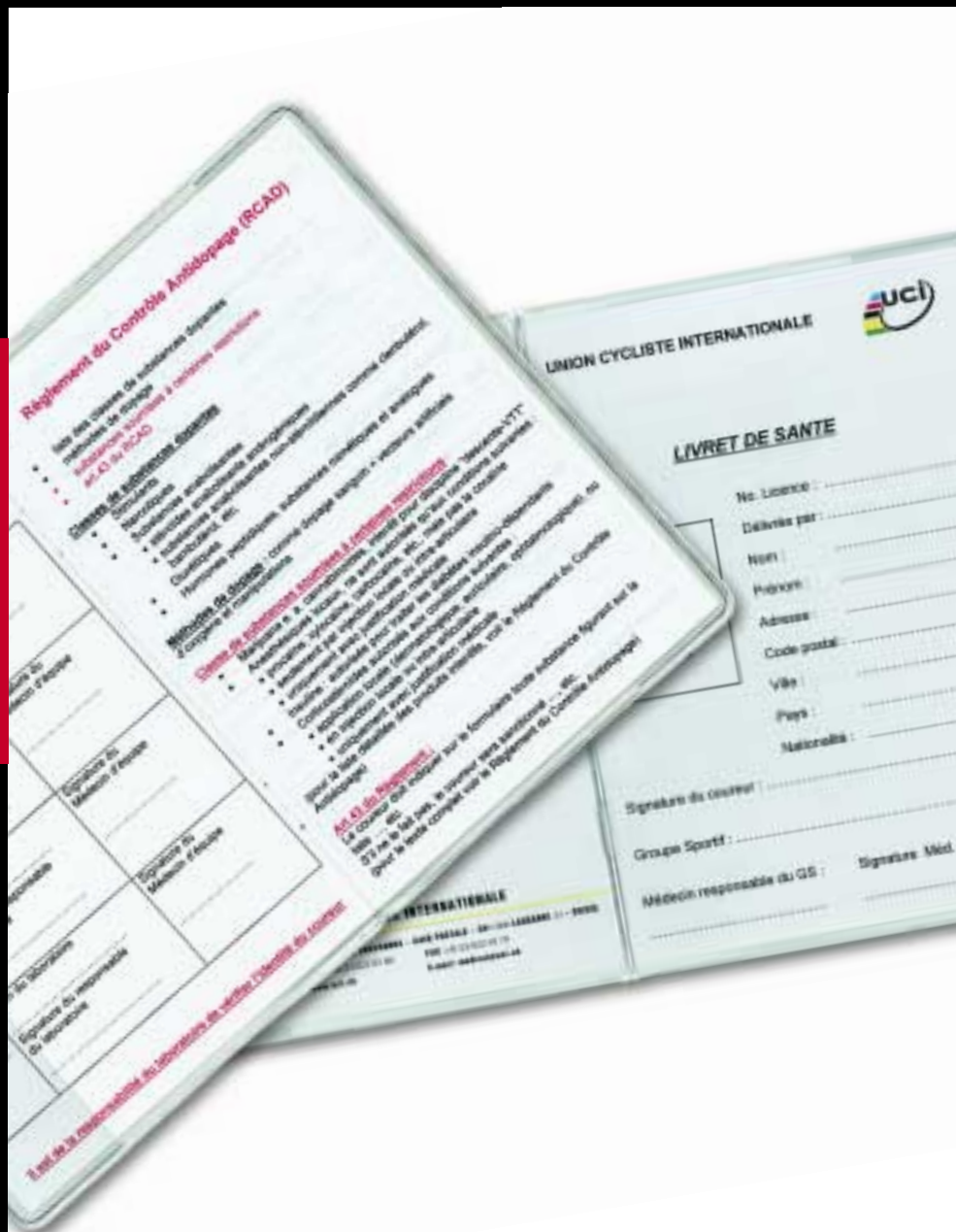
"LAUSANNE DECLARATION" AN ANTIDOPING CHARTER FOR ALL SPORTS

The UCI very actively supported the resolutions of the World Conference on Doping in Sport, organised by the International Olympic Committee on 2 February 1999 in Lausanne. The aims of the IOC correspond to its own expectations in this matter. The best news? The creation of WADA, the *World Anti-Doping Agency* (→ Annexe V).

Extracts from the final declaration of the conference:

- *The Olympic Movement Anti-Doping Code applies to all athletes, coaches, instructors, officials, and to all medical and paramedical staff working with athletes.*
- *The sanctions which apply to doping violations will be imposed in the framework of controls both during and out of competition.*
- *An independent International Anti-Doping Agency shall be established. This institution will have as its mandate, notably, to co-ordinate the various programmes necessary to realise the objectives that shall be defined jointly by all the parties concerned. Among these programmes, consideration should be given in particular to:*
 - *expanding out-of-competition testing;*
 - *co-ordinating research;*
 - *promoting preventive and educational actions;*
 - *harmonising scientific and technical standards and procedures for analyses and equipment.*
- *The Olympic Movement commits itself to allocate a capital of US\$25 million to the Agency.*
- *The collaboration in the fight against doping between sports organisations and public authorities shall be reinforced. Together, they will also take action in the areas of education, scientific research, social and health measures to protect athletes, and coordination of legislation relative to doping.*

Let us recall that the UCI is one of 35 international sports federations (F.I.) that form part of the Olympic Movement.



January 2000

**THE RIDER'S HEALTH RECORD BOOKLET
A FIRST IN THE WORLD OF SPORT**

24

THE RIDER'S HEALTH RECORD BOOKLET A FIRST IN THE WORLD OF SPORT

The health record booklet, which has been made obligatory for each cyclist of Trade Teams I and II for the entire duration of his career, consists of four parts:

1. Medical monitoring and blood tests;
2. Antidoping Examination Regulation (AER);
3. Therapeutic justification;
4. Products authorised temporarily with a medical prescription.

Its introduction on 10 January 2000 reinforces the principles of the athlete managing his own health and taking personal responsibility in cases of doping. The idea came from the Sporting Safety and Conditions Commission (SSCC); its Chairman summarises the aims of the Booklet as follows:

"To follow on from the various questions raised with regard to the riders' medical certificates, as well as those relating to the responsibility of a team doctor regarding the riders' health, we plan to institute shortly a personal record of prescriptions for each rider. Each time a product is administered to a rider, it must be entered in the record".

Dr. Schattenberg saw this having the following particular advantages:

- it enables the team doctor to know what the rider has been given by another doctor; in this way, an innocent person can no longer be held responsible for a positive antidoping test;
- the taking of "products subject to certain restrictions" must be recorded and justified for a medical reason. This avoids the obligation to submit a medical certificate each time, which is a potential source of cheating;
- the presence of certain substances in the body can continue for a long period. Riders often forget that they have undergone a course of treatment. The record acts as proof for this type of prescription, and allows dispensing with the need to ask for evidence, which can be post-dated;
- the details contained in the record are useful as proof of medical monitoring.

With the rider's personal health record booklet, the UCI confirmed its leading position in the fight against doping. This pioneering role, evidenced for more than 30 years (see "A long history"), underlines its determination in this matter.



January 2000

COMPLETE HEALTH PROGRAMME FOR ALL RIDERS

25

COMPLETE HEALTH PROGRAMME FOR ALL RIDERS

From the year 2000, the medical monitoring programme, set up progressively since January 1999, became obligatory for all professional riders of Trade Teams I and II. This was decided by the Management Committee with the scientific backing of the medical staff of the principal national federations.

With the *blood tests* and the *personal health record* (→ 15, 24), cycling now has a complete health programme. This programme cannot, of course, be considered as a solution to the problem of undetectable substances, but given the current state of knowledge and possibilities, it indisputably represents a responsible attitude and is a major step in the right direction.

The national federations are responsible for implementing the medical monitoring programme for all classes of riders who are affiliated to them (women, riders under 23 and juniors). It is thanks to their co-operation, too, that cycling will become the sport where the license-holder is best protected against the harmful effects of doping and the physical dangers inherent in the assiduous practice of competition sport.

To achieve this result, the UCI and its scientific partners conducted broad consultations with the doctors of the main national federations.



29 laboratories accredited by the UCI throughout the world.

May 2000

GLUCOCORTICOSTEROIDS CAN BE DETECTED

26

GLUCOCORTICOSTEROIDS CAN BE DETECTED

Since May 2000, UCI has been the first international sports federation to systematically include the detection of glucocorticosteroids in its antidoping tests.

Glucocorticosteroids have long been known in sporting circles. Moreover, they have been on the UCI's list since 1980. Unfortunately, they remain very difficult to detect. But in 2000, a method was developed: they can be isolated in the urine.

As soon as it was made aware of this, the Antidoping Commission asked the accredited laboratories in a letter dated 22 May 2000 to include this substance in their research into doping agents.

This example confirms the effectiveness of the antidoping structure and measures co-ordinated by the UCI (ADC, MC, SSCC, CFAD, Appendices I, II, III, IV).

Remember: in April 2001, 29 prestigious laboratories throughout the world were given accreditation by the UCI. Sixteen are in Europe, six in America, five in Asia, one in Africa and one in Australia. All conform to the same strict standards: they are able to tackle all the tests necessary for the fight against doping, and 25 of them are on the list of top-class institutions drawn up by the IOC. Keen to ensure a better spread of expertise, particularly outside of Europe, the UCI accredited four new laboratories in spring 2001, three in South America and one in the United States.



April 2001

EPO IS DETECTABLE: THE "MONSTER" HAS BEEN VANQUISHED

Tour des Flandres 2001

27

**EPO IS DETECTABLE:
THE "MONSTER" HAS BEEN VANQUISHED**

Success at last! During the Tour des Flandres, on 8 April 2001, the UCI proceeded with antidoping tests that can detect if exogenous EPO has been taken. The analyses of 40 riders who were tested were given to the laboratory of the University Institute of Legal Medicine (IUML) in Lausanne, and all produced negative results.

No reliable method of detection existed previously. The blood tests set up by the SSCC (→ 15) measured the haematocrit value of riders, but were unable to detect its source – endogenous or exogenous (artificial). For health reasons, and not so much as a sanction, riders whose value exceeded 50% (47% for women) had an enforced rest period of 15 days imposed on them.

The situation changed drastically at the beginning of 2001. Thanks to the laboratory of Châtenay-Malabry (F), led by Prof. de Ceaurriz, it is now possible to prove through a urine test that a person has taken EPO to artificially enhance their performance. In close co-operation with other federations, the UCI validated the new test on 1 April 2001.

EPO, the star doping substance of the 1990s, captured the attention of the sporting world and of numerous laboratories for more than ten years. The sports federations were clearly unable to fight as effectively as they wanted to against a substance that remained undetectable for the researchers themselves. This problem has now been overcome, the "monster", while not having been completely defeated, has at least been seriously injured!



2001

THE WIDER UCI RADIUS

28

THE WIDER UCI RADIUS

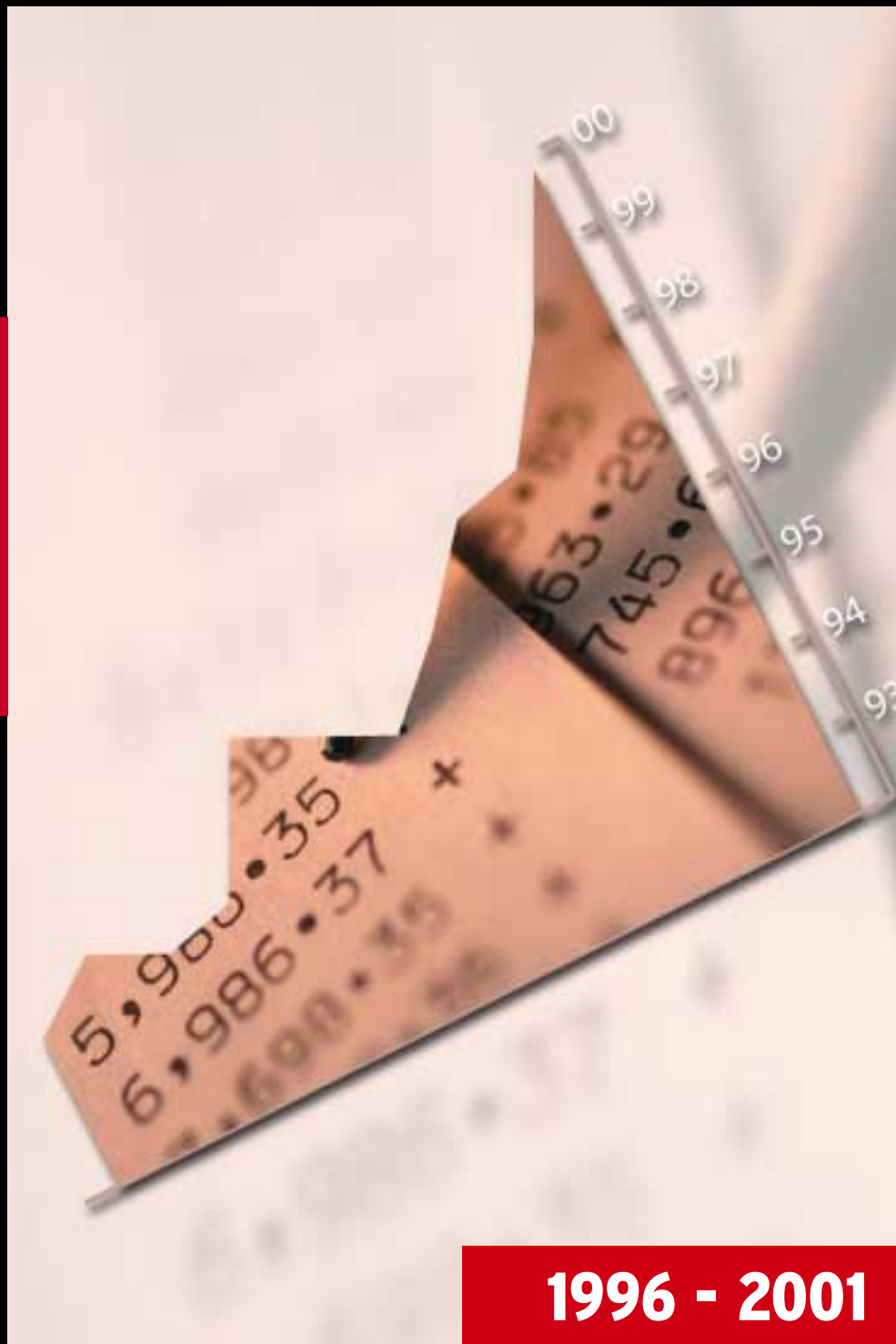
The UCI's ongoing commitment to the fight against doping is not limited to its headquarters in Lausanne in Switzerland. It is increasingly apparent that the entire cycling community is ready to take up the challenge by making it part of its list of priorities from now on.

The UCI notes with satisfaction that the concept of an *antidoping culture* is not an empty phrase, since it exerts a growing and tangible influence on all those involved in cycling. It welcomes, in particular, the initiatives taken by the organisers of large-scale events, who are in increasing numbers taking steps likely to strengthen this fight.

Ethical concerns are at the centre of these actions, as is shown by the adoption of codes of ethics advocating the sporting spirit which must underlie any competition; riders, team managers and doctors are committing themselves, on their honour and in writing, to abide by the code's principles and the modalities.

At the level of protection, a prior medical examination – including a test of the biological blood parameters and of the haematocrit value – and awareness-raising sessions about the risks of doping are organised for all the riders in the days preceding major competitions.

More generally, the facilities made available by the organisers for the tests and analyses have been improved so that they are performed under the best possible conditions.

**1996 - 2001****THE COST OF THE FIGHT AGAINST DOPING****29****THE COST OF THE FIGHT AGAINST DOPING**

The amounts the UCI contributes to the fight against doping are mainly allocated to scientific research programmes, to the operating budgets of the commissions, as well as to establishing antidoping tests and analyses set up during the various world championships for which it is responsible.

The national federations and the organisers of cycling races are not to be outdone either. They devote the equivalent of CHF 2.5 million each year to the fight against doping. Both are in fact required to set up a structure of antidoping tests at the end of organised races, with the national federations also bearing the costs involved in health check-ups.

Scientific research into doping is extremely complex and makes use of leading researchers and avant-garde technologies, so it is to be expected that it absorbs a large proportion of expenditure which the UCI devotes to the fight against doping. The cheaters, who sometimes assume the frightening role of human guinea pig by abusing certain products, rather complicate the task of the researchers. Most of the substances they take are the result of the latest scientific innovations, sometimes these are substances that have not even been tested yet, which makes their detection that much more difficult and particularly expensive.

The proportion of the total UCI budget devoted to the fight against doping and to scientific research into it is constantly increasing. The amounts allocated for this purpose represent very nearly 10% of its annual budget.

Although high, the price to be paid is not heavy when it comes to protecting the health and human life of those threatened by the horrors of doping. With this in mind, and irrespective of the fact that doping is above all the responsibility of each individual, the UCI is also assuming its responsibilities. Beyond any financial concerns, it puts a great deal of effort into guaranteeing to all its licence-holders that their physical integrity is respected when practising their sport, and into the strict observation of the sports ethic.



April 2001

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THE SYSTEM FOR DETECTING EPO RECOGNIZED BY WADA

The World Anti-doping Agency (WADA) was established on 10 November 1999, following the Lausanne Conference on Doping in Sport (→ 23).

True to its mission, which consists of co-ordinating the fight against doping at all levels, WADA organised a meeting on 11 April 2001 in Lausanne between the International Ski Federation (FIS), the International Biathlon Union (IBU), the International Skating Union (ISU), the International Cycling Union (UCI) as well as the International Amateur Athletic Federation (IAAF). The agenda: a round-table discussion about the status of the detection of the use of banned oxygen carrying factors, such as EPO.

In its press release issued at the end of these discussions, the participants agreed that: *current detection methods, through the use of blood and urine testing, can be effective measures to deter the use of these banned substances and methods. The need to extend the use of these tests for in and out-of-competition testing to have the maximum impact was also recognised.*

Remember that the UCI, by validating the urine tests developed at the laboratory of Châtenay-Malabry (→ 27) from 1 April 2001, helped to resolve a confused situation. By doing so, it greatly contributed towards progress in the fight against doping at world sport level.

By agreeing on the effectiveness of this method, WADA and the four International Federations cited paid tribute to the serious and effective nature of the UCI's work. The backing of the umbrella organisation in the fight against doping thus acknowledges the ongoing commitment, both human and financial, of the last years, in which the UCI has occupied a leading place.



April 2001

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THE TRAGIC SIDE-EFFECTS OF DOPING

Most athletes who abuse drugs are often unaware of the terrible risks to which they expose themselves. Scientists remain vague when it comes to assessing the effects of a substance on athletic performance, though they are aware of the dangers associated with the misuse or abuse of certain products.

In April 2001, a study by Dr. Rivier and Dr. Saugy and Prof. Mangin of the University Institute of Legal Medicine (IURL) in Lausanne drew up a list of the principal doping substances and their side-effects. When reading this, one becomes aware of the toxicity of the doping agents most widely used in cycling in the last ten years.

Some side-effects of these substances are:

EPO (erythropoietine)

- Hypertension
- Vascular thromboses
- Convulsions

PFC (perfluorocarbons)

- Kidney, liver and lung toxicity
- Blood infections
- Embolism and thromboses

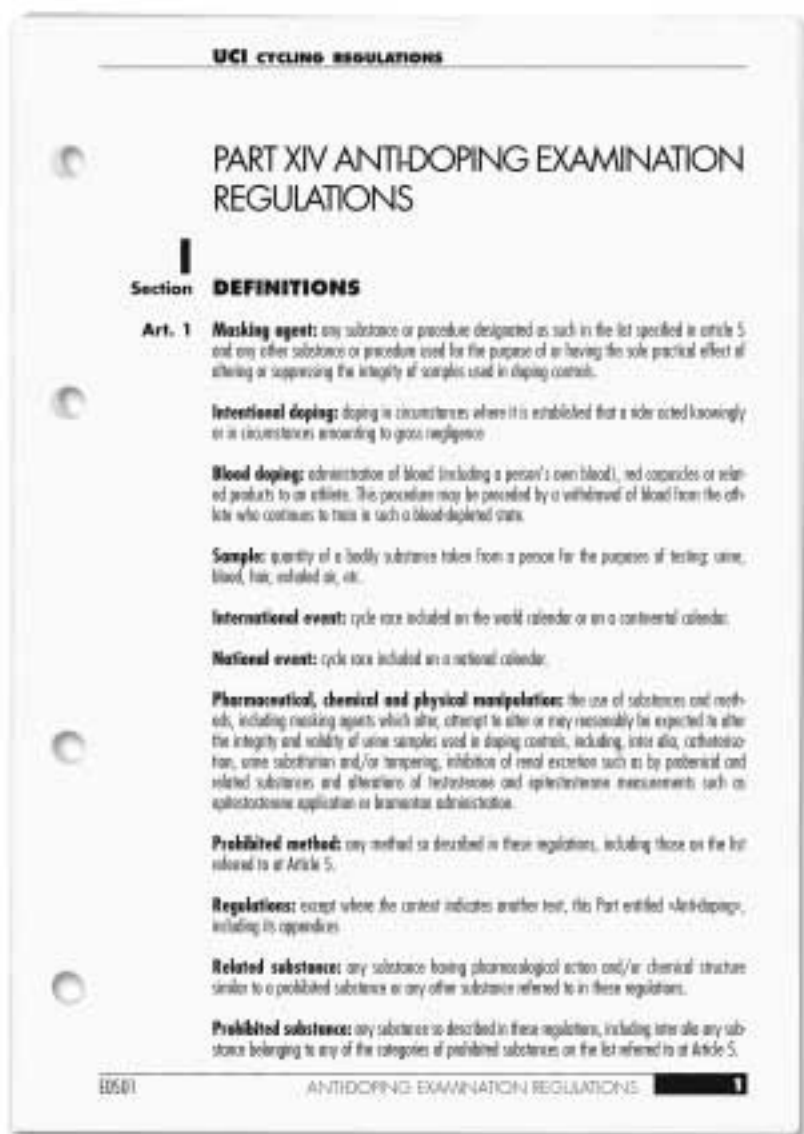
Steroids

- Risks of liver and prostate cancer
- Infarction of the myocardium
- Disappearance of sperm in the semen, reversible sterility
- Masculinisation in women, feminisation in men

Corticosteroids

- Increase in blood pressure
- Decrease or even arrest in the growth in young athletes
- Psychiatric disorders

This study has been sent to all the partners in the cycling community (trade teams, team doctors, National Federations).



July 2001

HARMONISATION OF THE ANTIDOPING REGULATIONS

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HARMONISATION OF THE ANTIDOPING REGULATIONS

To strengthen the effectiveness of the fight against doping, it is essential to harmonise the numerous regulations that are currently in force across the world. To achieve this objective, the "Lausanne Declaration" (→ 23) stipulates that the Anti-doping Code of the Olympic Movement will from now on form the basis for the fight against doping. To conform to this Code, the UCI has decided to change certain points in its Antidoping Examination Regulation (AER).

The main innovation concerns the extension of its field of application. From now on, the AER will apply to all the national races which so far have been subject to the regulations of their own Federations. Each national federation will have to adapt its antidoping regulation by 1 January 2002 to come in line with the AER, in particular as regards:

- the definition of doping;
- the list of banned substances and prohibited methods;
- the analysis in an accredited laboratory;
- the sanctions;
- the right of appeal to the Court of Arbitration for Sport (CAS).

By contrast, the National Federations will retain control over the practical arrangements.

The new Antidoping Examination Regulation includes the option of carrying out tests other than taking urine samples; it reinforces the rights of defence and reforms the regime of sanctions.

The new regulation came into force on 1 July 2001. Without making truly revolutionary changes, the new provisions will make it possible to present a united front against doping at world level. By subjecting all the riders to identical regulatory provisions, cycling is eliminating one source of conflict connected to different interpretations, or even contradictions that might previously have appeared in the various regulations. It remains to be hoped that the national laws against doping will, in their turn, rapidly achieve a comparable degree of harmonisation.

Appendices

Appendix I

UCI ANTIDOPING COMMISSION (ADC)

Objective: fight against doping

1. Mandate:

- monitor the implementation of the Regulation (AER)
- draw up of the list of prohibited classes of substances and prohibited methods
- organisation of antidoping controls
- designation of the antidoping inspectors
- institute proceedings in case of a positive drug test result
- liaison with the accredited laboratories

2. Supporting regulation:

art. 69 of the UCI Constitution
point 14 of the Cycling Regulations

3. Composition: 3 members

- Werner Goehner (Germany), President
- Léon B.J.A. Schattenberg (Netherlands)
- Alain Calvez (France)

4. Staff:

Caroline Thom, coordinator
Antidoping Inspectors

5. Frequency of meetings:

twice a year (+ regular contact)

6. Date of creation:

31 January 1992

Appendix II

UCI MEDICAL COMMISSION (MC)

Objective: UCI liaison with scientists for the purpose of education and information for the sport of cycling

1. Mandate:

- Link between the scientific community and cycling
- Supervision of research activities
- Publications

2. Supporting regulation:

art. 69 of the UCI Constitution

3. Composition: 4 members

- Francesco Conconi (Italy), President
- Fernando Astorqui Zabala (Spain)
- Léon B. J. A. Schattenberg (Netherlands)
- Johan Van Lierde (Belgium)

4. Staff:

Caroline Thom, coordinator

5. Frequency of meetings:

twice a year (+ regular contact)

6. Date of creation:

6 March 1964

Appendix III

UCI SPORTING SAFETY AND CONDITION COMMISSION (SSCC)

Objective: ensure medical monitoring, promote the health of riders

1. Mandate:

- Monitor the implementation of the SSCC Regulation
- Establish and verify the implementation of medical monitoring
- Organisation and planning of blood tests
- Liaison with the accredited laboratories

2. Supporting regulation:

art. 69 of the UCI Constitution
part 13 of the Cycling Regulations

3. Composition: 8 members, 2 advisors

- Johan van Lierde (Belgium), President
- Werner Göhner (Germany)
- Xavier Jan (France), Riders' representative
- Francis Lafargue (France), Trade team representative
- Patrick Lefèvre (Belgium), Trade team representative
- Daniel Malbranque (France), Trade team representative
- José Rodriguez Garcia (Spain), Riders' representative
- Massimo Testa (Italy), Team doctors' representative
- Léon B.J.A. Schattenberg (Netherlands), Advisor
- Philippe Verbiest (Belgium), Advisor

4. Staff:

- Mario Zarzoli, Checking doctor
- Sandrine Martelli, coordinator
- Medical Inspectors
- Approved doctors

5. Frequency of meetings:

twice a year (+ regular contact)

6. Date of creation:

6 March 1997

Appendix IV

COUNCIL FOR THE FIGHT AGAINST DOPING (CFAD)

Objective: financing the fight against doping

1. Mandate:

- Collect funds from the UCI's partners for the fight against doping

2. Supporting regulation:

art. 69 of the UCI Constitution

3. Composition: 9 members

- Hein Verbruggen (Netherlands), President
- Werner Göhner (Germany), Vice-president
- Daniel Baal (France), Representative of the National Federations
- Patrick Lefèvre (Belgium), Trade Team representative
- Francis Lafargue (France), Trade Team representative
- Johan Lammerts (Netherlands) Trade Team representative
- Alexandre Houlmann (Switzerland), Organisers' representative
- Gregorio Moreno (Spain), Organisers' representative
- Maurizio Fondriest (Italy), Riders' representative

4. Frequency of meetings:

twice a year (plus regular contact)

5. Date of creation:

17 July 1998

Appendix V

WORLD ANTIDOPING AGENCY (WADA)

The creation of WADA was decided at the end of the World Conference on Doping in Lausanne in February 1999; it was established on 10 November 1999. The UCI has made a strong commitment to it, and its President is a member of the Agency's Foundation Board.

1. Mandate:

- promote and coordinate the fight against doping in sport;
- reinforce the ethical principles for the practice of doping-free sport;
- protect the health of athletes;
- keep the list of prohibited substances and methods up-to-date;
- organise out-of-competition testing;
- draw up and harmonise antidoping standards and procedures;
- harmonise the disciplinary procedures;
- develop educational and preventive programmes;
- support antidoping research.

2. Composition:

- the public authorities of the 5 continents
- the Olympic Movement:
 - ⊙ the International Olympic Committee (IOC)
 - ⊙ the International Federations (I.F.)
 - ⊙ the National Olympic Committees (NOC)
 - ⊙ The Athletes' Commission

3. Organisation:

- Foundation Board
- Executive Committee
- five working committees:
 - ⊙ "Ethics and Education"
 - ⊙ "Finance et Administration"
 - ⊙ "Health, Medicine and Research"
 - ⊙ "Legal Committee"
 - ⊙ "Standards and Harmonisation"

Appendix VI

COURT OF ARBITRATION FOR SPORT (CAS)

Established in 1983 by the International Olympic Committee, this organisation has been completely independent since 1994. The CAS is under the authority of the International Council of Arbitration for Sport (ICAS) which monitors the administration and funding of the Court.

1. **Mandate:**

- settle legal disputes arising in the specific field of sport
- offer arbitration by an institution that is independent of any sports body
- since 1 November 1994, only the CAS has the authority to make rulings in the final instance on cases of doping in cycling

2. **Composition:**

150 arbitrators from 37 countries

3. **Organisation:**

- Ordinary arbitration chamber
- Appeals arbitration chamber

4. **Date of creation:** 1983



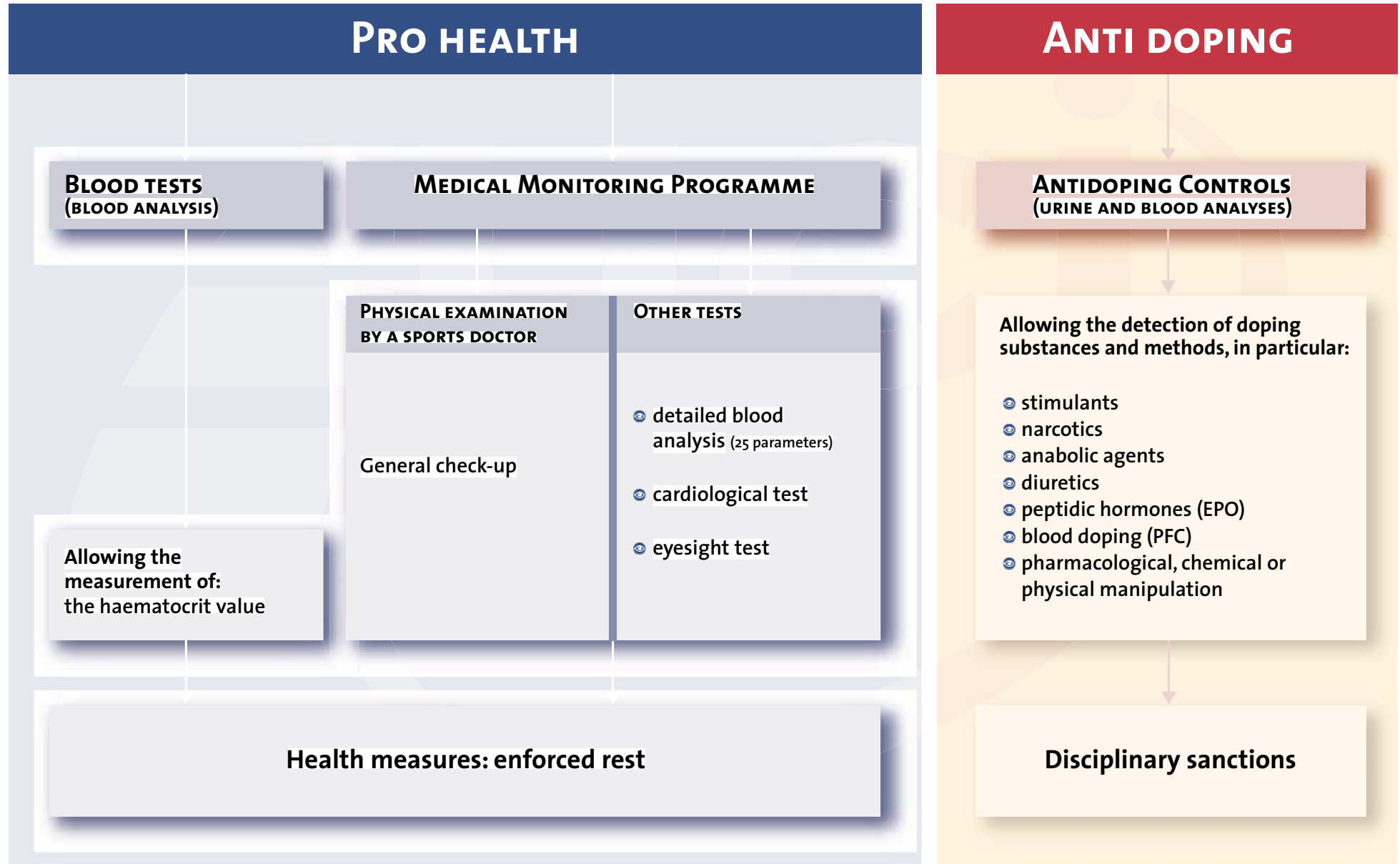
ORGANISATION CHART

How does the UCI organise its fight against doping?



Appendix VII

How does the UCI carry out its pro-health and antidoping programme?



Impressum

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