COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Strasbourg, 8th February 1963 CCC/EES/Inf (62) 64

COE016031

COMMITTEE FOR OUT-OF-SCHOOL EDUCATION

DOPING OF ATHLETES

Review of the problem as it arises in member countries (Item IV of the Agenda, Doc. CCC/EES/Inf (62) 52)

ITALY

Part I Enquiry by the Italian Medico-Sporting Federation to establish what substances constitute "dope".

Part II Extracts from Doping and Professional Football.

Part III Questionnaire to national sporting federations and replies.

A 76.658

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Strasbourg, 18th January 1963

CCC/EES/Inf (62) 64
First Part

COMMITTEE FOR OUT-OF-SCHOOL EDUCATION

DOPING OF ATHLETES

ITALY

Part I

Enquiry by the Italian Medico-Sporting Federation to establish what substances constitute "dope"

CCC/EES/Inf (62) 64

NATIONAL ENQUIRY BY THE ITALIAN MEDICAL SPORTS FEDERATION INTO SUBSTANCES THE USE OF WHICH IN SPORTS CAN BE CLASSIFIED AS "DOPING"

Italian Ministry of Health
Rome, August, 1962

Data compiled by Drs. F. Barbieri
and S. Romano under the direction
of Professor Venerando

./.

PROBLEMS OF DOPING

The Italian Medical Sports Federation sent out 190 questionnaires to:

University lecturers and professors	(51)
Chairman and members of the FMSI	(92)
Doctors belonging to National Federations	(28)
Foreign experts	(19)

The FMSI has received 35 replies, of which:

A. 17 from University lecturers and professors:

Dr. S. Burstin (France) - Prof. P. Cerretelli - Prof. L. Donatelli - Prof. G. Frada - Prof. F. Lenzi - Prof. T. Lubich - Prof. M. Margaria - Prof P. Nicolini - Prof. G. Ottani - Prof. M. Mitolo - Prof. V. Puntoni - Prof. R. Pollini - Prof G. Sotgiu - Prof. G. C. Topi - Prof. L. Travia - Prof A. Venerando - Prof E. Vigliani.

B. 18 from the FMSI Committees:

Dr. C. Rapalli (Bologna) - Prof. L. Bubani (Vercelli) - Dr. A. Ruzzini (Rome) - Prof. F. Bianchi (Ancona) - Prof. W. Ronchi (Forli) - Dr. C. Boccacci (Milan) - Dr. R. Placella (Naples) - Dr. E. Vitellio (Salerno) - Dr. G. Pasolli (Trento) - Dr. F. Galliani (Udine) - Prof. R. Marziani (Bergamo) - Dr. A. Clerle (Milan) - Dr. A. Pirastu (Cagliari) - Dr. L. Crespi (Varese) - Dr. D. Fracchiolla (Bari) - Dr. F. D'Arcais (Padua), plus 2 anonymous replies.

./.

NATIONAL ENQUIRY BY THE ITALIAN MEDICAL SPORTS FEDERATION INTO SUBSTANCES THE USE OF WHICH IN SPORTS CAN BE CLASSIFIED AS "DOPING"

Rome, August, 1962

Date compiled by Drs. F. Barbieri and S. Romano under the direction of Professor Venerando.

A. Are these substances used by athletes or competitors in other sports during races, matches or contests or are they taken beforehand so as to produce their effect during such races, matches or contests.

B. Do they artificially increase the athlete's performance?

C. Do they eliminate the sensation of fatigue, thus making it possible for the athlete to reach a dangerous degree of fatigue?

D. Do they have a psychological effect, influencing reaction time and/or reducing automatic reflexes?

E. Are they quite liable to cause acute or chronic poisoning?

In the tables prepared for each substance under the headings A to E corresponding to the above questions the sign + indicates positive replies and the sign - negative replies.

1. Saccharose

A	B	C	D	E
25+	10+	=	=	=
=	16-	27-	27-	27-
2 abst	1 abst	=	=	=

./.

NOTES

1. D'Arcais : the increase in performance cannot be regarded as artificial.

2. Sotgiu: definite risks in the event of diabetic heredity.

3. Lenzi: it seems that the commercial product sometimes contains a stimulant (amphetamine)

4. Ottani: athletes often absorb too much glucose and the like.

2. Dextrose

A	B	C	D	E
25+	10+	=	=	=
=	16-	27-	27-	27-
2 abst	1 abst	=	=	=

3. Amino-acids (Mixtures)

A	B	C	D	E
17+	6+	=	=	=
4-	15-	23-	22-	21-
5 abst	4 abst	3 abst	4 abst	5 abst

4. Glycocol

A	B	C	D	E
16+	5+	=	=	=
5-	15-	22-	21-	21-
5 abst	6 abst	4 abst	5 abst	5 abst

./.

5. Exose-Phosphates

A	B	C	D	E
17+	7+	1+	1+	=
3-	13-	20-	19-	20-
2 abst	3 abst	2 abst	3 abst	3 abst

NOTE

1. Sotgiu: doubtful action.

6. Alcohol (wine)

A	B	C	D	E
10+	6+	7+	12+	10+
10-	14-	14-	8-	10-
6 abst	6 abst	4 abst	7 abst	7 abst

NOTES

1. Sotgui: frequent abuse.

2. Cerretelli: alcohol increases the reaction time whereas caffeine reduces it.

3. Donatelli: alcohol even in moderate doses is very dangerous since it impedes automatic reflexes and slows down reactions. Alcohol should not be taken just before a contest.

4. Mitolo: yes, if taken in substantial doses.

5. Pollini: the replies refer to normal consumption of alcoholic beverages.

6. Burstin: these are general stimulants which if consumed in reasonable quantities are a normal part of our diet.

7. Galliani: should be forbidden during competitions.

./.

7. Infusions

(a) Coffee:

A	B	C	D	E
19+	11+	5+	5+	3+
1-	13-	19-	22-	20-
7 abst	3 abst	2 abst	10 abst	4 abst

(b) Tea:

A	B	C	D	E
20+	8+	3+	2+	1+
=	17-	22-	22-	23-
7 abst	2 abst	1 abst	4 abst	3 abst

(c) Hibiscus:

A	B	C	D	E
9+	5+	1+	=	=
8-	11-	18-	15-	14-
10abst	11abst	10abst	3 abst	13 abst

8. Extracts

(a) Cola:

A	B	C	D	E
17+	6+	7+	3+	2+
6-	15-	15-	17-	18-
4 abst	6 abst	5 abst	7 abst	7 abst

(b) Chocolate:

A	B	C	D	E
17+	5+	=	1+	=
6-	18-	23-	21-	10-
4 abst	4 abst	4 abst	5 abst	4 abst

9. Physiological derivatives (which can be administered in non-physiological doses by "artificial" or parenteral routes).

(a) Amino-acids (Mixtures):

A	B	C	D	E
9+	4+	2+	=	=
9-	12-	16-	17-	17-

./.

(b) K. and Mg. Aspartates:

A	B	C	D	E
14+	5+	2+	=	=
4-	13-	19-	20-	19-
8 abst	8 abst	5 abst	6 abst	7 abst

(c) ATP

A	B	C	D	E
16+	8+	2+	=	=
3-	13-	22-	23-	23-
7 abst	5 abst	2 abst	3 abst	3 abst

(d) Lecithin:

A	B	C	D	E
10+	4+	1+	=	=
7	11-	16-	16-	16-
9 abst	11abst	9 abst	10abst	9 abst

NOTES

1. Galliani: should be prohibited because they can give one athlete an unfair advantage over another by increasing his power to recuperate.

2. Donatelli: ATP., especially in prolonged treatment, has a definite effect on fatigue but to be effective it must be administered by the intra-muscular route in doses of 10/20 mg (administered orally it is practically without effect and administered intravenously it can give rise to dangerous hypotension).

3. Topi: dangerous when used to excess.

10. Vitamins

(a) Vitamin C:

A	B	C	D	E
25+	8+	=	=	=
=	11-	28-	27-	27-
5 abst	=	=	1 abst	1 abst

(b) Vitamin E:

A	B	C	D	E
10+	4+	=	=	=
9-	18-	22-	21-	21-
9 abst	6 abst	6 abst	7 abst	7 abst

./.

(c)	Vitamin B_1:	A	B	C	D	E
		16+	3+	=	=	=
		3-	20-	24-	21-	21-
		9 abst	5 abst	4 abst	6 abst	6 abst
(d)	Cocarboxylases:					
		A	B	C	D	E
		19+	5+	1+	=	=
		2-	21-	25-	25-	20-
		7 abst	2 abst	2 abst	3 abst	8 abst
(e)	Vitamin B_6:	A	B	C	D	E
		9+	3+	=	=	=
		6-	18-	21-	20-	20-
		12abst	7 abst	7 abst	8 abst	8 abst
(d)	Vitamin B_{12}:	A	B	C	D	E
		14+	3+			
		5-	19-	22-	21-	21-
		9 abst	6 abst	6 abst	7 abst	7 abst
(e)	B. Complex:	A	B	C	D	E
		21+	5+			
			21-	26-	25-	26-
		7 abst	2 abst	2 abst	3 abst	2 abst
(f)	Polyvitamin complexes:	A	B	C	D	E
		21+	5+			
		2-	23-	28-	27-	27-
		5 abst			1 abst	1 abst

NOTES

1. Lubich: Vit. C orally 1-2 gr. cocarboxylases 25/50 mg. intravenously.

2. D'Arcais: to my knowledge, apart from Vit.C and cocarboxylases, athletes in general take polyvitamin complexes.

./.

3. Vitellio: Vit. C 3-6 gr. Vit B1, 5 mgr; Cocarboxylases 10 mg; Vit B6, 5 mg; B complex, 3 mg; polyvitamin complexes 10 gr.

4. Ronchi: Vit. C. orally 2 gr; Vit. E. orally 100-300 mg; Vit. B_1 orally, 25-100 mg; Cocarboxylases 50-100 mg; Vit. B_{12}, 1,000-5,000 gammas int.

5. Sotgiu: Vit. C. orally 1-2 gr; Vit. B_1, 50 mg; Polyvitamins orally.

6. Lenzi: Vit. C. 1-2 gr. internally; Vit. B_1, 50-100 mg.

7. Cerretelli: Vit. C. 1-3 gr.

8. Frada: Vit. C. 1-3 gr. Vit. E. 100 mg. orally; Vit. B_1, 100 mg. int.; Cocarboxylases 100 mg; Vit. B_6, 50 mg; Vit. B_{12}, 500 gammas intramuscularly.

9. Donatelli: Vit. C 1-2 gr; Vit. E. orally 5-20 mg; Vit. B_1 orally 25-300 mg; or 25-50 mg. int. Cocarboxylases 25-50 mg; Vit. B_6 25-100 mg. orally; Vit. B_{12} 100-2,500 gammas.

11. Lipotrope Factors

Methionine (1) - Choline (2)

A		B		C		D		E	
1	2	1	2	1	2	1	2	1	2
6+	6+	=	=	=	=	=	=	=	=
9-	9-	16-	16-	17-	17-	17-	17-	17-	17-
13*	13*	12*	12*	11*	11*	11*	11*	11*	11*

* = abst.

./.

./.

12. **Hormones**

(a) Desoxycorticosterone:

A	B	C	D	E
5+	5+	4+	1+	3+
9-	6-	9-	12-	10-
13abst	16abst	14abst	14abst	14abst

(b) Cortisone and Cortisone Derivatives:

A	B	C	D	E
4+	3+	3+	3+	6+
9-	7-	9-	8-	6-
14abst	17abst	15abst	16abst	15abst

(c) Testicular hormones:

A	B	C	D	E
4+	3+	1+	=	1+
9-	7-	11-	11-	11-
14abst	17abst	15abst	16abst	15abst

(d) Thyroxin-tri-iodothironine:

A	B	C	D	E
2+	1+	3+	4+	4+
11-	8-	8-	8-	7-
14abst	18abst	16abst	15abst	16abst

(e) Adrenalin-noradrenalin:

A	B	C	D	E
7+	4+	4+	3+	6+
8-	9-	10-	10-	7-
12abst	15abst	13abst	14abst	14abst

./.

(f) ACTH:	A	B	C	D	E
	3+	3+	2+	2+	4+
	10-	6-	9-	9-	7-
	14abst	18abst	16abst	16abst	16abst

NOTES

1. Boccacci: Overdoses dangerous.

2. Ottani: rarely used.

3. Lubich: rarely used.

4. Boccacci: cause pathological changes.

5. Nicolini: any absence of definite indication for the administration of hormones is always a cause of disequilibrium. If, in addition, overdoses are taken the harm done can be incalculable.

6. Donatelli: testicular hormones such as methyltestosterone and anabolising steroids may induce a feeling of "euphoria" and an absence of fatigue under prolonged treatment and may even improve muscular tone; it must be remembered, however, that they can, and quite often do, cause disturbances of the bile ducts and even clear cases of jaundice. In women anabolising steroids can provoke masculine phenomena even when said to be deprived of their effect on female organs. Cortisone and cortisone derivatives and ACTH, like desoxycorticosterone, can, when taken in small doses, improve an athlete's performance but such drugs should be used with great caution on account of their undesirable and even harmful side-effects when taken over long periods. Thyroid hormones may decrease, rather than improve an athlete's performance inasmuch as they stimulate metabolism with a consequent catabolic effect on the muscular tissue; moreover they provoke tachycardia and increase oxygen requirements, so that the athlete tires more rapidly.

7. Mitolo: (B) In physiological doses they make up for losses during races or contests.

(D) No, if taken in physiological doses.

(E) Yes, if taken in non-physiological doses.

./.

8. Topi: overdoses dangerous.

13. Glandular Extracts

(a) Surrenal cortex extracts:

A	B	C	D	E
14+	10+	4+	1+	3+
3-	8-	15-	18-	16-
11abst	11abst	9 abst	9 abst	9 abst

(b) Testicular extracts:

A	B	C	D	E
6+	4+	1+	1+	2+
7-	8-	13-	13-	12-
15abst	16abst	14abst	14abst	14abst

(c) Thyroid extracts:

A	B	C	D	E
3+	2+	3+	5+	7+
8-	8-	9-	7-	5-
17abst	18abst	16abst	16abst	16abst

(d) "Artificial" hormone derivatives (i): Methyltestosterone and similar extracts (ii):

	A	B	C	D	E
(i)	3+	3+	1+	1+	4+
(ii)	(6-	7-	10-	10-	7-
	(19abst	18abst	17abst	17abst	17abst

(e) Anabolising steroids:

A	B	C	D	E
8+	2+	1+	1+	5+
6-	13-	15-	15-	11-
14abst	13abst	12abst	12abst	12abst

./.

NOTES

1. Sotgiu: rarely used - surrenal cortex extracts only are used in significant doses administered intravenously.

2. Cerretelli: there is no risk of harm from the doses usually given.

3. Burstin: the administration of hormones is to be regarded as "doping".

4. Lubich: frequent use and abuse of surrenal cortex extracts in considerable doses administered intravenously.

5. Ottani: in football, surrenal cortex extracts are widely used, being administered intravenously either on the day of the match or during the preceding week.

6. Topi: dry thyroid is dangerous; the use of mythel-testerone and similar extracts is accompanied by hormone-inducing neoplasia; anabolising steroids are useless and potentially dangerous if not given in the right doses.

7. Mitolo: (B) Surrenal cortex extracts in physiological doses make up for losses during the race or contest.

(D) Not if administered in physiological doses (Methyltestosterone and similar extracts).

(E) Yes, if administered in non-physiological doses (anabolising steroids).

14. Pharmaceutical Drugs:

Phosphorous compounds

(a) Hypophosphites and glycerophosphates:

A	B	C	D	E
12+	3+	=	=	=
3-	11-	18-	18-	18-
13abst	14abst	10abst	10abst	10abst

./.

(b) Inose-phosphates:

A	B	C	D	E
17+	7+			1+
1-	12-	22-	22-	21-
10abst	9abst	6 abst	8 abst	6 abst

(c) EAP:

A	B	C	D	E
10+	4+	=	=	=
4-	9-	15-	15-	15-
14abst	15abst	13abst	13abst	13abst

NOTES

1. Sotgiu: seldom used.

2. Ottani: seldom used.

3. Burstin: the active principles of these products are usually found in sufficient quantities in a balanced diet.

4. Galliani: banned during contests but not in rest periods.

15. Anti-pyretics - Analgesics (anti-rheumatic drugs)

(a) Acetylsalicylic acid:

A	B	C	D	E
3+	1+	1+	=	2+
8-	11-	11-	12-	10-
17abst	16abst	16abst	16abst	16abst

(b) Salicylates:

A	B	C	D	E
2+	1+	1+	=	2+
9-	11-	11-	12-	10-
17abst	16abst	16abst	16abst	16abst

./.

(c) Phenacetin:

A	B	C	D	E
1+	=	=	=	2+
9-	11-	11-	11-	9-
18abst	17abst	17abst	17abst	17abst

(d) Antipyrene:

A	B	C	D	E
1+	=	=	=	2+
9-	11-	11-	11-	9-
18abst	17abst	17abst	17abst	17abst

(e) Aminophenazone:

A	B	C	D	E
2+	=	=	=	4+
8-	12-	12-	12-	8-
18abst	16abst	16abst	16abst	16abst

(f) Phenylbutazone:

A	B	C	D	E
3+	=	1+	=	4+
8-	13-	12-	13-	9-
17abst	15abst	15abst	15abst	15abst

NOTES

1. Donatelli: useful against mildly painful symptoms or influenza and headaches. In therapeutic doses, may not reduce the athlete's performance and may even (salicylics) increase it slightly.

2. Burstin: administered in case of painful symptoms, or traumatism, these substances have therapeutic value. Their use must not be confused with doping.

./.

16. Local Anaesthetics

(a) Procaine:

A	B	C	D	E
14+	5+	5+	5+	4+
4-	15-	15-	15-	16-
10abst	8 abst	8 abst	8 abst	8 abst

(b) Xylocaine:

A	B	C	D	E
8+	3+	2+	2+	3+
5-	12-	13-	13-	11-
15abst	13abst	13abst	13abst	14abst

(c) Ethyl Chloride:

A	B	C	D	E
9+	3+	2+	3+	3+
6-	13-	14-	13-	12-
13abst	12abst	12abst	12abst	13abst

NOTES

1. Donatelli: may be dangerous when applied as stop-gap pain-killers to athletes who have suffered a trauma and have to continue the contest, since, by removing local pain, they may enable the contest to be continued, causing very serious modifications of the affected area and general reactions difficult to assess.

2. Lubich: Local infiltrations often used: dangerous on account of absence of pain.

3. Ottani: use of local infiltrations after trauma is prevalent; it is inadvisable.

17. Hypnotics

(a) Barbiturates:

A	B	C	D	E
3+	=	2+	8+	7+
8-	13-	11-	5-	7-
17abst	15abst	15abst	15abst	14abst

./.

(b) Other Substances (Glutetimide):

A	B	C	D	E
3+	=	2+	8+	7+
8-	13-	11-	5-	7-
17abst	15abst	15abst	15abst	14abst

NOTES

1. Burstin: the use of these substances must be regarded as "doping".

2. Ottani: seldom used.

3. Lubich: not used.

18. Psychological Drugs

(A) Psycholeptic

(a) Chlorpromazine:

A	B	C	D	E
3+	2+	4+	11+	11+
5-	9-	7-	1-	1-
20abst	17abst	17abst	16abst	16abst

(b) Phenothiazone, similar to Chlorpromazine:

A	B	C	D	E
26+	13+	39+	88+	78+
65-	93-	54-	18-	28-
273abst	258abst	271abst	250abst	258 abst

(c) Reserpine:

A	B	C	D	E
1+	=	2+	5+	6+
5-	8-	5-	3-	2-
22abst	20abst	21abst	20abst	20abst

./.

(d) Extracts of Rauwolfia:
Deserpidine-Rescinnamine:

A	B	C	D	E
2+	=	4+	8+	10+
10-	14-	8-	6-	4-
44abst	42abst	44abst	42abst	42abst

NOTES

1. Lubich: seldom used; in any case, clearly contra-indicated.

2. Cerretelli: used to prevent secondary disturbances (insomnia etc.) due to the use of psycho-tonics and stimulants of the CNS.

3. Topi: dangerous, should be banned.

4. Ottani: should be prohibited.

5. Burstin: must be regarded as modern "doping"; they produce harmful effects and must be administered with great caution.

6. Donatelli: unfavourable effects on the athlete's performance; they are dangerous because they often modify the mental processes and reaction times and reduce reflexes; moreover, many of them interfere with and react on the neuro-vegetative system, and hence there is serious risk of disturbance to the homeostatic reactions following the psycho-physical demands made by the contest. It should be noted that the pharmacological action of these drugs, in therapeutic doses, wears off in from four to ten hours, but in the case of some of them (Reserpine, other alkaloids of Rauwolfia) may continue for some days; for example, the reduced reflexes of the sympathetic nervous system due to catecholamin depletion at the adrenergic terminals caused by the said alkaloids may cause grave disturbances when a sudden activation of the sympathicus is called for, say during a contest or athletic exertion, even a week or two after cessation of treatment with the alkaloids in question. All hypnotics, sedatives,

./.

tranquillisers and psycholeptics, as well as antihistamines, should be forbidden to athletes who are to take part in contests within the next twelve hours; the period should be extended to ten-fourteen days in the case of treatment with alkaloids of rauwolfia.

7. Niccolini: we hold that this group of drugs can be useful for athletic exertion only in exceptional cases. Their use is in any event believed to be rare, and particularly high doses are not required.

(B) Tranquillisers:

A	B	C	D	E
77+	14+	51+	131+	92+
67-	146-	111	41-	82-
176-	15labst	169abst	148abst	146abst

NOTES

1. Venerando: Meprobamate is sometimes taken in excessive doses the night before a contest.

2. Donatelli: B can be increased indirectly as a result of D, but only for very small doses and in cases where excessive mental excitement reduces the athlete's performance. (See also notes on psycholeptics).

3. Ottani and Sotgiu: seldom used, but clearly contraindicated.

4. Niccolini: we do not feel sufficiently informed of all the activities covered by the questionnaire; moreover, the reply to D may vary according to the type of sport under consideration.

5. Calliani: often used to calm the state of agitation before a contest. Should be banned.

6. Vitellio: Meprobamates are used in large doses.

./.

(C) Psychoanaleptics

(a) Anti-depressive - Anti-MAO:

A	B	C	D	E
19+	25+	34+	46+	36+
37-	23-	19-	12-	23-
117abst	126abst	121abst	116abst	115abst

(b) Iminodibenzil derivatives:

A	B	C	D	E
6+	8+	11+	15+	12+
13-	7-	6-	4-	7-
37abst	41abst	39abst	37abst	37abst

(c) Psycho tonics:

A	B	C	D	E
51+	62+	68+	68+	68+
3-	3-	3-	3-	4-
29abst	19abst	13abst	13abst	12abst

(d) Similar compounds:

A	B	C	D	E
52+	57+	64+	58+	58+
26-	22-	25-	24-	36-
90abst	89abst	78abst	79abst	72abst

NOTES

1. Pasolli: dangerous substances which should be absolutely prohibited (psychotonics).

2. Vitellio: Metamphetamine is used successfully to reduce weight in boxing by inhibiting appetite.

3. Venerando: effect on working capacity not yet demonstrated.

./.

4. Ottani: all substances should be banned. Notable abuse of micoren.

5. Cerretelli: the effect of such substances in increasing the output of energy is controversial.

6. Niccolini: (similar compounds). For each of these the answer may be less unfavourable than that given for amphetamines, according to the type of effect sought; if micoren is required to check bronchial spasm, it becomes self-limiting once the effect has been produced.

7. Topi: Micoren is an analeptic rather than a psychotonic drug.

8. Donatelli: (see also note on psycholeptics) - in the group of drugs included in the schedule as "psycho-analeptic", the anti-MAO drugs are to be regarded as particularly dangerous, as well as the well-known amphetamines and similar drugs (ritaline, preludine, etc.). Anti-MAO drugs in fact can suppress sensations of pain and fatigue, affect mental processes and reaction time and reduce automatic reflexes. They should be classified with the amphetamines and similar drugs. All the drugs included in the "psycho-analeptic" group should be prohibited to athletes. In all cases, the use of them should cease at least three days before any athletic contest or exertion. Micoren should be regarded chiefly as a respiratory analeptic.

19. CNS Stimulants

A	B	C	D	E
91+	54+	51+	47+	33+
27-	64-	66-	69-	80-
85abst	85abst	86abst	86abst	83abst

NOTES

1. Ottani: caffeine is frequently abused.

2. Sotgiu: not often used, but frequently abused.

3. Cerretelli: caffeine is frequently used. There are marked changes in reaction time and spinal reflexes, the former being reduced and the latter increased by the use of caffeine.

./.

4. Niccolini: caffeine and coramine become self-limiting once certain doses are exceeded.

5. Galliani: athletes claim that these substances increase their strength. I believe that it is merely a question of greater mental lucidity.

6. Lubich: not frequently used, but frequently abused.

7. Donatelli: the use of the so-called "CNS stimulants" may be permissible in cases of necessity (aggravation of injuries with a consequent condition of shock and respiratory paralysis in the course of a contest); the same may be said of VNS type drugs, adrenalin, noradrenalin and the like. Oral administration of any of these drugs may be useless because of failure to absorb them (adrenalin, noradrenalin). Except for adrenalin and noradrenalin, very large doses of other "CNS stimulants" and "autonomotropous" drugs may be dangerous if given orally. Adrenalin, noradrenalin, ephedrine and privine may be used as local vaso-constrictors, for example for the mucuous membranes, if necessary.

20. Autonomotropous Drugs

A	B	C	D	E
43+	35+	37+	34+	28+
22-	22-	20-	27-	30-
80abst	88abst	88abst	84abst	87abst

NOTES

1. Galliani: I think these drugs should be prohibited in contests.

2. Donatelli: adrenalin and noradrenalin are active only if used parenterally, and are dangerous.

3. Ottani: infrequently used.

4. Sotgiu: infrequently used, but some cases of abuse.

5. Niccolini: substances unsuitable for use in sport. Further information is required regarding the possible use of ephedrine in athletics.

./.

21. Anti-histamines

A	B	C	D	E
1+	1+	1+	3+	1+
5-	4-	4-	2-	3-
24abst	25abst	25abst	25abst	26abst

NOTES

1. Donatelli: the anti-histamines, because they induce drowsiness, may reduce control and increase reaction times. It is dangerous to use cardio-active drugs, even though they improve performance: they should be prohibited.

22. Cardio-active Drugs

A	B	C	D	E
2+	3+	2+	1+	7+
8-	8-	9-	11-	6-
20abst	10abst	19abst	18abst	17abst

NOTES

1. Donatelli: (see previous note).

23. Narcotics

A	B	C	D	E
16+	29+	43+	76+	76+
46-	29-	23-	6-	5-
170abst	174abst	166abst	150abst	151abst

NOTES

All authorities are agreed in absolutely prohibiting the use of such substances, except in first aid, and always under the direction of a doctor.

./.

24. Oxygen (1) - Oxygen + Cerium (2)

A		B		C		D		E	
1	2	1	2	1	2	1	2	1	2
16+	6+	5+	3+	3+	1+	1+	=	1+	=
2-	4-	12-	5-	15-	8-	16-	9-	17-	10-
11*	19*	12*	21*	11*	20*	12*	20*	11*	19*

* = abst.

NOTES

(1) Crespi: oxygen may be used in contests.

(2) Lubich: oxygen may as a rule be used if indicated.

FINAL NOTE

In producing the above report, we have been at times obliged to bring together under a single general heading various substances into which the heading in question was sub-divided in the questionnaire, chiefly because of lack of time, as the booklet had to be distributed this month. We intend at a later stage to consider such headings in greater detail.

We must also point out that in some cases where the compilers have put a question mark opposite certain headings or the sign(±) indicating doubt, we have recorded these answers as abstentions (abst.); some other contributors did not complete the form but gave a general reply; the following, in view of their importance, are the principal points made in such replies:

- Professor R. Margaria: "In my opinion such substances should be considered from the point of view of the bodily harm that they may do to the athlete; where their harmfulness is proved, their use should be discouraged. It is obvious that any substance that can increase the energy of an athlete or in any way improve his performance without causing him any bodily harm should be

./.

regarded in the same way as adequate diet, suitable clothing, etc. For example, the use of alkalising substances (Denning's formula), permitting the absorption of a greater amount of oxygen, enables an athlete to put forth a greater effort. The substances chiefly used in sport in order to increase the output of energy are the sympathomimetic amines. Their efficacy in this respect is still doubtful, but the harm they do is well established."

- Professor V. Puntoni: "Before replying to the questionnaire, it must first be decided exactly what is understood by 'doping' and by substances the use of which constitutes doping. We find on the list normal elements of nutrition such as saccharose, normal drinks like wine; vitamins which frequently are taken for quite different reasons; tonics like the hyposulphites and glycerophosphates; drugs such as aspirin and pyramidon which may be taken simply to soothe a headache, etc."

- Professor R. Pollini: (who also returned the completed questionnaire). "The questionnaire was compiled with the valuable assistance of Professor M.Talenti, of the Institute of Hygiene of Rome University. The general form of the questionnaire has caused some perplexity, and thus, in view of the impossibility of giving exact replies under some headings, they have been marked with a query. I point out that my own replies refer to normal doses, not excessive doses, of these substances."

*

* *

We express our thanks for their kind collaboration to all the professors, lecturers and sports doctors who replied to our questionnaire on substances the use of which should come under the heading of doping in sport and athletics, as well as all the political authorities, especially the Minister for Tourism and Public Amusements, Mr. A. Folchi and the Directors of national sport, from the President, Mr. G. Onesti, to the

./.

Secretary-General of the CONI, Dr. B. Zauli, who gave us such gratifying encouragement in our work.

Rome, 21st August 1962

Professor A. Venerando,
President of the FMSI.

Dr. F. Barbieri,
Secretary-General of the FMSI.

Dr. S. Romano,
FMSI.

COUNCIL OF EUROPE
CONSEIL DE L' EUROPE

CCC/EES/Inf (62) 64
Second Part

COMMITTEE FOR OUT-OF-SCHOOL EDUCATION

DOPING OF ATHLETES

ITALY

Part II

Extracts from

"DOPING AND PROFESSIONAL FOOTBALL"

published by the Italian Football Association (1961)

Competitive sport and football in particular is nowadays so widespread and has attained such popularity as to be considered mass entertainment and as such of social interest. Medicine in every branch of its activities cannot therefore ignore these competitions in their positive and negative aspects and must assume its responsibilities.

The use and abuse that athletes make of drugs and chemical compounds does not in any case, represent an isolated phenomenon, but only a particular aspect of that sort of "therapeutical orgy" taking place in our society today: it is worth considering, for example, the fact that recent statistics in France give the daily consumption of medicines as 400 metric tons (M. Giraud) and what makes it all the more serious, only a small fraction of them are prescribed by doctors!

./.

In Italy the slight so-called Asian influenza epidemic cost the Social Security Organisation (INAM) alone something like 30 thousand million lire in medicines.

Now of all times, when medicine has reached the stage of possessing therapeutic arms of unheard-of power, these are used very light-heartedly by inexperienced or irresponsible doctors, or worse still by laymen who fall victims to the power of suggestion exerted by newspaper, radio or television advertising and to the financial encouragement given by welfare schemes.

The conscientious and experienced doctor is obliged to acknowledge, even in patients genuinely ill, that certain secondary ailments have arisen as the result of use of chemical compounds for which the term "iatrogenic pathology" is already in use. But it is not those who are ill who require an all-over tonic, an appetizer, a laxative, tranquillisers or sleeping tablets for use at night and stimulants for use in the morning, and who want to eliminate with medicines every slightest pain and who want to flog their organisms to keep up with the unceasing whirl of activity which is life today!

Our athletes and those who are in closest contact with them cannot certainly keep themselves immune from this sort of psychosis; they must not be blamed but approached and assisted. Hence all praise is due to the initiative shown by the President of the Italian Football League, Dr. Pasquale, first of all in investigating the extent and gravity of the phenomenon, and in the second place in enlightening all those concerned on the individual and collective dangers deriving from it.

INVESTIGATION INTO DOPING IN PROFESSIONAL FOOTBALL

Fatigue therefore, of whatever type, can occasionally lead to chronic illness (chronic over-loading, exhaustion) and in some cases to a protracted hypoxia (lack of oxygen) which can result in death.

It is in fact in consideration of this reduced functional capacity of the organism that the use of exogenous chemical substances has its origin, in an attempt to "help" the functional deficiency and hence improve the output in competitive sport.

Thus there has developed a "therapy" artifically defined "de-fatiguing" which in the past ten years especially has spread considerably over certain sectors of sport, giving rise, as it goes ahead, to heated arguments and protests, in that this means has only apparently beneficial effects, but is in actual fact extremely detrimental to the rules of sport and morality.

There has therefore been promoted by the Professional League of the Italian Football Association (Lega Nazionale Professionisti della Federazione Italiana Giuoco Calcio) an "anti-doping" campaign, following authorisation by the Board of Management who appointed their President to "make investigations and if necessary checking-up inspections to discover any drugging of players in the various Clubs".

The origins of "doping", "drugging" or "ergogenisis" by means of medicines go back a long way in time, evem though exact details are lacking to establish in chronological order either dates or places which saw its beginnings or its beginnings or its maximum development; but from the study of its evolution, it is certain that since the end of the war it has been widely practised.

It must be acknowledged that medicine in sport, faced with the spread of this "therapy" has endeavoured to intervene through rulings by the FIMS to the various Associations and in particular by drawing up agreements with the UVI (January 1955) to carry out investigations and even clinical and laboratory tests on racing cyclists.

On an international level the same apprehensions and the same will to fight "doping" are well known. There exists in fact a ruling by the IAAF (International Amateur Athletic Federation) which condemns drugging when carried out with medicinal products "not commonly in use and which have the

./.

property of increasing, beyond normal limits, the athlete's physiological performance".

In addition there has been founded in Geneva the Fynsec International Centre of Hygiene in Sport whose aim is to fight drugging in sports competitions throughout the world.

The "anti-doping" investigation promoted by the Italian Football League Board was not inspired by a lukewarm interest in this serious problem, but its carrying into execution aimed precisely at facing it and getting to know its various aspects in the sphere of our most popular national sport.

All the experts who have concerned themselves with the problem are agreed in asserting that it is a difficult one and offers only slight possibilities for solution on account of its various aspects, which are moral, juridical, technical and medico-scientific.

To these difficulties of a general and specific nature must be added those resulting from certain conflicting opinions held by various experts, on the concept of "doping".

If in fact it is true that the majority of athletic associations are decidedly opposed to drugging in sport, there are also others who admit it partially, having recourse to definitions falsifying the basic concept, such as anti-fatigue therapy, sustaining therapy, additional multi-vitamin therapy, in short "honest doping" to use Von Reznicek's expression.

Recent studies have divided the long list of substances considered "doping" into two groups: the ergo-physiological and the psycho-ergo pharmacological.

In the former group are listed the ergogen or antifatigue agents which have the property of acting as useful means to correct metabolic alterations and reduce the amount of ponotoxins. To this group belong the glucoses; phosphylated components (ATP - UDP); the aminoacids, various mineral ions (sodium, potassium, magnesium, calcium etc.) vitamins, especially C, hormones including adrenaline, ACTH, mineral corticoids, DOCA and aldosterone, androgens, insulin in combination with glucose and potassium.

./.

The second group includes chemical compounds which act more detrimentally on the organism, in that by exciting the nervous system they only apparently increase output, causing a rapid and uncalculated consumption of energy reaching the point of exhausting same.

These latter are in fact the substances which deprive the athlete of the warning signs of on-coming fatigue, which are essential to avoid his physiological limits being passed.

To this group belong the psycho-analeptics or psychic stimulants, such as amphetamine, pervitin, ephedrene, caffeine and the so-called psycholeptics or tranquillisers.

Our work aimed therefore at examining the methods employed by football teams in the upper divisions, in the use of those chemical compounds, or other therapeutical cures commonly dispensed to increase the athlete's performance in a competition: in the second place we aimed at discovering if in the use of such means there can be distinguished a clear case of "doping", and finally we aimed at putting into actual practice the numerous and hitherto merely theoretical proposals put forward and repeatedly ventilated, in order to prevent the indiscriminate and arbitrary use of these chemicals.

METHODS OF INVESTIGATION

(1) The Management Board of each Club (A & B Divisions) was asked for a list in duplicate "of the medicinal products and chemicals used by the health service organised for assisting regular players".

(2) Inspection by qualified and authorised doctors carried out in the various teams on match days, sporadically and without notice. Contact set up with the Club doctor, with managers, the trainer, the masseur, without interfering with the team's activities or in decisions taken by medical or athletic training staff.

(3) Verification of the supply of medicinal products and patent medicines in use, with authorisation to draw samples; close observation of each single athlete and note taken of all data considered useful for carrying out the medical inspection.

./.

(4) Report on the inspection carried out, submitted to the Italian Football League Executive Board and to the appointed Medical Commission.

(5) Completion of special form with reference to the investigation carried out (see specimen form).

(6) Checking-up examination of players by immediate request, just after matches, in an Association Centre specially equipped for functional research and for laboratory tests.

RESULTS

Inspections

(1) All the teams in Serie A + Serie B (1st and 2nd Division) on request by the Italian Football League Executive Board, sent in the list of medicinal products in stock.

From a study of the lists, and disregarding substances used locally (revulsives, antiseptics, liniments) it was observed that the medicinal products most frequently listed can be divided into the following groups:

Psychotonic Amines
Glucose and similar products
Analeptics
Hormones and organic extracts
So-called dynamogenous products
Sedative-tranquillisers
Anti-rheumatic, anti-pyretic, myo-relaxing
Vitaminic
Antibiotic, chemo-therapeutic

(2) The doctors appointed to carry out the inspections were almost in every case aided by collaboration on the part of managers, Club doctors, trainers and masseurs: 102 inspections were carried out in serie A (1st Division) with a minimum of 3 and a maximum of 8 per team and 88 in serie B (2nd Division) teams with a minimum of 2 and a maximum of 7 per team.

./.

(3) Medicinal products found in the various Club stocks during the inspections were compared with those mentioned in the lists described at paragraph 1 (see method of investigation), a comparison which showed in practice very slight differences. Samples were also taken for analysis.

(4) and (5) We reproduce here a specimen of the form specially made out to group together and illustrate as simply and clearly as possible the data drawn from the doctors' reports referring to the inspections carried out in each separate team:

CLUB _____

Form showing use of medicinal products or other therapeutical cures.

Number of inspections carried out _____

DOSES:

- continuous or in courses.....(_____)
- immediately before matches....(_____)
- sporadic or occasional.....(_____)

PATENT MEDICINES USED:

_____: (1) _____
_____: (2) _____
_____: (3) _____
_____: (4) _____
_____: (5) _____
_____: (6) _____
_____: (7) _____
_____: (8) _____

OTHER THERAPEUTIC CURES: _____

_____

MEDICAL ASSISTANCE ORGANISATION:

unsatisfactory
mediocre
satisfactory
good

CONCLUSIONS: _____

_____

Table of medicinal products: (1) Psychotonics (2) Glucose or the like (3) Analeptics (4) Hormone and organic extracts (5) Dynamogenous (6) Sedative-Franquillisers (7) Anti-rheumatic-myo-relaxing (8) Vitaminic. ./.

We shall proceed to illustrate the significance of each "item" appearing on the above mentioned form together with the presentation of the data obtained; in addition we have thought it appropriate to separate the forms referring to Series A (1st Division) teams from those referring to Series B (2nd Division).

DODES OF MEDICINAL PRODUCTS

Continuous or in courses: by this is meant the use of medicinal products regularly during the training week, daily or not, or the use of medicinal products over courses of continued therapy, once or more during the championship, quite apart from cases of illness:

Use at this rate was observed to be:

94% for Series A teams and
65% for Series B teams.

Doses immediately before matches: by this is meant the use of medicinal products immediately before the beginning of the match or during the interval, quite apart from cases of illness, and in respect of all team members or not, for some matches, or for all.

Use at this rate was observed to be:

88% for Series A teams and
70% for Series B teams.

Sporadic or occasional doses: This is done by practically all the teams, depending on the various pathological or paraphysiological situations which arise, and for this reason cannot be statistically investigated.

By the term employed is meant the use of medicinal products not intended for use immediately before matches, even if only sporadically.

For obvious reasons we do not give the proprietary name of the individual medicinal specialities, but instead the groups mentioned at the bottom of the form.

./.

1st Group: psychotonic amines

Use of these was observed in four teams in Series A, that is 22%, and in one in Series B.

2nd Group: Glucose and the like

Most generally used were preparations of glucose-I-phosphate, orally or endovenous, and laevulose preparations orally or endovenous: followed by dextrose, glucose etc. orally often in combination with other medicinal products (Vitamins, especially C. analeptics etc.).

If ordinary sugar (saccharose) is included in this group, practically all the teams use it.

Excluding it, the use of preparations of this type would at first sight appear on a small scale, but considering that carbo-hydrates form part of the composition of many patent medicines in other groups, the percentage increases.

Use of these was observed in 9 teams in Series A, i.e. 50%, in 4 teams in Series B, i.e. 20%.

3rd Group: analeptics

Use of these was observed in 12 teams in Series A, i.e. 66%, in 9 teams in Series B, i.e. 45%.

4th Group: hormones and organic extracts

Use of these was observed in 13 teams in Series A, i.e. 72%, in 14 teams in Series B, i.e. 70%.

5th Group: dynamogenous

Use of these was observed in 16 teams in Series A, i.e. 88%, and 16 teams in Series B, i.e. 80%.

6th Group: Sedatives and tranquillisers

Use of these was observed in 5 teams in Series A, i.e. 28%, and 3 teams in Series B, i.e. 15%.

7th Group: anti-rheumatic and myo-relaxing

Use of these is occasional more than anything.

./.

8th Group: Vitamins

Use of these was observed in 14 teams in Series A, i.e. 77%, and in 13 teams in Series B, i.e. 65%.

Other therapeutic Cures (oxygen therapy)

Use of these cures was observed in 2 teams in Series A and in one team in Series B.

MEDICAL ASSISTANCE

All the reports by the inspecting doctors show also some data to facilitate judgment on the medical assistance organised by the Club under inspection, often obtained from the replies given by the Club doctor to the following questions:

(1) Is a health record card kept for each athlete, complete with laboratory examinations or not?

(2) Is the Club doctor completely independent in organising the Club medical assistance?

(3) Are use of medicinal products or other therapeutical cures exclusively entrusted to the doctor or are they carried out by unqualified persons, or left to the athlete himself, ad lib.?

(4) Is the Club doctor always present during matches?

In order to obtain some idea on the efficiency of this organisation the forms included scale rating with the following terms: unsatisfactory, mediocre, satisfactory and good.

From this scale we have compiled the following statistical data:

for Series A
(18 Teams)

unsatisfactory	-	3 teams	(17%)
mediocre	-	6 teams	(33%)
satisfactory	-	8 teams	(44%)
good	-	1 team	(6%)

./.

for Series B

(20 Teams)

unsatisfactory	-	5 teams (25%)
mediocre	-	8 teams (40%)
satisfactory	-	4 teams (20%)
good	-	3 teams (15%)

PROPOSALS

A Lead in Organisation

The fruits of this new experiment, which it has been possible to carry out, putting into actual practice the instructions given for the first time in Italy by the Italian Football League Executive Board, involve considerations equally new as regards a real organisation of medical assistance in professional football. What has been done is of particular significance today since many data, clinical, pharmacological, laboratory, technical, sporting and moral have emerged to prove the existence of unsolved problems, of unsatisfactory conditions and above all of organisations really harmful, inside sport.

This important chapter, full of comments should not merely be approved and then left aside; if this were done, it would mean the work carried out would be useless and done in vain, whereas it has enabled us to gather a considerable amount of material for giving precise lines to follow for a new organisation of medical assistance.

First of all, almost every one of the Club doctors, of the managers, the trainers and masseurs have accepted the rulings by the Italian Football League in a spirit of understanding and enthusiasm, whereas very few have looked on this investigation as an abuse of authority or as something unnecessary.

In this particular activity two organs have shown their complete efficiency and usefulness:

(1) The Central Medical Commission which took on the organisation and the scientific activity;

./.

(2) The group of inspecting doctors as a means of checking up and investigating with set aims.

The results obtained offer us valuable suggestions both to complete future anti-doping action, and to satisfy numerous requests that many of our Club colleagues have put forward, confident of being able to report to a central organisation representing a source of information and advice for their problems.

It is therefore our opinion that it is to be hoped that the Temporary Central Medical Commission which has carried out the task entrusted ot it, can continue its activities in the future, with the following aims:

(1) Organisation of periodical meetings of Club doctors. New discoveries of pharmacological, dietetic nature in health in sport etc,, could be discussed possibly on a subject proposed by the various Club doctors themselves.

On this subject we quote a letter recently sent us by two colleagues: "... we think it could be helpful for all concerned to have one or two meetings annually for Club doctors in Series A & B (1st and 2nd Division) for an exchange of ideas and experiences ...".

(2) Publication of a periodical dealing with medical problems strictly connected with football, in addition to new pharmacological discoveries.

This might feature correspondence from Club doctors.

(3) Dealing with questions regarding relations among doctors, managers, trainers and masseurs.

(4) Continuation and improvement of action checking doping.

(5) Strictly medical activities, such as for example checking up on young athletes' beginning in competitive sport, by means of discerning clinical-instrumental examinations to be carried out in centres equipped for the purpose.

Naturally these proposals are open to further and considerable modification, but they are necessary to draw attention to problems deeply affecting the situation in professional football today, and which are very far from having been solved.

./.

THE CLUB DOCTOR

There is no doubt that one of the main foundations for efficient functioning of a sports club is its doctor, whose attributes it would be as well to mention, once and for all.

(1) The Club doctor must above all be thoroughly qualified in medicine, which he can only be if in possession of a University degree and hospital training, in addition he must have a specific knowledge of sport.

In this field there is no lack today in Italy and abroad, of study centres and specialised schools.

This particular competence makes routine work easy-running and sure, and facilitates the solution of all the problems calling for intervention by a specialist in surgery, orthopoedics, neurology, opthalmics etc.

(2) Every personal history should be kept on a special clinical record card, from which the athlete's physio-pathological background can easily be seen, including family history, basic tests, any illnesses, and general health routine.

(3) In carrying out his activities the Club doctor must have complete independence: freedom of action represents a sure basis for the best medical assistance and at the same time helps to remove from the managers' shoulders a heavy weight of moral responsibility. On the other hand collaboration is assured in the health field with all the staff and with the athletes themselves who, in the long run, have the guarantee that they are not putting their health in jeopardy.

(4) Relations with the President and Executives: Reports by the doctor to the Executive Board are of particular importance and are generally strictly confidential; these reports may refer to the athlete's state of health, to his output, psychic condition, general habits.

In the professional branch players acquired and ceded pass through certain medical tests, and the doctor's results give the executives the possibility of proceeding in one direction or in another.

./.

In the juvenile sections too the doctor's work, with the backing of the executives' authority is essential for assisting the beginning of an activity in which each individual case must be weighed up.

Lastly, since sport nowadays is considered a form of work, the possibility of various accidents happening to those engaged in it must be kept in mind.

Which means that the vast subject of legal medicine comes into play in sport, with its numerous problems, both as far as insurance and welfare schemes, are concerned, covering illness and accidents typical of football. Intervention by the Club doctor is always the best guarantee for a successful settlement of these matters.

(5) Remuneration for medical assistance:

In Italy the work done by the Club doctor is mistakenly still considered a vaguely honorary activity, at least in the majority of cases. Either there is no remuneration at all, or the doctor receives a very moderate allowance: only in a few cases can the remuneration be considered "satisfactory".

This lack of standardisation in system is first and foremost contrary to the dignity of the profession, it deprives the doctor of his real personal status and makes it difficult for him to carry out his task of assistance, with the danger of his falling under fire from over-eager critics in professional circles and in the press, which in football always find some easy cause for comment.

The doctor, like the trainer, is to be considered a member of the Club on account of all the attributes just mentioned, but particularly on account of his competence in biology as it affects sport, in consideration of which he is appointed to safeguard the athletes' health, and to whom he devotes part of his time every day.

A just remuneration therefore represents the one and only means of establishing a solid efficient health service system: in this capacity the doctor is encouraged to give his best, fully aware of how great his responsibility is, in carrying on an activity which is a vital part of every sports club.

A "draft regulation" has very recently been prepared by the Italian Sports Medical Federation on the rights and duties of the Club doctor in the sphere of professional football, with clear exposition of monthly salaries for a year's work, proportional to actual assistance.

./.

COUNCIL OF EUROPE
CONSEIL DE L' EUROPE

Strasbourg, 15th January 1963

CCC/EES/Inf (62) 64
Third Part

COMMITTEE FOR OUT-OF-SCHOOL EDUCATION

DOPING OF ATHLETES

ITALY

Part III

Questionnaire to national sporting federations and replies

76.552

I. ANTI-DOPING CAMPAIGN

The FMSI, in order to obtain further important information in connection with the anti-doping campaign, on 17th July 1962 sent to all the national sports federations a questionnaire asking for a written reply to the following questions:

(a) Is the Federation interested in the study of this particular problem ?

(b) Do the regulations of the Federation contain any provisions explicitly forbidding doping and providing for disciplinary measures ?

(c) Does the Federation think it desirable for the FMSI to arrange for a control system to be organised by the athletes themselves in some way yet to be agreed ?

(d) What suggestions can it offer on the subject ?

Up to date, (28th August 1962), 13 replies have been received, of which the following are the most important points:

1. CSAI: "This federation is always interested in the study of the anti-doping campaign and in a knowledge of which drugs must be prohibited. In our sport, however, the use of drugs is always slight and - as agreed with the FMSI - one of your doctors is always present.

We consider that your doctors are in a position to check, when a motor rally is being started, whether any drivers are drugged; in any case we agree with you that provision should be made for the check to be effective and certain. Any doping whatever in our competitions might have very serious consequences. There are no provisions explicitly forbidding doping, and fortunately we have hitherto not felt the need of them. As soon as we are acquainted with the results of your enquiry, the CSAI will arrange to issue any necessary regulations."

./.

2. FGI: "This federation is not interested in this problem, in as much as gymnasts have never resorted to doping. We should, however, like to be informed of any system of control that your federation decides to set up."

3. FIAP: "The FIAP is interested in the study of this problem, since doping, being harmful to physiology, becomes harmful to sport, because the natural resources of the athletes are not used. In the regulations of the FIAP, there is no express prohibition of doping. It would be well for the FMSI to provide a system of control for any federations in which drugs are used. It would be desirable for it to issue propaganda to athletes, regarding the anti-physiological, exciting, harmful and deleterious effects of doping, which is not only harmful but is a source of deception in sport."

4. Italian Hunting Federation:

"In view of the nature of hunting as a sport, this federation is not interested in the subject, and is not in a position to make any suggestions. It feels, however, that it would be a very good thing for the FMSI to promote a campaign with the aim of determining which drugs or foodstuffs should be forbidden in contests and of establishing for athletes some control system in the matter."

5. FIDAL:

"We are glad to confirm that the FIDAL is interested in the problem of drugging, not so much because such a problem arises within it as because it supports the anti-doping campaign as a moral factor in national and international sport. In its regulations, the FIDAL (like the IAAF) expressly forbids doping and provides for disciplinary action. The FIDAL will welcome any control system set up by the FMSI, even though it does not see its application to its own case, since there are no suspect cases. The FIDAL will actively

./.

collaborate in any further developments of so laudable an initiative, but for the moment at least is not in a position to make any further suggestions."

6. FIGC: "As regards the first point, it is well known that the federation has been concerned with the problem of doping, having initiated investigations and various moves, and that it was the first organisation, even on an international level, to tackle the problem not only theoretically but from the point of view of practical and positive action. As regards the second point, our federation regards doping as absolutely indefensible in sport, and from this point of view the necessary disciplinary measures have been provided and have in fact been put into force with considerable publicity."

7. FIP: "The problem is undoubtedly one of great interest, but it is not strictly of any concern in the disciplined sport of this federation, in which no cases of the sort have ever arisen."

8. FIPAB: "For the moment our replies may be:
(1) yes;
(2) at the moment there are no provisions on the subject in our regulations;
(3)-(4) we feel that control would be useful, in the form of closer medical supervision of athletes."

9. FIPS: "This federation is in no way interested in the study of doping and its general regulations contain no provisions on the subject. It is very glad of the step taken by your federation, which furnishes a timely response to a need felt by many."

10. FISG: "Our federation has never been obliged to deal with problems arising from doping. For this reason, our reply to questions 1, 2 and 3 in your letter is in the negative."

11. FITAV: "We are fully in agreement with you on the advisability of an anti-doping campaign for athletes in any kind of sport. We reply in the affirmative to your first question. Our regulations contain no provisions prohibiting the use of doping. Our answer to question 3 is also in the affirmative, and so far as question 4 is concerned, we would

./.

suggest that your investigations be directed towards those who practise clay pigeon shooting, but those who shoot game in general may be excluded."

12. UITS: "The Union thinks it most desirable and indeed essential that the FNSI should press its activities aimed at the elimination in all spheres of competitive sport of the damage caused by the use of substances harmful to the health of athletes, by establishing which foodstuffs and drugs should be forbidden in competitions and suggesting some effective means of medical control."

13. UVI: "The UVI is interested in the study of this problem. For almost ten years its Technical Regulations have contained the following Article 13: 'In view of the grave danger to the health of runners caused by the use of narcotics and drugs considered harmful by science, any runner found to be under the influence of such products or in whose supplies any traces of such are found will be punished by the suspension of his permit, and by its definite withdrawal in case of a second offence.' The UVI feels that it would be helpful for the FNSI to establish a control system to be organised by the athletes themselves in some way yet to be agreed."

The Italian Sports Medical Federation thanks all those national sports federations that have responded to its appeal and answered the questions sent out, as well as any others that may do so in the near future.

Rome, 28th August 1962.