
Reflections for the World Conference on Doping in Sport

2-4 February 1999 - Lausanne, SUI



M. Hein Verbruggen - *Président - UCI*

... also available in Dutch ...



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I. Introduction

Cycling is a popular sport and viewers avidly follow TV coverage of the Tour, Vuelta, Giro and World Championships. It goes without saying that our sport is growing at a healthy pace. But, as we all know, there is a drawback to popularity. When a negative event occurs, the impact is in proportion, as we have experienced in 1998 with the events during and after the Tour. For the first time, evidence was found of 'organized' doping practices by one group or team, contrary to the "normal" individual cases.

Needless to say where this has lead to. For months, we have been buried in avalanches of discussions and articles by all kinds of experts, politicians and the press finally resulting in the organization of an "*IOC World Conference on Doping in Sport*" on 2, 3 and 4 February 1999.

Within the framework of this approaching conference, I feel the need to express some of my reflections. After all, cycling did cause this crisis (not just doping as such), placing us rather doubtfully at the centre of many considerations and reflections, regrettably not always of an objective nature. That is why as President of the International Cycling Union, I am perhaps best placed to write down my experiences and remarks in an attempt to provide a constructive contribution to the debate.

First of all, I am prepared to admit that as far as doping is concerned, I am still rather confused myself. Because of the great complexity of the doping problem and the limited means that we have at our disposal, I am inclined to say that we cannot solve the problem, at best we will be able to control it. And when I say limited means, I am certainly not referring to financial means. No, what I mean is that the structure of the sports world, even if united, will not be able to be efficient without the national authorities, which in their turn I am afraid, will not adopt the same legislation in all countries. After all, we are dealing with a sports structure which is in many cases still amateurish, with well-meaning volunteers, who are increasingly confronted with a highly professional framework around the athletes themselves, with more and more doctors and lawyers, specialized in following the thin line between what is or is not medically or judicially tolerated.

And "*limited means*" has MAINLY to do with the fact that there will always be - and presumably more and more - banned products and methods which CANNOT BE TRACED.

Please forgive me, when I admit honestly that uncertainty remains regarding the fact that the much desired unity on definitions, prevention, political aspects and so on will not provide us with the final answers in the fight against doping. It is almost cynical that more frequent tests and more stringent punishments will not make some athletes stop doping but instead encourage them to use undetectable products.

As sports leaders we might sometimes be compared with politicians. And one of the less favourable aspects of politicians is that it is (almost) forbidden to lose face. In politics, one will at any price try to avoid this and history is filled with examples proving that this has led to the most outrageous deeds, wars certainly not excluded. I am mentioning this example, because we should try to avoid following it in these difficult times. All throughout the years, we have proclaimed to condemn doping and to take rigorous measures, thus creating a pattern of expectations especially with a large part of the press. He who punishes rigorously, is "*doing good*", that is the image we have radiated. And I fear that, just like politicians are afraid to lose face, we wish to confirm this image. However, this attitude would prevent us from entering into a real discussion on the issue of doping. A discussion that will provide us with the answers to the future questions sport will be confronted with because of the advancing "*medicalisation*" of society and also the world of sport. In the following chapters, I wish to present a number of questions: questions I have myself and for which I myself do not know the answer. I sincerely hope that the conference will allow these questions to be debated so that we will be able to prepare ourselves for an efficient future combat against doping.

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II. Doping in Sport

Doping is as old as sport itself, even during the "Olympic Games in Ancient Times" there was talk of doping. In cycling, doping has been known since 1880; and it is important to mention that professional cycling already existed then. As a matter of fact, at that time doping was regarded as more or less normal. In other hard labour jobs, stimulants were used to be able to cope with physical effort, and cyclists were regarded as workers just like the others. As Prince de Merode recently described it in the "Olympic Review", doping has its own place in modern sport. From amphetamines which appeared in bicycle racing after the Second World War and oxygen around 1910 for footballers, to strychnine for boxers; then came trimethyl in the fifties and anabolics in weight-lifting in the sixties via blood doping in athletics and swimming to EPO in most endurance sports in the nineties. These sports are just mere examples without exclusivity with regard to the aforementioned products.

A number of factors has increased the use of doping in sport, not in the least the fact that (top) sport itself has become increasingly important, mainly due to television. And regrettable as it is, sport in 2000 is no longer the same as sport in 1900. In 1900, sport was still the privilege of the elite, when one could indulge in the luxury of praising sports as the bearer of high moral and ethical principles: "participating is far more important than winning".

Nothing of that can be found in today's (top) sport: the issue is winning and medals, and we all worked hard to achieve this! The athletes themselves who have made a career in sport (nothing wrong with that); the directors who do not object to be judged by the number of medals won during the Games for example; other directors who worship the golden calf of television rights by making their sport as spectacular as possible, and "last but not least" the press raising today's sports heroes to the status of gods.

That is the irreversible reality. One might like to become nostalgic about 1900 and regret that "winning has become far more important than participating", but that is as useful as regretting the fact that we no longer travel by stage coach. And if the real basic principles of sport have changed irreversibly in the past 100 years, we will have to review our basic management principles, and also for the fight against doping. And we may proclaim loudly that "fair play" is an absolute principle in sport but reality has proven that we have not been very successful in having athletes put this into practice, certainly not where doping is concerned. After all, studies have shown that a frightful number of young people have no objections whatsoever against climbing up the ladder of success with the help of doping. Let us perhaps mention by way of mitigating circumstance that "fair play" is not only slowly disappearing from sports, but also from society. Medieval chivalry has long become past tense ...

Please, do not draw the conclusion that I am questioning the principle of fair play. However, it is a fact, and alas we often see this on television, that it seems less and less a concern of today's sportsman/sportswoman, pushed around as he/she is. And whereas doping is concerned, we may add ([see chapter III](#)) that science will increasingly offer the opportunity to be unfair (!) without being noticed and hence without being punished. So let me summarize and state the following facts:

1. Fair play is and will remain a basic principle in sport. Every sport has sporting rules to safeguard this principle. Fair play is also one of the three main reasons to forbid doping.
2. The irreversible professionalisation of sport (including the countries where sport is serving political goals) is exerting heavy pressure on the principle of fair play and especially in the field of doping - where an athlete is never sure about what his competitors are going to do - we can state with certainty that the concept of fair play

can no longer be taken for granted. This is further supported by the fact that doping occurs in almost every sport, country and culture, and regrettably on an ever larger scale.

3. Advances in science will increasingly allow even more sophisticated performance enhancing products to be developed which supervising bodies will be unable to detect.
4. Therefore, is it not time to start talking about fair-play ? Or to put it somewhat provocatively, isn't there as much need to have a definition of doping?

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III. The future

Before attempting to tackle the principle of fair play and doping, it is interesting to read about what future medical science has to offer to athletes in an article which was published in the "International Herald Tribune" of 17th August 1998:

Philosopher's Vision: The Cyborg Olympics

BOSTON - Simon Eassom envisions a day in the near future when elite athletes are no longer entirely human.

Eassom, a philosophy professor at DeMontfort University in Bedford, England, has spent a lot of time thinking about it. An Olympic marksman could use a transplanted cornea for better vision and surgically altered nerves for a steadier trigger finger.

Track competitors, chasing faster times, might someday run on artificial arts with better circulation. Eassom and colleagues say their brand of philosophy cuts to the root of some fundamental

questions about the human condition. For example, what is an athlete, and for that matter, how do you define a human being?

Sigmund Loland, a philosophy professor from the Norwegian University of Sport and Physical Education of Oslo, said it is not farfetched to picture a future of cyborg athletes - part human, part mechanical.

With rapid advances in biotechnology and engineering, athletes will be tempted to experiment with new ways to improve their game, he said.

Eassom said some athletes who have trained using steroids have undergone dialysis to cleanse their blood in advance of drug tests.

"If athletes are prepared to go to those sort of lengths, it would kind of make sense that they would be prepared to go to the length of putting an artificial heart valve in them to make their blood pump better," Eassom said.

But will sports fans like it? Eassom thinks so.

"There will be an element of a circus atmosphere. 'Oh let's go see the freak play'. But that will soon become commonplace," he said, "it's mass entertainment, and provided there are still the elements of suspense, drama and excitement, people are still going to watch it".

Loland said the athletes at greatest risk for seeking new body parts or blood chemistry are those pushing to break Olympic records.

"We're looking at quite a drastic scenario", he said. "The logic of record sports is that enough is never enough. It's when victory means hundreds of thousands of dollars, then you have a problem because people will invest whatever it takes to win".

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IV. From "fair play" to the definition of doping

It is well-known that we forbid the use of stimulants for three reasons:

1. To protect the athletes' health
2. To defend medical and sportive ethics
3. To prevent any artificial enhancement of performance.

In my opinion, items 1 and 2 go more or less without saying and I will refer to them later. For me item 3 is of the utmost importance and I want to share some of my many questions in this matter with you.

The ban on artificial enhancement of performance is an application of the principle of equal chances for everyone, which is also at the basis of fair play. Equal chances means: I may not be excluded or hindered for reasons which are not related to the sport itself and to my natural capability to obtain as good results as possible in this sport. I do not want to have my chances reduced because the others dope.

First of all, we must place "equal chances" in a broader context, in other words "equal chances" is one of the basic principles of sport, not just of doping. To name just one example, the principle of "equal chances" has resulted in the division in weight and age categories.

At the same time, we know that "equal chances" is a utopian dream, certainly in sport. Someone with a small frame will never win an Olympic gold as shot-putter. However, this form of "unequal chances" is something we find acceptable; we justify this by saying that someone weighing 70 kg should just choose another sport.

In a broader context too (not restricted to doping) there is another form of "unequal chances", we easily tend to forget about. Let me just give you some examples. Do you think that athletes from Albania, Congo or Burma have the same opportunities to prepare for Sydney 2000 as competitors in Australia, Canada or Great Britain? What about fair play here? And, yes say Australians, Canadians and others, this is acceptable because of the differences in prosperity in the world. But, no say Albanians and others, our athletes do start with a disadvantage, there is absolutely no fair play in this. In short, we are dealing with a fact that is hard to change, but we have already found a difference in opinion about "equal chances" or fair play. More will certainly follow.

Hence, the question is what is "fair" and "unfair" in sport, and in particular as regards doping? I have put this question to a large number of people and I will try to summarise their answers, despite the fact that my findings lack a scientific basis. But I think I can draw the following conclusion; many people who find better preparation opportunities (more money, more facilities) acceptable and hence not unfair, find secretly influencing performances in an unnatural way unacceptable and hence unfair. That is where they draw the line, and I quote:

- acceptable (not cheating) is inequality fairly produced;
- unacceptable (cheating) is inequality unfairly produced

When we further examine the definition of "fairly produced", we rapidly end up with

rules/regulations and the following definition:

"Sporting performances "fairly produced" are those gained on the basis of qualities and methods which are accepted by the sporting authorities and society."

In other words:

- "Because our rules do not mention that differences in preparation are forbidden, it is fair (try to explain this to Albanians and others);
- "Because our rules do mention that steroids are forbidden, using them is unfair "

And here we inevitably end up in a discussion about our regulations, in particular about what we qualify as doping and what not. In other words, where do we draw the line in sport medical treatment between fair and unfair? That is why we can understand President Samaranch's wish to define doping.

Let's go back to "equal chances", one of the basic principles of anti-doping. Since we find morphologic differences and differences in preparation acceptable and fair, "unfair play" as put before starts somewhere with the secretive, unnatural influencing of performances. However, everyone will agree that this is too vague a definition and more precision is needed. More specifically, what do we mean by "unnatural"? Do we dare translate this as "exogenous", that is from outside the body? And then what kind of "exogenous" is "unnatural" and hence "unfair"? Something "chemically exogenous" (pill, injection); something "physically exogenous" (visit to the low pressure chamber); something "genetically exogenous" (implant of cells to increase the production of blood cells, or implant of cells to increase the flexibility of joints)? Questions, for me too, but we will have to give answers. Because we, as sports leaders are first of all responsible for clear and explicit regulations (it would be unfair to withhold these from our athletes....), we must define whether or not secretly replacing a heart valve is acceptable, and hence fair or unfair. Let's proceed with our reasoning. Assuming that we accept that chemically, physically and genetically exogenous are qualified as something unnatural to influence performance, everyone will certainly agree that it is completely unrealistic to qualify anything exogenous as doping. In other words, doping may be the result of exogenous applications of certain substances, but not everything exogenously applied is doping. Whether or not something is to be regarded as doping, is therefore defined by our regulations, and in the case of doping that is our list of banned products and methods.

That is why the composition of that list is of paramount importance and logically the protection of the athlete's health and stimulation of performances should be the criteria.

Please allow me to pass over the legal discussion as regards the definition of doping, but "for the sake of discussion", let us restrict ourselves to the element "performance enhancement".

Let us take two examples by way of illustration;

- anabolic steroids are performance enhancing in certain sports such as weightlifting, sprint races etc. (by the way in other sports they do not or hardly enhance performance and the question is why they must be forbidden in all sports, in other words, why not plead for an adapted and specific list per sport)?
- creatine is not on the list, because "it is to be regarded as foodstuff". However, the reality is that it is exogenous and chemical, and is widely taken in all kinds of sports to enhance performance. (It is also performance enhancing according to elaborate tests carried out by the "Department of Human Movement Sciences and Education" of the University of Memphis on swimmers and American Football players).

On which grounds do we put anabolics on the list of banned products and not creatine? If

performance enhancement is the criterion, there is no fundamental difference between these products in defining doping, is there? By not adding creatine to the list of banned products, a new criterion is being created, namely is this product food or not? If it is food, or it is contained in food, then it is allowed to be chemically exogenous. But I have learned from certain experts that you cannot state that something is harmless just because it is food or a food supplement. Iron preparations are used on a large scale in endurance sports, among which bicycle racing. When taken in too large a quantity, it is life threatening. So we have to deal with an interesting dualism that iron preparations which are not on the forbidden list, can be highly dangerous when taken in excessive amounts, while EPO, which is on the list is - according to some - fairly harmless up to a haematocrit level of 50%. Both products are taken with the aim of enhancing performance, but that is something you already figured out yourselves.

Questions and even more questions! Let me give you some examples of products taken by sportsmen/sportswomen to enhance their performances and which for one reason or another are not included in the list of banned products:

- anaboline, ginseng, eleuthetrocoque, food supplements such as vitamins and minerals;
- iron preparations and vitamin "B" to stimulate blood making;
- anti-inflammatory products such as Voltaren;
- aspirin to thin blood;
- carnitine to increase energy products from fat;
- amino acids to increase growth hormone with a factor 5 in 6 weeks time;
- vitamin E and vitamin C to stimulate blood transport;
- chlorophyl to increase haematocrit;
- procaine HCL for better assimilation of oxygen in the cells;
- Profilax, a natural muscle builder;
- Complamin and Duvadilan to dilate blood vessels;
- And as mentioned before, creatine to build up muscles and aid recovery.

This is only a short list of the products athletes may use without any objection, without the idea of being "unfair" .

I am well aware of the fact that some of you, in particular doctors, will immediately qualify some of these products as non-performance enhancing. But there are enough doctors who will classify these products as performance enhancing, and regrettably they will prescribe them for that purpose.

Hence the question: why are these not on the list, when anabolic steroids are? Worse even is the fact that all these products are taken by "clean" athletes, that is to say they were not found positive. For them too influencing of performance via a chemically exogenous or "unnatural" way has become second nature. Only because products do not appear on the list, we do not call it doping, but is that really fair?

De Random House Dictionary defines fair play as follows;
"just and honourable treatment, action or conduct"

Obviously what matters is how the world of sport defines "just and honourable". Where doping is concerned, "unfair conduct" is defined by what is on the list. But is an athlete, who has taken a pill to dilate his blood vessels just an hour before the competition, showing "just and honourable" conduct towards another athlete who has decided to take nothing at all? Is that athlete "just and honourable" just because the product is not on the list?

We can no longer avoid these questions. And is this not enough reason to investigate the complete doping issue simply because our current methodology is raising so many problems for which we have not found any answers to yet?

And one thing has certainly emerged from the above examples and questions, and that is that "equal chances", fair play, although logical and extremely honourable as a basic principle for the fight against doping, is very debatable in practice. We have seen that fair play is not always possible (morphology and facilities for preparation), and where we think it may be applied as in the case of doping, it is done in an almost contorted and certainly illogical way. And regrettably as it may be, we have to say that the more professionalized sport will get, the more the level of fair play will be affected. There will even be more and more talk of medical treatment, or doping if you want, being able to make use of products which cannot be traced with doping tests. Not even to speak of the "Cyborg Olympics". All these factors will inevitably lead to the fact that the aspect of the athlete's health (objective 1: the protection of the athlete's health) will become increasingly important in the fight against doping, since this fight is less and less capable of maintaining the principle of "fair play". It goes without saying that we, the sports leaders, will have to defend fair play and the principle of "equal chances" to the last post. But in practice, and in particular in the field of the fight against doping, the focus will increasingly be on the protection of the athlete's health. This is not only in the direct interest of the athlete's health, but it will also indirectly permit testing of the harmful effects of non-traceable doping products.

The UCI already recognised this trend years ago. On 24th January 1997, we decided to establish an elaborate medical test system. In view of the introduction thereof on 1st January 1999, we already started taking blood tests in order to limit the use of EPO. I want to stress this has nothing to do with the sad events during the Tour. On 24th July 1998, in the midst of the Tour's greatest crisis ever, I explained these future UCI anti-doping plans to President Samaranch. A few days later, he publicly announced his opinion that the athlete's health needs to be the focal point in the fight against doping, causing a wave of criticism, however mainly coming from people who either refuse to see reality or who reacted in an emotional rather than a rational way. I hope that the discussion during the following IOC doping conference will focus on these kind of issues and not merely limit itself to statements such as "we are against doping" and proposals for repression. Such limitation would prove an immense naivety with regard to solutions for such a complex matter.

Like you I also regret the fact that our society and hence sport, has become ever more medicalized. But that is the brutal and inevitable reality. In the case of the fight against doping, we will have to adjust to this reality. And nostalgic restoration of outdated principles will not get us any further. That is not defeatism but realism.

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V. EPO

In the previous chapter, I have already discussed the health tests that will increasingly become the central focus in the future fight against doping. Regular medical check-ups will, even more than doping tests, enable us to realise the 3 anti-doping objectives:

1. health protection
2. medical and sporting ethics
3. equal chances

Ever since the beginning of the nineties and the introduction of EPO in sport, we have been confronted especially in endurance sports with a very efficient doping preparation, that remains untraceable up to today using normal doping tests. Three federations - FIS, Biathlon and UCI - have decided to restrict the dangerous use of EPO through blood tests. In cycling this is done as follows:

- EPO is used to increase the concentration of red blood cells. Expressed in a percentage of haematocrit, a normal person has about 43 to 44%; in 1988 (prior to the EPO problem) we measured an average of 43.5% for 700 top cyclists! UCI is carrying out blood tests with the complete co-operation of athletes, and has determined after consultation with the team doctors that a level of haematocrit up to 50% is acceptable.
- Here "acceptable" should be translated into "harmless", that means that a level of haematocrit over 50 % is regarded as dangerous for one's health. Hence that does NOT mean that it is acceptable to increase the haematocrit level up to 50% using EPO.
- These tests are explicitly meant as health tests and not as doping tests. Indeed, doping tests are impossible since EPO is not traceable and we cannot determine whether an increased haematocrit content is the result of the misuse of EPO or for example training in high altitude (which has a similar effect on the blood cells). As a result, there is no punishment when level of over 50% haematocrit is found. The cyclist concerned is prescribed a rest or recovery period of two weeks.

A few facts after 2 years and 2147 blood tests:

- A small number of cyclists (15) have a natural level of haematocrit exceeding 50%. After a thorough examination, they receive a certificate and will remain under surveillance.
- The average level of haematocrit found was 45.5%. This should be compared with the 43.5% prior to the EPO era. There certainly is an increase, undoubtedly a strong indication for the use of EPO (see further on Festina), although in a way it is encouraging, after all 45.5% is not 50%.

- In total, a level of haematocrit exceeding 50% was found with 30 cyclists. That is 1.4 % of the total of tests.

We do not pride ourselves on these anti-EPO blood tests. We are well aware of any arguments to the contrary, especially:

- If a haematocrit level of up to 50% is allowed, does this mean that the use of EPO up to this limit is legalised (no misuse in that case)?
- If a level of up to 50% of haematocrit is allowed, does this mean that those not wishing to use EPO are forced to do it just because they know that others (their opponents) have less problems with the use of EPO?

But are we better off without this limit? Without doing anything?

And these are the kind of problems we as leaders of an IF are confronted with. It starts with the pharmacological industry putting these kind of medicines, with as a "side effect" an efficient increase of sports performance, on the market without consulting the world of sports and with the approval of the authorities. Next, these are rapidly provided to the athletes through the shady part of sports medicine, arguing that "products which cannot be traced is not doping". Then come the medical experts within the sport, who usually put the product too late on the list of banned products, at the same time "briefly" mentioning that they are unable to trace the product through the normal doping tests. And that puts the complete problem without any adequate solution onto the governing body, in our case the IFs. They can choose either to do nothing, or like the UCI, to achieve at least one aspect of our anti-doping policy, namely the athlete's health in an indirect way. And indeed, the anti-EPO blood tests mentioned before, are a serious effort to safeguard the athlete's health (see item 1 of our anti-doping objectives). However, we do realise that we have no control whatsoever as regards the ethical part (items 2 and 3 of the same objectives). We cannot, as we do with doping tests, guarantee the aspect of fair play for our athletes, because EPO may be and, as the Tour events have proven, is used. In the case of the Festina team, the use of EPO was manipulated up to the permitted limit of 50%. Team leaders, doctors and cyclists defend themselves arguing that while exceeding 50% is forbidden, staying under 50% is permitted. Another equally absurd argument is heard: when everyone uses EPO to the limit of 49% of haematocrit, this not only serves the interest of their health but also the principle of equal chances.....

However, we should pay attention to this last item, be it from another point of view. The reality is, that the majority of doping users do this because they think others do too! We could divide athletes into categories:

- those deliberately and purposefully using doping; according to me, this is a minority;
- those who prefer not to do it, but feel obliged because of the certainty (or uncertainty) that their competitors do;
- those who do not use doping products, but who have extensive medical treatment (with, chemically exogenous products, see list in previous chapter);
- those who reject anything "medical"; a minority in top sport, I fear.

Categories 1 and 2 are doping "sinners", but if we were able to better protect category 2 against category 1, much of the problem would be solved.

Categories 3 and 4 are not guilty of doping, but the question whether the behaviour of 3 is fair towards 4 has already been put. Finally, the only difference between on the one hand categories 1 and 2 and on the other hand 3 is the use of products which do (1 and 2) or do not

(3) appear on the list, but basically they have the same intention, that is to increase their performances in an "unnatural" way.

In this chapter, I wanted above all to present the reality of untraceable products resulting in the impossibility to protect the good against the bad. I further indicated that blood tests, and in the future even more sophisticated medical tests, will probably not provide us with the ultimate answer, but only an optimally feasible answer, with all negative aspects that go with it. In any case, it protects the athlete's health. The categories will enable you to view the complexity of the problem and may well serve to point out the differences between the various kinds of "sinners" to those who expect everything from mere repression. This might lead to conclusions regarding the sanction policy.

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VI. The list of banned products

In the previous chapter, we saw that the list of banned products essentially defines what is "fair" and "unfair". We have also tried to find some logic for the problem whether to put a product on the list or not.

In this chapter, I wish to give you some examples we as IFs, are confronted with daily due to the application of the "list". I also want to quote some experts and journalists.

Example 1:

In the sixties and seventies, codeine was on the list. During that period, 53 cyclists were punished for the use of codeine in cycling. Later the product was deleted from the list, it seemed no longer to be a doping product.....

Example 2:

The permitted proportion testosterone/epitestosterone (T/E) was 6 and experts guaranteed us (IFs) that higher proportions were not "human". We loyally punished everyone exceeding 6..... until research showed that there certainly were exceptions. For some years now, the

medical experts ask us to take any cases between 6 and 10 into consideration for further examination. At this moment, there are so many natural exceptions in professional cycling that we may well state that we have punished a number of cyclists who are innocent in view of these new findings.

Example 3:

Nandrolon; a subject we can well write a book about. The initial guideline is 0 ng/ml tolerance; in consultation with laboratories, UCI introduces the 2 ng/ml tolerance; then it is, according to some experts, proven that natural deviations of 4 and 7 ng/ml may occur spontaneously and finally the chief of one of the IOC laboratories says that for safety reasons he would not sanction if the level was below 10 ng/ml. Furthermore, there are alarming publications about endogenic production of nandrolon, especially with women, but -to a lesser extent - also with men. And it is left to us, the IFs, to judge, sanction and ... to have the risk of being taken to court.....

Is it then so surprising that experts and journalists pass the following judgements about our list of banned products:

- Professor J-L. Chapelet in "Le Temps" of 20th August 1998:

"The IOC list is not a final list of products but a catalogue with classes of doping products. Each of the classes is illustrated with examples of products belonging to that class, completed with the expressions "and associated substances". This precaution enables sanctioning of preparations which are not on the list, but which are nevertheless judged as being doping. However, this fact is causing a certain doubt about what is accepted and what is not. Furthermore, the "list" contains products which are marginally doping products and a lot of other more powerful products. It is within this framework that we have to understand the remarks made by President Samaranch about the necessity to "simplify" the existing list. On the other hand, certain products (like EPO) can still not be traced despite the fact that they have been on the "list" for many years, which of course is a kind of publicity. Finally, the "list" also mentions forbidden methods, such as auto-transfusion, which is also undetectable, neither through direct testing nor by testing the blood products. The list "forgets" about training at high altitude (which has the same effect as auto-transfusion) but which is also a factor of unequal chances between athletes. Therefore, it will be necessary to entrust the actual list to an independent body composed of specialists, acknowledged by the IOC, IFs, NOCs and the athletes."

- Doctor Hartgens of the Dutch Centre of Doping Matters: in an interview with "De Limburger":

"The composition of the doping list is based on assumptions, trends, circumstances, emotions and image, however hardly on facts. Most of the products have never been examined to see whether they indeed affect the performances of a healthy sportsman/sportswoman. These are products examined for the use on sick people. But the body of a sick person has a completely different reaction from the body of a healthy sportsman/sportswoman."

- Doriane Lambelet Colemand and James E. Colemand in New York Times Service

"The committee and other international federations routinely add substances to the banned list about which they know nothing, based solely on rumours that athletes are taking them, hoping to enhance performance. This is the case, for example, with various over-the-counter supplements believed to convert testosterone.

Such scientific illiteracy is appalling, particularly as the organisations subsequently base prosecutions on these mystery drugs.

The suspensions of Randy Barnes and possibly that of Denis Mitchell may fall into this category. Anti-doping efforts must be based on science, not rumours and hunches".

The list of banned products is of vital importance in the overall doping problem. I am not a specialist in the matter at hand and cannot judge which products are to be put on the list and which not. However, based on what I mentioned before in this chapter, I cannot but conclude that once more for a vital subject like this, I end up with so many questions. How are the products put on the list? Why anabolics and not creatine? Is it important that it is foodstuff? Are all products performance enhancing in other words has that been thoroughly investigated, otherwise aren't we merely advertising them with this ban? And what about nandrolon? Do all laboratories apply the same standards? Why EPO and not low pressure chambers? etc. etc.

I intended to prove with my views how complex this matter is and to contribute to the discussion during the IOC Doping Conference by asking as many questions as possible. Let me just make one exception for a subject I certainly know the answer to. It is fundamental that the future list is being drawn up on the basis of science, logic and ethics (!), the latter forming the basis. With all due respect to doctors, biochemists and pharmacologists, but their contribution to the list should be brought to the level of ethics, law and philosophy (logic). It goes without saying that the athletes' representatives should have a place in such a multi-disciplinary committee.

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VII. IOC laboratories

Everyone knows there is a list of official IOC laboratories which is accepted by most IFs. However, these laboratories are geographically unevenly spread over the world. For example,

there is not any official laboratory in Latin America. As a result, all samples for cycling are sent for analysis from all Latin American countries to North America or Spain, with all the related enormous expenses. The IOC and IFs should take the initiative to set up laboratories in these regions instead of waiting until the regions take the initiative themselves.

However, whereas laboratories are concerned, this is not the most important matter. The most important issue is uniformity in analysis and the interpretation thereof. If "equal chances" is of vital importance on the level of competition in the fight against doping, we should be able to guarantee our athletes the same "equal chances" through the largest possible uniformity for doping tests, no matter where in the world they are carried out.

The present situation comes nowhere near. Let me suffice with including some figures which were included in an article published in "l'Equipe" of 27th November 1998:



For all well-meaning IF leaders who consider ""equal chances"" of paramount importance, these figures must be highly alarming. Let me just give you one example without even looking for extreme cases; the average test in Paris gives a chance of three (!) times more positive findings than in Cologne..... and both laboratories are known for their quality. I am sure there will be some explanation (see further) but the simple fact of such discrepancy is absolutely unacceptable towards our athletes. They cannot live with the impression that the result of an analysis depends on the laboratory where the analysis is performed.

And that is not all. Within the UCI, as one of the IFs with the highest number of tests, we have even more data regarding the laboratories. In this way, we dispose of statistics showing for several years which banned products are found in which laboratories. And here too we found astonishing differences. With a comparable number of tests an athlete has much more chance of being found positive for anabolic steroids in laboratory X compared with laboratory Y! Indeed, there is an urgent need to define the standards for the laboratories (ISO). We owe that to our athletes!

Please allow me one remark. None of these facts and evidence has aroused the slightest attention of the superficial doping opponents who do so well with a part of the press by shouting from the rooftops calling for harsher punishments. That is frustrating for those who are prepared to think beyond demagogy, and who are interested in getting to the core of the problem.

This chapter too cannot be closed without a question I have been struggling with for so long and to which I already referred earlier when speaking about the explanation for the

discrepancies between laboratories. One possible explanation might be the sophistication of the equipment used which is increasingly more effective. I wonder how far this may go? When laboratories are able to even detect the smallest traces, is it then possible that an athlete who has been treated during a period of illness in which he did not compete (!) with products on the forbidden list, is found positive, say 6 months later because traces are found? And if this is a real risk, what can we do to protect the athlete against it?
N.B: This is by all means not a theoretical question! We have already encountered cases like this in cycling!

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VIII. The UCI and the fight against doping

During the Tour doping scandal, I heard and read hundreds of times that: the UCI should once and for all take the doping problem seriously in hand; or wasn't it time to wake up; etc. In short, I got the impression that up to now we had done nothing or in any case very little. However not once did I receive any practical and feasible ideas with sound proof where we had failed in our anti doping policy and what should be changed. A lot of idle demagogy ("lifelong suspension"), but never any recommendation that might be an essential contribution to what we are already doing.

Let me once again recall our activities and ask you whether anyone of you has any realistic and feasible propositions for improvement! Here we go:

- The UCI was the first IF to start competition testing. Even as far back in 1955, a masseur was removed from the Tour because he encouraged cyclists to dope. In 1964/1965, Dr. Dumas (Tour doctor) and Dr. Boncourt (doctor in the Tour of the Future) took the initiative to organize a European colloquium, which led France to adopt the anti-doping law of 1965. The UCI has been organizing antidoping tests in

cycling since 1966.

- Today, we have 4 very active commissions:
 - A. A Medical Commission active in the field of cardiology, bio-mechanics, food and training methods. Alternatives for doping use is one of the main tasks of this commission.
 - B. An Anti-Doping Commission, responsible for all aspects of our anti-doping policy such as prevention programmes, list of banned products, laboratories, regulations, penalty and judicial procedures, etc.
 - C. A Council for the Fight against Doping with representatives from all levels in cycling, including cyclists. This Council presents recommendations and takes initiatives to find financial means to fight against doping.
 - D. The Sporting Safety and Conditions Commission, in which most levels are also represented, and which is involved in the health tests carried out since 1997 (blood tests) and which will be stepped up in 1999.
- The UCI plus NFs, cyclists, organisers, professional teams and sponsors spend 4.2 million Swiss Francs each year on doping and health tests. We have repeatedly granted funding for research (in 1996 to Prof. Brissart of the University of Montreal for his research into a detection method for EPO and more recently to the University of Lausanne also for EPO research).
- Three people are working full-time in the UCI anti-doping department and numerous others are involved part-time.
- The UCI carries out 5,300 tests in international competitions each year; and the NFs add another 6,700 in national competitions; in total about 12,000 tests per year.
- Since 1997, we have been conducting blood tests to deal with the EPO problem; in total we have performed 2147 tests.

As of 1999 extended health tests will be carried out, in particular in view of (future) products that cannot be traced in laboratories.

- For years now, the UCI has very detailed regulations drawn up by experienced lawyers. These include the most correct procedures, including the athletes' right of defence and including the Court of Arbitration for any appeals. Our sanction policy too is the result of extensive judicial advice, and judgements in appeal by CAS and other (national) disciplinary and judicial bodies confirm that our sanction policy is the right one.

Because of all the criticism we get, I challenge everyone to state precisely what we are doing wrong and where we humanly fail. The UCI in any case does not know what more an IF can do.

It might be a good idea to finish with 2 quotations from objective observers. The first was recently published in a Dutch paper and was given by someone who has been actively involved in the anti-doping fight for years:

"The UCI is prepared to take a vulnerable position; no other federation has dared to question its own policy in this way. Because, it is always about the same simple principle. He who seeks, will find. Cycling has a bad reputation, why? Because they are carrying out so many tests....."

Finally, Mr. Patrick Laure, holding a university degree and specialist in performance enhancing drugs, said in 1995 in an interview with journalist Frédéric Potet:

" ... if there is a doping culture in cycling, there is also an anti-doping culture. We shouldn't forget that!"

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EPILOGUE

"If there is a doping culture in cycling, there is also an anti doping culture. We should not forget that !"

I repeat these words of Dr. Patrick Laure, since nobody should conclude from these reflections that the UCI, or myself, have the slightest doubt about how serious we should be in the fight against doping.

That, however, can never be a reason not to ask questions or to express uncertainties. In fact it should be the contrary. Often it is those who oversimplify the solution to the doping problem to purely repressive measures, who are the biggest stumbling block in effectively fighting this scourge.

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