

APPENDIX 10

**LETTER FROM AUSTRALIAN GOVERNMENT ANALYTICAL LABORATORIES,
6 MARCH 1990**



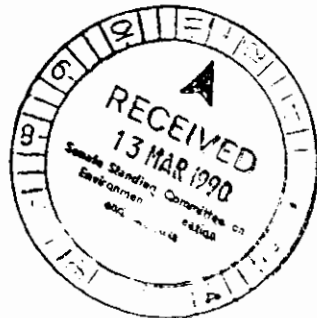
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P.C. Grundy,
Secretary, Standing Committee on Environment,
Recreation and the Arts.
Parliament House,
Canberra, ACT, 2600.

Dear Mr Grundy,

In answer to your questions in the letter dated 21/2/90 I can give you the following information.

1. AGAL (NSW) performed the drug testing for the Commonwealth Games and during this period we received 391 samples over a period of 10 days. This ranged from 22 to 50 samples per day and all results were reported within 20 hours of sample receipt.
2. The benefit with regards us reaching accreditation was considerable. The laboratory gained more experience in this short time than we would have in years of testing national samples. We also successfully completed two sets of 10 samples for the IOC preaccreditation requirements. We are now set for the accreditation examination this month to be ratified in April.
3. During the period of the Games we found 8 positive samples. Four of these were the control samples. The remainder were reported as positive for:-
Stanozolol,
Nandrolone,
Testosterone/epitestosterone > 6 and
dextropropoxyphene (Digesic).

All of these were found in weightlifters. The later one was not acted upon since it was an Over-the-Counter preparation and it had been decided at the 84 Olympics that these would not be treated seriously.

4. The level of the metabolites of stanozolol in one of the Welsh weightlifters was very high. The level was higher than experienced before by the German visitors. This indicates either a heavy usage of oral formulations right up to the Games or heavy multiple doses of the injectable crystalline suspension stopped some time before the Games. I have no data on the latter scenario as yet but since this is a slow release preparation it would be excreted slowly from the site of deposition over several weeks. This is a similar problem to that of nandrolone which is used as an oil based injection and can be excreted up to a year after the last

use. The level of nandrolone found in the Indian weightlifter was also high the ratio of the main metabolite to that of the androsterone (a natural steroid) was close to 10. This could indicate a heavy program stopped up to a month or so before the Games.

The value for the testosterone/epitestosterone ratio found in a Welsh weightlifter was 12. There are so many esters of testosterone which have markedly different excretion times that it is not possible to say when the last dose was taken. However it may have been a few weeks before the Games. The steroid profile of this person suggested that he had been heavily using steroids during training. His endogenous steroid levels were greatly depressed and the androsterone/etiocholanolone ratio was shifted to a level consistent with steroid misuse. The other weightlifters had relatively normal steroid profiles.

5. Professor Donike took the B-samples of the weightlifters with him for his own profiling studies. Our results indicated that all the other weightlifters had "normal" steroid profiles.

I am still analysing the data for caffeine and t/e ratios. When these statistics are available I will send them to you.



Dr R. Kazlauskas,
Principal Chemist.
6 March, 1990

APPENDIX 11

**INTERNATIONAL OLYMPIC COMMITTEE CHARTER AGAINST
DOPING IN SPORT**

International Olympic Charter against doping in sport

Preamble and principles

- A. Considering that the use of doping agents in sport is both unhealthy and contrary to the ethics of sport, and that it is necessary to protect the physical and spiritual health of athletes, the values of fair play and of competition, the integrity and unity of sport, and the rights of those who take part in it at whatever level;
- B. Considering that doping, as defined and adopted by the International Olympic Committee (IOC) is the administration of the use of prohibited classes of drugs and of banned methods;
- C. Considering that doping in sport is part of the problem of drug abuse and misuse in society;
- D. Stating an unequivocal opposition to the use of, or encouragement or provision for the purpose of using doping agents and methods in sport;
- E. Supporting the declaration of athletes and coaches at Baden-Baden in 1981 and of the IOC Athletes' Commission in Lausanne in 1985 calling for stronger doping controls and more severe sanctions;
- F. Encouraged by the numerous initiatives taken by the sports movement and by governments to reduce doping in sport, and recognizing that there has been considerable scientific progress in the detection and analysis of doping agents and methods;
- G. Determined to prevent the spread of doping in sport to those countries and regions hitherto unaffected by the problem;
- H. Esteeming that a commonly accepted international policy is necessary for the elimination of doping from sport;
- I. Considering that such a policy would lead to an improved and more consistent approach for the benefit of all sportsmen and sportswomen, and would contribute to equality and equity in the international sporting community;
- J. Considering that both public authorities and the independent sports organizations have separate but complimentary respon-

sibilities for the goal to eliminate doping in sport, and that a pre-requisite for success is that they should work together in co-operation and mutual respect for this purpose at all appropriate levels;

- K. Recognizing that the division of responsibilities in the implementation of this common policy will vary from country to country in accordance with its traditions, structures and laws, but sharing a common determination to ensure that it is carried through effectively and in accordance with acceptable standards of natural justice;
- L. Stressing the need for a consistent application by all the partners involved of the common anti-doping policy and strategy, particularly in elite sport;
- M. Inviting the autonomous international sports federations to cooperate whole-heartedly in this policy and towards this end;
- N. Inviting the IOC to take the leading role in securing approval of the Charter as well as in overseeing its implementation; The countries and organizations which endorse this Charter hereby agree:
 - i) that the following elements are fundamental elements of a common anti-doping policy and strategy, and that they should be applied by governments and sports organizations, acting both individually and in co-operation.
 - ii) to implement those measures which are within their competence, and to encourage their partners to implement those which fall within their powers.

Fundamental elements

- A. Role of sport community
 - I. Regulations
 - 1. Sports organizations, when adopting or amending their anti-doping programme, should adhere to a number of uniform and standardized elements of the anti-doping strategy as contained herein.
 - 2. Anti-doping regulations should be harmonized; they should be consistent with, and not less effective than, those of the IOC, making, where necessary, appropriate provision for the anti-doping requirements of a particular sport.
 - 3. These regulations will include, inter alia:
 - a list of prohibited classes of drugs and of banned methods which will accord with the relevant IOC decisions, and allow for their periodic updating;

- mechanisms and clear procedures for: the collection of samples and the conduct of controls; the interpretation of the results derived from the analyses of controls; for the conduct of consequent disciplinary measures; and for the imposition of penalties;
 - procedures giving effect to the principles of natural justice; the conduct of a fair hearing by judges who are independent; recognition of the rights of athletes including the provision for appeals; protection of confidentiality until a decision is reached.
4. International Federations and other superior bodies should adopt rules to ensure compliance by National Federations or other member bodies, including those which would allow them to impose penalties.
 5. When positive cases are reported by a National Federation or a National Olympic Committee, the International Federation should inform the federation concerned and the IOC of action taken.
 6. All international and national sports bodies organizing events should include clear eligibility criteria relative to the anti-doping campaign.
These criteria should include:
 - a) an obligation for any athlete wishing to take part in an event organized by such a body to agree to submit to a duly authorized doping control decided by that organization;
 - b) rules on the ineligibility of suspended athletes, including those suspended by another sport organization, or in another country.
 7. Sports organizations should actively encourage athletes to participate in the working out of effective anti-doping policies and support their initiatives.

II. Doping Control

8. Sports organizations should adopt regulations making doping controls on a significant percentage of competitors obligatory at:
 - a) national championships
 - b) regional, continental and international championships and games
9. Furthermore at events where a regional or world record is to be anticipated or is claimed, similar doping controls will be conducted. The International Federations should adopt regulations whereby the analysis, by an IOC accredited laboratory, of the doping control samples of the claimant athlete would be an essential part of the documentation submitted in support of the request for ratification, without which the International Federation would refuse to consider it.
10. Out of competition doping controls should be introduced as soon as possible by the International Federations and national sports organisations on a year-round basis. These controls should be conducted impartially, and in equal manner for all federations and taking into account factors such as geographical balance and level of sport achievement. Common pre-conditions should be agreed for such testing.

11. National sports organizations, supported by their governments where appropriate, should conclude agreements between themselves so as to enable athletes from one country training in another country to be tested by a duly authorized doping control team of the latter country, and ensuring that appropriate action would be taken on the ensuing reports by the authorities of the former.
12. Governments should facilitate the carrying out of duly authorized doping controls on their territory, and provide constructive assistance when International Federations announce such controls, for example in granting visas, making appropriate import/export arrangements.

III. Penalties and Disciplinary Procedures

13. All sports organizations should provide in their regulations for the imposition of realistic and effective penalties. The penalties should be sufficient for the offence proved, based on the severity of the infraction, and not encourage disregard for the regulations.
14. These penalties should be consistent (i.e., having similar effects) both between different sports in one country and between International Federations.
15. Sports organisations should always investigate how the athlete concerned breached the regulations, and consistent penalties should be applied to all those implicated, including coaches, managers, officials, medical personnel etc.

B. Role of governments

I. Legislative and Financial Measures

16. Governments or their delegated authority should ensure that there is an effective anti-doping programme implemented at the national level.
17. Governments may wish to apply the provisions of general anti-drug abuse legislation, to adopt legislation specific to doping in sport, or to provide enabling legislation for national sports organizations to carry out their anti-doping programme.
18. Governments may wish to adopt legislation on the movement and possession of selected prohibited classes of drugs or material used in banned methods.
19. Governments may employ financial inducements, for example, by making it a condition for the granting of a public subsidy that a sports organization has effective regulations, or by forbidding the use of public money to support the training of athletes who have been convicted of a serious doping offence.
20. Governments or their delegated authority should assist with the financing of doping controls or recognize their cost when determining the level of public subsidy to sports organizations.

II. Laboratories

21. Governments or their delegated authority, in consultation with the IOC, should set up and run doping control laboratories of the highest technical and ethical standard and provide them with the means of employing, training and retraining qualified staff.
22. These laboratories should be of such a standard that they would be capable of being accredited, and reaccredited at regular intervals, by the IOC.
23. Sports organizations should make full and efficient use of the IOC accredited laboratories.
24. Research and development into analytical bio-chemistry and pharmacology should be encouraged in doping control laboratories. New data should be circulated and results published quickly in order to speed the adaptation of techniques and policies shown to be necessary.

III. Distribution of Doping Agents

25. Public authorities and agencies (such as the police, customs, veterinary services etc.) should co-operate to restrict the movement and distribution of, and to reduce trafficking in, selected prohibited classes of drugs. The assistance of sports organizations should be sought in this task.
26. These authorities and agencies should also co-operate internationally
 - a) in order to reduce the trans-national exploitation of differing national regulations, including those regulating over-the-counter sales.
 - b) to reduce international trafficking and distribution in selected prohibited classes.

C. Shared responsibilities

I. Education

27. Governments and sports organizations should recognize the importance of education and information in the anti-doping campaign, and agree on effective preventive as well as repressive strategies. This should be done both jointly and severally in schools and clubs.
28. Governments and sports organizations are encouraged to sponsor or initiate research into rationally designed physiological and psychological training programmes, which, while helping with the continual and legitimate search for improved performances, would respect the integrity of the human organism and demonstrate the possibility of success without recourse to artificial or unethical aids.
29. National sports organizations, in order to assist the athletes needs for certain necessary medications, should provide a list of permissible pharmaceutical preparations.

APPENDIX 12

**INTERNATIONAL OLYMPIC COMMITTEE MEDICAL COMMISSION
REQUIREMENTS FOR ACCREDITATION AND GOOD LABORATORY PRACTICE**

International Olympic Committee

Medical Commission

Requirements for accreditation and good laboratory practice

A document of the IOC Medical Commission
prepared by
Professor DUGAL (Montreal)
and Professor Manfred DONIKE (Cologne)

Version 5 October 1988

1.1

General introduction

The IOC Medical Commission considers it essential to ensure the highest level of quality in doping control laboratories. In the following document, the Commission has defined the requirements for IOC accreditation (Part A), standards of quality in a general way (Part B) and in more specific manners (Parts C and D) which, although presented in a questionnaire format, nonetheless indicate by inference the criteria, requirements and standards it wishes its accredited laboratories to attain and to maintain. It should be noted in particular that Parts B to D may be useful for laboratories in the definition of their internal quality assurance and quality control programmes.

In the course of 1989, the Medical Commission will also introduce a proficiency testing programme compatible with the objectives it wishes to achieve.

1.2

International Olympic Committee

Medical commission

Requirements for accreditation and good laboratory practice

PART A

Requirements for IOC accreditation

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Requirements for IOC accreditation

1. Letters of support:

Laboratories seeking accreditation are requested to provide a letter of support of a National Authority e.g. NOC, sports governing body etc. and any other letter of support that they would wish the Medical Commission to consider. The final decision regarding the acceptance of the letters of support will be made by the IOC Medical Commission, taking into account such factors as continuity, volume of workload, long-term financial support, administrative commitment of the host-institution, and research activities and accomplishments such as publication records of senior staff.

2. Essential equipment:

- 2.1 Gas chromatography (GC)
- 2.2 High pressure liquid chromatography (HPLC)
- 2.3 Thin layer chromatography (TLC)
- 2.4 Mass spectrometry (MS) in combination with gas chromatography (GC) and computer evaluation (COM)
- 2.5 Access to radio-immunoassay equipment

3. Summary of analytical procedures:

The IOC Medical Commission requires, as a minimum, the following procedures:

- 3.1 For Nitrogen containing doping agents excreted free: GC screening with a nitrogen specific detector (NPD) and capillary column, cross-linked with a moderate polarity phase e.g. SE 54. Alternative suitable GLC systems may be used.
- 3.2 For Nitrogen containing doping agents excreted as conjugates: GC screening after hydrolysis and extraction at pH 9.5, derivatization, cross-linked capillary column detection with a nitrogen specific detector (N-FID) or by selected ion monitoring (mass specific detection).

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- 3.3 For Pemoline, Caffeine and Diuretics: screening with high pressure liquid chromatography.
- 3.4 For Anabolic steroids:
 - 3.4.1 For free steroids: after extraction at pH 9.0 derivatisation and detection by selected-ion monitoring (mass specific detection).
 - 3.4.2 For conjugated steroids: after enzymatic hydrolysis, extraction, trimethylsilylation and detection by selected ion monitoring (mass specific detection). Alternatively an extraction of the free and the conjugated fraction e.g. with XAD-2 may be performed, followed by a separation of the two fractions, treated and analysed as described above.
- 3.5 For Acidic substances e.g. diuretics and probenecid: Extraction at e.g. pH 2 or lower, and derivatisation, GC with nitrogen specific detection after derivatisation, or by selected ion monitoring (mass specific detection) or by high pressure liquid chromatography.
- 3.6 For B-blocking agents: GC and/or GC/MS screening.
- 3.7 For HCG: a suitable immunoassay to detect and quantitate HCG.

NOTE: Definite identification of a doping substance requires analysis by mass spectrometry.

NOTE: For HCG, a second suitable analytical method must be used before declaring a sample positive for HCG. This method will be recommended by the sub-commission on «doping and biochemistry of sport» as soon as possible.

4. Accreditation of analytical laboratories:

Analytical laboratories which request accreditation must fulfil the following requirements and answer the questionnaire (Part C of this document):

4.1 Initial requirements:

- 4.1.1 Provide a list of substances which the laboratory is able to detect and identify. The minimum repertoire will be the list of examples enumerated in the dope definition of the IOC Medical Commission under the different classes of forbidden substances (and their metabolites).

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- 4.1.2 Provide a list of available reference substances (dope agents and metabolites).
- 4.1.3 List of the excretion studies (dose, etc.) that have been performed on human volunteers. Whenever possible, state the minimum concentration which can be detected (based on an excretion study with a reasonable number of serial collections). The post-administration time at which this concentration was detected (and confirmed) should also be stated.
- 4.1.4 For each screening procedure, state the maximum time required to obtain a result after receipt of a single sample for analysis.

NOTE: Reference urines for which it is not possible to conduct volunteer studies (such as heroin) can be obtained with the co-operation of drug addiction rehabilitation clinics.

4.2 Pre-accreditation procedures:

- 4.2.1 Prior to the official accreditation tests, laboratories seeking accreditation will be requested to analyse 3 sets of (10) samples successfully over a period which can vary from six to twelve months. The corresponding documentation (raw data) of the results shall be sent to the Secretary of the doping sub-commission.

4.3 Accreditation procedures:

- 4.3.1 The laboratory seeking accreditation will be required to analyse 10 control samples in the presence of a delegate of the IOC sub-commission on «doping and biochemistry of sport».
- 4.3.2 The laboratory must establish correctly and identify the dope agents and their relevant metabolites within a period of three days.
- 4.3.3 The report, copies of which should be sent by express courier to the Chairman of the IOC Medical Commission and to each of the five members of the IOC sub-commission on «doping and biochemistry of sport» within three weeks after completing the accreditation test should include:
 - 4.3.3.1 Protocols: complete description of the analytical procedures, with literature references.

4.3.3.2 Copies of the screening and confirmation of raw data used in generating the results.

NOTE: The control samples will contain substances which are examples of the list of classes of banned substances. Blank urines may be included as well as samples containing more than one (but not more than three) dope agent. For example, a sample may contain a diuretic and a metabolite, plus the metabolites of an anabolic steroid excreted mostly or entirely as biotransformation products.

- 4.3.4 Prior to visiting the laboratory, the delegate will be provided with all the documentation on the samples to be used in the accreditation of the laboratory concerned. If the laboratory produces correct results within the three days, the delegate will then discuss the results with the laboratory staff. The delegate will present a formal written report to the sub-commission, using Part D of the present document. A copy of the confidential report will be sent to the laboratory.
- 4.3.5 After considering the data as well as other factors, the sub-commission will announce its decision through the Chairman of the IOC Medical Commission. The laboratory will be informed within two months of the submission.

*NOTE: 1) For Olympic Games and major regional and area Games, special requirements must be fulfilled as outlined in paragraph 4.7 below.
2) A temporary accreditation may be granted according to the conditions described in Annex I.*

4.4 Re-accreditation procedures:

A document outlining the details of the procedure and conditions of re-accreditation will be sent to the laboratories 3 months prior to the test. Part of the re-accreditation procedure will be 1) the request to analyse up to 10 control samples and reporting their results to the Chairman of the IOC Medical Commission with copies to the Secretary of the sub-commission on «doping and biochemistry of sport», 2) provide a fully documented report including raw data and 3) sending a filled questionnaire. The questions will be such that the present status of the laboratory regarding personnel, instrumentation, space, etc. will be documented. Decisions regarding re-accreditation will be made on those factors as well as other available data. (See 1.2.4 above and Part B).

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4.5 Proficiency testing programme:

After accreditation, laboratories will be challenged with one set of 4 samples, every 4 months (excluding the re-accreditation period), representing a total of 2 cycles per year. The accredited laboratories must participate in the IOC proficiency test (PT) which will be performed at regular intervals between the re-accreditations. Results and documentation are to be sent to the Secretary of the sub-commission.

4.6 Review mechanisms:

Under certain circumstances such as those indicated under 4.8 below, the sub-commission on «doping and biochemistry of sport» reserves the right to inspect an accredited laboratory. The announcement of such an inspection will be made in writing by the Chairman of the IOC Medical Commission to the director of the laboratory concerned.

4.7 Special requirements:

Laboratories seeking accreditation for forthcoming Olympic Games and Regional or Continental Games must first pass the accreditation, 12 months before the event. Second, as part of the accreditation process, four months before the actual event, the laboratory must provide the following information (in writing) to the IOC Medical Commission of the progress made in preparing the laboratory for the Olympic Games and/or large international events, e.g. (Regional or Continental Games):

- 4.7.1 Identification of external scientists (if required)
- 4.7.2 List of the staff (with qualifications) who will be working in the laboratory
- 4.7.3 Information on the number of samples which can be analysed
- 4.7.4 Protocol of analytical methods (procedure manual)
- 4.7.5 A summary of the decision making process to be used during the Games, in the case both of positive and negative results.

Based on this information, the IOC sub-commission on «doping and «biochemistry of sport» will decide whether it will grant a special accreditation for the time period of the Olympic Games or important international events.

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4.8 Re-accreditation and proficiency testing: policy, education and consequences:

4.8.1 In addition to the yearly re-accreditation procedures, the IOC Medical Commission has devised a proficiency testing (PT) programme which is a part (in conjunction with laboratory inspection) of the initial evaluation of a laboratory seeking accreditation and of the continuing assessment of laboratory performance necessary to maintain this accreditation. For the purposes of re-accreditation, the IOC Medical Commission's sub-commission on «doping and biochemistry of sport» will act as the review committee, chaired by the Chairman of the IOC Medical Commission. For the PT, the review committee will consist of three members (Secretary of the sub-commission, one member of the sub-commission and the head of an IOC accredited laboratory or a recognised scientist in the field of biochemical analysis).

All procedures associated with the handling and testing of the proficiency test specimens after receipt by the laboratory should be carried out in a manner identical to that applied to normal laboratory specimens.

The proficiency testing programme will be implemented in early 1989 and its main purpose is educational. It will be conceived, on an experimental basis until 1990, as performance assessment programme on a regular basis, to correct deficiencies and to provide statistical inter-laboratory comparisons. Therefore, the sanctions described under 4.8.3 below will not be applied until the first proficiency cycle of 1990.

4.8.2 a) For all banned drugs in the official IOC list, no false drug identifications are acceptable. A false positive will generally result in suspension of accreditation until the laboratory passes successfully the next re-accreditation. False negatives may lead under certain circumstances to suspension of accreditation.

b) Quantitative results (caffeine, sympathomimetic amines, etc.) and testosterone/epitestosterone ratios must fall within 2 standard deviations (or +/- 15% whichever is larger) of the calculated group mean

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resulting from all participating laboratories testing a given drug, excluding those results which are outside the 95% confidence interval of all results.

NOTE: A higher concentration than that defined by these standards will be regarded as a false positive, whilst a lower concentration will be considered a false negative.

4.8.3 In the proficiency testing programme, the procedure for dealing with a false negative or a false positive report from a laboratory will be the following:

4.8.3.1 Immediate notice to laboratory.

4.8.3.2 Allow the laboratory 10 working days to respond to the error. This response should include the submission of data from the batch of specimens in which the error occurred, unless the error is to be explained as an administrative error.

4.8.3.3 Ten working days will be allowed for review of the response. The response will be reviewed by the members of the review committee which will have the authority to decide whether the laboratory explanation can be accepted as an error which was beyond its control (such as a clerical error where the laboratory can document that the analysis which it submitted was not the one attributed to it). If the error is determined to be attributable to the laboratory and that it is:

a) *An administrative error* (clerical, sample mix-up, etc.): the review committee will have the option of recommending corrective action to minimize the occurrence of the particular error in the future and if necessary to review and request previously run specimens to be re-analysed if there is reason to believe that the error might have been systematic.

b) *A technical or methodological error:* the laboratory must submit all data from the batch of specimens which included the test specimen with the erroneous analysis. In addition, the laboratory will be required to test additional specimens. The exact procedure, including the number of samples to be

re-analysed, will be determined by the review committee after consideration of the results and the analytical data.

The review committee will have the option to recommend: (1) no further action other than the above (in the case of less serious error with associated corrective action which reasonably assures the unlikelihood of re-occurrence) or (2) suspension of accreditation until the next re-accreditation procedure as described in 4.8.4 below.

4.8.3.4 During the time required to resolve the error, the laboratory would remain on the IOC registry but with a designation that a (some) false negative(s) result(s) is(are) pending resolution. If the review committee recommends that the laboratory should undergo re-accreditation, suspension will then become the official status of the laboratory until that re-accreditation takes place.

4.8.4. For yearly re-accreditation, 10 samples, the composition of which is described under 4.10 below, the following will apply in the case of false negatives. The percentage as listed below will be based on the number of substances present in the test samples. For example, if each of the 10 samples contains 2 substances, 90% correct results will mean the correct identification (and/or quantitation where appropriate) of 18 substances.

100% correct results: re-accreditation

90% correct results: as described under 4.8

80% correct results: as described under 4.8

70% correct results: the accreditation of the laboratory will be suspended. Reinstatement may be achieved conditional to success in two proficiency testing cycles and the following year accreditation procedure. An inspection, as described under review mechanisms, is possible. During the time that the accreditation is suspended, the laboratory must abstain from accepting samples from International Federations, National Olympic Committees and National Federations. Non-compliance with this requirement may lead to irreversible revocation of accreditation.

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- 4.8.5 Once accreditation is suspended, a laboratory must participate in 2 additional consecutive proficiency testing cycles and the next re-accreditation procedure. If deemed necessary, it must also agree to an inspection before re-instatement as an accredited laboratory can be considered.
- 4.8.6 In the case of false positive(s), the same procedure as described above (4.8.5) for 70% correct results will apply.

4.9 Code of Ethics:

In order to maintain the status of an IOC accredited laboratory, its director must agree in writing to comply with all the stipulations of the IOC Medical Commission Code of Ethics for accredited laboratories. The Code is reproduced in annex II.

4.10 Specimen composition for accreditation and proficiency testing:

Samples appropriate for proficiency testing, accreditation and re-accreditation purposes will be obtained after administration of one or more doping agents at the doses listed in annex IV. Each sample may contain one or more compounds (but possibly several metabolites). In addition, nicotine and caffeine may be present in low concentrations. After ingestion of a pharmaceutical dose, the urines will be collected and the cumulative urines combined in such a way that the following range of concentrations (in weight units/ml urine) will be achieved:

- a) Stimulants: 0.5-50 ug/ml (except strychnine at 0.2 ug/ml and pipradol at 0.1 ug/ml)
- b) Narcotics: 0.5-50 ug/ml
- c) Anabolic steroids: about 10 ng/ml for the main metabolite
- d) B-Blockers: 0.5-50 ug/ml
- e) Diuretics: 0.1-2 ug/ml
- f) urine with a high Caffeine concentration will be a spiked urine.

These concentration ranges have been chosen to allow detection of the drug (and/or metabolites) by IOC recommended screening techniques. These levels are generally in the range of concentrations which might be expected in

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the urines of athletes using banned drugs. For some drugs, the specimen composition will consist of the parent drug as well as major metabolites as noted above. In some cases, more than one drug class may be included in one specimen but generally no more than three drugs will be present in any one specimen to more reasonably represent the type of specimen which a laboratory normally encounters. Within a particular proficiency testing cycle, the actual composition of specimens going to different laboratories will vary.

It is presumed that these concentrations and drug types will be changed periodically due to factors such as changes in detection technology and patterns of drug abuse. Annex IV reproduces the current list of banned classes of drugs with examples.

Finally, it should be noted that the concentration ranges listed above represent ranges of concentration expected, under realistic circumstances, after the administration of banned drugs to or by athletes. They should not be interpreted as cut-off values, nor as limits of detection and/or quantitation.

4.11 Cost of accreditation and re-accreditation:

In order to partly help finance its accreditation system and proficiency testing programme, the IOC Medical Commission has established the cost of accreditation to 4000 Swiss Francs and of re-accreditation to 2000 Swiss Francs. In addition, the laboratory must assume the travel expenses, accommodation, etc. of the delegate(s) of the IOC sub-commission on «doping and biochemistry of sport» in the case of accreditation or inspection.

4.12 Correspondence and enquiries should be addressed to:

Professor Doctor Manfred DONIKE,
Secretary IOC sub-commission
on «doping and biochemistry of sport»
Deutsche Sporthochschule
Institute for Biochemistry
Carl-Diem-Weg 6
P.O. Box 450327
5000 COLOGNE 41
Federal Republic of Germany

1.13

Temporary accreditation

Conditions under which IOC laboratory accreditation may be temporarily transported (transferred) to a non-accredited facility for the duration of an international sporting event.

A. Objectives

- 1) To allow doping control to be efficiently conducted in a city hosting an international event and having appropriate laboratory facilities none of which has received IOC accreditation at the time of the event.
- 2) To allow the IOC Medical Commission, through the expertise of its accredited laboratories, to assist cities hosting international events in setting the necessary grounds for eventual accreditation of their laboratories.

B. Prerequisites

- 1) The host city will arrange for basic laboratory facilities and analytical equipment to be available. This may be accomplished by any of several means, i.e. temporarily renting appropriate equipment, using existing facilities in a public institution (university, hospital, etc.).
- 2) This facility will be staffed with local technical resources having acquired pertinent experience in the field of analytical toxicology as applied to the detection and/or identification of drugs and their metabolites in biological fluids.
- 3) A sufficient inventory of supplies will have been established well before commencement of the event, under the guidance from the head of the accredited laboratory who will take responsibility for the tests and the results.

C. Conditions

- 1) Applications for temporary accreditation will be submitted to the sub-commission on «doping and biochemistry of sport» of the IOC Medical Commission.

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- 2) The accreditation will be temporary and limited to the duration of the event and/or termination of the tests.
- 3) Senior personnel from the accredited laboratory will supervise analytical operations. This personnel should be in a suitable proportion relative to local technical staff.
- 4) The head of the accredited laboratory will assume responsibility for all results generated by the laboratory during the period of the event.

1.15

Code of ethics

Preamble

The IOC Medical Commission has been made aware of a number of incidents in recent months relative to the pre-testing of athletes for the purposes of withdrawing them from competition without appropriate sanctions. The Commission wishes to remind its accredited laboratories that the purpose of its action is based on deterrence of drug misuse (doping control) and that it is strongly opposed to laboratories getting involved in testing athletes during training or just prior to a particular sporting event in order to determine when to stop taking banned drugs and thus avoid detection at a particular subsequent event (controlled doping).

The IOC Medical Commission is also categorically opposed to the action of some non-accredited, commercial (or other) laboratories which analyse athletic samples in such a manner as to aid and assist the athletes to cheat by helping them to determine when to stop taking a banned drug or by helping to determine if they are positive or negative with a banned drug before a specific competition. The Commission is thus also opposed to the testing of athletes prior to a competition for the sole purpose of withdrawing them from the event without imposing sanctions commensurate with the offence.

The Commission has therefore defined the conditions under which its accredited laboratories should accept or refuse to analyse urine specimens from athletes.

Code of ethics

1. Competition testing

The laboratories should only accept and analyse samples originating from known sources within the context of doping control programmes conducted in competitions organised by national and international sports governing bodies. This includes Nation-

1.17

al and International Federations, National Olympic Committees, national associations, universities, and other similar organizations. This rule applies to Olympic and non-Olympic sports. Laboratories should ascertain that the programme calls for specimens collected according to IOC (or similar) guidelines. This includes collection, under observation, of A and B samples, appropriate sealing conditions, athletes' declaration with appropriate signatures, formal chain of custody conditions and adequate sanctions.

2. Out of competition testing

The laboratories should accept samples taken during training (or out of competition) only if the following conditions are simultaneously met:

- that the samples have been collected and sealed under the conditions generally prevailing in competitions themselves as in 1. above;
- only if the collection is a programme of a national or international sport governing body as defined in 1. above;
- only if appropriate sanctions will follow a positive case.

Thus, laboratories should not accept samples from individual athletes on a private basis or from individuals acting on their behalf.

Laboratories should furthermore not accept samples, for the purposes of either screening or identification, from commercial or other sources when the conditions in the above paragraph are not simultaneously met.

These rules apply to Olympic and non-Olympic sports.

3. Other situations

If the laboratory is requested to analyse a sample for a banned drug allegedly coming from a hospitalised or ill person in order to assist a physician in the diagnostic process, the laboratory director should explain the pre-testing issue to the requester and agree subsequently to analyse the sample only if a letter accompanies the sample and explicitly certifies that the sample is not from an athlete. The letter should also explain the medical reason for the test.

1.18

Finally, the heads of laboratories and/or their delegates will not discuss or comment to the media on individual results. Laboratory directors will not provide counsel to athletes or others regarding the evasion of a positive test.

Name of laboratory

Signature of the laboratory director

Date

Selected literature references
Analytical doping control

To be completed

1.20

APPENDIX 13

MODEL FOR A NATIONAL ANTI-DOPING PROGRAMME

Model for a national anti-doping programme

National anti-doping programmes vary from nation to nation depending on the particular governmental and sport structure of the country concerned. The following is a list of programme elements that are considered to be fundamental to any national anti-doping programme.

1. Published National Anti-doping Policy:

The appropriate authority must publish a policy stating an unequivocal opposition to the use of banned and restricted substances and practices by athletes. Such a document should include the medical and ethical principles on which the policy is based, and guidelines for national sanctions and penalties, taking into account the objectives of harmonization.

2. National Co-ordination:

National co-ordination mechanisms should be established within each country to ensure that the rules, roles and practices of various agencies and sport organizations involved in anti-doping activities are harmonized and standardized both nationally and internationally. Leadership to such a co-ordination activity may come from the NOC, a sports confederation, government agency or specially constituted advisory body. The system of financial responsibilities, harmonization and supervision of all anti-doping activities, education programmes and the framework of sanctions and penalties, should be guided by a national co-ordination mechanism. The national co-ordination agency should ensure that no sample analysis other than that organized for doping control purposes by national and international sport bodies and in keeping with the IOC code of ethics, occurs within the country or is arranged for by athletes, individuals or organizations at laboratories outside the country.

3. Anti-doping Experts Advisory Group:

An advisory group of anti-doping experts should be formed to provide guidance and advice as required. Such a group may have representation from the following areas: athletes; legal, medical and scientific experts; coaches, sport bodies and government.

4. Anti-doping programmes
of Individual National Sport Federations:

National Sport Federations should be required to design and submit annual anti-doping plans and programmes which fit within the framework of the national anti-doping programme conceived by the national co-ordinating agency. Such programmes should be tailored to the specific needs of each federation, addressing, at a minimum, the following areas: education; information dissemination; testing; international anti-doping advocacy; and, sanctions and penalties applying to athletes and any other individuals under the jurisdiction of the federation involved in doping infractions, which are aligned with those of the appropriate international sport organization (IFs, IOC).

5. Accredited Laboratories:

Where practicable, IOC accredited laboratories should be established to provide national test analysis and to conduct related research and development. If it is financially or logistically impractical to maintain an accredited laboratory within a particular nation, then contractual agreements with an IOC accredited laboratory in another country should be established.

6. Doping Controls (Testing):

All analysis of doping control samples must be undertaken in IOC accredited laboratories. National doping control programmes must be designed and implemented so that tests are conducted both at **scheduled** competitions and training camps, and, **without prior notice**. Comprehensive Standard Operating Procedure Guidelines must be employed by impartial and properly trained officers during all stages of the testing and analysis process, to ensure the security and integrity of the samples. The IOC requirements for reporting of doping control results must be fulfilled.

7. Due Process Mechanisms:

Any individual involved in an alleged doping infraction should have available to them review and appeal mechanisms. Doping infractions should be investigated to determine the possible involvement of others beyond the athlete him/herself (e.g. coaches, sport body staff, medical staff etc.), and any individual subject to investigation must have reasonable due process protection.

8. Education Programmes:

Education programmes with clearly articulated objectives and directed specific target groups (athletes, coaches, medical personnel, officials, youth and parents) should be designed and implemented. Education should include technical and factual anti-doping information, as well as content emphasizing the ethical dimensions of the anti-doping campaign.

9. Research Capacity:

New doping modalities are, regrettably, being developed by those who wish to advance athletic performance by violating anti-doping rules and the spirit of «fair play» in sport. Research concerning doping agents and practices, detection methodologies, behavioural and social aspects, and health consequences, is required. Research may be conducted by IOC accredited laboratories, universities, or research institutes.

10. Co-operation with Customs and Civil Authorities:

Co-operation should be established between those responsible for the national anti-doping programme of a nation, competent professional bodies, and civil authorities. Criminalization of the importation of, and trafficking in, certain classes of banned substances (notably anabolic steroids) is an essential element in the fight against doping in sport.

11. International Activities:

Countries need to ensure that their athletes training in other countries are tested on a regular basis, and agreements with the appropriate authorities in these other countries may be necessary to ensure that athletes and facilities are available for testing. In a similar vein, countries may wish to conduct sport relations with countries who have signalled their commitment to the anti-doping cause, by means of bilateral or multilateral agreements. In order to facilitate the implementation of anti-doping programmes in countries without an IOC accredited laboratory, external assistance in the form of access to accredited laboratories and/or financial assistance should be considered.

APPENDIX 14

EUROPEAN ANTI-DOPING CONVENTION



Parliamentary Assembly
Assemblée parlementaire

26 September 1989

Doc. 6103
Addendum III

STATUTORY REPORT

3rd Part of the 41st Ordinary Session
of the Assembly

(September 1989)

**COMMUNICATION ON THE ACTIVITIES
OF THE COMMITTEE OF MINISTERS**

(6 May - 19 September 1989)

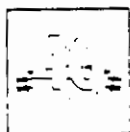
ADDENDUM III

II. State of work of the Committee of Ministers and the committees of experts

B. Texts adopted by the Committee of Ministers

Anti-Doping Convention

22.062
02.2



II.B. TEXTS ADOPTED BY THE COMMITTEE OF MINISTERS

ANTI-DOPING CONVENTION

The member States of the Council of Europe, the other States party to the European Cultural Convention, and other States, signatory hereto,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members for the purpose of safeguarding and promoting the ideals and principles that are their common heritage and of facilitating their economic and social progress;

Conscious that sport should play an important role in the protection of health, in moral and physical education and in promoting international understanding;

Concerned by the growing use of doping agents and methods by sportsmen and sportswomen throughout sport and the consequences thereof for the health of participants and the future of sport;

Mindful that this problem puts at risk the ethical principles and educational values embodied in the Olympic Charter, in the International Charter for Sport and Physical Education of UNESCO and in Resolution (76) 41 of the Committee of Ministers of the Council of Europe, known as the "European Sport for All Charter";

Bearing in mind the anti-doping regulations, policies and declarations adopted by the international sports organisations;

Aware that public authorities and the voluntary sports organisations have complementary responsibilities to combat doping in sport, notably to ensure the proper conduct, on the basis of the principle of fair play, of sports events and to protect the health of those that take part in them;

Recognising that these authorities and organisations must work together for these purposes at all appropriate levels;

Recalling the Resolutions on doping adopted by the Conference of European Ministers responsible for sport, and in particular Resolution No. 1 adopted at the 6th Conference at Reykjavik in 1989;

Recalling that the Committee of Ministers of the Council of Europe has already adopted Resolution (67)12 on the doping of athletes, Recommendation No. R(79)8 on doping in sport, Recommendation No. R(84)19 on the European Anti-Doping Charter for Sport, and Recommendation No. R(88)12 on the institution of doping controls without warning outside competitions;

Recalling Recommendation No 5 on Doping adopted by the 2nd International Conference of Ministers and senior officials responsible for Sport and Physical Education organised by UNESCO at Moscow (1988);

Determined however to take further and stronger co-operative action aimed at the reduction and eventual elimination of doping from sport using as a basis the ethical values and practical measures contained in those instruments,

Have agreed as follows:

ARTICLE 1

Aim of the Convention

The Parties, with a view to the reduction and eventual elimination of doping from sport undertake, within the limits of their respective constitutional provisions, to take the steps necessary to apply the provisions of this Convention.

ARTICLE 2

Definition and scope of the Convention

1. For the purposes of this Convention:
 - a. "doping in sport" means the administration to sportsmen or sportswomen, or the use by them, of pharmacological classes of doping agents or doping methods;
 - b. "pharmacological classes of doping agents or doping methods" means, subject to paragraph 2 below, those classes of doping agents or doping methods banned by the relevant international sports organisations and appearing in lists that have been approved by the Monitoring Group under the terms of Article 11.1.b;
 - c. "sportsmen and sportswomen" means those persons who participate regularly in organised sports activities.
2. Until such time as a list of banned pharmacological classes of doping agents and doping methods is approved by the Monitoring Group under the terms of Article 11.1.b, the reference list in the Appendix to this Convention shall apply.

ARTICLE 3

Domestic co-ordination

1. The Parties shall co-ordinate the policies and actions of their government departments and other public agencies concerned with combating doping in sport.
2. They shall ensure that there is practical application of this Convention, and in particular that the requirements under Article 7 are met, by entrusting, where appropriate, the implementation of some of the provisions of this Convention to a designated governmental or non-governmental sports authority or to a sports organisation.

ARTICLE 4

Measures to restrict the availability and use of banned doping agents and methods

1. The Parties shall adopt where appropriate legislation, regulations or administrative measures to restrict the availability (including provisions to control movement, possession, importation, distribution and sale) as well as the use in sport of banned doping agents and doping methods and in particular anabolic steroids.
2. To this end, the Parties or, where appropriate, the relevant non-governmental organisations, shall make it a criterion for the grant of public subsidies to sports organisations that they effectively apply anti-doping regulations.
3. Furthermore, the Parties shall:
 - a. assist their sports organisations to finance doping controls and analyses, either by direct subsidies or grants, or by recognising the costs of such controls and analyses when determining the overall subsidies or grants to be awarded to those organisations;
 - b. take appropriate steps to withhold grant of subsidies, from public funds, for training purposes, to individual sportsmen and sportswomen who have been suspended following a doping offence in sport, during the period of their suspension from the sport.
 - c. encourage and, where appropriate, facilitate the carrying out by their sports organisations of the doping controls required by the competent international sports organisations whether during or outside competitions;
and
 - d. encourage and facilitate the negotiation by sports organisations of agreements permitting their members to be tested by duly-authorised doping control teams in other countries.
4. Parties reserve the right to adopt anti-doping regulations and to organise doping controls at their own initiative and on their own responsibility, and that are compatible with the relevant principles of this Convention.

ARTICLE 5

Laboratories

1. Each Party undertakes:
 - a. either to establish or facilitate the establishment of one or more doping control laboratories suitable for consideration for accreditation under the criteria adopted by the relevant international sports organisations and approved by the Monitoring Group under the terms of Article 11.1.b; or

- b. to assist its sports organisations to gain access to such a laboratory on the territory of another Party.
- 2. These laboratories shall be encouraged to:
 - a. take appropriate action to employ and retain, train and retrain qualified staff;
 - b. undertake appropriate programmes of research and development into doping agents and methods used, or thought to be used, for the purposes of doping in sport and into analytical biochemistry and pharmacology with a view to obtaining a better understanding of the effects of various substances upon the human body and their consequences for athletic performance;
 - c. publish and circulate promptly new data from their research.

ARTICLE 6

Education

- 1. The Parties undertake to devise and implement, where appropriate in co-operation with the sports organisations concerned and the mass media, educational programmes and information campaigns emphasising the dangers to health inherent in doping and its harm to the ethical values of sport. Such programmes and campaigns shall be directed at both young people in schools and sports clubs and their parents and at adult sportsmen and sportswomen, sports officials, coaches, trainers. For those involved in medicine, such educational programmes will emphasise respect for medical ethics.
- 2. The Parties undertake to encourage and promote research, in co-operation with the regional, national and international sports organisations concerned, into ways and means of devising scientifically-based physiological and psychological training programmes that respect the integrity of the human person.

ARTICLE 7

Co-operation with sports organisations on measures to be taken by them

- 1. The Parties undertake to encourage their sports organisations and through them the international sports organisations to formulate and apply all appropriate measures, falling within their competence, against doping in sport.
- 2. To this end, they shall encourage their sports organisations to clarify and harmonise their respective rights, obligations and duties, in particular by harmonising their:
 - a. anti-doping regulations on the basis of the regulations agreed by the relevant international sports organisations;

- b. lists of banned pharmacological classes of doping agents and banned doping methods on the basis of the lists agreed by the relevant international sports organisations;
 - c. doping control procedures;
 - d. disciplinary procedures, applying agreed international principles of natural justice and ensuring respect for the fundamental rights of suspected sportsmen and sportswomen; these principles will include:
 - i. the reporting and disciplinary bodies to be distinct from one another;
 - ii. the right of such persons to a fair hearing and to be assisted or represented;
 - iii. clear and enforceable provisions for appealing against any judgement made;
 - e. procedures for the imposition of effective penalties for officials, doctors, veterinary doctors, coaches, physiotherapists and other officials or accessories associated with infringements of the anti-doping regulations by sportsmen and women.
 - f. procedures for the mutual recognition of suspensions and other penalties imposed by other sports organisations in the same or other countries.
3. Moreover, the Parties shall encourage their sports organisations:
- a. to introduce, on an effective scale, doping controls not only at, but also, without advance warning, at any appropriate time outside competitions, such controls to be conducted in a way which is equitable for all sportsmen and sportswomen and includes where appropriate the random selection of persons to be tested and retested;
 - b. to negotiate agreements with sports organisations of other countries permitting a sportsman or sportswoman training in another country to be tested by a duly authorised doping control team of that country;
 - c. to clarify and harmonise regulations on eligibility to take part in sports events which will include anti-doping criteria;
 - d. to promote active participation by sportsmen and sportswomen themselves in the anti-doping work of international sports organisations;
 - e. to make full and efficient use of the facilities available for doping analysis at the laboratories provided for by Article 5, both during and outside sports competitions;
 - f. to study scientific training methods and to devise guidelines to protect sportsmen and sportswomen of all ages appropriate for each sport.

ARTICLE 8

International Co-operation

1. The Parties shall co-operate closely on the matters covered by this Convention and shall encourage similar co-operation amongst their sports organisations.
2. The Parties undertake:
 - a. to encourage their sports organisations to operate in a manner that promotes application of the provisions of this Convention within all the appropriate international sports organisations to which they are affiliated, including the refusal to ratify claims for world or regional records unless accompanied by an authenticated negative doping control report;
 - b. to promote co-operation between the staffs of their doping control laboratories established or operated in pursuance of Article 5; and
 - c. to initiate bilateral and multilateral co-operation between their appropriate agencies, authorities and organisations for the purposes, also on the international level, set out in Article 4.1.
3. The Parties with laboratories established or operating in pursuance of Article 5 undertake to assist other Parties to enable them to acquire the experience, skills and techniques necessary to establish their own laboratories.

ARTICLE 9

Provision of information

Each Party shall forward to the Secretary General of the Council of Europe in one of the official languages of the Council of Europe, all relevant information concerning legislative and other measures taken by it for the purpose of complying with the terms of this Convention.

ARTICLE 10

Monitoring Group

1. For the purposes of this Convention, a Monitoring Group is hereby set up.
2. Any Party may be represented on the Monitoring Group by one or more delegates. Each Party shall have one vote.
3. Any State mentioned in Article 14.1 which is not a Party to this Convention may be represented on the Monitoring Group by an observer.
4. The Monitoring Group may, by unanimous decision, invite any non-member State of the Council of Europe which is not a party to the Convention and any sports or other professional organisation concerned to be represented by an observer at one or more of its meetings.

5. The Monitoring Group shall be convened by the Secretary General. Its first meeting shall be held as soon as reasonably practicable, and in any case within one year, of the date of entry into force of the Convention. It shall subsequently meet whenever necessary, on the initiative of the Secretary General or a Party.
6. A majority of the Parties shall constitute a quorum for holding a meeting of the Monitoring Group.
7. The Monitoring Group shall meet in private.
8. Subject to the provisions of this Convention, the Monitoring Group shall draw up and adopt by consensus its own Rules of Procedure.

ARTICLE 11

1. The Monitoring Group shall monitor the application of this Convention. It may in particular:
 - a. keep under review the provisions of this Convention and examine any modifications necessary;
 - b. approve the list, and any revision thereto, of pharmacological classes of doping agents and doping methods banned by the relevant international sports organisations, referred to in Articles 2.1 and 2.2; and the criteria for accreditation of laboratories, and any revision thereto, adopted by the said organisations referred to in Article 5.1.a; and fix the date for the relevant decisions to enter into force;
 - c. hold consultations with relevant sports organisations;
 - d. make recommendations to the Parties concerning measures to be taken for the purposes of this Convention;
 - e. recommend the appropriate measures to keep relevant international organisations and the public informed about the activities undertaken within the framework of this Convention;
 - f. make recommendations to the Committee of Ministers concerning non-member States of the Council of Europe to be invited to accede to this Convention;
 - g. make any proposal for improving the effectiveness of this Convention.
2. In order to discharge its functions, the Monitoring Group may, on its own initiative, arrange for meetings of groups of experts.

ARTICLE 12

After each meeting, the Monitoring Group shall forward to the Committee of Ministers of the Council of Europe a report on its work and on the functioning of the Convention.

ARTICLE 13

Amendments to the Articles of the Convention

1. Amendments to the Articles of this Convention may be proposed by a Party, the Committee of Ministers of the Council of Europe or the Monitoring Group.
2. Any proposal for amendment shall be communicated by the Secretary General to the States mentioned in Article 14 and to every State which has acceded to or has been invited to accede to this Convention in accordance with the provisions of Article 16.
3. Any amendment proposed by a Party or the Committee of Ministers shall be communicated to the Monitoring Group at least two months before the meeting at which it is to be considered. The Monitoring Group shall submit to the Committee of Ministers its opinion on the proposed amendment, where appropriate after consultation with the relevant sports organisations.
4. The Committee of Ministers shall consider the proposed amendment and any opinion submitted by the Monitoring Group and may adopt the amendment.
5. The text of any amendment adopted by the Committee of Ministers in accordance with paragraph 4 of this Article shall be forwarded to the Parties for acceptance.
6. Any amendment adopted in accordance with paragraph 4 of this Article shall come into force on the first day of the month following the expiration of a period of one month after all Parties have informed the Secretary General of their acceptance thereof.

FINAL CLAUSES

ARTICLE 14

1. This Convention shall be open for signature by member States of the Council of Europe, other States party to the European Cultural Convention and non-member States which have participated in the elaboration of this Convention, which may express their consent to be bound by:
 - a. signature without reservation as to ratification, acceptance or approval, or
 - b. signature subject to ratification, acceptance or approval, followed by ratification, acceptance or approval.
2. Instruments of ratification, acceptance or approval shall be deposited with the Secretary General.

ARTICLE 15

1. The Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date on which five States, including at least four member States of the Council of Europe, have expressed their consent to be bound by the Convention in accordance with the provisions of Article 14.

2. In respect of any signatory State which subsequently expresses its consent to be bound by it, the Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of signature or of the deposit of the instrument of ratification, acceptance or approval.

ARTICLE 16

1. After the entry into force of this Convention, the Committee of Ministers of the Council of Europe, after consulting the Parties, may invite to accede to the Convention any non-member State of the Council of Europe by a decision taken by the majority provided for in Article 20 (d) of the Statute of the Council of Europe and by the unanimous vote of the representatives of the Contracting States entitled to sit on the Committee of Ministers.

2. In respect of any acceding State, the Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of the deposit of the instrument of accession with the Secretary General.

ARTICLE 17

1. Any State may, at the time of signature or when depositing its instrument of ratification, acceptance, approval or accession, specify the territory or territories to which this Convention shall apply.

2. Any State may, at any later date, by declaration addressed to the Secretary General, extend the application of this Convention to any other territory specified in the declaration. In respect of such territory the Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of receipt of such declaration by the Secretary General.

3. Any declaration made under the two preceding paragraphs may, in respect of any territory mentioned in such declaration, be withdrawn by a notification addressed to the Secretary General. Such withdrawal shall become effective on the first day of the month following the expiration of a period of six months after the date of receipt of the notification by the Secretary General.

ARTICLE 18

1. Any Party may, at any time, denounce this Convention by means of a notification addressed to the Secretary General.
2. Such denunciation shall become effective on the first day of the month following the expiration of a period of six months after the date of receipt of the notification by the Secretary General.

ARTICLE 19

The Secretary General shall notify the Parties, the other member States of the Council of Europe, the other States party to the European Cultural Convention, the non-member States which have participated in the elaboration of this Convention and any State which has acceded or has been invited to accede to it of:

- a. any signature in accordance with Article 14;
- b. the deposit of any instrument of ratification, acceptance, approval or accession in accordance with Article 14 or 16;
- c. any date of entry into force of this Convention in accordance with Articles 15 and 16;
- d. any information forwarded under the provisions of Article 9;
- e. any report prepared in pursuance of the provisions of Article 12;
- f. any proposal for amendment or any amendment adopted in accordance with Article 13 and the date on which the amendment comes into force;
- g. any declaration made under the provisions of Article 17;
- h. any notification made under the provisions of Article 18 and the date on which the denunciation takes effect;
- i. any other act, notification or communication relating to this Convention.

In witness whereof the undersigned, being duly authorised thereto, have signed this Convention.

Done at Strasbourg, this 16th day of November 1989, in English and French, both texts being equally authentic, in a single copy which shall be deposited in the archives of the Council of Europe. The Secretary General of the Council of Europe shall transmit certified copies to each member State of the Council of Europe, to the other States party to the European Cultural Convention, to the non-member States which have participated in the elaboration of this Convention and to any State invited to accede to it.

APPENDIX

REFERENCE LIST OF PHARMACOLOGICAL CLASSES OF DOPING AGENTS AND
DOPING METHODS

I. DOPING CLASSES

- A. Stimulants
- B. Narcotics
- C. Anabolic Steroids
- D. Beta-blockers
- E. Diuretics
- F. Peptide hormones and analogues

II. DOPING METHODS

- A. Blood doping
- B. Pharmacological, chemical and physical manipulation

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

- A. Alcohol
- B. Marijuana
- C. Local anaesthetics
- D. Corticosteroids

EXAMPLES

I. DOPING CLASSES

A. Stimulants eg

amfepramone
amfetaminil
amiphenazole
amphetamine
benzphetamine
caffeine*
cathine
chlorphentermine
clobenzorex
clorprenaline
cocaine
cropropamide (component of "micoren")
crotetamide (component of "micoren")
dimetamphetamine
ephedrine
etafedrine
etamivan
etilamphetamine
fencamfamin
fenetylline
fenproporex
furfenorex
mefenorex
methamphetamine
methoxyphenamine
methylephedrine
methylphenidate
morazone
nikethamide
pemoline
pentetrazol
phendimetrazine
phenmetrazine
phentermine
phenylpropanolamine
pipradol
prolintane
propylhexedrine
pyrovalerone
strychnine

and related compounds

* For caffeine the definition of a positive depends upon the following: - if the concentration in urine exceeds 12 micrograms/ml.

B. Narcotic analgesics eg

alphaprodine
anileridine
buprenorphine
codeine
dextromoramide
dextropropoxyphene
diamorphine (heroin)

dihydrocodeine
dipipanone
ethoheptazine
ethylmorphine
levorphanol
methadone
morphine
nalbuphine
pentazocine
pethidine
phenazocine
trimeperidine

and related compounds

C. Anabolic steroids eg

bolasterone
boldenone
clostebol
dehydrochlormethyltestosterone
fluoxymesterone
mesterolone
metandienone
metenolone
nandrolone
norethandrolone
oxandrolone
oxymesterone
oxymetholone
stanozolol
testosterone*

and related compounds

* Testosterone: the definition of a positive depends upon the following - the administration of testosterone or the use of any other manipulation having the result of increasing the ratio in urine of testosterone/epitestosterone to above 6.

D. Beta-blockers eg

acebutolol
alprenolol
atenolol
labetalol
metoprolol
nadolol
oxprenolol
propranolol
sotalol

and related compounds

E. Diuretics eg

acetazolamide
amiloride
bendroflumethiazide
benzthiazide
bumetanide
canrenone
chlormerodrin
chlortalidone
diclofenamide
etacrynic acid
furosemide
hydrochlorothiazide
mersalyl
spironolactone
triamterene

and related compounds

F. Peptide hormones and analogues

Chorionic Gonadotrophin (HCG - human chorionic gonadotrophin)
Corticotrophin (ACTH)
Growth hormone (HGH, somatotrophin)

II. METHODS

- A. Blood doping
- B. Pharmacological, chemical and physical manipulation

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

- A. Alcohol
- B. Marijuana
- C. Local anaesthetics
- D. Corticosteroids

Note:

The above list is the list of Doping Classes and Methods as adopted by the International Olympic Committee in April 1989.

APPENDIX 15

KEY ELEMENTS FOR A US-SOVIET DOPING AGREEMENT

KEY ELEMENTS FOR A US-SOVIET DOPING AGREEMENT

Rules of the Mutual Doping Control Agreement

The rules for the program are based on the agreement between the National Olympic Committees of the USSR and the USA. The principal objectives are to:

1. Produce a clear and unequivocal decrease in the incidence of substance abuse.
2. Enjoy the full support and co-operation of the affected athletes and sport administrators.
3. Utilise procedures designed to develop mutual trust and maximise co-operation in the areas of testing, education, and research, while allowing each nation to institute programs appropriate to the organisation of its NOC.
4. The principal intent of the 'out of competition' testing program is to control anabolic steroids and other drugs which may be used during training. At a minimum, the program will test for anabolic steroids, masking agents (such as probenecoid) and diuretics. Other drugs may be added to the list. The program will not test for sympathomimetics such as 'over-the-counter' cold medications.

Principles of Joint Testing

Applying the principle of verification, athletes will be tested within the system utilised by each nation meeting at a minimum the procedural standards established by Annex V of the International Charter with the participation of designated 'experts' of the other nation.

At least one such expert shall reside on a long-term periodic basis, in the other nation, thereby providing the ability for 'short notice' testing. Short notice testing includes collecting a urine sample within 48 hours of proper notification of the selected athlete. 'Proper notification' is achieved when there has been direct contact with the athlete.

Under the terms of this agreement, each nation is permitted to request up to ___ actual tests per year for short notice, out-of-competition testing in addition to those tests agreed to at times of bilateral or multilateral competitions involving athletes of both nations. Athletes may be subject to testing more than once. At bilateral or multilateral competitions, only athletes placing in the first three, and those selected by a previously agreed to random system, will be tested.

Costs of testing 'on request' will be assumed by the athletes' nation. Wherever possible, the athlete will be transported to the collection site.

If an athlete refuses without any reason or without an acceptable reason to be tested on request or does not appear at the collection site, the athlete is subject to the same action(s) as if the athlete had tested positive. The athlete's reason for failure to appear will be reviewed by the host country's Commission Co-Chair and on site expert to determine its acceptability. If the athlete's reason is accepted, the athlete is warned and is subject to multiple additional tests for a period of one year, during which the visiting expert may participate. If the athlete fails to appear for any additional test, the athlete is penalised as if he/she tested positive. All decisions involving acceptability will be subsequently reviewed by the full Commission.

If an athlete is out of country, the on site expert will discuss each case with the host country's Commission Co-Chair and expert, and decide the possibility of testing. A third nation may be asked to participate in collecting and transporting the samples.

Samples will be analysed jointly in the host country laboratory with the visiting and home experts working together on the analysis.

The sample will be split into two parts, A and B. Sample A will be analysed in the host laboratory by the host and visiting chemists. The B sample will be analysed by the procedure known as 'B sample confirmation' or 'second analysis', which is conducted in the presence of the athlete and/or athletes' representative. The chemical analysis will be performed by the host country with the visiting expert in attendance.

An athlete who submits a urine sample which is found to contain a drug or metabolite referred to in item 4 will be sanctioned as follows:

- A. First occasion: two year ban from competition,
- B. Second occasion: lifetime ban from competition.

Any coach, official or administrator that is proven to have supplied a banned substance to an athlete, shall be banned from participating in an official capacity for any NOC sponsored event.

The Commission will classify sports into categories for which the potential for drug abuse is high, moderate, or low. While all sports on the Olympic program are included in the agreement, there will be a concentration on those sports in which it is mutually agreed that abuse is most likely. The Commission determines the sports and the proportion of testing for each sport which will be undertaken each year.

Each NOC will obtain from their sports federations a list of the names of the members of their national team and reserves. This list will be given to the other NOC upon request.

Each NOC will compile a list of all their Sports Federation's National Junior and Senior championships, the athletes who

competed, and the results. This list will be exchanged upon request.

Each NOC will obtain from their Sports Federations a list of the dates and times of their national training camps. This list will be exchanged upon request.

Each NOC will obtain from their Sports Federations a list of the dates and sites of major domestic and international competition. This list will be exchanged upon request.

Testing within a national program may be on a broader basis (for drugs) than that agreed to within the joint agreement, depending on the desires of the individual sport federation. In such cases, sanctions agreed to within the joint agreement need not be applied.

Exchange of National Program Testing Results

Recognising that each nation conducts testing throughout the entire year, and that the results of these tests are important to the understanding and management of the Soviet/USA program, each nation will provide a summary of the results at quarterly intervals according to the table below:

Table 1:

Sport	Number of Athletes Tested	Number of Positive Tests	Number of Negative Tests
1. Cycling			
2. etc.			

Table 2:

Name	Sport	Date	Result	Drug	Sanction	Test Type
1.						
2.						

In addition, the analytical data (e.g., chromatograms and spectra) will be available for review by the experts.

Table 2 will be considered confidential. It will be available only to the Commission Co-Chairmen.

Release of information to the press of the names of athletes regarding test results of the joint program will be restricted to the NOC of the country of the athlete and will be at the NOC's discretion.

Joint Research

The areas of joint research interest are chemical methods, pharmacology of doping agents, and epidemiology of substance abuse. The chemical methods for detecting doping agents are the foundation of any testing program, and given a certain policy and protocol, the analytical methodology is the major determinant of the effectiveness of the program. Therefore, for both practical reasons and for maximum impact, the highest priority should be placed on chemical methods early in the program. Pharmacology questions of greatest relevance to the agreement are the pharmacokinetics (time course of detection) of anabolic steroids, alterations in the profile of endogenous steroids (present in the normal person) induced by exogenous (self-administered) steroids, and the development of techniques (surveys, questionnaires, etc.) for determining the incidence and prevalence of doping agents.

Joint Education

Objective: To pool knowledge and resources to provide more effective educational materials for use in both countries, and to identify and conduct joint projects which will contribute to quality drug education programs.

APPENDIX 16

**MULTILATERAL AGREEMENT IN UNIFICATION OF ACTIONS IN
STRUGGLE AGAINST DOPING USE IN SPORT**

**MULTILATERAL AGREEMENT IN UNIFICATION OF ACTIONS IN
STRUGGLE AGAINST DOPING USE IN SPORTS**

The Australian Sports Drug Agency

The Bulgarian Union of Physical Culture and Sport

The Czechoslovak Association of Physical Culture

The National Olympic Committee for Germany

The Sports Council of Great Britain

The Italian National Olympic Committee

The Korean Olympic Committee

The Norwegian Confederation of Sports

The Swedish Sports Confederation

The United States Olympic Committee

The Olympic Committee of USSR

fully realise the combined responsibility for preserving and strengthening the Olympic ideals of Sport and the necessity to unite efforts to eliminate doping in sport.

With the aim to secure equal conditions of competition at the international level and consolidate confidence among athletes the Parties agreed on the following:

1. - To take practical measures to exclude the use of any doping substances and methods by their sportsmen, forbidden by the IOC Medical Commission.
2. - To implement measures to combat doping use in the context of multilateral co-operation on the basis of agreements between the national organisations of member countries in full compliance with the principles of the Olympic Antidoping Charter and under the auspices of the IOC Medical Commission.
3. - To envisage the fulfilment of the following program in bilateral agreements:
 - Mutual cross testing of athletes at and out of competitions; details of which will be defined in each separate agreement.

- To share of all doping control results among the participants and of sanctions taken against guilty athletes on an annual basis;
 - To support the establishment of consistent sanction among all the organisations responsible for conducting sport;
 - To develop joint educational and research programmes in antidoping projects;
 - To mutually render assistance in promoting the highest possible quality laboratory capabilities among the participating nations;
 - To notify the relevant International Sports Federations, IOC Medical Commission and Co-ordinating Body of the work carried out in the context of this agreement;
4. - To hold annual working meetings to review activity and consider improvement to the program to sum up working results, to select partners for bilateral co-operation for a period of at least two years, to consider proposals for new members joining the agreement, to agree upon the co-ordinating body for the next year.
 5. - To render all possible assistance to the IOC Medical Commission and international Sports Federations in carrying out effective doping control of athletes within and out of competitions.
 6. - To encourage other Nations to become active participants in this initiative.
 7. - The present agreement comes into effect January 1, 1990 and stays valid until December 31, 1992 and may be extended for the next four years. This document is subject to review and verification by the appropriate ultimate sports authority of each nation.

Signed by representatives:

for the Australian Sports Drug Agency

for the Bulgarian Union of Physical Culture and Sport

for the Czechoslovak Association of Physical Culture

for the National Olympic Committee for Germany

for the Sports Council of Great Britain
for the Italian National Olympic Committee
for the Korean Olympic Committee
for the Norwegian Confederation of Sports
for the Swedish Sports Confederation
for the United States Olympic Committee
for the Olympic Committee of USSR

