

UCI – 40 years of fighting against doping (1960 – 2001)

“We hereby want to launch an alarm call to national governments,¹ to urge them to institute, without delay, strict controls over the distribution, sale and use of doping agents.² Radical measures in this field would undoubtedly prevent the massive circulation of these deadly products, which some believe to have miraculous powers, and whose only qualities are those of destruction. We are convinced that this appeal will be heard and that with such support, we will succeed in eliminating this evil, veritable scourge for athletes.”

1967 Appeal

Contrary to the hare-brained insinuations, peddled here and there³, the UCI did not wait until the 1990s to fight against doping. Knowing, however, that it would not be able to deal on its own with a phenomenon that goes far beyond the framework of cycling as a sport and the federation’s resources, it launched this **Appeal to governments** in September 1967!⁴ It was published in *Le Monde Cycliste*, a journal that is widely disseminated among all those involved in cycling. At a time when the world was only beginning to discover the problem of doping,⁵ the UCI, with the modest resources it had at that time

¹ By this stage, the Council of Europe had already met, in 1965, and started the ball rolling on finding an international solution to the problem of doping. Legislation was already on the statute books in France and Belgium and other countries were threatening to follow suit. Barrie Houlihan, in the Council of Europe’s *Dying To Win* (2002) notes: “the action by the Council [of Europe in 1965] and the increasing threat of legislation by individual governments spurred the IOC and a number of key international federations, such as the Union Cycliste Internationale and the IAAF into action.”

² Many of the doping products of the day were already strictly controlled and only available on prescription.

³ Mostly in the French media in the aftermath of the Festina *affaire*.

⁴ A few years earlier, the UCI had been less keen on national governments intervening in cycling and had fought against the legislation introduced in France and Belgium (The French legislation was introduced in 1963, passed in November 1964 and came into force in June 1965.). Nor had they been keen on tackling the doping problem themselves. A motion from the Polish federation requiring the UCI to take responsibility for doping was defeated in 1962.

⁵ Quite when the world began to discover the problem of doping is debatable. Certainly it was well known in cycling.

The first recorded incident of a competitor in any sport being banned for doping came in 1865, when a swimmer in an Amsterdam canal race was expelled from the event for taking an unnamed performance-enhancing drug.

In 1894, a French sports physician, Philippe Tissié, performed the first scientific doping experiments using a racing cyclist whose performances could be timed and who could be primed with measured doses of alcohol and other stimulants.

In 1897 the British cycling authorities, the NCU, banned the trainer James 'Choppy' Warburton from their events because of his association with doping. Warburton was famous for his little black bag, depicted in a lithograph by Henri Toulouse Lautrec, from which he would theatrically produce magic potions for his riders. “If his charge showed any undue sign of distress, out came the black bottle, the contents of which seemed to act like magic on the distressed rider,” claimed the 1903 Cycling training manual. One of his riders, Arthur Linton, died of typhoid fever a few months after finishing first in the

(only five people were working full-time for it ...), already committed itself to promote and participate in developing a genuine anti-doping policy which it wanted to see enforced uniformly throughout the world.⁶ But this was neither a simple gesture, nor a first, short-lived blow in this direction.

Of course, between its creation in 1900 and the 1950s, the UCI had fought against doping occasionally and not in a very sustained form.⁷ But one must beware of judging the past in the light of the present: during the first half of the

Bordeaux-Paris race, in which it is alleged he had doped heavily. In a track event, another of his riders, Jimmy Michael, collapsed on the track, picked himself up and then, in a daze, set off in the wrong direction.

Six Day racing in particular had become associated with doping, as the authors of *Foul Play (Drug Abuse in Sports)* note: "The riders' black coffee was 'boosted' with extra caffeine and peppermint, and as the race progressed the mixture was spiked with increasing doses of cocaine and strychnine. Brandy was also frequently added to cups of tea. Following the sprint sequences of the race, nitroglycerine capsules were often given to the cyclists to ease breathing difficulties. The individual six-day races were eventually replaced by two-man races, but the doping continued unabated. Since drugs such as heroin or cocaine were widely taken in these tournaments without supervision, it was perhaps likely that fatalities would occur."

In 1920, Henri Desgrange complained about the problem of doping at the Tour de France: "Some of our riders think nothing of doping. We cannot reproach strongly enough similar procedures, which run so counter to our idea of sport. The vigour of our condemnation is aimed less at the riders who drug themselves than at the managers, and above all certain doctors who don't hesitate before using such means. Those, like us, who would like our race to become magnificent will never accept such procedures."

In 1924, the journalist Albert Londres published his famous *Les Forçats de la Route* article in *Le Petit Parisien*. Londres reported the Pélissier brothers showing him the products they took to ride the Tour de France.

Beyond cycling, awareness of the issue of doping was sufficiently strong in 1928 for the IAAF to ban the use of stimulants at events they ran.

Benjo Maso, in *The Sweat of the Gods*, claims that the rule book of the 1930 Tour says that provision of doping products will not be the responsibility of the race organisers. This was the year the Tour switched from trade teams to national squads.

In 1931, writing in *l'Auto*, Jacques Goddet declared that "the riders are addicted to poison."

In 1949, Fausto Coppi publicly admitted that he raced on amphetamines.

People really began to pay attention to the issue of doping from the 1952 Olympics onwards, when the Communist bloc countries began to dominate international sport. Doping had become part of the Cold War's arsenal.

⁶ Demanding an international policy that would be enforced worldwide seems a little disingenuous, given the existence of the Cold War. It's not unlike saying 'we'll do something when *they* do.'

⁷ Alec Taylor, manager of the GB squad in the 1967 Tour, complained about the way controls were implemented: "Race officials, federations, even the law on the Continent have been lax. Before Tom [Simpson]'s death I saw on the Continent the overcautious way riders were tested for dope, as if the authorities feared to lift the veil, scared of how to handle the results; knowing all the while what they would be. They called on the law to act, enabling them to shelter under its wing and feel secure from interminable court actions and claims. They let the show carry on while the law acted light-heartedly, without vigour and purpose - and its deterrent had no effect."

last century, professional competitive sport such as we know it today simply did not exist. Moreover, the side-effects of what were then discreetly called stimulants were barely known. No-one was shocked by the phenomenon,⁸ which was still very much on the periphery.⁹ At the time, it was accepted that athletes might occasionally need to fortify themselves: a brandy¹⁰ or amphetamines, all was thrown in the same basket¹¹ and was seen as part of the folklore from another time.

However, when the UCI found that, during the 1955 Tour de France, the attendant of one team had himself encouraged his riders into systematic drug-

⁸ Lucien Petit-Breton, who won the Tour de France in 1907 and 1908, was sufficiently shocked by the assertion that he had doped to issue the following proclamation: "It has been said that I owe my greatest victories to drugs. Allow me to contest these absurd rumours. Do you seriously think a man, however strong, could survive such treatment for twenty-eight days?"

⁹ Felicien Vervaecke, who finished second in the 1938 Tour de France, is generally thought to have been one of the first riders to use amphetamines. Fausto Coppi, who won the Tour in 1949 and 1952, admitted his use of amphetamines. Louison Bobet, who won the Tour three times between 1953 and 1955 admitted that his *soigneur*, Raymond Le Bert, provided him with doping products. If such riders are the periphery of the sport, where is the centre?

¹⁰ Some riders took a very strict view of doping and argued that even alcohol should not be consumed during a race. These riders often held themselves up as being more pure than riders who did indulge in a fortifying drink.

¹¹ Doping products went well beyond brandy and amphetamines. From the earliest days they included cocaine, heroin, strychnine, arsenic, nitroglycerine and more.

When Pierre Dumas joined the Tour de France in 1952 as its doctor, he was taken aback by what and how much was being taken. "I was horrified," Dumas told *l'Equipe's* Philippe Brunel in a 1999 interview. "All this stuff scared me shitless." The period before his arrival he described as being "the witch doctor time." The sport then entered a more civilised, semi-scientific period, with the riders and *soigneurs* researching doping by reading the medical directory, *Vidal*. They were also copying one and other: "If someone won a stage using a certain product, they all wanted it. They had no idea what they were doing. It was like when someone has a toothache and their neighbour says: 'Ah, I've got this medicine in my cupboard, some of that will make you better.'"

Initially, riders and personnel spoke openly to him: "They told me everything, because they did not have the impression that they were doing anything wrong." Dumas once intercepted a package addressed to Jacques Anquetil's *soigneur*, Julien Schramm, containing fifty ampoules of Tonedrone, an amphetamine colloquially known as Tonton (Pervitin, a related amphetamine, was colloquially known as Tintin). Schramm told Dumas the Tonedron was for his own personal use. "I offered to inject him myself. He refused, and I said: 'You're a little shit you are: it's OK for the other guys, but not for you.'"

Dumas described to Brunel the spiral doping caused. You take a painkiller – an opiate like palfium, morphine – to deaden pain in the muscles. To counteract the painkiller's effect on the rest of the system, which has slowed down, you need a stimulant, amphetamines. Then, to sleep at night – to avoid the St Vitus dance described to Londres by the Pélissiers in 1924 – you take a sleeping pill, gardenal. Sometimes you would consume all three (painkiller, upper and downer) in a mix – the *topette* of Louison Bobet's *soigneur* Raymond le Bert, or the *pot Belge* of Willy Voet's era. Solucamphre was taken subcutaneously to open the lungs. Palfium was taken during the race, the syringe topped with a cork carried in the rider's pocket until needed.

The issue of what had been taken was particularly problematic when there was a crash, especially one that required hospitalisation: "It was OK as long as the cyclist was conscious and could tell me [what and how much he had taken]; if he was in a coma we would have to work out the dosages ourselves."

taking, it did not hesitate to exclude him.¹² This case¹³ was the first trigger to raise awareness and marked the beginning of the UCI's fight against doping.

Doping became a problem against which one had to struggle!¹⁴

¹² It was actually the actions of Dumas, the Tour de France's doctor throughout the fifties and sixties, which forced the Tour organisers to exclude Jean Malléjac's *soigneur*, Terrot. The Tour organisers instructed team managers that: "They must closely inspect the treatment given to their riders; they must monitor the activities of the *soigneurs* attached to their teams; they must oppose the use of certain products administered without prescription." Georges Duthen, writing in *l'Equipe* declared this a victory in the war on doping: "The fight against doping seems to have been won. The decisions made by the Tour organisers have been carried out with immediate effect. [...] According to our information, everyone who was in possession of 'explosives' got rid of them straight away."

¹³ French rider Jean Malléjac had collapsed on the Ventoux, during a stage of the Tour de France. Jacques Augendre described the scene: "Pouring with sweat, haggard and semi-comatose, he zigzagged on a road which was no longer wide enough for him. He was no longer in the material world, still less that of cycling and the Tour de France."

Only the intervention of Dumas saved his life. Malléjac was unconscious for fifteen minutes. Dumas injected solucamphre to restart his heart. When he regained consciousness Dumas says he was in "a state of delirium tremens." In the ambulance taking him off the mountain he had to be forcibly pacified as he "talked, waved his arms, yelled, asked the way to the finish, and wanted to be let out."

Even Roland Barthes made reference to this incident, in one of his *Mythologies* essays, *The Tour de France As Epic*: "to dope the racer is as criminal, as sacrilegious as trying to imitate God it is stealing from God the privilege of the spark. God, moreover, knows how to take revenge on such occasions: as the wretched Malléjac knows, a provocative *doping* leads to the gates of madness (punishment of the theft of fire)."

Other riders also suffered on the climb. Jacques Goddet described the scene in *l'Equipe*: "On this condemned spot [the Ventoux] the battle raged, while men fell by the side of the road on the glowing hot mountain. Bundles of men, who've previously shown themselves so enduring and capable of acting. But nothing breaks the rhythm of the 1955 Tour de France."

Ferdi Kübler covered the final kilometre in a twenty-minute zigzag. Kübler retired that evening saying "Ferdi has killed himself on the Ventoux."

Francois Mahé was also in trouble. Richard van Genechten fell on the climb. Charly Gaul suffered on the climb and received oxygen. His *directeur sportif*, Nicolas Franz (Tour winner 1927 and 1928), declared: "Gaul is the victim of attempted murder. Whoever convinced him to dope has committed a crime." Three years later, as the 1958 Tour again climbed the Ventoux, Gaul was once more "on the edge of asphyxiation" and was ambulated off the mountain. The following year, French customs intercepted pills which were apparently destined for Gaul.

¹⁴ And struggle the UCI did, as its lack of response to the various incidents of 'bad fish' in the Tour de France demonstrates. Time and again groups of riders were mysteriously taken ill. Time and again no action was taken against them.

In 1956, the entire Belgian team became ill after the fourteenth stage, attributed to bad fish..

There was another 'bad fish' incident in the 1962 Tour, which affected the Belgian Wiel's-Groene Leeuw team. Hans Junkermann, the team leader, had been ill the night before the stage from Luchon to Carcassonne and the start was delayed to give him extra time to get ready. He abandoned during the stage, blaming bad fish he ate at the hotel the night before. A total of twelve riders abandoned on the stage, including Gastonne Nencini (the winner of the 1960 race), Willy Schroeders (who wore the *maillot jaune* earlier in the race) and Karl-Heinz Kunde. In all, twenty riders from nine different teams complained of food poisoning that day. Jacques Goddet wrote that he suspected doping. Some team

The UCI at the forefront

Probably inadequately informed, definitely ill-intentioned, critical voices accused: "For too long, the UCI ignored the fact that dangerous substances were being taken". This is completely wrong! In 1960, when no regulations dealt with the taking of doping substances, the sports federations that wanted to fight against the phenomenon were few and acted on an ad hoc basis. It was the UCI which was the first, without anything or anyone forcing it, to **add a "doping" article to its Sports Code.**¹⁵ Its dual approach – which has not changed since – aims to protect the health of the riders and to guarantee the ethics of the sport: *"In view of the serious danger which the use of narcotics or drugs, which are considered as harmful by the medical profession, poses to the health of riders, any rider who is found to be under the influence of the above-mentioned substances (...) will mercilessly and definitively have his licence withdrawn."* (Sports code, art. 41).¹⁶

But the UCI did not content itself with resorting to regulations. In making this statement of principle, it knew that above all, people were needed who would endeavour to find out more about doping, who would come up with solutions, and co-ordinate the work of the checkers on the spot.¹⁷ That is why the UCI Management Committee, then chaired by Mr. Adriano Rodoni, **established the Medical Commission** in 1964, which was a first in the world of sport.¹⁸ Experts would devote their efforts to the riders' health. This initiative even preceded the establishment of such a body at the IOC by two years (1966).

managers considered strike action against the way the story was being reported in the media. Dumas suspected the incident was the cause of a single *soigneur*, having found no evidence that the most seriously ill riders had not eaten the fish, and that other riders who had eaten the fish had not fallen ill. He issued a warning to the team managers: "The medical service of the Tour de France, concerned at the number of ill riders [...] can only draw their attention to the dangers of certain types of care and preparation."

In 1965 Lucien Aimar collapsed on the Aubisque, allegedly from sun stroke, more likely from a mix of heat and amphetamine use. Aimar had got off his bike and was pushing it. He dropped his bike but continued walking, then collapsed. His team-mate, Arie Den Hartog, also abandoned. Earlier in the day, as the Tour de l'Avenir crossed the same mountains, two of its riders, André Bayssière and Charles Grosskot, had also collapsed. Both admitted using amphetamines. Dumas was really beginning to get annoyed: "As far as I'm concerned, this isn't funny any more."

¹⁵ The IAAF had banned doping as early as 1928. The jockey club was ahead of the curve, banning doping as early as 1666 and actually carrying out tests since 1910.

¹⁶ There is no record of even a single incident of a senior rider having his licence revoked in this period.

¹⁷ Who you choose for this task is always a problem. In 2001 – when Hein Verbruggen issued the above comments – one of the four members of the UCI's Medical Commission was Francesco Conconi.

¹⁸ Barrie Houlihan, in the Council of Europe's *Dying To Win* (2002): "Although the IOC had established a Medical Commission in 1961 and passed a resolution condemning doping as early as 1962, it was not until five years later that it re-established and reinvigorated the Medical Commission with a brief to advise the IOC and to oversee the development of policy."

The competent meeting accepted the proposal unanimously, believing that “*the fight against doping is an absolute necessity*”.

The UCI Medical Commission also worked with the public authorities. In 1965, the first **International Conference on Doping** was held in Strasbourg under the aegis of the Council of Europe. The UCI Management Committee demanded that the Medical Commission should integrate its conclusions in its own work to be more effective.

In 1966, the UCI once again hit hard. **It added four articles, devoted to doping, to its Technical Regulation**, whose message is:

- drugs and narcotics are a danger to health and any rider caught in flagrante delicto will be sanctioned;
- the officials have the right to take samples from “refreshments” or the riders’ “bodily fluid”, for the purpose of chemical analysis;
- finally, a schedule of sanctions is produced: first offence, a fine of FF 1,500; second offence, FF 4,500; third offence, withdrawal of the licence.¹⁹

The UCI’s ambitions were much greater than its resources, and its articles were rarely applied.²⁰ Even though its convictions were strong and its policy clear, the time was not yet ripe. Doping was still a new phenomenon, not well known, which few people were really concerned about.²¹ There was not even yet a unanimously agreed definition of the term.²² A dramatic event speeded

¹⁹ The French legislation also imposed financial penalties: “During a sporting competition, whoever knowingly uses one of the substances determined by the public administration, which are intended to enhance artificially and temporarily their physical possibilities and which are predisposed to be damaging to health, will be punished by a fine of from five-hundred to five-thousand francs.”

²⁰ The UCI carried out anti-doping controls at the 1966 World Championships at the Nurburgring, following the examples of FIFA at the World Cup in England and the IAF at the European Championships. Jacques Anquetil, Rudy Altig, Gianni Motta, Italo Ziloli and Jean Stablinski refused to be tested, Raymond Poulidor claimed to have got lost on his way to the *contrôle anti-dopage*. The riders were initially suspended but were swiftly cleared by the UCI.

²¹ Interviewed by Chris Basher for the *Observer* in 1960, Tom Simpson made this point about doping: “I am up there with the stars, but then suddenly they will get away from me. I know from the way they ride that they are taking dope. I don’t want to have to take it – I have too much respect for my body – but if I don’t win a big event soon, I shall have to start taking it.”

Five years later, in a piece in the *People*, Simpson seems to be taking a different view: “I honestly don’t think much doping, in the worst sense of the word, goes on in cycling. Tell me where you draw the line between dope and tonics. Even the experts don’t agree on that one.”

He reiterated that point to Ludovic Kennedy for *The World of Tom Simpson*: “I’ve never taken dope. I take medical aid to help my body. There is a big difference between tonics and dope.”

²² Barrie Houlihan, in the Council of Europe’s *Dying To Win* (2002): “A series of doping incidents in the previous years and especially the death of the Danish cyclist Knud Jensen at the Rome Olympics of 1960 prompted a convention in January 1963 of European sports governing bodies. One outcome of this meeting was the provision of a definition of doping which was later adopted by the International Olympic Committee and the International Doping Conference of the Fédération Internationale de

up public awareness of the dangers of doping. Not that of the UCI, which had expected it.²³

Never again!

The 1967 Tour de France was tragically marked by the death of the English rider Tom Simpson on the slopes of Mont-Ventoux. It was suspected that he had taken amphetamines. This event hit like a bomb: the worst had

Médecine Sportive in Tokyo in 1964." The 1963 convention was at Uriage-les-Bains (Isère), and was instigated by Pierre Dumas and organised by the French sports ministry.

²³ The UCI had good reason to expect something, there had been enough warnings. The Danish cyclist, Knud Enemark Jensen had already died at the 1960 Rome Olympics, his death associated with amphetamine use (he had cracked his skull in a crash during the one-hundred kilometre time trial. The autopsy showed amphetamines and Ronicol in his bloodstream). Also in 1960, Roger Rivière crashed out of the Tour de France while descending the Col de Perjuret in the Cévennes. Journalist René Mauries followed the stage from Millau to Avignon and reported what happened:

"The Col de Perjuret seemed harmless. The road wound through a chestnut wood and we reached the brow of the hill almost without realising it. The map said the village of Fraissinet-de-Fourques was nestling in the green-gold valley below. The cyclists plummeted down to find it, among them, the two pretenders to the crown: France's Roger Rivière and Italy's Gastone Nencini, crouched low over his handlebars to increase the speed to a pace the French call 'into the empty tomb.' Rivière took up the gauntlet and passed him. We sped from one hairpin to the next, like tobogganists: right, left, right, left. Glued to their bikes, our men were intoxicated with speed. One hairpin hid them, another brought them back. Suddenly there was a squealing of brakes and we came to a brutal halt. There were choruses of swearing and a great orchestra of crumpled wings, crushed coachwork and broken glass. A big devil, tall and gnarled like a cypress, Louis Rostollan by name, called from the side of the road, his bicycle in his hand: 'Roger is there, in the ravine.'"

Rivière broke his back in the fall and was confined to a wheelchair thereafter. Palfium was found in his blood and in his jersey's pockets. More drugs were found in his luggage. He subsequently confessed to having used drugs in his career, admitting that he took up to forty amphetamine pills in a day and that he'd used amphetamines when he broke Jacques Anquetil's hour record in 1958. When his *directeur sportif*, Raphaël Gémiani, obtained the services of Louison Bobet's *soigneur*, Raymond Le Bert, Rivière complained to him that "Le Bert's twenty years out of date. His famous little *topette* would just about get me from the hotel to the start of the stage."

Various people claim Rivière's use of Palfium caused his crash, either that the drug had dulled his reflexes or that he had mis-injected himself, numbing his fingers instead of his legs. Rivière initially blamed his mechanic, accusing him of leaving oil on his wheel rims and brake-pads but later did admit that he had taken an injection of solucamphre and amphetamines before the stage start. Most likely he just wasn't as good a descender as Nencini and over-cooked it. Certainly, with the benefit of hindsight, his accident seems to have been anticipated. Louison Bobet is reported to have told him: "Roger, remember that if you want to chase Nencini on the descents, you must also be prepared to die." Henry Anglade (who finished second the previous year) had described Rivière's chances of winning the Tour: "He'll make mistakes. He'll try to follow Nencini on the descents, and one day it'll go wrong." Raphaël Gémiani is quoted as saying that "the only reason to follow Nencini downhill is if you've got a death wish."

The public was again treated to condemnation of doping in the pages of *l'Equipe*: "Doping is now the arsenal of the champion, and the lesser rider. They dope to finish twentieth, they dope for the time trials, they dope to climb a mountain, they dope to overcome their nerves. Then they dope to get to sleep at night."

unfortunately happened.²⁴ The Management Committee, at its meeting in Amsterdam on 21 August 1967,²⁵ refrained from making any untimely comment “*in view of the fact that the French court is dealing with the case and that this must take its due course*”.²⁶ It nevertheless declared itself “*firmly resolved to fight (...) with conviction and with all the means at its disposal against doping, which it strongly condemns*”.

Forging ahead, because it knew that the fight against doping cannot achieve any results unless all those involved in cycling are determined to join it, the UCI Management Committee organised a “**Round table discussion on**

²⁴ The worst actually happened twice in the one year. A Belgian rider, Roger de Wilde, died in *kermesse*. He suffered a heart attack brought on by using amphetamines.

²⁵ The autopsy report on Simpson's death was released on 4th August. It stated: “Death was due to cardiac collapse which may be put down to exhaustion, in which unfavourable weather conditions, an excessive workload, and the use of medicines of the type discovered on the victim may have played a part. The dose of amphetamine ingested by Simpson should not have led to his death on its own; but on the other hand it could have led him to go beyond the limit of his strength and thus bring on the appearance of certain troubles linked to his exhaustion.”

²⁶ Their reticence was also fuelled by comments from many senior riders to the effect that Simpson's death was not due to doping and could have been avoided had Dumas been more professional.

Jacques Anquetil blamed Simpson's death on the fact that doping was illegal. His logic was that legalised doping would have allowed Simpson to use less dangerous drugs. Anquetil continued to hold this view even years after, telling *Vélo* magazine in 1979 that: “As far as I know, Simpson died due to a cardiac collapse which was not caused by the use of amphetamines.”

In 1984, Anquetil's *directeur sportif*, Raphael Géminiani, also spoke to *Vélo* magazine about Simpson's death: “Pierre Dumas made Simpson die. Simpson died of a cardiac arrest which can happen to anyone. You have to immobilise the sick man, keep his head lower than his feet and inject adrenaline or Maxiton to reanimate the heart.”

Dr Philippe Decourt, who had invented the amphetamine Ortedrine, also blamed Dumas: “Amphetamine did not cause Simpson's death. He did not receive appropriate care.”

Roger Pingeon, Simpson's Peugeot team-mate, blamed the British team's personnel, Harry Hall and Alec Taylor, for not pulling Simpson when he first displayed problems on the Ventoux: “Tom was unlucky that the team was being contested by national teams. His [Peugeot] manager would never have put him back on his bike.”

Eddy Merckx also believed that Simpson's *directeur sportif*, Alec Taylor, was at fault: “It's unjust that his name should forever be so indelibly linked with drugs. The controls in those days weren't systematic and I don't pretend that Simpson didn't use a prohibited substance; he was far from being alone. He was a great rider who boosted me from the benefit of his own experience in training methods. Dietary regimes, racing *nous* and the study of race routes. Not all old pros would do that with younger riders; especially with a rider they could see posed a serious threat to them. Simpson was warm-hearted and open-hearted. Nor was he the dope-head some people paint him as. On the slopes of Ventoux his ambition killed him. His pride had no limits. He never relinquished the belief that he could win the Tour de France. If he'd had the support of a *directeur sportif* in a commercial team, he'd never have been put back on his bike when he was so groggy. Nor was he a drinker, but on very hot days it's not unusual for a rider to take a glass of cold white wine or a beer offered by a spectator. That day was so hot: ten people died from the heat in Brussels.”

Robert Chapatte expressed his view in his autobiography, *When the Doors Slam*: “The tragedy of the Tour de France 1967 calls for a definitive answer about the use of stimulants by certain sportsmen. In Simpson's case, the answer was no he did not.”

professional cycling”,²⁷ bringing together representatives from the leading bodies, the organisers, the trade teams, riders, the press, the medical and the legal profession. It advocated the development of a “constitutional law for professional sport”. This initiative proved the UCI’s firm determination to fight doping in cycling. And for good measure, it established a “body of anti-doping inspectors”.

The first sanctions were applied in 1967.²⁸ Fourteen riders (amateurs²⁹ and professionals³⁰) who had absorbed doping substances or had refused to undergo tests,³¹ were taken off the course and given penalties ranging from a FF 2,000 fine to three months’ suspension.³²

Also in September 1967, the Management Committee published its **first list of doping agents**, drawn up by a group of doctors and pharmacologists who met for this purpose.³³

²⁷ A roundtable discussion was also part of the UCI’s response to the Festina *affaire* in 1998. As Frankie Andreu noted then: " From past roundtables and conferences, I'd say nothing's going to happen. It's so political, and it's always the same guys involved and they want to stay in power. That's their political agenda."

²⁸ At the 1965 Milk Race in Britain one British and two Spanish riders were thrown off the race when they tested positive for amphetamines. The rest of the Spanish team left the race in protest.

When Bayssière and Grosskot confessed to amphetamine use at the 1965 Tour de l’Avenir they received bans. None of the senior riders who got into difficulty that same day received any punishment.

In 1966, after winning Liège-Bastogne-Liège, Jacques Anquetil refused to be tested. Rudi Altig did the same at the Flèche Wallonne. Both were initially disqualified but then reinstated.

The first drug tests at the Tour de France in 1966 produced six positives. Among them was Herman van Springel. It took a year for a fine to be levied on him.

At the Grand Prix des Nations, Jacques Anquetil admitted publicly that he’d doped for the race: “We have to take stimulants for such a race. Yes, I have taken stimulants today.” He was fined two-thousand francs but as “a gesture of mercy to the cyclist and his comrades” was not banned, due to “the great honour bestowed on international cycle sport, to wit his *Légion d’Honneur*.”

²⁹ Out of thirty tests administered at the 1967 Tour de l’Avenir, six produced positives.

³⁰ Désiré Letort tested positive after winning the French national championships. He was stripped of his victory. Evert Dolman tested positive at the Dutch national championships. He was stripped of his victory. There were also positives at the World Championships.

³¹ Pierre Trentin set a new five-hundred-metre record but refused to be tested. His ride was not ratified. Similarly, Jacques Anquetil set a new hour record in September but refused to submit to a doping control afterwards. His record was not ratified. He was neither fined nor suspended. His *directeur sportif*, Raphaël Gémiani, was fined. Not for anything to do with doping. He’d insulted the UCI with some of his comments.

³² In November 1967 the sanction rules were amended, to one month suspension for first offence, life for a fourth.

³³ The IOC also published its list of banned products in 1967. Until the advent of WADA, keeping the lists in synch was always a problem, as the Pedro Delgado *affaire* in 1988 demonstrated. This was not the first time the UCI were made aware of how much of a problem two banned lists could be. The

In 1969, the **Medical Control Regulation** was ratified by the UCI Management Committee. It was a notable event, because it was the first text of this type drawn up by an international sports federation. It replaced the appendix to the 1968 General Regulations. The precursor of the present Antidoping Examination Regulation (AER), this text institutes compulsory tests at the end of competitions in its schedule. From then on, the broad lines of the UCI's antidoping policy have been drawn. What remains is to make them known, to improve them, and to acquire the means, particularly financial³⁴ but also scientific, to implement them.³⁵ These last two aspects only depend in part on the UCI, which is why it has sought to develop and strengthen its co-operation with governments and the word of science.

In the 1970s, cycling gained greatly in popularity.³⁶ The circle of enthusiasts grew larger, more and more people joined the retinue.³⁷ In 1979, in order to inform the core group and its environment of its decisions, the UCI published a general survey of anti-doping in *Le Monde du Cyclisme*, under the title: **“What you need to know about the Medical Control Regulation”**, which left no doubt whatsoever as to its determination³⁸: list of prohibited products, details of antidoping controls, sanctions and the rights of riders.

Informing in order to educate

Indefatigable, convinced that it must persevere and insist, the UCI published a brochure in 1980 which represented a new, important stage in its fight against doping: **“Doping – Information and prevention”**. It was the work of Professor M. Montanaro, President of the Medical Commission, and its aim

Dutch rider Aad van den Hoek tested positive at the Munich Olympics. The drug he was positive for – Coramine – was banned by the IOC but not the UCI.

³⁴ One rider at least did try to help on the financial side of the equation.

³⁵ Implementing the rules has always been the problem. Eddy Merckx tested positive at the 1969 Giro d'Italia. That should have made him ineligible to ride the Tour de France. Merckx claimed to have been the victim of sabotage. After various political interventions the test result was over-turned. His team subsequently quietly dismissed one of its doctors.

³⁶ And the riders grew better and better at cheating the doping controls, particularly by passing other people's urine.

³⁷ Especially former riders who had doped their way through their careers. Peter Post admitted in 1965 that he doped and went on to be *directeur sportif* of the famous TI-Raleigh / Panasonic squads. Many riders who rode for him in those days tested positive.

Some riders who doped during their career did turn out to be notably anti-doping in their subsequent careers, such as Roger Legeay, who tested positive for amphetamines at the 1974 Paris-Nice but became a *directeur sportif* who took a stand against doping.

³⁸ Its determination on paper at least. In the real world though things were quite different. Take the 1979 Tour de France. Giovanni Battaglin – who would go on to double the Giro d'Italia and the Vuelta a España in 1981 – tested positive. He was penalised ten minutes and demoted to last on the stage. Regardless, he went on to win the polka-dot jersey. Joop Zoetemelk, who finished second overall on the Tour, also tested positive and suffered a ten minute time penalty which didn't impact his podium finish.

was to explain the dangers linked to the use of doping substances. In fact, 20 years after the appearance of amphetamines on the “market”,³⁹ the side-effects of prohibited substances are still not very well known. Here, authentic information can have an excellent dissuasive effect: “what the doping products give with one hand, they take away with the other”. Extracts from the conclusion:

“Often, the athlete is encouraged to resort to doping, particularly by his entourage. This is advice dictated by ignorance, inexperience and, above all, thoughtlessness, which should be instantly rejected and publicly denounced, so as not to harm those who believe it. Sport should above all be a competitive enjoyment, even when economic interests are at stake, interests that should never prevail by having a negative effect on the health of the individual.”⁴⁰

The UCI’s considerable efforts are acknowledged in the world of sport. In 1981, Prince Alexandre de Mérode, President of the IOC Medical Commission, cited cycling as an example for all the international sports federations, citing the UCI as leading the battle against doping.

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These few lines only give an imperfect summary of the efforts the UCI has incessantly made to fight against doping, virtually since it first appeared as a real threat to the health of riders and the ethics of the sport. But they are enough to radically counter the slanderous utterances of some who would like to delude people into believing that the highest instance of cycling had watched without reacting (and what’s more, shown leniency to) the birth and development of doping in the discipline for which it has responsibility. The opposite is true, and it is in fact from the beginning, in pre-history in some way, of doping that the first efforts of the UCI’s fight against it can be placed. They continue to multiply and intensify, as is shown by the detailed list of measures taken in this respect between 1991 and 2001, presented in the following pages.

Lausanne, the 2nd July 2001
Hein Verbruggen, President

³⁹ Amphetamines first appeared in the 1930s.

⁴⁰ In other words, it took the UCI sixty years to agree with what Henri Desgrange had already said in 1920: “Some of our riders think nothing of doping. We cannot reproach strongly enough similar procedures, which run so counter to our idea of sport. The vigour of our condemnation is aimed less at the riders who drug themselves than at the managers, and above all certain doctors who don’t hesitate before using such means. Those, like us, who would like our race to become magnificent will never accept such procedures.”