

EDITORIAL

In 1967 the problem of doping in sport was giving many doctors and others cause for concern, and the British Association of Sport and Medicine organised a conference at St. Mary's hospital in April on this topic. The conference proceedings were published, together with other papers on doping but not given at the conference, in the British Journal of Sports Medicine Volume 4, No 2, April 1969. One of the co-editors of those proceedings, Dr. John Williams, concludes his editorial: "There is of course, one other relevant issue still to be sorted out, and that is the issue of Anabolic Steroids, but that is another story . . ."

At the time of the conference, and subsequently at the time of publication of the Proceedings, it was understood that the anabolic steroid usage was confined to a few "heavy event" athletes, few of course being British; little was known of the benefits or dangers; no tests were available, so there was no mechanism for enforcement of any regulation of this form of doping. In the past few years, developments in complicated biochemical techniques, increasing awareness of the hazards of overdosage of hormones, and a spread of the use of steroids by athletes, have justified this Association in organising another symposium on doping, this time devoted to the use, abuse and detection of anabolic steroids in sport. The symposium took place at the Royal Society of Medicine on February 19th, 1975, and this number of the British Journal of Sports Medicine is devoted entirely to the Proceedings of this meeting.

This year's symposium attracted attention from several countries, and a dozen delegates arrived from Belgium, as well as representatives from Denmark, France, Germany, Hungary, Italy, Netherlands, Romania, Spain, Sweden, U.S.A., U.S.S.R., and Yugoslavia; there was a fairly good turn-out from the United Kingdom. The symposium was organised in three sections: Metabolic effects; practical experience; Anabolic detection and enforcement. Ten communications were presented, and a general discussion followed the papers. The manuscripts of the main papers were edited, and the proofs corrected by the authors. A tape-recording was made of the discussion, and the transcription edited where necessary, but without losing the sense of any question or its answer. With over sixty questions, answers and comments, the return of the proofs of the discussion to each speaker for correction was impractical, but every care has been taken to ensure as accurate reporting as possible. All the preliminary editing of both papers and discussion was carried out by Dr. Peter Sperryn, but his absence in the U.S.A. prevented him from completing the production of this issue.

The day after the Symposium, the Technical Commission of the International Federation of Sports Medicine ("F.I.M.S.") met, and issued the statement printed at the end of these Proceedings, alongside a statement from the Executive Committee of the B.A.S.M. To remind our readers of the policy of B.A.S.M. concerning any form of doping in sport, we include the Statement of Policy we published in 1964, which continues to apply, and which was re-stated in Brit. Journ. Sports Med. Vol. 4, No 2, pages 109-110, 1969.

B.A.S.M. POLICY STATEMENT ON DOPING PUBLISHED 1964

Bearing in mind the many implications of the use of chemical agents of one kind or another to modify artificially the performance of healthy human beings not only in sport but in all walks of life, the British Association of Sport and Medicine considers and recommends that:—

1. The only effective and safe way of ensuring optimum performance in any activity is a proper programme of training and preparation.
2. No known chemical agent is capable of producing both safely and effectively an improvement in performance in a healthy human subject.
3. Every chemical agent taken by the healthy human subject with the intention of artificially improving his performance is in some degree harmful to the individual who takes it.
4. No purpose (other than medical – therapeutic or prophylactic) is properly to be served by the administration or use of chemical agents with the intention or effect of modifying human performance, except in cases of properly controlled experiment and research.
5. The use of chemical agents other than for medical purposes shall be regarded as DOPING. A full definition of DOPING is set out in the first appendix to this draft.
6. DOPING should be actively discouraged, and Governing Bodies of Sport and other interested parties should consider and implement what steps they can take appropriate to this end.

7. The public advertisement of chemical agents or preparations for purposes which fall within the definition of DOPING should cease and Parliamentary legislation to this end should be sought if necessary.
8. Appropriate methods should be evolved actively to curb the practise of DOPING, such methods to include an educational campaign, the prohibition of DOPING in the rules of Sports generally, the application of sanctions to offenders, and the introduction of suitable methods of test and control.
9. When a sportsman or woman is taking part in a competition while receiving drugs of any kind as a form of properly authorised medical treatment, the same should be made known in confidence to the duly authorised representatives of the body organising the competition.
10. No drug included in the list shown in the second appendix to this draft shall ever be used for the properly authorised medical treatment of any individual taking part in a sporting competition and where the use of any such prohibited drug is medically necessary the sportsman or woman concerned must be withdrawn from that competition.

The British Association of Sport and Medicine further considers that should its recommendations be put into effect the result can only be to the benefit of sport in particular, and the health of the community in general.

APPENDIX ONE

DOPING IS:—

1. The administration to or use by a *healthy* individual while taking part in a sporting competition of:—
 - a) Any chemical agent or substance not normally present in the body and which does not play either an essential or normal part in the day to day biochemical environment or processes of metabolism, regardless of dosage, preparation or route of administration,
 - and/or
 - b)* Any chemical agent or substance which plays an essential or normal part in the day to day processes of metabolism or forms a normal part of the biochemical environment, when introduced in abnormal quantities and/or by an abnormal route and/or in abnormal form,

either or both of which (a. and/or b.) are present in the body of the individual during competition for the PURPOSE or with the EFFECT of modifying artificially the performance of the individual during competition.

DOPING IS ALSO:—

2. The administration to or use by an individual temporarily or permanently *disabled* by disease or injury who takes part in a sporting competition of:—
 - c) Any chemical agent or substance regardless of nature, dosage, preparation or route of administration, for the sole purpose of alleviating or curing the disability and/or its cause,

which, being present in the body of the individual during competition would, BY ITS SECONDARY effects improve artificially the performance of that individual during competition.

APPENDIX TWO

The following drug substances must never be used for the *treatment* of sportsmen and sportswomen while they are actually taking part in sports competitions:-

Alcohol (specifically ethyl alcohol); Amphetamines and their derivatives; Purine bases; Camphor and pharmacodynamically similar substances including the Analeptics; Cocaine; Digitalin and similar substances; Monoamine oxidase inhibitors; Lobelline and similar substances; Nitrates and similar substances — peripheral vasodilators; Phenothiazines; Strychnine; Picrotoxine; Tropeines; Narcotics; Uridine triphosphate.

Hormones (including those of the corticosteroid and allied series) when given systemically, unless they have been *regularly* used by the patient for the previous 28 days or longer.*

**The use of steroids for suppression of the menstrual period in female competitors may be taken to be excluded from this ban pending further clarification and international discussion.*