



EUROPEAN GROUP ON ETHICS
IN SCIENCE AND NEW TECHNOLOGIES
TO THE EUROPEAN COMMISSION

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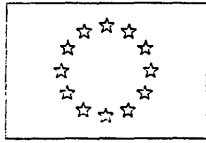
ADOPTION OF AN OPINION ON DOPING IN SPORT
ADOPTION D'UN AVIS SUR LE DOPAGE DANS LE SPORT

THE EUROPEAN GROUP ON ETHICS IN SCIENCE AND NEW TECHNOLOGIES (EGE)
LE GROUPE EUROPÉEN D'ETHIQUE DES SCIENCES ET DES NOUVELLES TECHNOLOGIES (GEE)

11 November 1999 / *11 Novembre 1999*

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OPINION OF THE EUROPEAN GROUP ON ETHICS
IN SCIENCE AND NEW TECHNOLOGIES
TO THE EUROPEAN COMMISSION

No 14

11 November 1999

ETHICAL ASPECTS ARISING FROM DOPING IN SPORT

Reference : Opinion requested by the European Commission on 22 April 1999

Rapporteurs : Prof. D. Mieth and Dr. M. Sorsa

The European Group on Ethics in Science and New Technologies (EGE),

Having regard to the request for an Opinion by the European Commission of 22 April 1999 on doping in sport,

Having regard to the Treaty on European Community, and in particular its Title XIII and Article 152 on public health and its Title III and Article 39 on free movement of persons, services and capital,

Having regard to the Treaty on European Union, and in particular its declaration on sport adopted by the Conference,

Having regard to the Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work,

Having regard to the Council Directive 94/33/EC of 22 June 1994 on the protection of young people at work,

Having regard to the Presidency conclusions of the December 1998 Vienna Council on doping in sport,

Having regard to the Resolution of the Council and of the Representatives of the Governments of the Member States of 3 December 1990 on Community action to combat the use of drugs, including the abuse of medicinal products, particularly in sport,

Having regard to the Declaration by the Council and the Ministers for Health of the Member States, meeting within the Council of 4 June 1991 on action to combat the use of drugs, including the abuse of medicinal products, in sport,

Having regard to the Resolution of the Council and of the Representatives of the Governments of the Member States on a code of conduct against doping in sport adopted in 1992,

Having regard to the European Parliament Resolution of 17 December 1998 on urgent measures to be taken against doping in sport,

Having regard to the European Parliament Resolution of 13 April 1999 on criminal procedures in the European Union,

Having regard to the Final declaration of the informal meeting of Ministers in January 1999 in Bad Godesberg,

Having regard to the Council Presidency conclusions of the informal meeting of the Sport Ministers on 31 May to 2 June 1999 in Paderborn,

Having regard to the Commission staff working paper "The development and prospects for Community action in the field of sport" of 29 September 1998

Having regard to the European Commission "non paper" "The fight against doping in sport : options for European Union action" of 12 January 1999,

Having regard to the DG X (Information, Communication, Culture, Audiovisual) consultation document "The European model of sport" of November 1998,

Having regard to national regulations and opinions expressed by national ethical bodies within the European Union on doping in sport,

Having regard to the Council of Europe Anti-doping Convention adopted on 16 November 1989 and to the further extensive work deriving from it,

Having regard to the Council of Europe's European Charter on Sport of 24 September 1992 and its Recommendation R(92)14 on the Code of Sporting Ethics, the purpose of which is to ensure that safe and healthy sport, accessible to all, is practised at all levels,

Having regard to the United Nations Convention on the Rights of the Child adopted by the General Assembly on 20 November 1989,

Having regard to the Universal Declaration on the Human Genome and Human Rights adopted by the General Conference of UNESCO on 11 November 1997,

Having regard to the Lausanne declaration on doping in sport adopted by the World Conference on Doping in Sport on 4 February 1999,

Having regard to the hearing held on 21 September 1999 by the EGE, with experts, representatives of the European Institutions and of interest groups (health, sport federations, industry, religions),

Having heard the rapporteurs.

1- WHEREAS

1.1 Historical background

Sport, as a physical activity, combines, to varying degrees, play and competition. Historical references to the Olympic Games go back as far as the 8th century B.C. These high-level competitions, where the best athletes were crowned victors, also served to unite and pacify the Greek world, acting as a kind of substitute for war (fighting was suspended for their duration). But the Greeks also practised sports outside the Games: physical exercise formed an integral part of their humanistic teaching, which sought to strike a balance between body and mind. Thus, from its very origins, sport has been driven by a dual philosophy which still applies today: the spirit of competition, seeking out "the best in the world", and the notion of *mens sana in corpore sano*.

The modern pattern of sports organisation first appeared in the 18th century - with the emergence of the first clubs in Great Britain - and became widespread in the course of the 19th century. New associations codified and institutionalised sports and drew a line between amateurs and professionals. The first national sports associations were founded at the end of the 19th century, as well as the first international federations. This process of institutionalisation at both national and international level continued throughout the first half of the 20th century, with the development and proliferation of new forms of communication (roads, railways, air travel, radio, press and, finally, television, internet) playing a key role. One of the movement's earliest achievements was the revival of the Olympic Games by Baron de Coubertin (1863-1937). The modern Games were held for the first time in Athens in 1896 and repeated at regular intervals, thus speeding up the internationalisation (and later globalisation) of sport and its emergence as a media spectacle.

At the same time as competitive sports were developing in the 19th century, another trend began to take hold. Originating in Switzerland and Germany, gymnastics or physical exercises were seen as an important contribution to health and personal fulfilment. This parallel development revived and updated the dual role which sport had played in the Ancient World.

Even if certain political and economic interests have always been connected with sport (taking for example the propaganda behind the Olympic Games in Berlin in 1936), it was mainly during the second half of the 20th century that sport has become increasingly bound up with - or even dominated by - considerations that previously had little bearing on it, whether they be those of the media (television in particular), money (economic interests, insurance, advertising), research and scientific and technical progress (including the growing influence of medicine) or politics (East-West rivalry, nationalist values, the promotion of democratic ideals). At the same time, the professionalisation and institutionalisation of sport has been constantly gathering pace (witness the power of the IOC and FIFA).

1.2 Doping in Sports

The use of drugs is evident throughout the history of sport. In the ancient Olympic games in Greece, and in the Roman period, drug use in sport was commonplace. Ancient Olympic athletes were reputedly willing to ingest any preparation which might enhance their performance, including extracts of mushrooms and plant seeds.

Prior to the implementation of drug testing programs in the late 1960s, the use of performance enhancing substances by athletes appeared to be commonly accepted within the international sporting community. However, a gradual series of events in modern sport history led to countries eventually speaking out against the harm that drugs were causing the individual and sport.

The first significant international anti-doping development occurred in 1960 when the Council of Europe, a group of twenty-one Western European nations, tabled a resolution against the use of doping substances in sport. France and Belgium enacted national doping legislation in 1963. The Medical Commission of the International Olympic Committee IOC was established in 1967. Governments and international and national sporting organisations continued to implement anti-doping initiatives throughout the late 1960s and 1970s. Drug testing became a more common feature of high-level sporting competition.

Unfortunately, the simple fact that testing programs were in operation did not guarantee their effectiveness. Not only were positive drug tests limited because of inadequate technology, but athletes learnt quickly how to beat the system. In 1983, drug testing strategies took an important step forward when analytical procedures were significantly refined. Today, doping in sport has reached a level of sophistication where athletes can use drugs either only during competition, or only during specific training periods, or throughout the year.

In recent years, doping cases have increasingly come under the media spotlight. 1998 saw a series of affairs relating to doping by sportsmen and women, most notably in the Tour de France, where the use of products such as EPO (erythropoietin) and anabolic steroids was revealed. This caused a large amount of media attention. The eventual winner of the 1998 Tour de France, the Italian Marco Pantani, was disqualified from the Giro d'Italia the following year for failing the blood test for use of EPO. These doping cases damaged the sport's image, provided unquestionable evidence of widespread doping practices, and focused public attention on the many divergent voices, opinions, and efforts at regulation surrounding this complex issue.

1.3 The Complexity of the Issue

The immediate reaction which doping in sport evokes is certainly negative. A sportsman/woman who dopes him/herself in order to perform better is quickly condemned. However, a closer look at the circumstances surrounding doping, and the variety of actors involved renders an immediate judgement or actions to be undertaken extremely difficult.

The variety of actors

The variety of actors involves the sportsman/woman's close environment, the coach, the medical practitioner, the masseur, the nutritional specialist, etc. as well as, in the case of children and adolescents, the parents. The wider environment is composed, inter alia, of the sport club, the sports federation, international organisations, the sponsors, the interim consultancy administrating the contracts between the athletes and the federations, the organizers of sports events, sports articles enterprises, the pharmaceutical industry, laboratories, the media, national public authorities in setting up a legal framework, judges, the state as promoter of the athlete as well as the general public carrying out sports activities and being spectators of sports events.

Some problems arising from the variety of actors

Against the background of this variety of actors, and consequently, variety of interests involved, the existing legal framework at the national and at the international level in the area of doping, leaves large space for interpretation about which instance is responsible in the decision-making process. For example, different rules with regard to sanctions, adopted by international sports federations and national competent authorities, regularly lead to disputes, in which the period of exclusion from competition varies between 3 months up to 2 years.

Federations have traditionally played an important role in setting rules, promoting the athletes as well as selling the sports events to the media. If taking into consideration that it is also the federations which carry out doping controls and their analysis, a conflict of competing interests is probable to arise.

When it comes to scientific and medical aspects of doping, it is difficult to draw the borderline between the medicalization of the sportsperson to preserve his/her health and the prescription of drugs to enhance performance. Most of the doping products – depending on the dosage and on the interaction with other products – are considered dangerous for the health. However, not every substance is unhealthy. Certain substances need to be prescribed to treat the sportsperson state of health, though, within the context of sport, considered as doping substance and thus legally banned. The right of the sportsperson to medical treatment could thus be jeopardised.

At the same time, the above-mentioned aspects need to be balanced against the fact that the sportsperson also has the choice to take any decision in a responsible way.

1.4 Scientific and Medical Aspects

Doping is closely linked to science and medicine. As such, the rapid development of new products and new technologies in these areas have influenced doping in sport. The constant and rapid rise of new substances, chemical modifications of old ones and new production techniques means that no list of prohibited substances can ever be complete. Another scientific ambiguity is that the inclusion criteria of the compounds might be vague or inconclusive, since the side effects of compounds and their various interactions cannot be extrapolated with certainty. Some prohibited substances may also find genuine use as therapeutic agents.

1.4.1 Doping agents and methods

Doping agents may be briefly classified based on their anticipated effect on sport performance or on training:

- a. Stimulating agents improve performance capacity and prevent tiredness (e.g. pain-relievers, cardio-respiratory analeptics and central nervous system stimulants).
- b. Substances acting on metabolism increase muscular working capacity (e.g. anabolic steroids, testosterone inducers, growth hormones and other hormone stimulants, somatostatins which inhibit normal growth, and diuretics which increase elimination kinetics and thus mask the uses of other substances).
- c. Ergogenic substances improve performance (e.g. erythropoietin and related substances which increase oxygen transport, substances which stimulate energy sources or act on body vigilance).

The rapid development of pharmaceuticals has, to a certain extent, replaced accepted procedures which were designed to improve oxygen transport such as training in high altitude environments.

Genetic technology is increasingly being used in the production of hormonal compounds (e.g. tissue-specific human growth factors) or drug proteins (e.g. erythropoietin (EPO)). Rapid advances are anticipated in the use of molecular genetic techniques for the production of better targeted pharmaceuticals. In the future, genetic technologies may also be applied to the screening of specific desirable or undesirable genetic combinations among top athletes.

1.4.2 *Detection methods*

Evidence of doping is demonstrated through the detection of prohibited substances or their metabolites, or unnatural dose levels of an endogenous substance found in the individual athlete's urine sample. Analytical screening methods are sensitive and sophisticated, but the quality of testing laboratories varies. It is possible to avoid detection by diluting or masking the urine sample with other substances or by carefully timing the drug use. Certain banned drugs used in training may be untraceable by the time competition and testing takes place, yet still provide the desired effects on performance. Certain banned drugs can be taken in dosages which do not exceed detection or banned levels; and certain drugs may be banned in one country or under the rules of one federation, but not in others.

Efforts to control and regulate doping in sport have become increasingly complex. Drug testing using blood samples is more accurate, but it is more expensive and requires specially trained personnel. To improve the reliability of doping detection, increased sampling validity is needed, both through routine and spot checks, as well as during competition and training periods. Furthermore, standardization of analytical methods, internal quality controls, and interlaboratory comparisons are necessary.

1.4.3 *Health-related aspects: sport and doping*

There are studies available on the beneficial effects of both elite and leisure time sports on life expectancy and on decreased morbidity, e.g. for hypertension, diabetes and heart disease

Despite such benefits, accidental deaths and injuries do occur in different kinds of sports both at amateur and top levels.

As far as top-level sport and its long-term effects are concerned, vascular problems, bone loss and late effects of frequent bone and joint microtraumas can occur. Repeated head injuries in some type of sports such as boxing or football can lead to loss of cognitive skills and weakening memory functions. Extensive training among young athletes can cause reproductive health problems and anorexia in females, although these problems are generally reversible.

There has been little systematic study of the health consequences of the use of doping agents in sports. It is difficult to carry out reliable epidemiological studies because of inconsistencies in the reporting of drug use among athletes.

Nevertheless, the overall toxicological and pharmacological evidence on drugs, together with case studies among patients and the few reported case studies among athletes, clearly suggests an association with health impairment. Such impairment is especially associated with the use of anabolic agents, with overdoses, long-term use and with drug interactions. Side effects such as liver damage and reproductive disorders have been reported in the treatment of patients with anabolic-androgenic steroids; consequently, similar effects can be suspected among athletes. Behavioural disturbance, addiction and mental health problems have also been associated with use of anabolic steroids and amphetamines.

1.5 Regulatory Aspects

Any attempt to coordinate anti-doping measures at the international level must overcome the problem that the legal provisions concerning doping vary considerably from country to country. This is evident from even a brief comparison of the EU Member States. All are signatories of the Anti-Doping Convention of the European Council (Belgium and Ireland have not ratified), and IOC provisions are often referred to in domestic doping regulations. Rules on doping, however - whether established by specific laws on doping in sport, or by laws of a more general nature on drugs - may differ widely in terms of the nature of the defined offences, the bodies given authority to tackle doping, and the penalties set down. Moreover, rules with regard to doping laid down by sports associations - in particular at the international level - may not correspond to rules of national anti-doping bodies and/or national legislation.

1.5.1 International level

Council of Europe

The only legally binding text at the international level referring to doping and providing for a definition on doping is the «Anti-doping Convention» of the Council of Europe of 1989. The Convention is now in force in 32 members countries of the Council of Europe, and Australia, Canada and Bosnia-Herzegovina have also acceded to it.

The Convention proposes, inter alia, actions to reduce the trafficking of doping substances, to strengthen doping testing and improve screening programmes, to support education and awareness programmes and to guarantee the effectiveness of the penalties imposed on offenders.

International Olympic Committee (IOC)

In June 1988, at the initiative of the IOC, the International Olympic Charter against Doping in Sport was adopted, which represents the basic document of reference for the IOC with regard to the fight against doping in sport.

The activities of the IOC Medical Commission are based on its Medical Code. The Medical Code prohibits doping, establishes a list of classes of banned substances and methods, imposes on competitors the obligation to undergo doping control and medical examination and identifies applicable sanctions in the case of violations.

Moreover, the IOC has proposed to set up an international agency on the fight against doping in sport which is due to be fully operational before the Olympic Games in Sydney in 2000.

1.5.2 EU level

Sport and legal precedents

At the European Union level, the European Court of Justice, although not having dealt with doping specifically, has made certain rulings clarifying the legal status of sportspersons. In the *Bosman-case* of 1995, it was ruled that professional footballers enjoy the rights of free movement of workers on the basis of Art. 48 EC Treaty. Similarly, in the *Deliège-case* of 1999 the Opinion of the Advocate General states that even amateur sportspersons may be involved in economic activity relating to their sport that fall under provisions of the Treaty's articles on the free movement of workers.

Sport and Youth

Furthermore, a Directive (94/33/EC) of 22 June 1994 on the protection of young people at work refers in its Article 5 to « cultural and similar activities » which includes sporting activities of children and adolescents. According to this Directive, Member States were committed to putting in place by 22 June 1996 authorization procedures for the employment of children in cultural, artistic, sports or advertising activities. Such procedures would incorporate the following conditions : the activities (i) are not likely to be harmful to the safety, health or development of children and (ii) are not such as to be harmful to their attendance at school, their participation in vocational guidance or training programmes.

Doping

As far as actions on doping are concerned, the European Council stressed in the conclusions of its meeting in Vienna in December 1998 that the Member States should *examine jointly with the European Commission and international sports bodies possible measures to intensify the fight against doping, in particular, through better coordination of existing national measures.*

In 1999, the Commission has looked into measures to be undertaken on the fight against doping in sport for the purpose of informing the Helsinki European Council of December 1999.

The European Parliament has also examined the issue in a « Resolution on urgent measures to be taken against doping in sport » of December 1998.

1.5.3 EU Member States

Laws

There are, broadly speaking, two groups of countries in the EU, in terms of the domestic legislative approach to doping. The first group of countries (i) has specific laws on doping, whilst the second (ii) has laws of a general nature about the use of drugs which have an impact on doping.

(i) Specific laws have been adopted in Austria, Belgium, Denmark, France, Greece, Italy, Portugal, Spain and Sweden. These laws prohibit explicitly doping in sport and contain various measures on prevention and/or sanctions.

(ii) In other countries, laws of a general nature about the use of drugs, having an impact on doping, apply. This is the case in Finland, Germany, Ireland, Luxemburg, The Netherlands and the United Kingdom. Often, this would involve legislation, for example, on medication, the misuse of drugs, their import and export and trafficking.

In Ireland, legislation with regard to the misuse of drugs is currently being amended in order

to cover doping.

Anti-Doping-Bodies

All countries set up anti-doping committees, councils, which are, in most of the cases, composed of representatives from governmental bodies and from the sporting community. These committees have, inter alia, the following tasks: delivering opinions on any problem relating to doping, carrying out anti-doping tests and its analysis, coordinating actions to prevent, monitor and penalise the use of prohibited substances, providing for information as well as promoting research in this field.

Sanctions

In most EU countries, no specific criminal penalties attached to doping in sport exist. Sporting or administrative penalties (such as suspensions, bans or fines) can be applied, these being the responsibility of the relevant sports federation or anti-doping organisation. Federations, as well as athletes, may be subject to administrative sanctions for failing to implement anti-doping rules. Criminal penalties may exist, however, in so far as doping is covered by general legislation on drugs (e.g import and trafficking).

In two EU countries (France and Italy), there is also legislation covering criminal penalties (i.e the possibility of going to prison), for those found to be administering, encouraging, or facilitating doping (e.g sports doctors).

In three EU countries (Belgium, Greece and Sweden), there is also legislation covering criminal penalties for athletes found to be doping.

1.5.4 *The Sports Community*

Traditionally, sports activities have been regulated by the sporting community: international federations, national federations down to the regional associations and the sports clubs. Rules laid down by the sports associations have also included tasks relating to doping such as the carrying out of doping tests and the setting up of sanctions. However, the rules of national federations - which can be based on national legislation, on requirements by anti-doping-bodies or on rules laid down by the National Olympic Committee - may not necessarily correspond to those rules adopted by the international federation of the same discipline. Thus, on many occasions the different rules will cause unclear situations for the athletes.

1.6 Network of Actors - Internal aspects

The athlete is surrounded by a team that can be composed of a coach, a medical practitioner, a masseur, a specialist in nutritional questions and/or other specialists. Given the athlete's long training hours, special life style and the fact that he/she is often away from home, the team around the athlete can replace his/her family, partners and friends.

The coach plays a crucial role in the physical and psychological well-being of the athlete. He/she coordinates and supervises the interactions within the team and is entrusted with the task of achieving the highest possible performance. To this end, he/she sets the timetable and the form of training, as well as being responsible for motivating, and establishing self-confidence in, the athlete.

The medical practitioner in a sporting team treats the athlete's physical and psychological health, in the athlete's best interest, and thus assists in achieving the highest possible performance. However, the role of the medical practitioner within the context of doping in sport has been questioned, since one essential issue of debate has been whether enhancing

performance is being prioritized before taking care of athlete's health.

Any influence exercised by the coach, the medical practitioner or another member of the sporting team becomes even more significant when it concerns children and adolescents in sport. The daily, long training hours involved in top-level sport endanger the academic and/or social development of a child or an adolescent. Childhood is taken away early, and children have to deal with discipline, ambition - often the ambition of the parent - as well as physical and psychological pain. There is a risk of life-long harm caused by the sporting activity itself or any drugs taken during the active period.

Thus, parents and members of the sporting team play a key role in ensuring that the children and adolescents trust in them as their guardian, to act in their best possible interest, and to protect them from abuse.

1.7 Network of Actors - External Aspects

The sportsperson is not only part of an internal network of actors, but is also at the heart of a very wide circle of all the actors who have an interest in the sportsperson or in sport in general. Such external actors include sponsors, clubs, sports federations, the media, spectators, governments. In essence, all of these actors are interested in seeing the performance of the sportsperson reach ever higher levels.

Modern sport is a highly commercialised industry, and a vast amount of money circulates within it. The interests of the external actors are often economic in character. The sportsperson can gain financially from the external actors, not only from sponsorship or sports funding, but from, for example, the wages offered by clubs or the prize money awarded by tournament organisers - which themselves may have been funded at least in part by the money paid for television rights or sponsorship of events.

The sportsperson is the focal point of the network of actors surrounding her/him. The pressure to perform to meet their expectations is great, and conflicts of interest are possible - for example, the aim of federations to improve the sporting performance of the sportsperson, as against the duty to protect her/his health.

1.8 Aspects of the public debate on the "fight against doping"

Recently, there has been widespread public debate about the issue of doping in sport. Although the concept of doping is automatically perceived in a negative light, it is none the less not unambiguous and is not precisely defined, either ethically or legally. Definitions which focus, amongst other things, on damage to health, unnaturalness and distortion of competition are incomplete in relation to the complexity of the issue.

There is also no convincing neutral definition of doping. Thus, it is not possible to make the distinction between right and wrong doping. Concepts are not innocent. They often underlie strategic intentions. If we assume the political will, legal power and ethical motivation to eliminate or reduce abuse in sport, then doping is classified as "abuse" because of its socially recognised negative connotation. However, what constitutes "abuse" must be clarified. Only then is the "fight against doping" legitimised, not just intuitively, but also rationally.

There are doubts which are publicly expressed about the harm caused by doping, as well as doubts about the arguments against doping. These are some of the commonly expressed ideas:

- Does doping really damage health?
- Does doping really differ from other ways of fighting physical strain, shortening recovery times, boosting performance and achieving competitiveness?
- Since doping today does not just come into play during sporting competition but is used in training as a whole, at what particular point does the unfair competition or cheating come in?
- The fight against doping has so far proved ineffective.
- In view of people's freedom over their own body, the burden of proof lies with those who argue that doping constitutes abuse ?
- Would it not be better to prepare individuals by educating them to make responsible decisions?
- Does the right to autonomy of the individual not take precedence over the right to protection by governments or organisations?

Moreover, there are arguments which are based on public concerns, e.g.:

- Participants and spectators have the right to expect sport to be "clean";
- The sportsmen and women who compete fairly are also suspected and thus discriminated against. There are few participatory mechanisms through which they can defend themselves;
- Children and young people are vulnerable to be exploited and manipulated;
- We are getting further and further into trouble: new doping methods, difficult to prove and very effective, are being developed (neurotransmitters, stem cells transplants, genetic operations);
- Demand for doping is created through supply;
- Competition between athletes becomes a farce. Behind it there are other types of competition, controlled by scientific, economic, or ideological interests;
- The body loses its individual, autonomous, and even gender characteristics, because it is subordinated to interests that are dependent on success in sport and its exploitation.

It seems that there are more questions than answers in this field.

1.9 Ethical aspects

One thing that is clear in spite of the complexity of the doping phenomenon is that the issue comes down to two essential questions: health protection and unfair performance enhancement. Both issues, health and fairness, should be seen in the context of, and sometimes in conflict with, other values: for instance, the right to autonomy which implies that the sportsman/woman can make use of his/her body freely.

However, there are two very cogent ethical arguments related to doping to be considered from various points of view:

– The individual contract argument:

The sportsperson has a contract with the sports organisations in participating in competitions and training, which requires him/her to adhere to certain rules. Sportspersons are aware of lists of banned substances. They also know the sanctions if they contravene their contract.

– The social contract argument:

The individual contract of sportspersons with their sports organisations has a wider social dimension based on values associated with sports - namely health, fitness, *joie de vivre*, overcoming one's limit, winning, discipline, team spirit and training opportunities.

In addition to the sports movement itself, sponsors, business and media, are to some extent also partners in this social contract and they are dependent on this contract for their own goals. Sponsoring industries and the media exert considerable pressure on the athletes to enhance performance and this contributes to doping. On the other hand, the sponsoring industries and the media themselves depend on the unbroken image of fairness in sports.

2- IN THIS CONTEXT, THE GROUP SUBMITS THE FOLLOWING OPINION:

THE CONTEXT OF MODERN SPORT

2.1 Transformation of sporting activities and the values in sport

There is an urgent need for policy to take into account the profound change that has taken place in sport in this century due to the influences of growing economic interests and of the mass media on an increasingly global scale. These influences have accelerated medical and technological developments in sport and related industries as well as increased the pressure put on the sports person. As a result, all action concerning doping must take into consideration, in accordance with this change, the realisation that today performance and victory prevail over competition and participation.

The Group thus intends to stress the tension that exists between anti doping measures and an unlimited demand for enhanced performance.

DEFINITIONS

2.2 Scope of the Opinion

This Opinion applies directly to professional or semi-professional competitive sport. It may apply to amateur sport, as the frontier between amateur and professional sport today is becoming increasingly blurred. The Opinion applies only indirectly to "sport for all" (or recreational sport).

2.3 Defining doping in sport

For the purpose of this Opinion, the Group proposes to define doping as «the use of substances, dosages or methods with the intention of enhancing sporting performance, which are banned mainly because they may have a harmful effect on sportsmen/women's health and which may compromise the generally accepted conditions of fair play».

ETHICAL APPROACH

2.4 Ethical approach to doping in sport

The demands that society places on sport cannot be reduced merely to seeking high performance and economic financial gain for sportsmen/women, sport associations and the media. Sporting activities, even professional and semi-professional sport, relate to ethical values, in particular, fair play. Sporting activities are also based on a social compact, justifying the idea that sport is regarded as socially meaningful, valuable and as a cultural good.

2.5 Fundamental European ethical principles in the fight against doping.

All measures taken at EU level should seek to prevent and to combat doping, as well as to promote the health of sportsmen/women, and should take into consideration several ethical principles which are central to the fight against doping. These include:

- protection of health and safety of citizens, which includes sportsmen/women;
- integrity and transparency, which requires guaranteeing the honesty of sports events and the outlawing of cheating;
- protection of vulnerable persons, especially children;
- dignity of the sportspersons and freedom from exploitation.

2.6 Rights and obligations of sportsmen/women

The rights and obligations of sportsmen/women, which are important in the context of an ethical approach to doping in sport, relate mainly to the following:

- autonomy which implies that the sportsman/woman can make use of his/her body freely;
- information about what kind of substances, methods and risks are involved;
- competition under fair conditions, based on equality of access to competition;
- protection from any kind of exploitation linked to economic interests which could seriously limit the autonomy of the sportsman/woman;
- participation in the implementation of ethical rules in sport;
- participation in decision-making processes in the various sports concerned, with the aim of informing the sportsmen/women about risks, advantages, forms of medicalization and how rules are defined with regard to controls and sanctions.

2.7 Shared responsibilities and obligations of sports associations and sportsmen/women

Certain obligations are associated with the rights linked to sporting activities. Such obligations include fair competition which means respect for the rules set down. Fairness not only demands that all sportsmen/women understand and respect such mutually recognized rules, but also requires that the sports associations (regional, national, european, international federations as well as clubs) create conditions which ensure that the sportsmen/women are able to respect those rules.

The sports associations at all levels, including International Federations (IFs) and the International Olympic Committee (IOC), should actively promote sports ethics given their global power and their financial resources. They must provide sportsmen/women with information on what kind of substances, methods and risks are involved with a particular sporting activity.

The right that sportsmen/women have to this information, and the duty of both parties to adhere to anti-doping rules, should be laid down in their contracts. Both parties should be liable to sanctions.

HEALTH ISSUES AND MEDICAL ETHICS

2.8 Sports medicine and ethics

The application of medicine in sports implies specific responsibilities for those who are involved (doctors, trainers, masseurs, psychologists, pharmacists, etc.) in that they exercise considerable influence on the sportsman/woman.

Even if it is generally accepted that the sports physician does not have a solely preventive and/or therapeutic function, because he/she follows the sportsman/woman's training, he/she nevertheless must scrupulously respect the ethical principles of his/her profession and specifically the preservation of the sportsman/woman's health.

Even in the EU member states where sports medicine is not recognised as a speciality, as it is in four EU countries (Austria, Finland, Italy, Portugal), the EU should contribute towards further training courses in sports medicine and in general medical education.

The EU should also encourage the Member States, including financially, to organize campaigns to raise awareness in educational institutions about the problems of health and medicine in sport.

Moreover, it is important that the EU encourages consultation between all parties involved, especially organisations of medical practitioners directly associated with the sports movement, with the aim of promoting **the drafting of a code of good practice in sports medicine.**

2.9 Doping prevention and healthcare surveillance

The fight against doping cannot be limited to being repressive and can only be successful if all parties involved are interested and make every effort possible to combat doping and promote health in sport. This is the most desirable solution, considering the difficulties faced by previous attempts by the sports movements to prevent and to control doping.

Consequently, the main focus should be on the sportsman/woman's health and on guaranteeing consistent overall medical care. In this context, the Group recommends the setting up of **a service of specialized medical, psychological and informational support for sportsmen/women which would be voluntary, non-binding and free of charge.** This would allow sportsmen/women to have their health evaluated wherever necessary.

The European Agency on the Evaluation of Medicinal Products EMEA should be involved in evaluating the effects of doping on the physical and psychological health of sportsmen/women. It should also be involved in issuing drug-warnings to athletes, directly accessible on the Internet.

Special attention must be paid to new drugs which could be used as doping products, especially drugs derived from genetic technologies which may be less detectable.

Furthermore, specific clauses on the protection of sportspersons should be introduced, in so far as they are workers exposed to particular occupational hazards, into appropriate Community texts on the health and safety of workers.

2.10 Vulnerable Groups

Taking into account the growing number of children and adolescents involved in top-level training methods and in sporting activities and the pressures exercised on them, measures to preserve their health and to protect their autonomy must be strengthened.

Children and adolescents are particularly vulnerable to manipulation and exploitation, including by doping. Psychological pressure, long training hours and demanding sponsoring contracts can be considered analogous to child labour. In order to protect the childrens' physical and psychological health, sporting activities at top-level should be governed by rules similar to those applied to children "at work". Such rules refer to the principles of the UN Convention on the Protection of Children of 1990 and also to the EU Directive of June 1994 on the protection of young people at work, mentioned above.

Apart from their protection as "children at work", children and adolescents have to be fully informed about the risks and dangers arising from their activities, so that they can themselves also take a decision on their sporting activities. In this respect, there is a specific duty by the federations to inform the parents about those risks and dangers.

Furthermore, it is equally important to help the parents of young sportspersons assume the particular responsibilities which require them to preserve the health of their children, to assist their children in developing their autonomy, and fostering their personal enrichment.

A directive should be elaborated on the protection of children and adolescents in sport, notably those who aspire to become professional or semi-professional.

DOPING DETECTION

2.11 Qualitative and quantitative approaches to doping

Only establishing a single list of prohibited substance for all kinds of sports is misconceived in view of the need to safeguard sportsman/woman's health and in this manner defining what should or should not be considered as doping. The Group **advocates a more science-based approach**, which takes account not only of certain substances according to their specific nature, but also to the allowed dosage of associated medical substances which may interact to jeopardise the health of the sportsman/woman. This should be based on up-to-date scientific knowledge.

A European laboratory of reference should be established to act as a coordinator of a European-wide network of licenced high quality laboratories.

In the perspective of an extension of the European Agency on the Evaluation of Medicinal Products (EMA)'s competences, it is **recommended that the Agency also be given competency to draw up and publish information on pharmaceuticals, registered in Member States, which are susceptible to being used for performance enhancement and hence for doping purposes.**

2.12 The control of doping and the principle of the separation of functions

Without compromising the autonomy of the sporting associations, it is important that the principle of independent judgement is respected in the carrying out of anti-doping measures, in order to avoid a conflict of interest, which can arise when the same bodies act as both judges

and parties.

It follows from this principle that the sporting associations, notably the federations, cannot be the only ones to carry out anti-doping controls. For one thing, these controls are insufficient if they are limited to times of competition. Furthermore, the federations, for whom the essential goal is to obtain from their athletes the best possible results, cannot alone be responsible for controlling practices which have as their exact goal the achievement of ever-better performance. There is therefore **a need for an external and independent system of control.**

This system should provide for random controls, during, as well as outside competitions.

2.13 The control of doping as regards police and judicial cooperation

Police and judicial cooperation, provided for in the 3rd Pillar of the EU Treaty, should be established at the EU level in the area of the fight against doping.

In the mean time, the **Commission interservice group on drugs** should have an enlarged mandate to deal with drugs uses for doping in sport.

Special attention should be paid to the use of the **Internet** as a means to traffic in drugs for the purpose of doping in sport.

WORLD AGENCY

2.14 A World Agency to combat doping in sport

Efforts initiated by the IOC to establish a World Agency to combat doping in sport address the need to guarantee an external and independent dimension to the fight against doping.

However, the viability of such an agency is dependent on certain conditions which are indispensable to its credibility and effectiveness.

These conditions are:

- **A statute of independence:** To guarantee the agency's independence, representatives of the sports movement, including sportsmen/women, should not have the majority of responsibility over the management of the agency. Representatives of public bodies should constitute at least 50 percent of the membership of the agency and its executive board.
- **Transparency and accountability:** The agency's work should remain as transparent as possible, through measures such as: the publishing of an annual report; the participation of NGOs in certain areas of the agency's work; transparency of the means of financing and in decision-making procedures.
- **Authority :** In the event that the proposed agency does not have decision-making authority, and in the event there is no other international organization that takes on an overarching role, the agency must at least benefit from the assistance of the highest authorities available both within and outside the field of sport.
- **Neutrality and the role of conciliation:** The agency's statute must clearly define its mission in order to avoid conflicting responsibilities with other bodies such as the IOC, the WHO, and the EU. Finally, it is helpful to underline the potential role for the agency as a conciliator between federations and their member sports persons.

- **Competence** : The agency should benefit from the assistance of the highest scientific and ethical expertise both within and outside the field of sport. In particular, collaboration with EMEA should be encouraged.
- **The promotion of a sports ethic**: Beyond research on doping and the health of sportspersons, the agency should include an ethics department which is pluralist, multi-disciplinary and independent, and which can be consulted, when necessary, at the request of a state. There should also be funding for further ethical research.

Furthermore, the Group considers that the term “Anti-doping”, in the proposed name of the agency, brings with it negative connotations and oversimplifies a complex issue. It would be preferable to consider a name for the agency which implies a broader scope, such as: « **Agency for the Health and Safety in Sport** ».

The Agency should elaborate and make public an « **Annual Report on Health and Safety in Sport** ».

EDUCATION AND RESEARCH

2.15 Research

The Group insists on the **need for epidemiological research on health consequences of sporting activities, and follow-up studies, particularly long-term studies, on the growing influence of medicine in sport and its abuse.**

Further research on detection methods should also be promoted.

Research is also needed on the wider sociological aspects of sport, including the ethical and juridical issues arising from the commercialization and medicalization of sport.

In particular, such research should be encouraged in the context of **future Community research framework programmes.**

2.16 Raising awareness

Consensus conferences should be organised in cooperation with the sporting associations and educational bodies, on the theme of doping and the health of sportspersons.

Education professionals should be sensitized to questions related to ethics in sport and its instruction, in accordance with the education methods of each particular country.

FINANCE

2.17 Funding of anti-doping and health measures

Public authorities already contribute considerable funds to the support of sport. Sporting activities generate a large amount of money. Furthermore, to ensure fair play is in the interests of sport itself. **It is therefore an ethical requirement that the money raised by sport should contribute substantially to the efforts against doping and in favour of sportspersons' health and security.**

CODE OF CONDUCT

2.18 Drafting a code of good conduct in sport

A European conference on doping in sport should be organised by the European Union in cooperation with the Council of Europe, with the aim of having the participants (the sportsperson, the sports movements, States, European institutions, professional medical organizations, representatives of the pharmaceutical industry, organizations representing youth and families, the media, audiovisual in particular...) agree on a **common Declaration, equivalent to a code of good conduct in sport.**

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**COMMUNICATION FROM THE COMMISSION TO THE COUNCIL, THE
EUROPEAN PARLIAMENT, THE ECONOMIC AND SOCIAL COMMITTEE AND
THE COMMITTEE OF THE REGIONS**

Community support plan to combat doping in sport

Communication from Mrs REDING in agreement with Mr. BYRNE

Adopted on 1st December 1999

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1. INTRODUCTION

Doping has always been at variance with the basic principles of sports ethics. Today, in view of the proliferation of cases, the phenomenon of doping in sport no longer belongs within the strict framework of sports ethics but has also become a public health problem. In principle physical and sporting activity should contribute to improving the citizen's quality of life. However, the use of prohibited substances or medicaments abuse has adverse health effects and hence vitiates the very goal of sport. In the context of competitive sport, doping symbolises the contrast between sport and the values it has traditionally stood for, namely fair play and the idea of surpassing oneself through physical effort.

The multiplication of doping-related scandals in 1998 and their media repercussions triggered a prompt reaction on the part of the International Olympics Committee (IOC), which convened an international conference whose main goal was to create a world agency to combat this scourge.

In December 1998 the Vienna European Council expresses its concern with the scale of doping in sports and the severity of this practice, stressing the need for action at EU level. Subsequently, the ministers responsible for sport met on an informal basis¹ on three occasions in 1999 to discuss the doping problem.

On 17 December 1998 the European Parliament adopted a resolution² in which it calls on the Commission to take into account the real dimension of the doping problem and to propose measures at Community level notably with a view to better coordination and complementarity between national and European measures and actions.

The Committee of the Regions also delivered an opinion on the "European Model of Sport"³, which contains a chapter devoted to doping. The Committee emphasises "*the need for coordination and harmonisation of national measures*" and supports

¹ The three meetings were held in Bonn/Bad Godesberg (18 January 1999), Paderborn (1 and 2 June 1999) and Vierumäki in Finland (25 October 1999).

² Resolution on urgent measures to be taken against doping in sport.
OJ C 98, 09/04/1999.

³ Opinion of the Committee of the Regions 37/99 fin of 16 September 1999.

Parliament's call for "*the presentation by the Commission of proposals designed to implement a harmonised public health policy with a view to combating doping*".

Finally, it should be recalled that Europe has traditionally played a flagship role in combating doping, notably since the adoption on 16 November 1989 of the European Anti-doping Convention by the Council of Europe⁴.

The purpose of this Communication is to present the measures taken by the Commission, as well as measures now being planned so as to accommodate the demands made by the other Community institutions and bodies in the field of combating doping.

2. WHY DOPING HAS PROLIFERATED

The Commission is particularly concerned with the underlying causes of development of doping. Firstly, the nature of doping has changed. Today, doping - barring exceptional cases - is no longer an isolated act on the part of individual sportspersons, practised on the day of the competition. We are talking about systematic, organised methods at team level that exploit medical and pharmacological advances for unethical ends. For example, increasing use is being made of substances which make it possible to mask doping products in the event of analysis.

A major cause of the spread of doping is the over-commercialisation of sport. The recent explosion of television rights associated to big sponsoring contracts to cover major events has led to growing pressure on sportspersons and their entourage to use prohibited substances. This commercialisation and the economic and financial stakes involved have led to a proliferation of sports competitions and have curtailed sportspersons' recovery time, a factor which also shortens the professional's sporting life. Besides, there are the perverse effects of contracts between certain sports associations and their sponsors, with awards being granted on the basis of results or medals obtained by sportspersons who participate in major competitions. The athlete's general environment, from the coach or doctor to the team leader and his own relatives, may put additional pressure on the athlete.

⁴ Council of Europe - European Treaties - ETS No 135.

Finally, a major part of this problem concerns young sportspersons. The lure of quick money, together with the economic operators' need to continuously "produce" celebrity sportspersons may to some degree explain the growing precociousness of sports careers.

Besides, the war on doping is a very good illustration of how Community action can contribute to reinforcing the endeavours made at various levels, notably at national level, and hence to responding to citizens' expectations, while respecting both the autonomy of the sports organisations and the subsidiarity principle. An effective war on doping cannot be conceived in exclusively national terms: in the increasingly internationalised world of sport it is important to ensure that the different countries adopt similar approaches in this area. The European Union can contribute by encouraging convergence between the different approaches and by making available the resources at its disposal to combat doping.

3. A THREE-PRONGED APPROACH

The Commission has opted for a three-layer approach in this field:

- assemble the experts' opinions on the ethical, legal and scientific dimensions of doping; to this end the Commission has consulted the European Group on Ethics and invited it to deliver an opinion;
- contribute to preparing the World Anti-doping Conference and work together with the Olympic movement to create the World Anti-Doping Agency;
- mobilise Community instruments with a view to supplementing the actions already underway in the Member States and to vesting them with a Community dimension, taking account inter alia of the growing mobility of European sportspersons and the Community's competences relevant to the field of doping.

The European Community helps combat doping in many ways. Actions in this area come within the direct or indirect remit of research, youth, education and training policies and programmes. Moreover, the differences in anti-doping legislation between Member States may constitute a barrier to the free movement of professional and amateur sportspersons. Doping also concerns competences in the

field of justice and home affairs, notably police and judicial cooperation. Finally, Article 152 of the Treaty (public health) provides for encouraging measures to protect and improve public health, although harmonisation of the Member States' laws and regulations is ruled out.

4. PRIORITISE ETHICS, REINFORCE PROTECTION OF SPORTSPERSONS' HEALTH

The first strand of the Community action corresponds to the follow-up to the opinion of the European Group on Ethics⁵ (EGE). The Commission had requested the opinion of highly qualified European experts on doping. This is why it consulted the EGE in 1999, which delivered its opinion on 11 November (Annex 2).

After proposing a definition of doping, the EGE recalled the ethical principles which must inspire all Community measures:

- everyone's right to safety and health. The EGE considers that sportspersons must be afforded these rights just like other categories of citizens;
- the principle of integrity and transparency, which requires that the fairness of sports competitions be ensured and the image of sports in general preserved;
- particular attention to be paid to the most vulnerable groups, in particular children, who may be closely involved in high-level sport;

Generally, the EGE highlights sportspersons' rights and the need to protect them against an environment which instigates them to take drugs. However, these rights also imply the need for sportspersons to comply with various moral and legal obligations as well as rules of professional conduct. The EGE has reiterated the fact that the war on doping is a shared responsibility of the sports associations and federations, sportspersons themselves, their medical and technical environments, and all other parties involved, especially public bodies.

On the basis of these ethical principles the EGE has proposed a number of measures.

These include:

⁵ The European Group on Ethics was officially set up in 1991 at the initiative of President Delors. Following changes in 1998 it now consists of 12 members, all highly qualified European experts in different fields. The Group's mission is to deliver opinions for the Commission.

- the creation of an efficient health monitoring system for sportspersons, more specifically through the establishing of a specialised service providing sportspersons with medical and psychological assistance and information;
- the adoption of a directive on the protection of young sportspersons, notably those who aspire to become professionals;
- the adoption of specific provisions on the protection of sportspersons, as workers exposed to particular risks;
- promotion of epidemiological research into the health of sportspersons;
- organisation of conferences on doping and the health of sportspersons in collaboration with the sports community;
- sensitisation of education professionals to the problem of sports ethics;
- increased level of police and judicial cooperation;
- inclusion in sportspersons' contracts of references to doping and the fact that it is banned;
- the adoption of a joint declaration equivalent to a code of practice in sport at the end of a European conference on doping in sport.

The Commission welcomed the opinion, which was presented to it on 11 November 1999. This opinion endorses a certain number of ethical principles which the Commission has committed itself to taking into account in its future actions and deliberations. Besides, the EGE's proposals will be closely scrutinised and may give rise to Commission initiatives.

5. TOWARDS A NEW PARTNERSHIP: THE WORLD ANTI-DOPING AGENCY

Participation in the World Anti-Doping Agency is the second strand of the Community action. Several tasks to be entrusted to the Agency concern Community competence, for example public health, research, the free movement of sportspersons. Community youth, education and training policies may also be mobilised in the shape of information campaigns and awareness-raising measures in this field. Hence, there is a clear Community interest in helping to set up the Agency.

This Agency should pave the way to a new partnership between the Olympic movement and the public authorities. Nobody disputes that the sports organisations have neither the resources nor the powers to check the spread of doping. Hence, government action is indispensable. One of the major merits of this future Agency will be to enable the two major players in the war on doping to work hand in hand. Moreover, although Agency decisions will have the status only of recommendations under Community law, it is important that all the parties concerned should accept a moral commitment to put them into practice.

Right from the start the position of the European Union – Member States and Commission – has been to enshrine the principles of accountability and transparency in the operation of the Agency. Initially, the Commission can support the creation of this Agency, even if it has to be in the form of a private-law foundation. However, the Commission considers that it will subsequently be necessary for it to evolve towards a public law agency. At that stage it will be essential to convene an international conference. We cannot however wait for this process to be completed before developing proactive anti-doping measures.

The representatives of the Member States, the Commission and the Council of Europe spoke with one voice in preparing the ground for the Agency so as to ensure that these principles are respected. In particular the preparatory work made it possible to ensure equal representation of both parties in the future Agency, as well as enshrining the principle that important decisions be taken on a consensual basis.

On the basis of these agreements the IOC, for its part, invited the European Commission to participate in the creation of the Agency. In October 1999 the IOC wrote to the Acting Presidency of the Council of the European Union and to the President of the European Commission, inviting them to finalise the constitution of, and participate in, the World Anti-Doping Agency. The IOC hopes that this Agency, created on 10 November 1999, will be fully operational in time for the Sydney Olympic Games in September 2000.

The Member States and the Commission have decided to endorse this invitation and to start negotiations with the IOC. The positions defended by the Member States in agreement with the Commission notably concern the Agency's independence and transparency and its precise remit. At a meeting held on 2 November 1999 the IOC

and the European Union reached agreement on the Agency's draft statutes, but added the following clarifications:

- it will be necessary to specify in the text the vital importance of all parties making a political and moral commitment to the work of the Agency;
- the Agency will be responsible for adopting and modifying the list of banned substances, recognising the IOC Medical Commission's list of banned substances as the initial reference point;
- The Agency will be responsible for the accreditation of testing laboratories and for the harmonisation of testing methods;
- The Agency will plan and coordinate out-of-competition testing in close conjunction with the international federations and public authorities concerned;
- The government organisations and sports organisations will have parity representation on the Foundation Board, which would remain free of any form of external influence, e.g. illegitimate commercial interests;
- Decisions of major importance will be based on consensus;
- The Agency's Foundation Board will decide as soon as possible on where the definitive headquarters will be, basing the choice on established objective criteria.

The Agency's provisional headquarters will be in Lausanne.

Subject to these amendments being taken into account, the Member States and the Commission therefore reacted positively to the IOC's invitation to participate in the Agency, which was formally established on 10 November 1999. The IOC agreed to fund the Agency entirely for a period of two years. At the end of this period, the Member States and the European Community will be in a position to draw conclusions from the first two years of operation and to consider a possible contributing to the financing of the Agency in accordance with the conditions laid down in its statutes. The decision will be transmitted to the Agency's Foundation Board by 30 June 2001.

6. MAKING THE MOST OF THE COMMUNITY INSTRUMENTS

The third Community action strand in the war on doping involves making the most of the Community instruments. Two types of action may be considered. Firstly, better coordination of regulatory measures. Secondly, mobilisation of Community programmes which can support positive anti-doping measures at European level.

In 1999, a total of 77 world championships and 102 European championships⁶ were hosted in Europe. Besides, the number of European club competitions and their participants is increasing from year to year. This means movement of sportspersons, most of them professionals, who are keen to learn all about the rules on doping and the penalties for non-compliance.

Hence it is necessary to ensure that the rules governing the European sports area do not constitute barriers to free movement and in particular to the freedom to provide professional sports services within the Union.

If the war on doping in sports is to be sustained and effective, it is essential to ensure genuine coordination and synergy between the actions taken by the various players in their respective spheres of responsibility: the sports community, Member States, international organisations, the EU, the World Anti-Doping Agency.

Each player has a specific role to play. At Community level it is important to mobilise the instruments of the European Union to combat doping. Indeed several Community policies and instruments can contribute to this end. The actions to be taken under this head will promote coordination with other players involved in the war of doping, the World Anti-Doping Agency, the national authorities and the sports community. These efforts will notably focus on the following:

- intensify research into doping substances, detection methods, health impact of doping, and doping as a socio-economic phenomenon;
- mobilise education, vocational training and youth programmes in the service of information and training, awareness-raising and prevention in the field of doping,

⁶ Report from the Secretary-General of the European Olympic Committees to the General Assembly in Prague on 12-13 November 1999.

- make the most of the police and judicial cooperation programmes,
- reinforce medicaments information,
- develop actions relevant to public health policy.

All of these actions should make the most of existing Community instruments, as explained in Annex 1.

7. CONCLUSION

Europe has always been a driving force in world sports. The states of the European Union host the majority of sports events each year. Hence the EU shoulders particular responsibility in the war on doping, which constitutes a serious threat to the development of sport and its credibility in that it *"jeopardises the health of sportsmen and women, falsifies the results of competitions, harms the image of sport, particularly in the eyes of young people, and undermines the ethical dimension of sport"*, as the European Parliament emphasises in its resolution⁷.

Community action must reinforce and stimulate the measures taken by the national authorities and sports organisations and mobilise Community instruments in favour of the struggle. With the support plan it has proposed the Commission is responding to the calls for action made by the European Council, the European Parliament and the Committee of the Regions. In order to ensure continuity in this area the Commission will, every two years, publish a report on the results of Community and national measures as well as trends in doping practices.

Finally, the Commission will strive to work hand in glove with the Council of Europe. In particular, the Commission will consider, on the basis of Article 300 of the Treaty, presenting a recommendation to the Council with a view to the Community's accession to the European Anti-Doping Convention⁸.

The Commission will also work closely with the other international partners involved.

⁷ Ibid. 2.

⁸ Ibid. 4.

The Commission takes note of the opinion delivered by the European Group on Ethics on the war on doping, and reaffirms its desire to contribute to the success of the World Anti-Doping Agency and to put in place the Community support plan to combat doping.

The Commission sees this Communication as a response to the demands of the other institutions. It also wants to meet the expectations of European citizens, for whom sport is of paramount social importance. Traditionally, Europe has played a leading role in world sport. It has also been a forerunner in the war on doping. The Community action should reinforce the campaign against doping, so that sport can rediscover its true ethical dimension and promote the values it embodies as an instrument in social integration, health improvement and the school of life.



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

Brussels, November 1999

DOPING IN SPORT

COMPLEXITY OF THE ISSUE

The immediate reaction which doping in sport evokes is certainly certainly negative. A sportsman/woman who dopes him/herself in order to perform better is quickly condemned. However, a closer look at the circumstances surrounding doping and at the variety of actors involved renders an immediate judgment or actions to be undertaken extremely difficult.

The variety of actors

The variety of actors involves the sportsman/woman's close environment, the coach, the medical practitioner, the masseur, the nutritional specialist, etc. as well as, in the case of children and adolescents, the parents. The wider environment is composed, inter alia, of the sport club, the sports federation, international organisations, the sponsors, the interim consultancy administrating the contracts between the athletes and the federations, the organizers of sports events, sports articles enterprises, the pharmaceutical industry, laboratories, the media, national public authorities in setting up a legal framework, judges, the state as promoter of the athlete as well as the general public carrying out sports activities and being spectators of sports events.

Some example of problems arising from the variety of actors

Against the background of this variety of actors, and consequently, variety of interests involved, the existing legal framework at the national and at the international level in the area of doping, leaves large space for interpretation about which instance is responsible in the decision-making process. For example, different rules with regard to sanctions, adopted by international sports federations and national competent authorities, regularly lead to disputes, in which the period of exclusion from competition varies between 3 months up to 2 years.

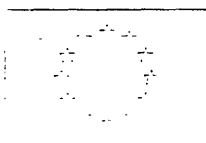
Federations have traditionally played an important role in setting rules, promoting the athletes as well as selling the sports events to the media. If taking into consideration that it is also the federations which carry out doping controls and their analysis, a conflict of competing interests is probable to arise.

When it comes to scientific and medical aspects of doping, it is difficult to draw the borderling between the medicalization of the sportsperson to preserve his/her health and the prescription of drugs to enhance performance. Most of the doping products – depending on the dosage and on the interaction with other products – are considered dangerous for the health. However, not every substance is unhealthy. Certain substances need to be prescribed to treat the sportsperson state of health, though, within the context of sport, considered as doping substance and thus legally banned. The right of the sportsperson to medical treatment could thus be jeopardised.

Moreover, sound knowledge about the short and long-term effects of certain drugs is lacking. Not much is known about the usual treatment of sportspersons, the problems arising during and also after the sporting career.

The sportman/woman him/herself is exposed to many different pressures. The ambition to win represents only one form of personal pressure; other pressures relate to financial aspects (actors having invested in the sportsperson), to the image in the public (the press declaring the failure or the success of a performance), the state (the athlete representing his/her state and thus strengthening or weakening the picture of a state in the global context) or also the psychological pressure to meet with the expectations of others such as the family, coach, (the time and hope invested in the sportsperson), etc.

At the same time, the above-mentioned aspects need to be balanced against the fact that the sportsperson also has the choice to take any decision in a responsible way.



Bruxelles, novembre 1999

LE DOPAGE DANS LE SPORT

UNE QUESTION COMPLEXE

La réaction que suscite d'emblée le dopage dans le sport est certainement négative. Un sportif qui se dope pour améliorer ses performances est vite condamné. Toutefois, un examen attentif des circonstances qui entourent cette pratique et de la diversité des intervenants permet de se rendre compte qu'il est extrêmement difficile de porter un jugement immédiat ou de déterminer sur le champ les mesures à prendre.

La diversité des intervenants

La diversité des intervenants se trouve dans le proche entourage du sportif: l'entraîneur, le médecin sportif, le masseur, le nutritionniste, etc., ainsi que, dans le cas des enfants et des adolescents, les parents. Dans un cercle plus large, figurent notamment le club sportif, la fédération, les organisations internationales, les sponsors, les conseillers qui gèrent les relations contractuelles entre les athlètes et les fédérations, les organisateurs d'événements sportifs, les fabricants d'articles de sport, l'industrie pharmaceutique, les laboratoires, les médias, les autorités nationales chargées d'établir un cadre juridique, les juges, l'État, qui apporte un soutien à l'athlète, ainsi que le grand public, qui pratique le sport et assiste aux manifestations.

Exemples de problèmes résultant de la diversité des intervenants

Face à cette diversité d'acteurs et, partant, à la diversité des intérêts en jeu, le cadre juridique existant au niveau national et international dans le domaine du dopage laisse une grande marge d'interprétation pour ce qui est des instances habilitées à prendre les décisions. Ainsi, les règles différentes adoptées en matière de sanctions par les fédérations sportives internationales et les autorités compétentes nationales débouchent régulièrement sur des litiges, qui entraînent des périodes d'exclusion des compétitions pouvant aller de trois mois à deux ans.

Les fédérations ont toujours joué un rôle important dans la détermination des règles, la promotion des athlètes et la vente aux médias des droits relatifs aux manifestations sportives. Considérant que ce sont aussi les fédérations qui effectuent les contrôles antidopage et procèdent aux analyses, il est probable que des conflits d'intérêts se produisent.

En ce qui concerne les aspects scientifiques et médicaux du dopage, il est difficile de faire la différence entre l'administration de médicaments en vue de préserver la santé du sportif et la prescription de produits visant à améliorer ses résultats. La plupart des substances dopantes – selon leur dosage et leur interaction avec d'autres produits – sont considérées comme dangereuses pour la santé. Or, elles ne sont pas toutes mauvaises. Certaines doivent être administrées au sportif lorsque son état de santé l'exige, tout en étant considérées, dans le contexte du sport, comme des produits dopants et donc interdites par la loi. Le droit du sportif à un traitement médical pourrait donc être mis en péril.

En outre, on manque de connaissances solides sur les effets à court et/ou long terme de certains médicaments. On ne sait pas grand-chose sur le traitement habituel des sportifs et sur les problèmes qui surgissent pendant ou après leur carrière sportive.

Le sportif lui-même est soumis à de nombreuses pressions diverses. La volonté de gagner en est une; il en est d'autres telles, que les aspects financiers (intervenants ayant investi dans sa personne), l'image que le public a de lui (selon que les médias considèrent sa performance comme mauvaise ou excellente), la nation (l'athlète représente son pays, dont il peut renforcer ou affaiblir l'image sur le plan international), la pression psychologique liée aux attentes de tiers, tels que la famille, l'entraîneur, (le temps qui lui a été consacré et les espoirs placés en lui).

Tous ces éléments ne doivent cependant pas masquer le fait que le sportif peut aussi prendre valablement toute décision.



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

Brussels, November 1999

DOPING IN SPORT

COMPARATIVE LAW

The following information expands upon section 1.5.3 of the Opinion, which concerns the regulatory aspects of doping (legislation, anti-doping bodies, and sanctions) at the level of the EU Member States. Details are given country by country on specific or general laws and rules regarding doping, and on the bodies responsible for dealing with doping and sanctions.

All 15 EU countries are signatories of the Council of Europe's Anti-Doping Convention (Belgium and Ireland did not ratify).

Some of the EU countries have specific anti-doping laws or provisions. Other EU countries have legislation of a more general nature which may be of relevance to doping (FIN, D, IR, LUX, NL, UK).

**1. EU countries with specific anti-doping laws or provisions:
A, B, DK, ESP, F, I, GR, P, S**

Austria

Specific legislation:

The Federal Act (1991) includes provisions relating to anti-doping activities adopted pursuant to the Convention. The Austrian Government has in particular incorporated into national law Articles 3 and 7 of the Convention, relating to domestic coordination and cooperation with sports organisations.

General legislation:

Drugs Act (1997) amended by Federal Law Gazette No 30/1998

Drugs Decree, Federal Law Gazette No 374/1997

Medicines Act (1983), amended by Federal Law Gazette No 78/1998

Laws adopted by the individual Länder.

Authority:

The Austrian Anti-doping Committee (OADC), set up in May 1992 following ratification of the Convention, is currently part of the Austrian Federal Sporting Organisation (BSO). The BSO regulates the procedure for carrying out anti-doping tests at competitions and during training, and supervises the application by all the Austrian sports federations – which are responsible for carrying out doping tests - of the anti-doping rules, which they have adopted in line with the Convention and uniformly incorporated into their constitutions.

Belgium

Specific legislation:

Since the 1980 constitutional reform, health policy, including the fight against doping, has been the responsibility of the respective Communities (Francophone and Flemish).

Francophone Community:

Rules are still governed by the Act of 2/4/1965, which:

- prohibits the use of doping at competitive sporting events, defining doping as “the use of substances or methods with a view to artificially enhancing the performance of an athlete participating in or preparing for a sporting competition, if this may be harmful to his physical or mental wellbeing.”
- gives responsibility for doping tests to legal authorities appointed by the Ministry of Health
- sets up an anti-doping commission under the Ministry of Health
- makes offences (including consumption of banned substances by athletes) punishable by fines and prison.

- Order of 26 August 1985 laying down the tasks and activities of the Francophone Anti-Doping Committee.

- Order of 27 April 1989 establishing the lists of substances and methods referred to by the Law of 2 April 1965.

- Decree of 3 July 1991 laying down the conditions on which sports federations are recognised and subsidized, including the condition that for a federation to be recognised, it must «adopt provisions prohibiting and penalizing the use by its members of doping substances and methods, the list of which is drawn up by a medical commission and includes at least the list laid down by the executive».

Flemish Community:

- A Decree of 1985 established the Flemish Anti-Doping Campaign Committee, whose main task is to review the list of banned substances and arrange the sampling procedure and accreditation of physicians authorized to carry out tests.

- The Decree on the practice of sport in compliance with health imperatives of 27 March 1991, repeals and replaces the Law of 2 April 1965 (see above), with the definition of doping broadened to include «the use of substances or methods with a view to masking doping practices».

- The Decision of the Flemish Executive (23/10/91), concerning implementation of the Decree of 27/3/91, contains a list of banned substances.
- Ministerial Order of 26 February 1993 approving the sampling procedure of the International Sports Federation.
- Ministerial Order of 29 January 1999 recognizing the procedures adopted by the UCI (International Cycling Union) in 1999 for taking samples on anti-doping tests.

Other rules:

The Belgium Olympic and Interfederal Committee (COIB) adopted doping rules on 19 June 1995, using the IOC definition of doping.

Denmark

Specific legislation:

The Anti-Doping Act (1993) prohibits the use of certain medical products, such as anabolic steroids, testosterone and derivatives having an androgenous effect, and growth hormones. A revision was passed by Parliament in spring 1999.

Authority:

Team Denmark (the institution responsible for promoting top-level sport in Denmark) and the NOC have set up a committee responsible for carrying out all anti-doping tests and another committee which operates quasi-judicially in cases involving doping in competitive sport.

France

Specific legislation:

Act of 1 June 1965 prohibited the use of stimulants at sporting competitions and laid down testing procedures and penalties. This Act was hardly ever applied in practice because it made the sportsman or sportswoman liable to criminal penalties and there had to be proof that the prohibited substances were absorbed deliberately.

Act of 28 June 1989 repealed the 1965 Act, giving a new definition of doping. It set up a National Anti-doping Council (CNAD), laying down guidelines for carrying out anti-doping tests and providing a legal basis for the penalties that can be adopted in the event of abuse. The Act effectively de-criminalised sports legislation, albeit providing for harsh sports sanctions based on the application of national and international federal regulations. Penal sanctions did exist for those persons who administer, encourage, or facilitate the use of doping, but not for athletes themselves.

Act of 23 March 1999 on the protection of the health of sportsmen and sportswomen and the fight against doping.

Main innovations:

1. Medical supervision of athletes – a sports medical record is issued to every top-level athlete and to young persons following a course leading to top-level sport. The record contains the results of medical examinations regularly undertaken as part of the medical supervision of top-level sport. There is compulsory reciprocal doctor-patient information.

2. Prevention – creation of the Council for the Prevention and Control of Doping, an independent administrative authority consisting of representatives of the judiciary, doctors, scientists, and sportspeople. It has its own budget and can decide to take disciplinary action against sports federations (which, according to the Decree-Act of 27 May 1977, are required to take all necessary steps to prevent the use of doping substances and carry out regular tests.). It can impose penalties and duties to provide information, and can make recommendations to federations and proposals to the Minister for Sport. It has a scientific mission to coordinate basic research.

3. Strengthening the penal sanctions – toughening of measures on providers of doping substances (including fines, suspensions, and bans on professional practice for doctors found doping).

Decrees relating to:

- the provisions which the federations responsible for a public service must adopt in their rules pursuant to the Law of 1989
- the substances and methods referred to in the 1989 Law
- tests laid down in the Law of 1984 regarding the organisation and promotion of sporting activities, and in the 1989 Law.
- the composition and functioning of the National Anti-Doping Commission.

Greece

Specific legislation:

Act No 75 of 16 July 1975 deals with the organisation of out-of-school sporting activities and lays down rules on related matters. Article 58 in Chapter C (criminal penalties) deals with the prescription and taking of stimulants. It is prohibited for anyone to administer to athletes, and for athletes to take, chemical substances or medicinal products whose psychotropic and optimising effect is scientifically recognised as improving competitors' performance. Article 59 deals with administrative penalties.

Law 1646/1986 of 18 September 1986 relating to the use of drugs includes articles on doping. Articles 7, 8 and 9 deal with the ban on doping, the list of classes of prohibited substances, and testing. They lay down a system of criminal penalties applicable to athletes and also to officials, physicians and coaches.

Official Gazette of 18 October 1987 contains list of prohibited substances.

Italy

Specific legislation:

The Health and Hygiene Committee of the Senate is discussing five bills on doping. A select committee has been instructed to prepare a consolidated text.

Law 1099 of 26 October 1971 (no implementing decree has ever been adopted) made it «a crime, punishable under criminal law, to consume, administer or possess substances which are absorbed artificially to modify [the athlete's] natural energy, and which are harmful to the health of the athletes». A measure adopted in 1981 decriminalised a large number of offences including those covered by the 1971 Act.

Bill amending Article 445 of the Criminal Code includes an anti-doping clause which refers to IOC regulations.

General criteria for the health coverage of sporting activities were issued through the Decree of the Health Minister (18/2/82). Non-competitive activities were covered by the Decree of 28/2/83. According to the Decree of 13/3/95, some criteria concern professional sportspersons involved in football, basketball, cycling, golf, boxing, motorcycling.

Other rules:

On 22 July 1988 CONI issued instructions to all the national sports federations with a view to aligning their different rules on prohibited substances and penalties with those of the IOC.

On 1 January 1990 a multilateral anti-doping agreement concluded between 11 national sports organisations and signed by CONI entered into force.

Authority:

The complex legal framework regarding sport is *de facto* carried out by non-governmental organisations (NGOs) such as CONI (Italian National Olympic Committee).

In 1997 the regulatory system was overhauled and all the bodies active in the field were restructured: central coordination for anti-doping activities, committee for unannounced anti-doping tests, office of the public prosecutor for doping cases and committee of enquiry on doping.

Portugal

Specific legislation:

Law 183/97 of 26 July 1997 understands doping to be the administration to or use by athletes of classes of substances or methods appearing on lists approved by the competent national and international sports organisations. The Law strengthens the

Basic Law (1990) on the organisation of sport by prohibiting the use of doping agents by athletes registered with the sports federations and by requiring the federations to publish the list of doping substances. The Act also lays down the testing procedures and the relevant disciplinary measures to which athletes are liable.

Administrative Regulation of 5 September 1997 concerning testing procedures.

Law 1/90 of 13 January 1990 (Sports System Basic Law) contains Articles on ethics (Art. 5) and sports medicine (Art. 17- stipulating that the sports medicine department of the central administration is to provide logistical support for anti-doping tests).

Decrees exist covering the following:

- implementation of Law 1/90 of 13 January 1990 (Sports System Basic Law)
- prohibition of the possession of anabolic agents, erythropoietin and growth hormones
- regulation of the manufacture, importing and marketing of drugs in general
- Ministerial Order of 13 February 1990 regulating the doping control procedure

Spain

Specific legislation:

The Sports Act of 15 October 1990 includes an update of anti-doping rules-according to international conventions signed by Spain. Title VIII relates to «Sport: Control of prohibited substances and methods in sport and the safe pursuit of sport». All competitive sportsmen and sportswomen must agree to undergo anti-doping tests during and between competitions, with positive tests leading to disciplinary measures

Royal Decree 48/1992 of 24 January 1992 relating to the Anti-Doping Commission operating under the authority of the Higher Sports Council (CSD).

Order of 11 January 1996 regulating the implementation of dope testing and the general conditions for the accreditation and functioning of dope testing laboratories in sport.

Royal Decree 255/1996 of 16 February 1996 instituting the Code of Violations and Penalties for the Suppression of Doping.

Decision adopted by the CSD on 16 March 1999 on the list of banned substances and pharmaceutical products and unregulated methods of doping in sport, which is updated each year.

Authority:

The monitoring of substances and methods which are prohibited in sport and the safe practice of sporting activities must be ensured by the Higher Council for Sport (CSD), a government body. The sports federations carry out public duties of an administrative nature under the coordination and guidance of the CSD and are responsible for action

to prevent, monitor and penalise the use of prohibited substances and methods in cooperation with the authorities of the central government and the autonomous communities.

Sweden

Specific legislation:

The Law of 1 July 1992 on the Prohibition of Certain Doping Preparations Act criminalised the manufacture of, possession of, production and sale of, and import and export of certain doping agents, such as anabolic steroids, testosterone and derivatives and growth hormones. Legislation passed in April 1999 criminalised the *use* of doping agents, increasing the maximum penalty for serious breaches of the legal provisions on doping to four years' imprisonment.

General legislation:

- The Smuggling Sanction Act (1960) regulates imports
- The Criminal Code
- The Medicinal Products Act generally regulates the substances not referred to by the Doping Preparations Act
- Penal Law on Narcotics (1968)
- Narcotics ordinance (1962)
- Ordinance containing provisions relating to hypodermic syringes and needles.

Authority:

The Swedish Sports Confederation (SSC), is responsible for the prevention of doping in sport.

Sweden is a member of the Nordic Anti-Doping Convention.

2. EU countries without specific doping laws in which legislation of a more general nature may be of relevance to doping:

FIN, D, IR, LUX, NL, UK

Finland

In September 1998 Parliament began discussion about whether to develop a new Anti-Doping Law.

General legislation:

The import, distribution, manufacturing, trafficking, and possession of doping substances is punishable under the Medicines Act (1987), to a maximum of one year's imprisonment.

Rules on banned substances and penalties also exist in the Criminal Code (under review in 1999).

Possession of drugs is punishable for those drugs falling under the Drug Act (includes many doping drugs, though not anabolic steroids).

Finland is a member of the Nordic Anti-Doping Convention.

Authority:

The Anti-doping Committee, set up in 1982, operates as an independent body within the Association for the Promotion of Sports Medicine and Physiological Experimentation (LIITE). It works jointly for the Finnish Sports Federation (SLU) and the Finnish Olympic Committee, with financial assistance from the Ministry of Education. The Education Ministry and the Ministry of Social Affairs and Health support the anti-doping campaigns organised by the Anti-doping Committee.

Germany

General legislation and rules:

Provisions for doping substances are included in the Pharmaceutical Products Act, which stipulates that «trade in pharmaceutical products for doping purposes is prohibited».

The basic principles of the campaign against doping are contained in the «Declaration of Principle on Competition Sport» adopted at Baden-Baden by the «Deutscher Sportbund» (German Sports Confederation). This declaration includes directives which act as recommendations and guidelines for tackling doping.

Authority:

The non-governmental sporting organisations (sports federations), with the support of the public authorities, are responsible for doping regulations and procedures. There is no body of rules common to all the federations; and so it is up to each federation to include in its statutes anti-doping rules which may be supplemented by existing measures and legal procedures. This explains why the rules applied by different federations to similar cases vary widely.

The federations, together with the National Olympic Committee, have a Joint Anti-Doping Commission which supervises compliance with the rules by means of a Doping Control System.

Ireland

Draft rules on doping are under discussion, and the Irish Government has set up a committee specifically to look into implementation of the recommendations set out in the Convention.

General legislation:

- The Irish Sports Council Act 1998 stipulates that that body must, among other things, "take such action as it considers appropriate, including testing, to combat doping in sport"
- Misuse of Drugs Act (1977)
- Misuse of Drugs Act (1984) - to be amended to include doping methods and substances (including EPO) and to cover both the possession and administration of such substances
- Statutory Instrument 328/88
- Misuse of Drugs Regulations (1988) – regulates the trafficking in controlled substances, which include narcotics and stimulants appearing on the IOC list.

Luxembourg

General legislation:

Act of 19 February 1973 concerning the sale of medicinal products and the prevention of drug addiction.

There are legal requirements for the marketing of «therapeutically active chemical substances», as set out in the Law of 11 January 1989, and the Grand-Ducal Regulation of 23 July 1991.

Authority:

In 1990 the National Committee on the Prevention of Doping in Sport was created by the Ministries of Sport and Health and the Luxembourg Olympic and Sporting Committee. It is a body recognised as operating in the public interest and is composed of representatives of the government and the sports community. Its task is to organise and carry out anti-doping tests, during competitions and without advance notice. It has general responsibility for the fight against doping, draws up programmes for educational, preventive and awareness-raising measures, sees to the protection of sportsmen and sportswomen and contributes to the understanding of the effects of high-level training, and helps in finding solutions to disputes concerning application of the anti-doping rules.

The Luxembourg Olympic and Sports Committee laid down measures against doping in 1991 which were to be incorporated into the statutes and rules of the sports federations. The National Doping Coordination Institute draws up the list of banned substances.

The Netherlands

General legislation:

- The 1928 Opium Act – regulations applying only when use is made of amphetamines and/or analgesic narcotics

- The 1958 Medicines Act – regulations applying only to violations involving anabolic steroids registered as medical products under licence
- Certain articles of the Criminal Code penalize the sale and/or distribution of substances prohibited by the IOC Medical Code
- Statutory Disciplinary Law contains guidelines for professional conduct of physicians working in sports, published in March 1996 by the Dutch Association for Sports Medicine. The prescribing of banned substances to athletes for doping is expressly prohibited.

Authority:

Breaches of the Statutory Disciplinary Law are penalized by the disciplinary rules of the Royal Dutch Medical Association (KNMG).

The new organisation Doping Control Netherlands (DoCoNed) was set up on 22 June 1999 with government support in order to carry out anti-doping tests on behalf of the Dutch sports associations. The sports associations remain responsible for sanctions, which are based on the rules adopted by the international federations, and must set in place rules on doping as a legal basis for conducting anti-doping tests. The associations must also provide a programme of preventive measures targeted at sportsmen and sportswomen

In 1989 the Dutch Centre for Doping Matters (NeCeDo) was created, with the following areas of responsibility:

- information and advice
- documentation and research
- code of conduct and penalties
- legal aid
- harmonisation of testing procedures.

UK

General legislation:

- The Misuse of Drugs Act (1971), dealing with control of medicinal products, regards as an offence the supply of controlled drugs without prescription, though possession without intent to supply is not an offence. The Act covers IOC classes of doping substances
- The Misuse of Drugs Regulations Act (1985)
- Medicines Act (1968)
- The Customs & Excise Management Act (1979) deals with the import and export of controlled substances.

Authority:

The Sports Council, funded by and answerable to the Government, is responsible for doping policy based on, but not limited to, the line taken by the IOC. It takes charge of testing, educational measures and the provision of information. Disciplinary penalties are ordered by the competent sports federations in accordance with their own rules.



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

Brussels, November 1999

DOPING IN SPORT

LEGAL BASIS, RELEVANT LEGISLATIONS, RESEARCH ACTIVITIES IN THE FIELDS OF SPORT AND FIGHT AGAINST DOPING

Introduction

Legislation and other activities at the level of the EU show some of the ways in which a common approach to doping has been, and may be, developed.

The Article of the EU Treaty concerning public health, talking of "action in reducing drugs-related health damage", is of direct relevance to the sportsperson. Specific provisions for the protection of young sportspeople are to be found in the Directive on the protection of youth. The Declaration on Sport in the Treaty affirms the importance of sport, and of developing a common approach to problems in sport.

EU laws clarify the legal status of the sportsperson. The Article on the free movement of workers and services, after rulings by the Court of Justice in cases such as *Bosman* and *Deliège*, applies to professional sportspeople, and even to amateurs judged to be engaged in an economic activity. Such precedents could mean that sportspeople will be deemed to fall under the provisions of the Directive on the protection of workers.

Treaty provisions on police and judicial cooperation aim to develop a common approach to tackling drugs crime - in particular trafficking - which could include certain drugs used in sports doping. International collaboration on doping can also be promoted through certain programs of activity within the 'third pillar' of the EU.

Research is also an important area of activity at the EU level. The Directorate General for Research has a number of programmes under way, and forthcoming, that examine particular scientific problems and contribute to international cooperation on doping in sport.

EU Treaty

Public Health, Title XIII - Article 152.1

«A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities....»

«The Community shall complement the Member States' action in reducing drugs-related health damage, including information and prevention».

Free movement of persons, services and capital, Title III – Article 39

«Freedom of movement for workers shall be secured within the Community»

Provisions on police and judicial cooperation in criminal matters, Title VI – Article 29

«...the Union's objective shall be to provide citizens with a high level of safety within an area of freedom, security and justice ... That objective shall be achieved by preventing and combating crime, ... in particular ... illicit drug trafficking...»

Declaration on Sport

“The Conference emphasises the social significance of sport, in particular its role in forging identity and bringing people together. The Conference therefore calls on the bodies of the European Union to listen to sports associations when important questions affecting sport are at issue. In this connection, special consideration should be given to the particular characteristics of amateur sport.”

Measures within the 3rd Pillar of the EU

So far no specific anti-doping measures have been taken within the EU's 'third pillar', largely because the substances used in doping are legal in a non-sporting sense. Cooperation on anti-doping could be envisaged, however, in areas such as training, exchange of information, and personnel exchange programs. This could be possible within the framework of the CISIN and Grotius programs, which encourage exchange of information and training in the area of justice.

EC Directives

Directive on the Protection of Youth

Council Directive 94/33/EC of 22 June 1994 on the protection of young people at work

Section 1, Article 1

“They [the Member States] shall ensure that young people are protected against economic exploitation and against any work likely to harm their safety, health or physical, mental, moral or social development or to jeopardize their education.

Article 5 on “Cultural or similar activities”, including sports

“1. The employment of children for the purposes of performance in cultural, sports or advertising activities shall be subject to prior authorization to be given by the competent authority in individual cases.

2. Member States shall by legislative or regulatory provision lay down the working conditions for children in the cases referred to in paragraph 1 and the details of the prior authorisation procedure, on the condition that the activities:

- (i) are not likely to be harmful to the safety, health or development of children, and
- (ii) are not such as to be harmful to their attendance at school, their participation in vocational guidance or training programmes by the competent authority or their capacity to benefit from the instruction received."

Workers Protection Directive

Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work

Of particular interest for the sports person could be Article 14 of the Directive, on "Health Surveillance":

- "1. To ensure that workers receive health surveillance appropriate to the health and safety risks they incur at work, measures shall be introduced in accordance with national law and/or practices.
- 2. The measures referred to in paragraph 1 shall be such that each worker, if he so wishes, may receive health surveillance at regular intervals...."

Other Activities

Research

The Directorate General for Research has been actively involved in the question of doping for several years. Doping methods evolve constantly, often using highly advanced medical techniques. Research has a key role to play in combating doping, by improving detection methods, providing information (currently in short supply) about the damage caused by certain doping substances to the health of the sports person, and by creating a basis for cross-border collaboration in tackling the doping problem, for instance by developing co-operation between anti-doping laboratories.

Several projects are currently running under the Community Research Framework programmes (FP4 and FP5):

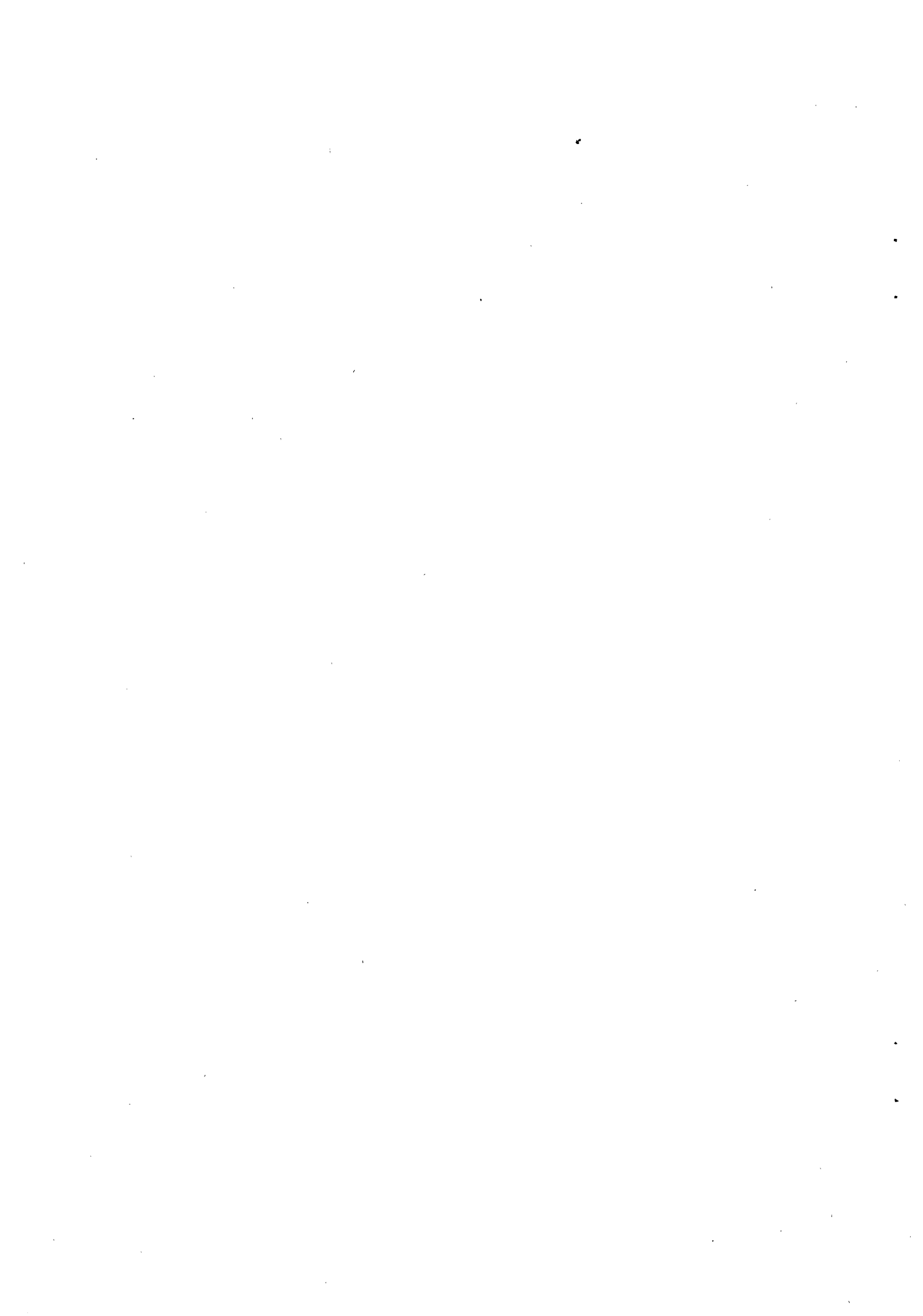
- (i) Inventory of means and needs for the fight against doping

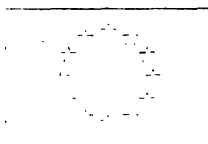
The report on the project "*Harmonisation of methods and measurement in the fight against doping*", submitted by the medical commission of the IOC in 1998, will be officially delivered to the Commission on 15 November 1999.

- (ii) The project "*Training course on doping in sports and its control by IOC accredited laboratories*" concerns the training of laboratory personnel, in particular for the Athens Olympic Games of 2004.

- (iii) A project is underway to develop "*A methodology for the detection of doping with growth hormone and related substances*".

Under the forthcoming framework programmes, QUALITY of LIFE and GROWTH (FP5), there are two specific projects foreseen: the "*Development of a new instrument and measuring methods for testosterone*", and "*Initiating procedures for modifying the accreditation of IOC laboratories*". It is also thought that some useful, non-duplicating, collaboration could develop between Community Research and any reference laboratory to be set up by the IOC's proposed Anti-Doping Agency.





Bruxelles, novembre 1999

LE DOPAGE DANS LE SPORT

BASES LÉGALES, LÉGISLATIONS PERTINENTES ET ACTIVITÉS DE RECHERCHE EN MATIÈRE DE SPORT ET DE LUTTE CONTRE LE DOPAGE

Introduction

La législation et d'autres activités menées au niveau de l'UE illustrent comment une approche commune à l'égard du dopage a été développée et pourra l'être encore.

L'article du traité UE qui concerne la santé publique, évoquant "l'action menée en vue de réduire les effets nocifs de la drogue sur la santé", intéresse directement les sportifs. Certaines dispositions relatives à la protection des jeunes athlètes figurent dans la directive sur la protection de la jeunesse. La déclaration sur le sport incluse dans le traité souligne l'importance du sport et du développement d'une approche commune à l'égard des problèmes qui se posent dans le sport.

Les réglementations communautaires explicitent le statut juridique du sportif. Par suite des arrêts rendus par la Cour de justice dans les affaires *Bosman* et *Delière*, l'article relatif à la libre circulation des travailleurs et à la libre prestation de services s'applique aux sportifs professionnels et même aux amateurs dont on estime qu'ils exercent une activité économique. Ces précédents pourraient signifier que les dispositions de la directive relative à la protection des travailleurs seront jugées applicables aux sportifs.

Les dispositions du traité relatives à la coopération policière et judiciaire visent à instaurer une méthode commune de lutte contre la criminalité liée aux drogues - en particulier le trafic - qui pourrait concerner certaines substances dopantes utilisées dans le sport. La collaboration internationale en matière de dopage peut également être favorisée par certains programmes d'activité relevant du "troisième pilier" de l'UE.

La recherche est également un important domaine d'activité au niveau de l'UE. La Direction générale de la recherche dispose d'un certain nombre de programmes, en cours ou en préparation, qui étudient des problèmes scientifiques particuliers et contribuent à la coopération internationale en matière de lutte contre le dopage dans le sport.

Traité UE

Santé publique, titre XIII - Article 152, paragraphe 1

"Un niveau élevé de protection de la santé humaine est assuré dans la définition et la mise en œuvre de toutes les politiques et actions de la Communauté...".

"La Communauté complète l'action menée par les États membres en vue de réduire les effets nocifs de la drogue sur la santé, y compris par l'information et la prévention".

Libre circulation des personnes, des services et des capitaux, titre III – Article 39

"La libre circulation des travailleurs est assurée à l'intérieur de la Communauté".

Dispositions relatives à la coopération policière et judiciaire en matière pénale, titre VI – Article 29

"... l'objectif de l'Union est d'offrir aux citoyens un niveau élevé de protection dans un espace de liberté, de sécurité et de justice... Cet objectif est atteint par la prévention de la criminalité, ... notamment ... le trafic de drogue...".

Déclaration relative au sport

"La Conférence souligne l'importance sociale du sport et en particulier son rôle de ferment de l'identité et de trait d'union entre les hommes. La Conférence invite dès lors les institutions de l'Union européenne à consulter les associations sportives lorsque des questions importantes ayant trait au sport sont concernées. À cet égard, il convient de tenir tout spécialement compte des particularités du sport amateur".

Mesures relevant du troisième pilier de l'UE

Jusqu'à présent, aucune mesure antidopage spécifique n'a été prise dans le cadre du "troisième pilier" de l'UE, principalement parce que les substances dopantes sont légales en termes non sportifs. Une coopération en matière de lutte contre le dopage pourrait toutefois être envisagée dans des domaines tels que la formation, l'échange d'informations et les programmes d'échanges de personnels. Cela pourrait se faire dans le cadre des programmes OISIN et Grotius qui encouragent l'échange d'informations et la formation en matière de justice.

Directives CE

Directive relative à la protection de la jeunesse

Directive 94/33/CE du Conseil, du 22 juin 1994, relative à la protection des jeunes au travail

Section 1, article premier

"Ils [les États membres] veillent à protéger les jeunes contre l'exploitation économique et tout travail susceptible de nuire à leur sécurité, à leur santé ou à leur développement physique, psychologique, moral ou social ou de compromettre leur éducation".

Article 5 concernant les "Activités culturelles ou similaires", notamment les sports

"1. L'embauche des enfants en vue de se produire dans des activités de nature culturelle, artistique, sportive ou publicitaire est soumise à l'obtention d'une autorisation préalable délivrée par l'autorité compétente dans des cas individuels.

2. Les États membres déterminent, par voie législative ou réglementaire, les conditions de travail des enfants dans les cas visés au paragraphe 1 et les modalités de la procédure d'autorisation préalable, à condition que les activités:

i) ne soient pas susceptibles de porter préjudice à la sécurité, à la santé ou au développement des enfants

et

ii) ne soient pas de nature à porter préjudice à leur assiduité scolaire, à leur participation à des programmes d'orientation ou de formation professionnelle approuvés par l'autorité compétente ou à leur aptitude à bénéficier de l'instruction reçue."

Directive relative à la protection des travailleurs

Directive 89/391/CEE du Conseil, du 12 juin 1989, concernant la mise en oeuvre de mesures visant à promouvoir l'amélioration de la sécurité et de la santé des travailleurs au travail

L'article 14 relatif à la "Surveillance de la santé" intéresse particulièrement les sportifs:

1. Pour assurer la surveillance appropriée de la santé des travailleurs en fonction des risques concernant leur sécurité et leur santé au travail, des mesures sont fixées conformément aux législations et/ou pratiques nationales.

2. Les mesures visées au paragraphe 1 sont telles que chaque travailleur doit pouvoir faire l'objet, s'il le souhaite, d'une surveillance de santé à intervalles réguliers..."

Autres activités

Recherche

La Direction générale de la recherche se penche activement depuis plusieurs années sur la question du dopage. Les méthodes de dopage évoluent constamment, utilisant souvent des techniques médicales de pointe. La recherche a un rôle clé à jouer dans la lutte contre le dopage, en améliorant les méthodes de dépistage, en fournissant des informations (actuellement rares) sur les dommages causés par certaines substances dopantes à la santé des sportifs et en jetant les bases d'une collaboration transfrontière entre les laboratoires antidopages.

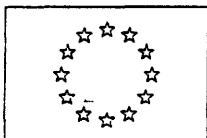
Plusieurs projets sont mis en oeuvre actuellement dans le cadre des programmes-cadres de recherche communautaires (4^{ème} et 5^{ème} programmes-cadres):

i) Inventaire des moyens et des besoins dans la lutte contre le dopage

Le rapport relatif au projet "Harmonisation des méthodes et des mesures dans la lutte contre le dopage", présenté par la commission médicale du CIO en 1998, sera officiellement transmis à la Commission le 15 novembre 1999.

- ii) Le projet *"Cour de formation sur la lutte contre le dopage dans le sport et son contrôle par les laboratoires accrédités par le CIO"* concerne la formation du personnel de laboratoire, en particulier pour les Jeux olympiques d'Athènes de 2004.
- iii) Un projet est en cours pour élaborer *"Une méthodologie de dépistage du dopage aux hormones de croissance et substances apparentées"*.

Deux projets particuliers sont prévus dans le cadre du prochain programme-cadre, volets QUALITÉ de la VIE et CROISSANCE (5^{ème} programme-cadre): le *"Développement d'un nouvel instrument et de méthodes de mesure de la testostérone"* et *"L'instauration de procédures pour modifier l'accréditation des laboratoires du CIO"*. Certains estiment également qu'une collaboration utile, non redondante, pourrait naître entre la recherche communautaire et les laboratoires de référence qui dépendront de la future agence antidopage du CIO.



Brussels, November 1999

DOPING IN SPORT

THE FIGHT AGAINST DOPING AT COMMUNITY LEVEL - STATE OF PLAY

1. DOPING HAS RECENTLY BECOME A VERY ACUTE PROBLEM

In the past, the Community was hardly involved in the fight against doping. The Council did, however, adopt resolutions and declarations on the matter in 1990 and 1992.

- Declaration of the Council and the Ministers for Health meeting within the Council of 4 June 1991 on action to combat the use of drugs, including the abuse of medicinal products in sport.
- Resolution of the Council and the Representatives of the Governments of the Member States meeting within the Council relating to a code of conduct against doping in sport (1992).

On 16 November 1989, under the aegis of the **Council of Europe**, an Anti-doping Convention was adopted.

More recently, in 1998 and 1999 a number of events came under the **glare of the media spotlight** (tour of France and tour of Italy (cycling), the world swimming championships, football in Italy etc.) and led to national and Community mobilisation.

In December 1998, the Vienna European Council underlined "its concern at the extent and seriousness of doping in sports, which undermines the sporting ethic and endangers public health. It emphasises the need for mobilisation at European Union level and invites the Member States to examine jointly with the Commission and international sports bodies possible measures to intensify the fight against this danger, in particular through better coordination of existing national measures".

Very rapidly, on 17 December 1998, the **European Parliament** expressed its concern at doping in a resolution it adopted on the measures to be taken against doping in sport.

Doping was central to discussions at the three **informal meetings of the Ministers for Sport** held in 1999 (Bonn, Paderborn and Vierumäki).

The setting up of an international agency against doping in sport was discussed for the first time by the Ministers for Sport of the Fifteen in **Bonn in January 1999**.

Subsequently, at the end of their meeting in Paderborn from 31 May to 2 June 1999, the Ministers for Sport stated in their conclusions that:

- the European Commission be requested to continue, with the help of the Council of Europe, the coordination of anti-doping work at national level in the Working Group which has been set up by the EU Commission;
- an international independent and transparent Anti-Doping Agency is needed to implement an efficient fight against doping. On the basis of the draft submitted by the German EU Council Presidency, which builds on the considerations of the EU and Council of Europe Working Groups, the Ministers have agreed on a proposal;
- the EU Commission should be requested to look into whether it is possible to involve the EU in the Anti-Doping Agency.

In **October 1999** at Vierumäki, the procedures for European Union participation in a World Anti-Doping Agency were discussed. The IOC proposal was welcomed subject to a number of amendments being taken into account.

The representatives of the Community institutions, the Member States and the sports world at the **Conference on Sport** in Olympia in May 1999 also devoted a section of their conclusions to the matter.

Lastly, the problem of doping in sport was put before the European Group on Ethics. At the beginning of 1999, the Commission, on the initiative of Mr Oreja, requested an opinion on the topic: "the concept of doping from the angle of the genuineness of the performance, the limits of the human body and the role of the medical profession, the methods of detection and analysis, the danger of manipulation, in particular of young people."

2. THE SETTING UP OF A WORLD ANTI-DOPING AGENCY

Following the numerous scandals during the last twelve months, it was felt that an international body to combat doping in sport would be useful. The idea was discussed at the **Lausanne Conference in February 1999**. On that occasion, both the Commission and the Member States called for an **independent and transparent agency**. Public authorities should be well represented on that body. In addition, the European Union expressed its position on a number of topics (penalties, out-of-competition testing, single list of substances, headquarters of the agency etc.). Negotiations with the IOC commenced. Several meetings have already taken place in Lausanne.

In October 1999 the IOC announced plans to set up the Agency in November 1999. It invited the European Union to participate. In response to this proposal, on 13 October 1999 Ms Reding presented a memorandum to the Commission setting out the efforts made by the Commission with respect to combating doping, especially in the context of establishing the Agency. She proposed a position to be adopted in response to the IOC proposal. Subsequently, Ms Reding was authorised to enter into negotiations with the IOC. Following a meeting on 2 November 1999 in Lausanne between Ms Reding and Ms Suvi Linden, Finnish Minister responsible for Sport, and the IOC representatives, Ms Reding and Ms Linden put forward the position of the European Union. The IOC undertook to take it into account. The IOC and the European Union reached agreement on the draft statutes for the Agency, adding the following details:

- The instrument must spell out the importance of a political and moral commitment to the work of the Agency by all parties involved;
- The Agency will be responsible for adopting and amending the list of banned substances, its initial point of reference being the list issued by the IOC Medical Commission;
- The Agency will be responsible for the accreditation of testing laboratories and the harmonisation of testing methods;
- The Agency will plan and coordinate out-of-competition tests in close cooperation with the international federations;
- Government organisations and sports organisations will be equally represented on the Agency's Board, which will be independent of any outside influence, such as inappropriate commercial interests;
- Major decisions will be taken by consensus;
- The Agency's Board will decide as soon as possible on its permanent headquarters, in the light of the objective criteria laid down.
- The Agency's provisional headquarters will be in Lausanne. The Agency should officially open on 10 November 1999.

3. CURRENT SITUATION

In his speech to the Parliament on 21 July 1999, **Mr Prodi, President of the Commission**, spoke of the fight against doping as an example of a means of bringing the European Union closer to the people. **Ms Reding, Member of the Commission responsible for sport** also pays particular attention to the matter. She has already told the European Parliament that she intends to tackle the problem of doping.

Studies are underway in order to see what measures could be envisaged in this area. Here, the opinion delivered by the European Group on Ethics is of special importance.

It should also be emphasised that 1999 will be decisive in preparing a Community policy on sport, and in particular on doping. The Vienna European Council in December 1999 gave the Commission a mandate. *"Recalling the Declaration on Sport attached to the Treaty of Amsterdam and recognising the social role of sport, the European Council invites the Commission to submit a report to the Helsinki European Council with a view to safeguarding current sports structures and maintaining the social function of sport within the Community framework."*

On that basis, the Commission entered into **wide-ranging consultations and studies** on the various matters linked to sport: the European model of sport, sport and employment, existing sports structures etc., but also doping. All this work is intended to provide material for the report to be submitted to the **Helsinki European Council**.

Commission departments would look into a plan for Community support for the fight against doping.

Note prepared by the Sports Unit of the Directorate-General for Information, Communication, Culture, and the Audiovisual Media of the European Commission.



Bruxelles, novembre 1999

LE DOPAGE DANS LE SPORT

ÉTAT DES LIEUX : LUTTE CONTRE LE DOPAGE AU NIVEAU COMMUNAUTAIRE

1. LE PROBLEME DU DOPAGE S'EST RECEMMENT POSE AVEC UNE ACUTE PARTICULIERE

Dans le passé, la Communauté est assez peu intervenue en matière de lutte contre le dopage. Néanmoins, le Conseil a déjà adopté en 1990 et en 1992 des résolutions et déclarations dans ce domaine.

- Déclaration du Conseil et des ministres de la santé des États membres, réunis au sein du Conseil, du 4 juin 1991, relative à la lutte contre le dopage y compris l'abus de médicaments dans les activités sportives;
- Résolution du Conseil et des représentants des gouvernements des États membres, réunis au sein du Conseil relative à un code de conduite antidopage dans les activités sportives (1992);

Le 16.11.89, sous l'égide du **Conseil de l'Europe**, a également été adoptée une Convention européenne de lutte contre le dopage.

Plus récemment, les années 1998 et 1999 ont été marquées par un certain nombre **d'affaires très médiatisées** (tour de France, tour d'Italie cyclistes, championnats du monde de natation, calcio en Italie, etc.). Ceci a provoqué une mobilisation au niveau national comme communautaire.

En décembre 1998, le Conseil européen de Vienne a manifesté "sa préoccupation face à l'ampleur du dopage dans le milieu du sport, et à la gravité de cette pratique, qui nuit à l'éthique sportive et à la santé publique. Il souligne la nécessité d'une mobilisation au niveau de l'Union européenne et invite les Etats membres à examiner avec la Commission et avec les instances sportives internationales les mesures qui pourraient être prises pour intensifier la lutte contre ce fléau, notamment par une meilleure coordination des mesures nationales existantes."

Très rapidement, le **Parlement européen** a aussi manifesté sa préoccupation face au phénomène du dopage en adoptant, le 17 décembre 1998, une résolution sur les mesures à prendre contre le dopage dans le sport.

Le thème du dopage a également été au coeur des débats à l'occasion des trois **réunions informelles des ministres des sports** qui se sont tenues en 1999 (Bonn, Paderborn et Vierumäki).

A Bonn, en janvier 1999, la création de l'agence internationale de lutte contre le dopage a été débattue pour la première fois par les ministres des sports des Quinze.

Par la suite, à l'issue de leur réunion de **Paderborn, du 31 mai au 2 juin 1999**, les ministres responsables des sports ont estimé, dans leurs conclusions :

- que la Commission européenne sera invitée à poursuivre, avec le concours du Conseil de l'Europe, la coordination de la lutte contre le dopage au niveau national au sein du groupe de travail institué par la Commission ;
- que, pour l'efficacité de la lutte contre le dopage, il est nécessaire de créer une agence internationale antidopage indépendante et transparente. Les ministres se sont mis d'accord, sur la base du projet présenté par la présidence allemande de l'Union européenne, sur une proposition qui repose sur les considérations des groupes de travail de l'Union européenne et du Conseil de l'Europe ;
- que la Commission doit être invitée à étudier les possibilités d'une participation de l'Union européenne à l'agence antidopage.

A Vierumäki, en octobre 1999, les modalités de participation de l'Union européenne à l'Agence mondiale de lutte contre le dopage ont été discutées. Un accueil favorable a été réservé à la proposition du Comité International Olympique (CIO) à condition qu'un certain nombre d'amendements soient pris en compte.

Les assises européennes du sport qui ont été organisées en mai 1999 à Olympie et qui ont regroupé représentants des institutions communautaires, des États membres et du mouvement sportif ont également consacré une partie de leurs conclusions à ce thème.

Enfin, le **groupe européen d'éthique** a également été saisi du problème du dopage dans le sport. En effet, au début de l'année 1999, à l'initiative du Commissaire Oreja, un avis a été sollicité par la Commission sur le thème : « le concept du dopage sous l'angle de l'authenticité de la performance sportive, des limites de l'organisme humain et du rôle des professions médicales, des méthodes de détection et analyse, des risques de manipulation, notamment des jeunes ».

2. LA CREATION D'UNE AGENCE MONDIALE DE LUTTE CONTRE LE DOPAGE DANS LE SPORT

Suite aux scandales de dopage qui se sont multipliés au cours de ces douze derniers mois, l'utilité d'une instance internationale de lutte contre le dopage a été ressentie. L'idée d'une telle agence a été débattue lors de la **conférence de Lausanne en février 1999**. A cette occasion, aussi bien la Commission et les États membres ont fait savoir que cette **agence doit être indépendante et transparente**. Les pouvoirs publics doivent y avoir une place importante. De plus, l'Union a exprimé des positions sur un certain nombre de sujets (sanctions, contrôles hors-compétition,

liste unique de substances, siège de l'agence, etc.). Des négociations ont commencé avec le CIO. Plusieurs réunions se sont tenues à Lausanne en 1999.

En octobre 1999, le CIO a annoncé son intention de créer l'Agence à partir du mois de novembre 1999. Il a en même temps invité l'Union européenne à y participer. En réponse à cette proposition, Mme Reding a présenté le 13 octobre 1999 une communication à la Commission dans laquelle elle a exposé tous les efforts qui ont été faits par la Commission dans le domaine de la lutte contre le dopage, en particulier dans le cadre de la création de l'Agence. Mme Reding a proposé une ligne de conduite à tenir face à la proposition du CIO. Suite à la communication, Mme Reding a été habilitée à mener des négociations avec le CIO. Une rencontre entre d'un côté Mme Reding et Mme Suvi Linden, ministre finlandais chargé des sports, et d'un autre côté les représentants du CIO s'est tenue le 2 novembre 1999 à Lausanne. Mme Reding et Mme Linden ont pu faire valoir les positions défendues par l'Union européenne et le CIO s'est engagé à les prendre en compte. Le CIO et l'Union européenne sont tombés d'accord sur le projet de statuts de l'Agence, en ajoutant toutefois les précisions suivantes :

- Il sera nécessaire de spécifier dans le texte l'importance vitale d'un engagement politique et moral de toutes les parties concernées envers les activités de l'Agence.
- L'Agence sera chargée d'adopter et de modifier la liste des substances interdites, en prenant comme point de référence initial la liste de la commission médicale du CIO.
- L'Agence sera responsable de l'accréditation des laboratoires de contrôle et de l'harmonisation des méthodes de contrôle.
- L'Agence organisera et coordonnera les contrôles hors compétition en étroite coopération avec les Fédérations Internationales.
- Les organisations gouvernementales et les organisations sportives jouiront d'une représentation égale au sein du conseil de fondation qui restera libre de toute influence extérieure, se manifestant par exemple sous la forme d'intérêts commerciaux indus.
- Les décisions de grande importance seront prises sur la base d'un consensus.
- Le conseil de fondation de l'Agence décidera dès que possible du siège définitif de celle-ci, en observant des critères objectifs établis.

Le siège provisoire de l'Agence se situera à Lausanne. L'Agence doit officiellement voir le jour le 10 novembre 1999.

3. L'ACTUALITE EN MATIERE DE DOPAGE

Dans son discours prononcé le 21.07.99 devant le Parlement européen, le **Président Prodi** a mentionné la lutte contre le dopage en tant qu'exemple d'action visant à rendre l'Union européenne plus proche du public européen. **Mme Reding,**

Commissaire en charge des sports, prête également une attention extrême à ce sujet. Devant le Parlement européen, elle a déjà eu l'occasion d'exprimer son intention de s'attaquer au problème du dopage.

Des réflexions sont en cours afin de mesurer quelles pourraient être les initiatives envisagées dans ce domaine. L'avis émis par le GEE revêt, dans ce contexte, une importance particulière.

De plus, il faut relever que l'année 1999 sera décisive pour la conception d'une politique communautaire du sport, et notamment du dopage. En effet, un mandat a été donné à la Commission au Conseil européen de Vienne de décembre 1999. "*Le Conseil européen, rappelant la déclaration relative au sport annexée au traité d'Amsterdam et reconnaissant le rôle que joue le sport sur le plan social, invite la Commission à lui soumettre un rapport pour sa réunion d'Helsinki dans l'optique de la sauvegarde des structures sportives actuelles et du maintien de la fonction sociale du sport dans le cadre communautaire*".

Sur cette base, la Commission s'est engagée depuis le début de l'année 1999 dans une **vaste opération de consultation et de réflexion** sur différents sujets liés au sport : le modèle européen du sport, sport et emploi, les structures actuelles du sport, etc. mais aussi le dopage. Tout ce travail vise à alimenter le **rapport** qui devra être soumis au **Conseil européen d'Helsinki**.

Les services de la Commission réfléchissent également à un **plan d'appui communautaire à la lutte contre le dopage**.

Note préparée par l'Unité « Sports » de la Direction Générale « Information, Communication, Culture, Audiovisuel » de la Commission européenne



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

Brussels, November 1999

DOPING IN SPORT

CASE LAWS OF THE EUROPEAN COURT OF JUSTICE (*Deliège* and *Bosman*)

Introduction - European case law and doping

The *Bosman* and *Deliège* cases, while not dealing directly with the subject of doping in sport, are nevertheless interesting for the doping issue in terms of defining the legal status of the sportsperson. In *Bosman* it was ruled that professional sportspeople are entitled to the same rights, under EU provisions on freedom of movement and services, as any other worker. *Deliège* showed that even 'amateur' sportspeople can be deemed to practice an economic activity, a key criterion for deciding how far sports activities may be subject to EU Treaty provisions. Such precedents may be important in considering the legal position of the sportsperson as regards doping.

EUROPEAN COURT OF JUSTICE (Case C-415/93 *Bosman*)

J.M. Bosman v RC Liège, the Belgian Football Federation (URBSFA), UEFA

The facts

Jean-Marc Bosman is a professional football player who played for RC Liège when the club was in the Belgian first division. In 1990, a dispute arose between Bosman and Liège in which Bosman claimed that the Belgian Football Federation and UEFA (Union of European Football Associations)-FIFA (International Federation of Football Associations) transfer rules had prevented his transfer to a French club, US Dunkerque.

Bosman sought a declaration from the national Court that the transfer regulations were incompatible with both the Treaty of Rome rules on competition (Articles 85 & 86) and the free movement of workers (then Article 48, now 59). In particular, Bosman challenged the rule requiring a club to pay a transfer fee for a player whose contract with his existing club had expired.

He also questioned the legitimacy of the so-called "3+2" rule, whereby the number of foreign players in a team was to be limited to three, with a maximum of two other

'assimilated' players allowed - these being players who had spent at least five uninterrupted years playing in the country concerned.

The Conclusions

As to the transfer rules, the European Court of Justice held that they were directly affecting players' access to the employment market in other Member States. They were thus capable of impeding freedom of movement of workers, and contrary to the Treaty provisions.

In terms of nationality restrictions, the Court decided that these were also illegal (even though Bosman had not directly been affected by them himself), as they could impede the career of a player by reducing his chances of finding employment with a club in another Member State.

EUROPEAN COURT OF JUSTICE

Opinion of the Advocate General in Joined Cases C-51/96 and C-191/97

Christelle Delière v Asbl Ligue Francophone de judo and others

The facts

Miss Delière began practising judo in 1983. From 1987 onwards she achieved excellent results in the under-52kg category. She was, however, not selected for various major international (category A) judo tournaments, including the Olympic Games in Barcelona in 1992 and the Olympic Games in Atlanta in 1996.

The European Judo Union (EJU) gives national judo federations control over selections for international tournaments, according to the national quotas set down. The federations are not obliged to make these selections on the basis of internationally recognised ranking lists.

Before the Court of First Instance in Namur, Belgium, which referred the case to the European Court of Justice, Miss Delière questioned whether the EJU's selection regulations were compatible with Articles 59 (as regards the free movement of services) and 85 & 86 (on competition) of the Treaty of Rome. Miss Delière also demanded bfr 30 million in damages.

Two questions had to be answered: does Miss Delière's practise of judo (even though this is considered to be amateur - as opposed to professional or even semi-professional), have an economic character and dimension sufficient to regard her case as being covered by the relevant articles of the Treaty? If so, do the EJU's selection rules contravene these articles?

The Conclusions

The Advocate General stated in his Opinion that he believed Miss Deliège to be involved in an economic activity in her practise of judo. Despite formally being an amateur, Miss Deliège was a sportsperson of an 'advanced level' being remunerated for 'services' provided (i.e participation in judo tournaments). This could be in the form of sponsorship, prizes, or federation "contributions" consisting of grants, aids and subsidies. These economic benefits in effect allowed Miss Deliège to dedicate herself to judo in the manner of a professional.

Concerning the compatibility of the EJU's selection procedures with EU freedom laws, the Advocate General decided that the selection rules did not fall under the principles guaranteeing the freedom to provide services (Article 59), because they were deemed to have no economic content and only existed for sporting reasons. The objective of the EJU is to allow for the selection of national teams at international competitions – a "necessity of the public interest" according to the Advocate General. The selection rules had fulfilled and not exceeded this purpose, and in fact served to enhance competitiveness by ensuring equal representation of countries.



COMMISSION EUROPÉENNE
SECRÉTARIAT GÉNÉRAL

Direction C
Secrétariat du Groupe européen d'éthique des sciences et des nouvelles technologies

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LE DOPAGE DANS LE SPORT

JURISPRUDENCE DE LA COUR DE JUSTICE EUROPÉENNE (affaires *Deliège* et *Bosman*)

Introduction - Jurisprudence européenne et dopage

Bien qu'elles ne concernent pas directement le thème du dopage dans le sport, les affaires *Bosman* et *Deliège* présentent toutefois à cet égard un intérêt en ce qui concerne la définition du statut juridique du sportif. L'arrêt *Bosman* a établi que les sportifs professionnels bénéficiaient des mêmes droits que tout autre travailleur, conformément aux dispositions communautaires en matière de libre circulation et de libre prestation de services. L'affaire *Deliège* a montré que même les sportifs "amateurs" peuvent être considérés comme des personnes exerçant une activité économique, un critère clé pour déterminer dans quelle mesure les activités sportives relèvent du champ d'application des dispositions du traité sur l'UE. Ces précédents revêtent de l'importance pour l'analyse du statut légal des sportifs à l'égard du dopage.

COUR DE JUSTICE EUROPÉENNE (Affaire C-415/93 *Bosman*)

J.M. Bosman contre RC Liège, Fédération belge de football (URBSFA), UEFA

Les faits

Jean-Marc Bosman est un footballeur professionnel qui a joué pour le RC Liège lorsque ce club faisait partie de la première division belge. En 1990, un conflit a éclaté entre le club de Liège et Jean-Marc Bosman qui affirmait que la fédération belge de football et les règles de transfert de l'UEFA (Union Européenne de Football Association) - FIFA (Fédération Internationale de Football Association) avaient empêché son transfert dans un club français, l'US Dunkerque.

Jean-Marc Bosman a présenté un recours tendant à faire constater par la juridiction nationale que les règles de transfert étaient incompatibles avec les dispositions du traité de Rome tant en matière de concurrence (articles 85 et 86) que de libre circulation des travailleurs (article 59, ex-article 48). Il contestait en particulier la règle subordonnant au versement d'indemnités de transfert l'embauche d'un joueur dont le contrat conclu avec son club d'origine a expiré.

Il a également remis en cause la légitimité de la règle dite du "3+2", selon laquelle le nombre de joueurs étrangers dans une équipe devait se limiter à trois, avec un maximum de deux autres jours "assimilés", c'est-à-dire de footballeurs qui avaient joué au moins cinq ans sans interruption dans le pays concerné.

Les conclusions

En ce qui concerne les règles de transfert, la Cour Européenne de Justice a estimé qu'elles affectaient directement l'accès des joueurs au marché de l'emploi des autres États membres. Elles étaient donc de nature à entraver la liberté de circulation des travailleurs et contraires aux dispositions du traité.

La Cour a également estimé illégales les restrictions liées à la nationalité (même si elles n'avaient pas directement affecté Jean-Marc Bosman) au motif qu'elles pouvaient faire obstacle à la carrière d'un joueur en réduisant ses chances de trouver un emploi dans un club établi dans un autre État membre.

COUR DE JUSTICE EUROPÉENNE

Conclusions de l'avocat général dans les affaires jointes C-51/96 et C-191/97

Christelle Delière contre Asbl Ligue francophone de judo et autres

Les faits

Christelle Delière a commencé à pratiquer le judo en 1983. Dès 1987, elle a obtenu d'excellents résultats dans la catégorie des moins de 52 kg. Elle n'a toutefois pas été sélectionnée à l'occasion de plusieurs grands tournois internationaux de judo (catégorie A), notamment les Jeux olympiques de Barcelone en 1992 et ceux d'Atlanta en 1996.

L'Union européenne de judo (UEJ) laisse aux fédérations nationales de judo le pouvoir de sélection pour les tournois internationaux, conformément aux quotas nationaux qui ont été fixés. Les fédérations ne sont pas tenues de procéder à ces sélections en se conformant aux classements internationalement reconnus.

Christelle Delière a saisi le Tribunal de première instance de Namur (Belgique), qui a porté l'affaire devant la Cour Européenne de Justice, de la question de savoir si les règles de sélection de l'UEJ étaient compatibles avec les articles 59 (concernant la libre prestation de services), 85 et 86 (concernant la concurrence) du traité de Rome. M^{lle} Delière a également demandé 30 millions de BEF à titre de dédommagement.

Deux questions se posaient: la pratique du judo par Christelle Delière (même si elle est considérée comme un sportif amateur - par opposition à un professionnel ou semi-professionnel) présente-t-elle un caractère et une dimension économiques suffisants pour estimer que son cas relève du champ d'application des articles pertinents du traité? Dans l'affirmative, les règles de sélection de l'UEJ enfreignent-elles ces articles?

Les conclusions

L'avocat général a déclaré dans ses conclusions qu'il estimait que M^{lle} Deliège exerçait une activité économique en pratiquant le judo. Bien qu'ayant formellement la qualité d'un amateur, M^{lle} Deliège est une sportive de "haut niveau" rémunérée pour des "services" fournis (c'est-à-dire sa participation à des tournois de judo). Cette rémunération peut revêtir la forme d'un parrainage, de primes ou de "contributions" d'une fédération au moyen de bourses, d'aides ou de subventions. Ces avantages économiques permettaient à M^{lle} Deliège de se consacrer au judo à la manière d'un professionnel.

En ce qui concerne la compatibilité des procédures de sélection de l'UEJ avec les règles communautaires, l'avocat général a estimé que les règles de sélection ne relevaient pas des principes garantissant la libre prestation de services (article 59) parce qu'elles n'avaient aucune dimension économique et n'existaient que pour des motifs sportifs. L'objectif de l'UEJ est de permettre la sélection d'équipes nationales en vue de compétitions internationales - une "nécessité d'intérêt public" selon l'avocat général. Les règles de sélection ont atteint ce but sans aller au delà et ont en réalité servi à améliorer la compétitivité en garantissant une égale représentation des pays.



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

Brussels, November 1999

DOPING IN SPORT

INTERNATIONAL ACTIVITIES

COUNCIL OF EUROPE

An anti-doping convention since 1989

The doping issue is not a new one for the Council of Europe, which did pioneering work in the sixties culminating in the adoption of a resolution (1967) on the doping of athletes which, in 1968, led to the first dope tests, conducted at the Grenoble Winter Olympics. Following the 1984 European Anti-Doping Charter for Sport, in 1989 it put the finishing touches to what is still the only international legal instrument of its kind, binding on states, the Anti-Doping Convention. The Convention is now in force in 33 European states, and Australia and Canada have also acceded to it, with other countries - China, New Zealand, South Africa and the United States of America - also participating in the activities as observers. The Convention was drawn up mainly to promote the national and international harmonisation of anti-doping measures. It lays down a number of common standards on the basis of which all the Parties undertake to adopt a number of legislative, financial, technical and educational measures. It provides for instance for action to reduce the trafficking of doping substances, to strengthen dope testing and improve screening programmes, to support education and awareness programmes and to guarantee the effectiveness of the penalties imposed on offenders. Appended to it is a reference list of prohibited substances, which is regularly updated by the Monitoring Group responsible for ensuring that states comply with the standards laid down in the Convention. The group also, with the international sports movement, considers the problems and looks at the action to be taken to harmonise anti-doping measures. From 1994 to 1998 the Council of Europe took further steps in the fight against doping by adopting a number of recommendations on: - measures to improve control of anabolic and androgenic steroids trafficking; - standard urine sampling procedures for doping control in and out of competition; - disciplinary measures to be taken with regard to members of the athlete's entourage; - standard operating procedures at doping control laboratories; - basic principles for subsequent disciplinary phases of doping control; - basic principles procedures for blood sampling. It has also produced a "Clean Sports Guide" - an education and information pack - for coaches, athletes and sports administrators.

THE INTERNATIONAL OLYMPIC COMMITTEE (IOC)

The International Olympic Committee was founded in 1894 by the French educator Baron Pierre de Coubertin who was inspired to revive the Olympic Games of Greek antiquity. The IOC is an international non-governmental non-profit organization and serves as an umbrella organization for the Olympic Movement. Its primary responsibility is to supervise the organization of the summer and winter Olympic Games. The Olympic Movement consists of the IOC, the International Sports Federations (IFs), the National Olympic Committees (NOCs), the Organizing Committees for the Olympic Games (OCOGs), national sports associations, clubs and the persons belonging to them, and the athletes.

The IOC Medical Commission

The death of a cyclist at the 1960 Games in Rome, allegedly due to the abuse of amphetamines, prompted the IOC to create the Medical Commission in 1967, the first international sports organization to do so. The first large-scale drug-testing program was initiated at the 1968 Winter Games in Grenoble. The Medical Commission, in accordance with the fundamental principles of the Olympic Charter, administers the IOC Medical Code, and makes recommendations following a positive result at the Olympic Games.

The IOC Medical Code

The IOC Medical Code is the law with which Olympic athletes must comply. It:

- provides for the prohibition of doping;
- establishes the list of banned drugs;
- obligates the athletes to submit themselves to medical controls and examinations;
- specifies the sanctions in case of violations of the code;
- outlines medical care of the athletes

THE INTERNATIONAL ANTI-DOPING AGENCY

In February, 1999, the IOC hosted a three-day conference in Lausanne, Switzerland, to discuss the setting-up of an International Anti-Doping Agency to oversee the global regulation of doping in sport. The conference was attended by several hundred delegates, representing the Olympic movement, the United Nations, governments, non-governmental organizations, athletes and the medical profession. Agreement on the creation of the Agency was approved as part of the Lausanne Declaration, which included statements on: education, prevention and athletes' rights in the fight against doping in sport; the Olympic Movement Anti-Doping Code; sanctions; the responsibilities of the IOC, the IFs, the NOCs and the CAS; and collaboration between the Olympic Movement and public authorities.

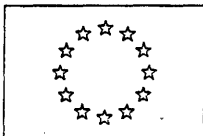
The IOC hopes that the Agency will be operational in time for the Sydney 2000 Olympics.

UNESCO

UNESCO has also been active in international anti-doping efforts. Its *International Charter of Physical Education and Sport, 1978*, was adopted on November 21, 1978 by the General Conference of UNESCO at its twentieth session, held in Paris. The Charter declares that the practice of physical education and sport is a fundamental right for all and forms an essential element of lifelong education in the overall education system. It stresses that international co-operation is a prerequisite for the universal and well-balanced promotion of physical education and sport. It also emphasizes that the mass media should exert a positive influence on physical education and sport. The Charter also calls for the development of research and exchanges of documentation and information about physical education and sport.

World Health Organization (WHO)

In 1993, the World Health Organization published a comprehensive report on « Drug Use and Sport ». Based on information summarized from a variety of national programme strategies, evaluation studies, statistical reports, interviews and anecdotal evidence, the report concluded that use of drugs in sport is increasing and that more needs to be done to counter this trend. The report stressed a lack of coordination between sport and health agencies at both national and international levels. The report recommended that research activities and health promotion strategies be augmented by broad; international collaborative efforts.



COMMISSION EUROPÉENNE
SECRÉTARIAT GÉNÉRAL

Direction C
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LE DOPAGE DANS LE SPORT

ACTIVITES INTERNATIONALES

LE CONSEIL DE L'EUROPE

Une convention antidopage dès 1989

Pour le Conseil de l'Europe, le problème du dopage n'est pas nouveau. Dans les années 60, ses travaux de pionnier ont abouti à l'adoption d'une résolution contre le dopage des athlètes qui fut, en 1968, à l'origine des premiers contrôles antidopages lors des Jeux olympiques d'hiver de Grenoble. Après la Charte européenne contre le dopage, en 1984, il a finalisé en 1989 ce qui constitue à ce jour le seul instrument juridique du genre, contraignant pour les États, à savoir la Convention contre le dopage. Elle est aujourd'hui en vigueur dans 33 États européens. L'Australie et le Canada ont également adhéré à ce traité, et d'autres pays - la Chine, la Nouvelle Zélande, l'Afrique du Sud et les États-Unis d'Amérique - participent à ses travaux, à titre d'observateurs. L'objectif essentiel de la convention est de promouvoir au plan national et international l'harmonisation des mesures à prendre contre le dopage. Elle fixe un certain nombre de normes communes en fonction desquelles toutes les parties s'engagent à adopter une série de mesures dans les domaines législatif, financier, technique, éducatif. Elle prévoit, par exemple, des mesures destinées à réduire le trafic de substances dopantes, à renforcer les contrôles antidopages et à améliorer les techniques de dépistage, à soutenir des programmes d'éducation et de sensibilisation et à garantir l'efficacité des sanctions prises à l'égard des contrevenants. Elle comporte également en annexe une liste de référence des substances interdites, régulièrement mise à jour par le Groupe de suivi dont la mission est de veiller à la mise en œuvre, par les États, des normes de la convention. Ce dernier examine par ailleurs, avec le mouvement sportif international, les problèmes et actions à entreprendre pour harmoniser les mesures antidopages. De 1994 à 1998 le Conseil de l'Europe a affiné son action de lutte contre le dopage en adoptant une série de recommandations sur les mesures visant à mieux contrôler le trafic des stéroïdes anabolisants androgènes, les procédures types de collecte d'urine pour le contrôle antidopage pendant et hors compétition, les mesures à prendre à l'égard des membres de l'entourage de l'athlète, les procédures opérationnelles types dans les laboratoires de contrôle du dopage, les principes de base pour les phases disciplinaires du contrôle antidopage, l'échantillonnage sanguin pour les contrôles de dopage. Il a également créé le "Guide du sport propre" à l'intention des entraîneurs, athlètes et dirigeants sportifs.

LE COMITÉ INTERNATIONAL OLYMPIQUE (CIO)

Le Comité international olympique a été fondé en 1894 par un éducateur français, le Baron Pierre de Coubertin, qui eut l'idée de faire revivre les Jeux olympiques de l'antiquité grecque. Le CIO est une organisation non gouvernementale à but non lucratif et est l'autorité suprême du mouvement olympique. Sa responsabilité principale réside dans la supervision et l'organisation des Jeux olympiques d'été et d'hiver. Le mouvement olympique comprend le CIO, les fédérations internationales de sports (FI), les comités nationaux olympiques (CNO), les comités d'organisation des Jeux olympiques (COJO), les associations sportives nationales, les clubs et les personnes qui en font partie et les athlètes.

La Commission médicale du CIO

La mort d'un cycliste aux Jeux de 1960 à Rome, imputée à un abus d'amphétamines, a amené le CIO à être en 1967 la première organisation sportive internationale à créer une commission médicale. Le premier programme de tests antidopages à grande échelle a été lancé en 1968 pendant les Jeux d'hiver de Grenoble. Conformément aux principes fondamentaux de la charte olympique, la commission médicale régit le code médical du CIO et formule des recommandations lorsqu'un cas positif est détecté pendant les olympiades.

Le code médical du CIO

Le code médical du CIO est la réglementation à laquelle les athlètes participant aux Jeux olympiques doivent se conformer:

- il consacre l'interdiction du dopage;
- il établit la liste des substances interdites;
- il contraint les athlètes à se soumettre à des contrôles et examens médicaux;
- il définit les sanctions applicables en cas de violation de ses dispositions;
- il décrit les soins médicaux dispensés aux athlètes.

L'AGENCE INTERNATIONALE ANTIDOPAGE

En février 1999, le CIO a organisé une conférence de trois jours à Lausanne en Suisse afin d'envisager la création d'une agence internationale antidopage chargée de réglementer globalement la lutte contre le dopage dans le sport. Cette conférence a rassemblé plusieurs centaines de délégués représentant le mouvement olympique, les Nations unies, les gouvernements, les organisations non gouvernementales, les athlètes et la profession médicale. Un accord sur la création de l'agence a été conclu dans le cadre de la déclaration de Lausanne qui porte sur: l'éducation, la prévention et les droits des athlètes dans la lutte contre le dopage dans le sport, le code antidopage du mouvement olympique, les sanctions, les responsabilités du CIO, des fédérations sportives internationales (FI), des comités nationaux olympiques (CNO), du Tribunal arbitral du sport (TAS) et la collaboration entre le mouvement olympique et les pouvoirs publics.

Le CIO espère que l'agence sera opérationnelle pour les olympiades de Sydney en l'an 2000.

L'UNESCO

L'UNESCO contribue activement aux efforts consacrés à la lutte contre le dopage au niveau international. Sa *Charte internationale de l'éducation physique et du sport* a été adoptée le 21 novembre 1978 par la conférence générale de l'UNESCO au cours de sa vingtième session tenue à Paris. La charte déclare que la pratique de l'éducation physique et du sport est un droit fondamental pour tous et constitue un élément essentiel de l'éducation permanente dans le système global d'éducation. Elle souligne que la coopération internationale est l'une des conditions du développement universel et équilibré de l'éducation physique et du sport. Elle insiste en outre pour que les mass-médias exercent une influence positive sur l'éducation physique et le sport. Elle appelle également au développement des recherches et des échanges de documents et d'informations en matière d'éducation et de sport.

L'ORGANISATION MONDIALE DE LA SANTÉ (OMS)

En 1993, l'Organisation mondiale de la santé a publié un rapport détaillé sur le dopage dans le sport. Fondé sur des données tirées de divers programmes nationaux, études d'évaluation, rapports statistiques, entretiens et observations ponctuelles, ce rapport conclut que le dopage dans le sport augmente et que davantage d'efforts doivent être déployés pour inverser cette tendance. Il souligne le manque de coordination entre les organismes sportifs et sanitaires tant au niveau national qu'international. Il recommande que les activités de recherche et les campagnes de promotion de la santé soient renforcées par une plus vaste collaboration internationale.



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

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DOPING IN SPORT

MEDICAL ASPECTS

In general, it can be said that over the last several decades, there has been an increased dependence on drugs in sports – legal and illegal - across society, and youngsters are getting more and more involved in drug consumption. This includes all levels of sports activities, not only the highest. It can also be said that there is a parallel between the consumption of drugs in general and the consumption of drugs in sports.

There has been a certain evolution in the use of doping products. First, the use of drugs in sport aimed at having a direct effect on performance during competition. Later, it became a habit to use drugs during training periods, thus enabling the sportsperson to train for longer periods. Then, it aimed at having a direct impact on overall sports performance, thanks to newly discovered chemical compounds which can target both sporting events and training at the same time.

What is used? Any substance which can have an impact on pain levels, nervous level of excitement, body shape, endurance, strength etc...

How are these products taken? Methods are: blood transfusion, gas chambers, electronic stimulation for non-medical purposes, pregnancies produced purely for sporting reasons which then lead to abortion and other methods. In the future, with the development of new pharmaceutical products, drug abuse will be even easier with highly sophisticated products which are difficult to detect; not to forget genetic engineering which could aim at modifying a human being to enhance sporting performance.

What is the danger of drug use? The use of incorrect dosages, secret use, unknown compounds (illegal products), the combination of products, such as, for instance, the so-called "Belgian Cocktail" which is a drug combination of cocaine, amphetamines, morphine, caffeine, analgics and anti-arythmical drugs.

What are the health risks? Depending on the used drug, the effect can be: liver and kidney poisoning, hormonal imbalance, medium and long-term impact on the cardiovascular system, and psychological problems such as addiction.

Banned substances and methods include: Stimulants; Narcotics; Anabolic Agents; Diuretics; Peptide hormones, mimetics and analogues; Blood doping; Pharmacological, chemical and physical manipulation.

Stimulants: Stimulants are substances which act directly on an athlete's central nervous system to speed up parts of their brain and body. Adrenaline is an example of a naturally occurring stimulant in the body. Athletes use stimulants in an attempt to increase alertness, reduce tiredness, and increase their competitiveness and aggressiveness. Examples of stimulants are caffeine, amphetamines, cocaine, ephedrine, and mesocarb. Stimulants, as well as narcotics, anabolic agents can be detected through urine testing. Stimulants can cause problems with heat regulation, faster breathing, problems with coordination and balance, aggressive behaviour, dehydration, weight loss and hand tremors. Other effects may include increased heart rate, palpitations and irregularities, tremors, insomnia, increased blood pressure and sweating. Dependence and addiction are also risks associated with abuse.

Narcotics: Narcotics are substances which mask the effects of pain. Narcotics may also produce sensations of euphoria, invincibility and illusions of athletic prowess beyond the athlete's ability. Some examples of these substances are heroin, morphine and pethidine. Athletes may use narcotics to stop the pain resulting from an injury. This can be dangerous as these substances merely hide the pain. An athlete who continues to exercise on the injured part risks further damage to that part. Narcotics can also cause loss of balance and coordination, decreased ability to concentrate, sleepiness, nausea, vomiting, respiratory depression and constipation. Prolonged use may also produce physical dependence, leading to addiction.

Anabolic agents: There are two classes of anabolic agents: anabolic androgenic steroids; and beta-2 agonists (non-steroidal anabolic agents). Anabolic androgenic steroids (AAS) are substances that have both anabolic and androgenic properties. The anabolic effects can result in an acceleration of growth of muscle and bone. The androgenic effects are represented in the development of the male reproductive system and the secondary male sexual characteristics such as hairiness and deep voice. Athletes mainly use anabolic steroids in an attempt to increase muscle size and strength. This growth appears to result from the significant effect AASs have on lessening the recovery time required after exercise. Athletes using AASs may be able to train at a greater intensity and for longer periods and therefore reap the benefits of the extra training. Steroids come in tablet and injectable forms. Examples of steroids are androstenedione, boldenone, decadurabolin (nandrolone), dehydroepiandrosterone (DHEA), stanozolol and testosterone. Side effects may include jaundice and liver damage, acne, heart problems, euphoria, improved self-esteem, mood swings, depression, paranoia and aggression.

Beta-2 agonists: Beta-2 agonists are commonly used as asthma medications. When taken into the bloodstream, beta-2 agonists may increase lean mass (muscle) and reduce body fat. Salbutamol (eg Ventolin), salmeterol (eg Serevent) and terbutaline (eg Bricanyl) are permitted in inhaler form provided that written notification from a recognised medical practitioner is submitted to the relevant authority. Possible side-effects of beta-2 agonists include palpitations, headaches, nausea, muscle cramps and dizziness.

Diuretics: Diuretics increase the amount of urine produced by the body. Some athletes use diuretics to assist them to fall within the required weight categories in sports such as horse racing, judo, weightlifting and rowing. They are also used by some athletes to dilute their urine in an attempt to avoid detection of anabolic agents. Detection of diuretics can be detected in the urine through gas chromatography and mass spectrometry. Athletes using diuretics run the risk of dehydrating, which can lead to kidney and heart failure.

Peptide hormones, mimetics and analogues: Examples of peptide hormones, mimetics and analogues are: chorionic gonadotrophin (hCG - human chorionic gonadotrophin), erythropoietin (EPO), growth hormone (hGH - somatotrophin), Insulin, Insulin-like Growth Factor (IGF-1). Mimetics are substances that imitate the action of other related drugs. Analogues are substances that are structurally similar to other substances. Chorionic gonadotrophin (hCG) HCG is a hormone that promotes an increase in the production of natural male and female steroids. Its main use is by anabolic steroid users in an attempt to overcome the effects of testicular damage. Corticotrophin has an anti-inflammatory effect, but it is also used to obtain the mood elevating effects of corticosteroids. Short-term use of ACTH may cause stomach irritation and ulcers and psychological effects such as irritability. Long-term side effects may include softening of connective tissue and weakening of an injured area in muscles, bones, tendons or ligaments, osteoporosis, and cataracts.

Growth hormone (hGH) is a hormone which is necessary for normal growth of children and assists the body in building muscle and bone. Athletes may use growth hormone in an attempt to increase muscle size and strength. Side effects can include overgrowth of hands, feet and face; soft tissue swelling, heart disease, increased sweating, increased oil gland production in the skin.

Erythropoietin (EPO) stimulates the production of red blood cells. This increases the amount of oxygen the blood can carry to the muscles. Some endurance athletes use EPO to improve performance. EPO use can thicken the blood causing blood clots. Blood clots increase the risk of heart attacks and strokes. Endurance athletes are particularly vulnerable, as their blood is normally thicker due to dehydration. Some international federations have introduced random blood testing to determine if the percentage of red blood cells is too high. This test does not detect EPO, but rather is a health check. Athletes with elevated red blood cell levels may be prevented from participating on safety grounds.

Prohibited Methods

Blood doping occurs when athletes put extra blood into their body. The blood could be their own or someone else's. The extra blood in the body contains a higher number of red blood cells. As a result of these extra red blood cells, there will be an increase in the amount of oxygen that can be delivered to and used by the working muscles. This effect is similar to that achieved by training at high altitudes. Any practice that involves putting blood into the body or taking blood out can be a serious risk to health. An athlete using his own blood runs the risk of bacterial infections, fatal reactions due to blood mislabelling and other complications including blood clots, stroke, congestive heart failure, hypertension, and shock. An athlete who uses another

person's blood also risks immune problems, fever and viral infections. The sharing of needles or blood can also lead to diseases such as HIV and hepatitis.

Classes of Prohibited Substances and Methods in Doping.

Pharmacological, chemical and physical manipulation is the use of substances or methods that attempt to alter or substitute the urine sample.

Examples of these prohibited methods are: catheterisation (drawing off urine from the bladder with a special tube); urine substitution or swapping; tampering with and inhibition of renal excretion (eg. by masking agents such as Probenecid and related compounds. Epitestosterone may be given to try to mask testosterone administration.

Restricted Substances

Alcohol, Beta blockers, Corticosteroids, Local anaesthetics, Cannabinoids

Restricted substances are: banned in some forms; only tested for in some sports; or only permitted under certain conditions.



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

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DOPING IN SPORT

THE SPORT FEDERATIONS

Organisation of sport in Europe

In the Member States, sport is traditionally organised in a system of national federations. Only the top federations (usually one per country) are linked together in European and international federations. Basically the structure resembles a hierarchical pyramid.

The clubs form the foundation of this pyramid. They offer everyone the possibility of engaging in sport locally, thereby promoting the idea of "sport for all". They also foster the development of new generations of sportsmen/women. At this level unpaid participation is particularly important and beneficial to the development of sport. Closely linked to this is amateur sport, which reflects a genuine love of participation.

Regional federations form the next level; the clubs usually being members of these organisations. Their area of interest is in organising regional championships and co-ordinating sport on a regional level. In some countries, for example Germany, there are regional-level umbrella organisations, which comprise all the clubs in one region.

National federations, one for each discipline, represent the next level. Usually all the regional federations are members of the respective national federation. These federations regulate all general matters within their discipline and also represent their branch in the European or international federations. They also organise recognised national championships and act as regulatory bodies. As there is only one national federation for each discipline, they have a monopolistic position. In some countries the role of the federation is regulated by national legislation.

The top of the pyramid in Europe is formed by the European Federations, which are organised along the same lines as the national federations. Every European federation allows only one national federation from each country to be a member. By means of rules, usually involving sanctions for those taking part in championships which have not been recognised or authorised by the international federation, these organisations try to maintain their position.

The pyramid structure implies interdependence between the levels, not only on the organisational side but also on the competitive side. Thus, a football club playing at a regional level can qualify for championships on a national or even international level (e.g. the UEFA (Union of European Football Associations) Cup) by winning promotion and finishing in a high league position. On the other hand, a club can be relegated to lower levels of the league structure. Relegation and promotion are standard features of every national championship.

The role of sports federations

Until the 1980s sport federations were mainly regulatory, administrative bodies. As sponsorship and TV rights grew in importance - at the Olympic Games, for example - federations began to negotiate these rights, thus acting like any other commercial company. The question is whether the federations can be regulatory bodies and private business entities at the same time, without losing both their top members and their grassroots members. If not, perhaps separate public organisations should be responsible for the promotion of sport.

The grassroots members, for their part, complain that the federations no longer fulfil their "public" task, namely the promotion of sport. They also claim that the solidarity system, providing them with money earned by the federation (an example of which is UEFA's system for distribution of TV revenue) does not work properly.

The most successful members of federations want a bigger share of the money earned by the federations, threatening otherwise to leave the federations and set up their own 'closed' competitions (such as a possible European football 'Super League' not approved by UEFA). Most national and international federations have rules that refuse their members the right to take part in championships that are not organised or authorised by them, and penalising them if they do. Should the national orientation of sport in Europe be retained, and if so, what is the best way to safeguard it?

A further question that arises is whether the federations will have to change their internal rules and structure (only one federation per country and discipline) in order to comply with the EC Treaty provisions on competition and the single market, and with judgements of the European Court of Justice. If they do so, what will be the impact on the European system (pyramid model)? In a recent decision, the Court of Arbitration for Sport maintains that sports-governing bodies resemble governmental bodies as far as their structure and their role as regulatory bodies are concerned.

Financing

The income received from the sale of broadcasting rights is transforming the sports world and widening the gulf between amateurs and professionals and between the top and bottom of sport in Europe. Yet not every sport is as attractive to television or the general public as football, for example. There is a risk that only the commercially attractive sports will survive and other smaller sports become endangered.

The characteristics of sport (uncertainty of results, equality of competitors) recognised by Advocate-General Lenz in the *Bosman* case make the sports market different from any other commercial market. The Advocate-General suggested that there should be a distribution of income in order to maintain a competitive balance. It is necessary to examine if and how sports income needs to be distributed among the clubs and associations.

There is also the problem of how the money generated by lotteries and betting should be spent and allocated to different sports. The existing sports federations in Europe receive money from the state and also receive revenues from the sale of television rights. But can this still be justified? How should state aids be awarded to sport?



COMMISSION EUROPÉENNE
SECRÉTARIAT GÉNÉRAL

Direction C
Secrétariat du Groupe européen d'éthique des sciences et des nouvelles technologies

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LE DOPAGE DANS LE SPORT

LES FEDERATIONS SPORTIVES

L'organisation du sport en Europe

Dans les États membres, les activités sportives sont traditionnellement organisées dans le cadre d'un système de fédérations nationales. Seules les fédérations ayant le rang le plus élevé (généralement une par pays) sont regroupées au sein de fédérations européennes et internationales. Pour l'essentiel, leur structure a la forme d'une pyramide hiérarchique.

Les fondations de cette pyramide sont constituées par les clubs. Ils permettent à chacun de pratiquer un sport au niveau local, promouvant ainsi la notion de "sport pour tous". Les clubs favorisent en outre l'émergence de nouvelles générations de sportifs et de sportives. À ce niveau, la participation bénévole est particulièrement importante et bénéfique pour le développement du sport. Cet aspect est étroitement lié au sport amateur, qui témoigne d'un véritable engouement pour la pratique.

Un peu plus haut dans la pyramide se trouvent les fédérations régionales, dont les clubs sont généralement membres. Leur centre d'intérêt réside dans l'organisation de championnats régionaux et la coordination du sport au niveau régional. Dans certains pays, comme en Allemagne par exemple, il existe des organisations au niveau régional qui chapeautent l'ensemble des clubs d'une région.

Le niveau suivant est constitué par les fédérations nationales, à raison d'une pour chaque discipline. En règle générale, toutes les fédérations régionales sont membres de la fédération nationale correspondante. Ces fédérations administrent les affaires générales relevant de leur discipline et représentent également leur branche dans les fédérations européennes ou internationales. Elles organisent aussi les championnats nationaux officiels et agissent en tant qu'organismes de réglementation. Comme il n'y a qu'une seule fédération nationale par discipline, elles sont en situation de monopole. Dans certains pays, le rôle de la fédération est réglementé par la législation nationale.

Le sommet de la pyramide en Europe est formé par les fédérations européennes, qui sont organisées suivant les mêmes principes que les fédérations nationales. Chaque fédération européenne n'admet qu'une seule fédération nationale par pays membre. Ces organisations cherchent à se maintenir en place en imposant des règles, qui prévoient généralement de sanctionner ceux qui participent à des championnats qui ne sont pas reconnus par la fédération internationale ou qui n'ont pas son agrément.

Cette structure pyramidale implique que les divers niveaux sont interdépendants, non seulement sur le plan organisationnel mais aussi du point de vue de la compétition. Ainsi, un club de football de niveau régional peut accéder aux championnats de niveau national, voire international (par exemple la coupe de l'UEFA (Union des associations européennes de football) en étant promu ou en terminant le championnat en bonne place dans le classement. Par ailleurs, un club peut être relégué dans une division inférieure du championnat. La relégation et la promotion sont caractéristiques de chaque championnat national.

Le rôle des fédérations sportives

Jusque dans les années 80, les fédérations sportives étaient principalement des organismes administratifs de réglementation. Avec l'importance croissante prise par le parrainage et les droits de diffusion télévisée - aux Jeux olympiques, par exemple -, les fédérations ont commencé à négocier ces droits, agissant ainsi comme n'importe quelle entreprise commerciale. Il convient de se demander si les fédérations peuvent être en même temps des organismes de réglementation et des entités commerciales privées sans perdre leurs membres à la fois au sommet et à la base. Si la réponse est non, peut-être des organismes publics distincts devraient-ils se charger de la promotion du sport.

Pour leur part, les membres de base déplorent que les fédérations ne remplissent plus leur mission "publique", à savoir la promotion du sport. Ils affirment en outre que le système de solidarité qui leur procure de l'argent sur les fonds obtenus par la fédération (par le biais, par exemple, du système de l'UEFA pour la répartition des recettes de la diffusion télévisée) ne fonctionne pas correctement.

Les membres les plus éminents des fédérations veulent une plus grande part des fonds engrangés par les fédérations, menaçant de quitter celles-ci et d'instaurer leurs propres compétitions "fermées" (comme une éventuelle "super Ligue" européenne de football qui n'aurait pas l'agrément de l'UEFA). La plupart des fédérations nationales et internationales ont établi des règles qui interdisent à leurs membres de participer à des championnats qui ne sont pas organisés ou agréés par elles, sous peine de sanctions. L'orientation nationale du sport en Europe doit-elle être conservée et, dans l'affirmative, quel est le meilleur moyen pour ce faire?

Il se pose en outre la question de savoir si les fédérations devront changer leurs règles internes et leur structure (une seule fédération par pays et par discipline) afin de se conformer aux dispositions du traité CE sur la concurrence et le Marché unique, ainsi qu'aux arrêts de la Cour de justice européenne. Si elles agissent en ce sens, quelle sera l'incidence sur le système européen (modèle pyramidal)? Dans une décision rendue récemment, le Tribunal arbitral du sport a affirmé que les organismes régissant le sport s'apparentaient à des organismes publics en ce qui concerne leur structure et leur rôle en tant qu'organismes de réglementation.

Financement

Les recettes tirées de la vente des droits de diffusion transforment le monde du sport et creusent le fossé entre amateurs et professionnels et entre le sport de masse et le sport de haut niveau en Europe. Cependant, tous les sports ne présentent pas le même attrait pour la télévision ou le grand public que le football, par exemple. Le risque est que seuls survivent les sports commercialement attrayants, tandis que les autres, moins connus, sont menacés.

Les caractéristiques du sport (incertitude des résultats, égalité des concurrents) reconnues par l'avocat général Lenz dans l'affaire *Bosman* font que le marché des sports est différent de tout autre marché commercial. L'avocat général a proposé une répartition des recettes pour maintenir l'équilibre sportif. Il faut se demander si et comment les recettes tirées du sport doivent être réparties entre les clubs et les associations.

La manière de dépenser les fonds engrangés par les loteries et les paris et de les attribuer aux différents sports fait également problème. Les fédérations sportives en Europe obtiennent des financements publics tout en percevant les recettes issues de la vente des droits de diffusion télévisée. Cette pratique peut-elle encore se justifier? Comment les aides d'État devraient-elles être accordées au sport?



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

Brussels, November 1999

DOPING IN SPORT

THE AFFAIRS

Evidence of doping in sport has grown over the last several decades, from 1 case at the 1968 Olympic Games in Mexico City, to 10 cases at the 1988 games in Seoul, including the Ben Johnson affair, where the Canadian sprinter was stripped of the 100-meter gold medal and the world record, and banned for two years for a positive test for the steroid stanozolol.

In recent years, doping cases have increasingly come under the media spotlight. 1998 saw a series of affairs relating to doping by sportsmen and women, most notably in the Tour de France. Three days before the start of professional cycling's premiere competition, one of Team Festina's support cars was stopped at the French-Belgian border by customs guards who found in the trunk a complete arsenal of doping products (such as syringes and dozens of small vials containing drugs, including EPO). The driver (the team's masseuse), was detained by police, and the team was barred from participating in the Tour. This caused a large amount of media attention in the following days, along with the further investigation of other teams by French police once the Tour had started (searching hotel rooms). Arrests and criminal charges followed. There were denials and confessions, protests by Tour riders about police intrusiveness, and disqualification and withdrawal of other teams and riders from the Tour. The eventual winner of the 1998 Tour de France, the Italian Marco Pantani, was disqualified from the Giro D'Italia the following year only two stages away from likely victory, because of narrowly failing a blood test for EPO. The 1998 Tour de France drug affair damaged the sport's image, provided unquestionable evidence of widespread doping practices, and focused public attention on the many divergent voices, opinions, and efforts at regulation surrounding this complex issue.

In other doping cases in 1998, a large quantity of growth hormones was found in the luggage of young Chinese swimmers who in the Spring had travelled to Australia to take part in the world swimming championships; and Irish Olympic gold-medal-winning swimmer Michelle Smith de Bruin received a four year ban for tampering with a urine sample.



COMMISSION EUROPÉENNE
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Direction C
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LE DOPAGE DANS LE SPORT

LES AFFAIRES

Au cours des dernières décennies, les affaires de dopage dans le sport se sont multipliées, passant d'un cas aux Jeux olympiques de Mexico en 1968 à dix cas au Jeux de Séoul en 1988, dont notamment l'affaire Ben Johnson, au terme de laquelle le sprinter canadien a été privé de sa médaille d'or et de son record du monde établi lors du 100 mètres et a été interdit de compétition pour deux ans à la suite d'un test positif ayant révélé la présence d'un stéroïde, le stanozolol.

Ces dernières années, les cas de dopage font de plus en plus souvent la une des médias. Plusieurs affaires liées au dopage de sportifs ou de sportives ont été révélées en 1998, en particulier celle du Tour de France. Trois jours avant le départ de la plus importante compétition cycliste professionnelle, une des voitures d'assistance de l'équipe Festina a été arrêtée à la frontière franco-belge par des douaniers qui ont découvert dans son coffre un arsenal complet de produits dopants (tels que des seringues et des dizaines de fioles contenant des substances dopantes, notamment de l'EPO). Le conducteur (le masseur de l'équipe) a été arrêté par la police et l'équipe a été interdite de participation au Tour. Cet événement a retenu toute l'attention des médias dans les jours suivants et la police française a mené d'autres investigations auprès d'autres équipes après le départ du Tour (fouille de chambres d'hôtel). Des arrestations sont intervenues et des poursuites ont été engagées par la suite. Il y a eu des démentis, des aveux ainsi que des protestations de la part des participants au Tour contre les intrusions de la police et d'autres équipes ou cyclistes ont été disqualifiés ou se sont retirés du Tour. Le vainqueur final du Tour de France de 1998, l'Italien Marco Pantani, a été disqualifié du Tour d'Italie l'année suivante, deux étapes seulement avant sa victoire attendue, à la suite d'un test sanguin de dépistage d'EPO légèrement positif. L'affaire de dopage mise au jour lors du Tour de France de 1998 a terni l'image du sport, a apporté la preuve irréfutable de l'existence de pratiques de dopage généralisées et a attiré l'attention du public sur les nombreux avis divergents ainsi que sur les efforts déployés pour régler cette épineuse question.

Dans une autre affaire de dopage révélée en 1998, de grandes quantités d'hormones de croissance ont été découvertes dans les bagages de jeunes nageurs chinois qui s'étaient rendus au printemps en Australie pour participer aux championnats du monde de natation. La nageuse irlandaise Michelle Smith de Bruin, médaille d'or aux Jeux olympiques, a quant à elle été interdite de compétition pour quatre ans après avoir falsifié un test d'urine.



EUROPEAN COMMISSION
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DOPING IN SPORT

SOCIOLOGICAL ASPECTS

Although there are no precise figures about the level of drug use in modern sport, there is general agreement that the use of performance-enhancing drugs has increased considerably since the 1960s. The evidence suggests the use of drugs has spread from athletics, weightlifting and cycling - the sports in which drugs were most widely used in the 1960s - to most other sports, and from elite level down to lower levels.

This striking increase in the use of drugs is a clear indication that anti-doping policies have been largely ineffective in controlling doping in sport; *this must be the starting point for any realistic assessment of the current situation.*

Why has there been an increase in the use of performance-enhancing drugs?

Of central importance have been developments in, and changes in the interrelationships between sport and medicine.

Changes in medicine

The medicalization of everyday life (the provision of medical care to relieve everyday problems in areas such as diet, sleep, work, marital relationships) has over the last thirty years encompassed sport. The *medicalization of sport* has been particularly evident in the rapid development of sports medicine, embracing clinical medicine, physiology, biomechanics and psychology. The modern successful athlete is now surrounded by, and is increasingly dependent upon, specialists in sports medicine, and at the elite level the quality of the medical support may make the difference between success and failure.

Changes in sport

Over the same period that doctors have become increasingly involved in sport, increased emphasis has also come to be placed on the importance of winning in sport. In particular, the growing *politicization* and *commercialization* of sport have greatly increased the value associated with winning, while downgrading the traditional value associated with taking part.

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After 1945, sport increasingly became an extension of the political, military and economic competition between the superpowers and their associated blocs. The number of Olympic medals won by the United States and the Soviet Union, or by West Germany and East Germany, came to be seen as a symbol not only of national pride but of the claimed superiority of one political system over another. As governments came to see international sporting success as an important propaganda weapon, so those athletes who emerged as winners came increasingly to be treated as national heroes with rewards - sometimes provided by national governments - to match.

The emphasis on winning was also increased by the growing commercialization of sport. An Olympic gold medal may be worth several million dollars from sponsorship deals and TV commercials, but such fabulous rewards are available only to winners, not to those who come second.

The sport/medicine axis

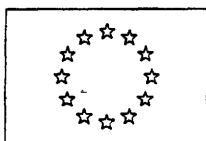
The developments outlined above have meant that, over the last three decades, there has emerged an increasingly close relationship between sport and medicine. Athletes have increasingly demanded, while doctors have been increasingly prepared to supply, specialist medical advice in the search for improved sporting performance. The 'coming together' of these two groups has been associated with two closely interrelated developments. One is the development of legitimate aspects of sports medicine, including the management of injuries. The other involves the increasing use by athletes of performance-enhancing drugs.

It is important to emphasise that the role of sports physicians is not limited to treating injuries, for an increasingly important part of their role has been to provide more sophisticated medical support to athletes in their efforts to run faster, to jump higher or to compete more effectively in their chosen sport. It is clear that, as doctors have become increasingly involved in the search for medal-winning and record-breaking performances, so an increasing number have been prepared to go beyond the legitimate boundaries of sports medicine and have prescribed banned substances with the specific intention of enhancing performance. Over the past thirty years, there have been many well documented cases, from many sports and many countries, of the involvement of sports physicians in doping; medical involvement includes not only the provision of performance-enhancing drugs to athletes, but also the provision of specialist medical advice to enable athletes to avoid testing positive.

Conclusion

The increasing use of drugs in sport cannot be explained simply by focusing on the individual drug-using athlete; this very limited focus is central to most current anti-doping policies. Rather, if we wish to understand doping in sport, *it is crucial that we understand the centrality of the relationship between elite level athletes and practitioners of sports medicine.*

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COMMISSION EUROPÉENNE
SECÉTARIAT GÉNÉRAL

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LE DOPAGE DANS LE SPORT

ASPECTS SOCIOLOGIQUES

Bien qu'il n'existe aucun chiffre précis sur l'ampleur de la pratique du dopage dans le sport moderne, il est communément admis que, depuis les années soixante, la consommation de dopants a considérablement augmenté. Tout porte à croire que l'utilisation de dopants, cantonnée principalement à l'athlétisme, à l'haltérophilie et au cyclisme dans les années soixante, a gagné la plupart des autres disciplines, du plus haut au plus bas niveau.

Cette augmentation frappante de la consommation de dopants montre clairement que les politiques menées en matière de contrôle du dopage dans le sport ont été largement inopérantes; *toute appréciation réaliste de la situation actuelle doit partir de ce constat.*

Comment expliquer l'augmentation de l'utilisation des dopants?

L'évolution du sport et de la médecine, d'une part, et les modifications des relations réciproques entre ces deux disciplines, d'autre part, ont joué à cet égard un rôle essentiel.

Évolution de la médecine

Au cours des trois dernières décennies, la médicalisation de la vie de tous les jours (dispense de soins médicaux pour traiter des problèmes quotidiens concernant l'alimentation, le sommeil, le travail, les relations conjugales, par exemple) s'est emparée du sport. La *médicalisation du sport* est devenue particulièrement manifeste sous l'effet du développement rapide de la médecine sportive, englobant la médecine clinique, la physiologie, la biomécanique et la psychologie. L'athlète moderne promis au succès est à présent entouré de spécialistes en médecine sportive, dont il devient de plus en plus dépendant et, au niveau des sports d'élite, la qualité de l'assistance médicale peut faire la différence.

Évolution du sport

Pendant la même période, les médecins se sont de plus en plus intéressés au sport, cependant que gagner devenait de plus en plus important dans ce domaine. Notamment, la *politisation* et la *commercialisation* croissantes du sport ont fait monter fortement la valeur liée à la victoire, tandis qu'elles ont déprécié la valeur traditionnellement associée à la participation.

Après 1945, le sport est devenu progressivement une extension de la rivalité qui opposait les superpuissances et leur blocs d'influence respectifs dans les domaines politique, militaire et économique. Le nombre de médailles olympiques gagnées par les États-Unis et l'Union soviétique, ou par l'Allemagne de l'Ouest et l'Allemagne de l'Est, a fini par symboliser, non seulement la fierté nationale, mais la supériorité affirmée d'un système politique sur l'autre. Les succès sportifs internationaux devenant, aux yeux des gouvernements, une arme de propagande importante, parallèlement, ces athlètes victorieux ont été de plus en plus considérés comme des héros nationaux, récompensés pour leurs mérites, parfois par les gouvernements de ces pays.

La commercialisation grandissante du sport a également accentué l'importance accordée à la victoire. Grâce aux contrats de parrainage et aux annonces publicitaires télévisées, une médaille d'or olympique peut faire gagner plusieurs millions de dollars, mais ces récompenses astronomiques n'iront qu'aux gagnants, à l'exclusion de ceux qui termineront seconds de la compétition.

L'axe sport/médecine.

L'évolution décrite ci-dessus s'est traduite par l'émergence, au cours des trois dernières décennies, d'une relation de plus en plus étroite entre le sport et la médecine. Les athlètes ont exigé avec de plus en plus d'insistance une assistance médicale spécialisée afin d'améliorer leurs performances sportives et, parallèlement, les médecins ont accepté de plus en plus de la leur fournir. La "rencontre" de ces deux mondes est liée à deux évolutions difficiles à dissocier. L'une est le développement de la médecine sportive dans ce qu'elle a de légitime, notamment le traitement des blessures, l'autre concerne le recours croissant des athlètes aux dopants.

Il importe de souligner que les praticiens de médecine sportive ne se limitent pas à soigner des blessures, leur rôle consiste de plus en plus à fournir aux athlètes une assistance médicale plus élaborée pour les aider à courir plus vite, à sauter plus haut, ou à obtenir de meilleurs résultats dans la discipline qu'ils ont choisie. Il est évident que l'engagement de plus en plus poussé des médecins dans la course aux médailles et aux nouveaux records a amené un nombre croissant d'entre eux à accepter de franchir les frontières légitimes de la médecine sportive et à prescrire des substances interdites, dans l'intention délibérée d'améliorer les performances des sportifs. Ces trente dernières années, l'implication de médecins du sport dans le dopage a été solidement établie à maintes reprises, dans de nombreux pays et disciplines; l'intervention médicale ne consiste pas uniquement à administrer des dopants aux athlètes, mais également à dispenser des conseils médicaux spécialisés permettant aux athlètes d'échapper à un contrôle positif.

Conclusion.

La progression du dopage dans le sport ne peut simplement s'expliquer en se focalisant sur l'athlète consommateur de dopants pris isolément; ce point d'ancrage très limité est au cœur de la plupart des politiques actuelles de lutte contre le dopage. Si nous voulons comprendre le problème du dopage dans le sport, *il est au contraire essentiel que nous comprenions le caractère central du lien existant entre les athlètes de haut niveau et les praticiens de médecine sportive.*

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EUROPEAN COMMISSION
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DOPING IN SPORT

SPORT AND YOUNG PEOPLE

Sport and young people

Sport is often associated with young people. Many studies show the importance of sporting activity in their education and development. The positive aspects of sporting activity for the physical, psychological and social development of young people include:

- understanding fair play;
- learning discipline and rules;
- understanding certain moral and ethical values;
- respecting oneself and others;
- learning tolerance and responsibility, self control;
- acquiring healthy lifestyles;
- developing self-achievement and gaining self-esteem.

However, over-intensive training at an early age, with a view to taking part in highly competitive sport, and therefore the search for performance at any price, may also have destructive effects on the health and the physical, psychological and social development of young people. This is why the Council of Europe has considered the question at length.

A number of Council of Europe recommendations deal with the subject of sport and young people:

- The Recommendation on young people and sport (95/16) stresses the importance of the development and balanced training of physical faculties. It also mentions the role of physical activities in fighting problems such as intolerance, aimlessness, violence, alcohol abuse, illicit drug use, etc. This is why the Council of Europe Committee of Ministers recommends the governments of member states to draw inspiration from the principles and ideas set out in the European Manifesto on Young People and Sport adopted at the 8th Conference of European Ministers responsible for sport (Lisbon, 17-18 May 1995). The Manifesto makes a number of recommendations, in particular on the role of the family, the school, the public authorities and sports organisations, the qualification of coaches and teachers and the accessibility without discrimination to appropriate facilities and equipment.

- The Recommendation on the Eurofit tests of physical fitness (87/9) which recommends measuring and evaluating the physical fitness of young people of school age.
- Also, the Council of Europe highlights young people in its Resolution on recommendations relating to the medical aspects of sport (70/7), and makes a number of recommendations to the governments of Member States, in particular as regards competition:
 - the main emphasis should be placed on health rather than on performance or on the interests of sports clubs;
 - practice should be controlled by monitors and coaches who have received special training, including appropriate medical instruction;
 - young people must be given frequent medical checks and a special medical record must be drawn up;
 - in order to avoid the harmful effects of excessive training, school heads should be informed of their pupils' participation in competition-level sport;
 - any strength training which is over-intensive for younger age groups should be avoided so long as the skeleton is not fully developed, i.e. before 18 to 20 years of age;
 - competitive sports which are liable to put excessive strain on the respiratory, cardiovascular and neuromuscular systems should be prohibited before 11 to 13 years of age for girls and 12 to 14 years of age for boys.

Doping among young people

While sport and young people are often associated, the practice of doping is often another additional factor. The influence of drugs is associated with the cult of performance and as a result young people are the most exposed to them. Drug-taking is not confined to a population of high-level athletes but is increasingly affecting the very young who model themselves on their elders, since sport conveys and embodies the values with which today's young people identify.

Once again, references to young people in the context of doping can be found in documents produced by international organisations. In its position against doping presented as a contribution to the Lausanne conference of February 1999, UNESCO also attributes great importance to information, awareness-raising and the education of young people.

In its December 1998 resolution on urgent measures to be taken against doping in sport the European Parliament "calls on the Commission to pursue an active prevention policy by means of public awareness and education campaigns which emphasise the health dangers of doping and the undermining of ethical values and which are conducted in schools, amongst young people and in sports clubs and organisations, both amateur and professional".

The legal protection of young people

Some of the tools available for the protection of young people include:

- Article 5 of Council Directive 94/33/EC of 22 June 1994 on the protection of young people at work, which states: "the employment of children for the purposes of performance in cultural, artistic, **sports** or advertising activities shall be subject to prior authorisation to be given by the competent authority in individual cases".
- the United Nations Convention on the Rights of the Child, Articles 32 and 36 on the exploitation and economic exploitation of the child, and Article 33 on the use of narcotic drugs.

Information note written by the Secretariat of the European Group on Ethics in Science and New Technologies as part of the preparation for the Opinion on doping in sport



Bruxelles, novembre 1999

LE DOPAGE DANS LE SPORT

LE SPORT ET LES JEUNES

Sport et jeunesse

Sport et jeunesse sont souvent associés. En effet, de nombreux travaux montrent l'importance de l'activité sportive dans l'éducation et le développement des jeunes. Parmi les aspects positifs de l'activité sportive pour le développement aussi bien physique, psychologique, que social des jeunes, on peut citer :

- l'esprit sportif ;
- l'apprentissage de la discipline et des règles ;
- la compréhension de certaines valeurs morales et éthiques ;
- le respect de soi-même et d'autrui ;
- l'apprentissage de la tolérance, de la responsabilisation, de la maîtrise de soi ;
- l'acquisition d'un mode de vie sain ;
- l'accomplissement de soi et le développement de l'amour-propre.

Cependant, un entraînement trop intensif à un âge précoce, en vue d'une participation au sport de haute compétition, et partant la recherche de la performance à tout prix, peut également avoir des effets destructeurs sur la santé et le développement physique, psychologique et social des jeunes. C'est la raison pour laquelle le Conseil de l'Europe s'est longuement penché sur la question.

De nombreuses recommandations émanant du Conseil de l'Europe traitent du thème du sport et des jeunes :

- La Recommandation sur les jeunes et le sport (95/16), souligne l'importance du développement et de l'éducation équilibrée des facultés physiques. Elle invoque également le rôle des activités physiques dans le cadre de la lutte contre des maux comme l'intolérance, le désœuvrement, la violence, l'abus d'alcool, l'usage illicite de stupéfiants, etc. C'est pourquoi, le Comité des Ministres du Conseil de l'Europe recommande aux Gouvernements des Etats membres de s'inspirer des principes et idées contenues dans le Manifeste européen sur les jeunes et le sport, adopté par la 8ème Conférence des ministres européens responsables du sport (Lisbonne 17-18 mai 1995). Le Manifeste fait en effet une série de recommandations, notamment sur le rôle de la famille, de l'école, des pouvoirs publics et des associations sportives, sur la qualification des entraîneurs et professeurs et sur l'accessibilité sans discrimination à des installations et équipements appropriés.

- La Recommandation sur les tests d'aptitude physique Eurofit (87/9), qui recommande notamment de mesurer et d'évaluer l'aptitude physique des enfants d'âge scolaire.
- D'autre part, dans sa Résolution concernant des recommandations relatives aux aspects médicaux des activités sportives (70/7), le Conseil de l'Europe laisse une grande part aux jeunes et adresse une série de recommandations aux gouvernements des Etats membres, notamment en matière de compétition :
 - ❖ L'accent essentiel doit être placé sur la santé plutôt que sur les performances ou sur les intérêts des clubs sportifs ;
 - ❖ La pratique doit être contrôlée par des moniteurs et entraîneurs ayant reçu une formation spéciale comprenant un enseignement médical approprié ;
 - ❖ Les jeunes doivent être soumis à des contrôles médicaux fréquents et une fiche médicale spéciale doit être établie ;
 - ❖ Afin d'éviter les effets néfastes d'un éventuel surentraînement, les chefs d'établissement scolaires devraient être informés de la participation des élèves à un sport de compétition ;
 - ❖ Il convient d'éviter tout entraînement de force trop intensif pour les groupes d'âges inférieur tant que le développement de la charpente osseuse n'est pas complètement terminé, soit avant l'âge de 18 à 20 ans ;
 - ❖ Les sports de compétition qui risquent d'entraîner un surmenage des systèmes respiratoire, cardio-vasculaire et neuromusculaire doivent être proscrits avant l'âge de 11 à 13 ans pour les filles et avant l'âge de 12 à 14 ans pour les garçons.

Le dopage chez les jeunes

Si sport et jeunesse sont souvent associés, la pratique du dopage vient également souvent s'y ajouter. En effet, l'emprise de la drogue est associée au culte de la performance et de ce fait les jeunes sont les plus exposés. Le phénomène du dopage ne se limite pas à une population d'athlètes de haut niveau mais touche de plus en plus les plus jeunes qui prennent exemple sur leurs aînés, car le sport véhicule et incarne les valeurs auxquelles les jeunes d'aujourd'hui s'identifient.

Encore une fois, la référence aux jeunes dans le contexte du dopage se retrouve dans des documents émanant d'organisations internationales. En effet, dans sa position contre le dopage visant à contribuer à la conférence de Lausanne de février 1999, l'UNESCO fait également la part belle à l'importance de l'information, de la sensibilisation et de l'éducation des jeunes.

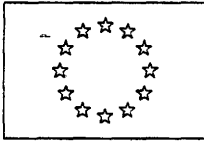
Le Parlement européen, dans sa Résolution sur les mesures urgentes à prendre contre le dopage dans le sport, de décembre 1998, « invite la Commission européenne à mener une politique active de prévention par des campagnes de sensibilisation et d'éducation mettant l'accent sur les dangers du dopage pour la santé et l'atteinte aux valeurs éthiques, dans les

écoles, auprès des jeunes, dans les clubs et organisations sportives, d'amateurs et de professionnels ».

La protection juridique des jeunes

En ce qui concerne les outils éventuels à disposition pour la protection des jeunes , on peut citer :

- L'article 5 de la Directive 94/33/CE du Conseil, du 22 juin 1994, relative à la protection des jeunes au travail : « l'embauche des enfants en vue de se produire dans des activités de nature culturelle, artistique, **sportive** ou publicitaire est soumise à l'obtention d'une autorisation préalable délivrée par l'autorité compétente dans des cas individuels ».
- Les articles 32 et 36 de la Convention relative aux droits de l'enfant des Nations Unies sur l'exploitation et l'exploitation économique des enfants, ainsi que l'article 33 concernant l'usage de stupéfiants.



EUROPEAN COMMISSION
SECRETARIAT-GENERAL

Directorate C
Secretariat of the European Group on Ethics in Science and New Technologies

Brussels, November 1999

DOPING IN SPORT

DEFINITIONS OF "DOPING"

International Olympic Committee

- General statement of mission regarding doping:

"The anti-doping campaign is founded on three basic principles: protection of the health of the athletes, respect for medical and sports ethics, and ensuring an equal chance for everyone during competition."

- Definition in Chapter II, Article 2 of the IOC Statute:

"1. the use of an expedient (substance or method) which is potentially harmful to athletes' health and capable of enhancing their performance, or

2. the presence in the athlete's body of a Prohibited Substance or evidence of the use thereof or evidence of the use of a Prohibited Method."

Article 3:

"USE means the application, ingestion, injection, consumption by any means whatsoever of any Prohibited Substance or Prohibited Method. Use includes counselling the use of, permitting the use of or condoning the use of any Prohibited Substance or Prohibited Method."

- Preamble to the IOC's Medical Code:

"WHEREAS the IOC has established rules prohibiting the use of certain substances and methods intended to enhance and/or having the effect of enhancing athletic performance, such practices being contrary to medical ethics, and which are referred to generally as "doping";"

International Amateur Athletic Federation

[Doping occurs when]"a prohibited substance is found to be present within an athlete's body tissue or fluids [or when] an athlete uses a prohibited method or takes advantage from it."

UNESCO

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

Council of Europe Anti-Doping Convention (Strasbourg 16/11/89), Article 2

““doping in sport” means the administration to sportsmen or sportswomen, or the use by them, of pharmacological classes of doping agents or doping methods;

“pharmacological classes of doping agents or doping methods” means... those classes of doping agents or doping methods banned by the relevant international sports organisations and appearing in lists that have been approved by the monitoring group.”

First definition of doping by the European Council’s Extramural Education Committee 1963 (part of the definitions adopted by the Spanish Higher Sports Council)

“the administration to or use by a healthy person of exogenous substances or of physiological substances in additional quantities or by an abnormal route whose purpose is artificially and unlawfully to enhance performance during competition.”

European Conference, 1984

“Doping in sport comprises using prohibited substances contrary to the rules of the competent sports organisations.”

Belgian Law of 2 April 1965

“the use of substances or methods with a view to artificially enhancing the performance of an athlete participating in or preparing for a sporting competition, if this may be harmful to his physical or mental wellbeing.”

This was amended by the Decree of 27/3/91 which added to the definition as follows:
“the use of substances or the application of methods which can lead to the concealment of doping.”

French Law of 28 June 1989, Article 1

“All persons are prohibited from using, in the course of sporting competitions and events organised or approved by sports federations or with a view to participating therein, substances and methods which, being such as artificially to modify capability or conceal the use of substances or methods having this property, are determined by

joint order of the ministers responsible for sport and health. Under the same conditions, it is prohibited, notwithstanding the principle of freedom of prescription for therapeutic purposes, to administer the substances defined in the previous paragraph or to apply the methods referred to in that paragraph.”

Italian law

- Law 1099 of 26 October 1971 (no implementing decree has ever been adopted):
“it [is] a crime, punishable under criminal law, to consume, administer or possess substances which are harmful to the health of athletes and are absorbed artificially to modify their natural energy.”

- Draft Law relating to the amendment of Article 445 of the Criminal Code:
“the administration of medicinal products forming part of a class of substances defined by the IOC, the use of methods banned by the IOC or the administration of medicinal products or the use of therapeutic practices not justified by established pathological conditions in the intent to improve sporting performance.”



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DOPING IN SPORT

SPORTS ECONOMICS AND STATISTICS

Participation & competition

Participants

About 125 million people in the EU do sport, more than a quarter of all EU citizens. It is estimated that 2% of all private spending relates to sport.

Questionnaires show that on average men do 10 minutes of sport per day (15 on weekends) and women 5 (6 on weekends).

Source: "The EU & Sport", European Commission Information leaflet

Figures on sports participation vary from country to country. In Finland, 19% of the adult population (16+) does not participate in any sports, with only 3% taking part in no physical activities at all. In Italy, 77% do no sport, and 40% no physical activity. The figures for Spain are 43% and 26% respectively.

In most countries, however, the majority of people do *some* sport, even if only occasionally: Ireland 64%, the Netherlands 63%, Sweden 69%, and UK 67%.

The numbers involved in competitive, organised and intensive, or simply intensive, sport ranges from 5% in Italy, 9% in Spain, 16% in the Netherlands, 18% in the UK and Ireland, 36% in Sweden, to 39% in Finland.

The figures for children (under-16s) also demonstrate high levels of participation in sport, although in Italy, for example, 46% of under-16s do not take part in any sporting activity. In the Netherlands the figure is 11%, and the UK it is as low as 2%, meaning that almost all children do some form of physical activity.

Many children are involved in competitive, organised, and intensive, or simply intensive, sport. In the 6-11 age group, the figures are as follows: Italy 11%, the Netherlands 19%, UK 22%, Finland 33%, and Sweden 54%; and in the 12-16 age group: Italy 17%, UK 33%, the Netherlands 34%, Finland 40%, and Sweden 74%.

Source: COMPASS 1999 report, "Sports Participation in Europe"

Competitions

In 1999 there were 77 world championships and 102 European championships organised in Europe – of great significance for the economies of the host towns and regions.

Source: Report by the Secretary General of the European Olympic Committee, April 1999

Economics (External Network of Actors).

Sports funding

Sport receives an estimated FF 100 billion in funding in France. This can be divided as follows:

Public bodies: communes with more than 3000 inhabitants - FF 30.6 billion; regional councils - FF 3.05 billion; the State - FF 10.61 billion

Private consumers: FF 43 billion spent on sports services, clothing and equipment (0.97% of total consumer spending)

Private sector: television rights - in the region of FF 1550 billion in 1996 (Olympic year); businesses - FF 8.5-9.5 billion, including sponsors - FF 2.5-3 billion.

Source: French government web-site, "Guide de prévention sportive et de lutte contre le dopage"

Olympic Marketing will generate in excess of US\$ 3.5 billion for the IOC in the period 1997-2000. This can be divided as follows: television 50%; sponsorship 36%; tickets/hospitality 11%; licensing 2%; other programs (coins & philatelic) 1%.

Source: IOC official web-site

Economy

In Germany, sport accounts for 1.4% of GNP.

Source: "The EU & Sport", European Commission Information leaflet

In the UK, sport accounted for 1.6% of GNP in 1995, with consumer expenditure on sport amounting to £6983 million in 1995.

Source: Chris Gratton – "The Economic Importance of Sport"

It is estimated that the sports industry accounts for 3% of world trade and that Europe accounts for 36% of this activity (US 42%).

Source: Report on GAISF meetings supplied by DGX

Employment

It is estimated that 1.5 – 2 million people work in sport in Europe.

Source: EU Report on Sports and Employment, September 1999

Sports clothing and equipment accounted for 60 000 jobs in the EU in 1994.

Source: Federation of the European Sporting Goods Industry information

In Britain, sport accounted for 1.61% of total employment in 1995.

Source: Chris Gratton – "The Economic Importance of Sport"

Media (Television)

TV rights provide 50% of the IOC's total marketing revenue. At the Atlanta Olympics of 1996 global TV rights fees were worth US\$ 895 million, rising to a provisional US\$ 1482 million from the Athens Games in 2004.

Source: IOC official web-site

TV rights generate US\$ 42 billion for the sports industry.

Source: Report on GAISF meetings supplied by DGX

In 1998 there was a 35% increase in the number of hours devoted to sport on television compared to 1997 (largely due to the Winter Olympics and the football World Cup). Football is the most televised sport, accounting for 31.28% of hours of televised sport.

Source: DGX discussion paper for the Working Group on "Relations between Sport and Television" (26 April 1999).

Sponsorship

Sports sponsorship generates US\$ 15 billion pa.

Source: Report on GAISF meetings supplied by DGX

Profit

Ticket sales generate US\$ 50 billion pa for the sports industry.

Source: Report on GAISF meetings supplied by DGX

Doping

Source: Council of Europe Anti-Doping Convention database on anti-doping initiatives

NB: figures refer not just to EU countries but to the 24 following which have ratified the Convention: Aus, Aut, Cyp, Cze, Den, Fin, Ger, Gre, Hun, Ice, Ita, Lat, Lit, Lux, Net, NZ, Nor, Pol, Por, Slk, Slv, Spa, Swi, UK.

Controls (testing)

In 1997, International Sports Federations carried out 5401 doping tests in competition and 659 out of competition. Under national testing programs 28 409 tests were performed in competition and 22 604 out of competition – a total of 56 952 doping tests carried out in 1997.

Positive detections

In 1997, in-competition testing produced 177 positive tests on the national level and 68 on the international level. Out-of-competition testing produced corresponding figures of 2 and 318 respectively. The total of positive tests was 318. Cycling (42) generated the largest number of positive tests, followed by athletics (31) and powerlifting/weightlifting. Every sport had at least one positive test.

Types of drugs

Drugs tested for: over 90% of countries carry out tests in competition for stimulants, narcotics, anabolic agents and diuretics. Anabolic agents are the only substances for which over 90% of countries carry out tests out of competition. These substances, along with peptide hormones, make up the doping classes. The methods of blood doping and pharmaceutical or chemical manipulation are also tested for. Other classes of drugs that are tested for and are subject to certain regulations include alcohol, marijuana, local anaesthetics, cortico-steroids, and beta-blockers. For all of these substances/methods more countries test for the substance in, rather than out of, competition. Only four countries test for blood doping in competition, and three out.

Positive tests: stimulants are the most commonly detected substances, making up 44.47% of all doping offences. These are followed by anabolic steroids (36.93%) and diuretics (6.28%). The other substances/methods constitute very small percentages of detected doping offences.

Sanctions

In 22 of the countries either the National or International Sports Federation, or both, are responsible for imposing sanctions. Two countries (Norway and Portugal) have national anti-doping organisations responsible for sanctions (in Norway the organisation is the sole responsible authority for these). Six countries (Aus, Den, Ice, Lit, Net, Spa) have other, or additional, bodies responsible for sanctions. In Denmark this body (the Doping Court for all Danish Sports Federations) is the sole responsible authority.

Costs & Finance

Funding of sample analysis by laboratories: in 15 of the countries the State funds sample analysis. In eight, sports organisations, national anti-doping organisations or confederations provide funding, and in four (Gre, Ita, Lat, UK), so does the National Sports Federation (in Italy only this body does). For some of the countries additional funding includes money from private hands, other countries, international federations or local government.

Costs of anti-doping programs and organisations: the costs of running anti-doping programs are considerable. In total £11 262 584 was spent on such programs in 1997. This can be divided as follows: £4 429 051 (39.3% of total spend) on laboratory costs or costs of sample analysis; £2 837 951 (25.2%) for the administrative or anti-doping organisations; £2 634 672 (23.4%) on sample collection; £906 782 (8.1%) on education and information; £351 225 (3.1%) on research; and £102 902 (0.9%) on legal advice or action.