

**Regolamento Doping FIFA 2003** - These regulations were adopted by the FIFA Executive Committee at its meeting on 7 December 1996 and amended at the Executive Committee meeting held in Madrid on 17 December 2002 - Zurich, February 2003

### **Preamble**

Doping has become a constant preoccupation of international sports organisations and national governments.

The fundamental aims of doping control are threefold:

- to uphold and preserve the ethics of sport;
- to safeguard the physical health and mental integrity of the player;
- to ensure that all competitors have an equal chance.

FIFA introduced doping control in 1966 to ensure that the results of the matches in its international competitions are a fair reflection of the strength of the contenders.

**The FIFA Sports Medical Committee shall have overall responsibility for implementing doping control at all FIFA competitions.**

### **I. DEFINITION**

Doping is any attempt by a player himself\*, or at the instigation of another person such as his manager, coach, trainer, doctor, physiotherapist or masseur, to enhance his mental and physical performance unphysiologically or to treat ailments or injury – when this is medically unjustified – for the sole purpose of taking part in a competition. This includes using (taking or injecting), administering or prescribing prohibited substances prior to or during a competition. These stipulations also apply, out of competition, to anabolic steroids and peptide hormones, as well as to substances producing similar effects.

Other prohibited methods (e.g. blood doping) or manipulation of the doping specimens shall also classify as doping.

Doping contravenes the ethics of sport and constitutes an acute or chronic health hazard for players, with possible fatal consequences.

Prohibited substances in the context of these regulations are included as Appendix A.

The substances listed in Appendix A may not be taken or used by, or administered to players, even for medical reasons, while they are preparing for or taking part in a competition.

The only exception to this is local anaesthetics for combating pain (excluding cocaine).

Corticosteroids may only be used for local applications (otological, ophthalmological or dermatological), inhalations (asthma, allergic rhinitis) or for local or intra-articular injections, if the medical indications have clearly been proven and submitted to FIFA prior to the event.

**\* Reference to the male gender in respect of players in these Regulations applies to both males and females.**

### **II. DOPING CONTROL ORGANISATION**

#### **1. Administrative arrangements**

1.1 The FIFA Doping Control Sub-Committee and the relevant competition organising committee reserve the right to arrange random doping tests during all preliminary and final competition matches of FIFA tournaments, including friendly matches during the preparatory period. The Committees shall also be responsible for deciding at which laboratory among those recognised by the International Olympic Committee (IOC) the analyses of such tests shall be carried out. In addition, unannounced doping tests can also be out-of-competition, e.g. at team training camps.

1.2 The FIFA Doping Control Sub-Committee and the relevant competition organising committee shall designate an accredited FIFA medical officer to carry out doping tests at the matches in question as well as unannounced out-of-competition doping tests.

1.3 The FIFA medical officer must be a physician. He shall be responsible for the entire doping test procedure, including the immediate dispatch of urine specimens to the relevant laboratory and copies of the forms to FIFA. FIFA shall provide him with the material required to carry out the tests. An assistant may also be appointed if necessary, e.g. at double-headers.

#### **2. Obligations of national associations and players**

2.1 All national associations shall, by signing the "Declaration of Agreement," undertake to comply with these doping control regulations for FIFA competitions and out of competition.

2.2 Every player designated to undergo a doping test, either as a result of the draw by lots or because of suspicion of doping by the FIFA commissioner or the referee of the match, shall be obliged to undergo any medical examination which the FIFA medical officer deems necessary and to cooperate with the latter in this respect.

2.3 Every player selected is obliged to provide a urine specimen.

2.4 If a player refuses to provide a specimen, he shall be subject to sanctions by the FIFA Disciplinary Committee (art. 60ff. of the Disciplinary Code).

2.5 Refusal to undergo a doping test or any attempt to manipulate it shall be considered the same as a positive doping test.

### **3. Doping test procedure for urine specimens**

3.1 A minimum of two players from each competing team shall be tested at every match at which doping tests are to be carried out. Four players from each team shall be drawn by lots. The first two players drawn from each team shall be tested and the other two shall replace them in the case of injury.

3.2 The FIFA medical officer shall obtain the official players' lists for both teams from the FIFA match commissioner before the game. Form 0-1 (Appendix C) shall be completed before each match by the team doctor and handed over personally or by a person of trust to the FIFA medical officer. The team doctor shall enter in legible handwriting on Form 0-1 any medicaments taken by all of the players or administered to them in the 72 hours preceding the match, indicating the name of the product, the diagnosis, the dose, when and for how long prescribed and the method of administration. Details of the medicaments declared on Form 0-1 shall be disclosed only if a doping test proves positive. Should a medicament indicated on Form 0-1 prove to be a prohibited substance, the FIFA medical officer shall have the right to conduct further investigations, which could lead to the player's suspension. Form 0-1 shall otherwise remain in the possession of the FIFA medical officer at all times.

3.3 The players to be tested shall be drawn by lots by the FIFA medical officer in the doping control room at half-time.

In addition to the FIFA medical officer, the following persons must be present:

- an official representative from each of the two competing teams
- if requested, the FIFA match commissioner or his deputy.

3.4 The FIFA medical officer shall conduct the draw as follows:

- referring to the official players' lists, he shall check the names and shirt numbers of the players;
- he shall then spread out on a table the Plexiglas tags containing the numbers of all the players eligible and able to play as well as the injured players sitting on the bench in each of the two teams;
- he shall make sure that none of the numbers is missing before placing them into two different coloured dark fabric bags, one for each team;
- he shall then draw four numbers from each bag and, without looking at them, place each of them in separate envelopes marked 1 to 4 for each team. The fabric bags shall be set aside in two separate, sealed envelopes.
- finally, he shall seal all eight envelopes, sign them, have them countersigned by the team representatives and store them in a safe place.

The two players from each team whose numbers have been placed in envelope 1 and 2 shall undergo a doping test. However, if either of these two players is injured before the match is over, the one whose number is in envelope 1 shall be replaced for the doping test by the one in envelope 3 and the one whose number is in envelope 2 shall be replaced for the doping test by the one in envelope 4. The FIFA medical officer shall decide whether or not the injury is severe enough to prevent the player from undergoing a doping test.

3.5 If there is suspicion of doping, the FIFA commissioner and/or the referee of the match in question are entitled to summon additional players to be tested. Furthermore, if a player is shown a red card and sent off during the match because his behaviour is unusually aggressive or irrational, he may also be ordered to undergo a doping test at the end of the match in addition to the players who have already been drawn by lots.

3.6 Fifteen minutes before the end of the game (90 minutes) the FIFA medical officer shall open envelopes 1 and 2 for each team in the doping control room in the presence of a representative of each team (preferably from the bench – otherwise the FIFA Medical Officer will take form 0-2 to the bench) and, if requested, the FIFA match commissioner.

3.7 The FIFA medical officer shall then indicate on Form 0-2, "Summons to Doping Test", the name and number of the player drawn and hand the relevant copies of the form to the representative of each team and the FIFA match commissioner.

3.8 If a player is shown the red card at any time of the match, a member of the delegation concerned, an escort or the FIFA medical officer shall stay with the player in the doping test area until the names of the players drawn for the doping test are known and ensure that he is available to undergo the test after the match, if necessary.

3.9 Each national association and/or team concerned shall be responsible for ensuring that players drawn to undergo a doping test are taken by a designated authorised person (escort) to the doping test area straight from the pitch as soon as the match is over.

3.10 Should FIFA decide to conduct out of competition doping tests, the FIFA medical officer shall identify himself to the head or deputy head of delegation of the relevant team by presenting his accreditation and discuss the procedure for doping control with him, the team doctor and, if applicable, the coach.

3.11 The head of delegation of the relevant team shall give the FIFA medical officer an up-to-date list of the players at the training camp, including any who are absent at the time the doping test is undertaken. The reasons for any such absences shall be given to the FIFA medical officer, as well as the scheduled time of arrival at or return to the training camp for these players. The FIFA medical officer shall decide whether these players are to be included in the draw procedure for players having to undergo a doping test.

3.12 The FIFA medical officer shall hand the team doctor a copy of Form 0-1, on which the team doctor shall enter all the drugs administered and prescribed to all of the players involved in the training camp, if necessary, after consultation

with the players. The arrangements set forth herein in par. 3.2 shall also apply with respect to the particulars to be entered on Form 0-1 and the procedure for using this form.

3.13 The FIFA medical officer shall draw the names of the players who are required to undergo a doping test. In addition to the FIFA medical officer and, if applicable, his assistant, two official representatives of the team concerned shall be in attendance.

3.14 The medical officer shall conduct the draw as follows:

- referring to the official players' list, he shall check the names and shirt numbers of the players;
- he shall then spread out on a table the Plexiglas tags containing the numbers of all the players registered in accordance with par. 3.11;
- he shall make sure that none of the numbers is missing before placing them into a dark fabric bag;
- he shall then draw four numbers from this bag.

The two players drawn first shall undergo a doping test. The other two players drawn can also be called for testing.

If one or more of the players drawn are injured or ill, the FIFA medical officer shall decide whether they will still need to undergo a doping test or whether they can be replaced by other players already or yet to be drawn.

#### **4. Doping control room**

4.1 In the case of competition doping tests, only the following people shall be allowed into the doping test area:

- the players who have been drawn by lots
- an official delegate from the two participating teams, preferably the team doctor
- the FIFA medical officer
- the accredited assistant(s) of the FIFA medical officer
- a local official, if requested
- the FIFA match commissioner, if requested
- an interpreter approved by FIFA, if requested

4.2 In the case of out of competition doping tests only the following people shall be allowed into the doping test area:

- the players who have been drawn by lots
- the FIFA medical officer
- the accredited assistant(s) of the FIFA medical officer
- the team doctor, if requested
- an interpreter approved by FIFA, if requested

4.3 The players drawn to undergo a doping test shall remain in the waiting room of the doping test area until they are called in to give specimens. Non-alcoholic drinks that are free of doping substances shall be made available to the players in the form of unopened and sealed bottles or cans placed in a refrigerator in the doping control room. If a player wishes to take his own food and non-alcoholic drinks to the doping test, it is entirely at his own risk.

4.4 The local security bodies shall take the necessary measures to ensure that no persons other than those authorised in par. 4.1 enter the doping test area. The entrance door must be constantly guarded by a member of the local security authorities. Responsibility for security during out of competition tests shall be borne by the relevant team delegations. The FIFA medical officer is entitled to refuse unauthorised persons access to the doping control room.

#### **5. Taking specimens**

5.1 The FIFA medical officer is responsible for the doping test procedure. He shall check the player's identity against the player's accreditation and Form 0-2.

5.2 First, the player himself shall pick the utensils required for the procedure:

- a sealed and sterilised beaker
- a polystyrene box containing two transparent glass bottles, one marked specimen "A" and the other specimen "B", each packed and sealed in a transparent plastic bag. A code number is laser-engraved on the bottles and bottle caps and also marked on the polystyrene box.

5.3 The player shall urinate into the sterilised beaker under the supervision of the FIFA medical officer or his assistant. The urine volume shall be at least 75 ml ("A" 50 ml, "B" 25 ml), unless unexpected problems arise, in which case 50 ml ("A" 35 ml, "B" 15 ml) shall suffice. The decision shall rest with the FIFA medical officer.

5.4 The player shall decide whether he or the medical officer shall pour the urine into bottles "A" and "B". The decision taken shall be documented in writing on Form 0-3. If the player decides to do it himself, the FIFA medical officer shall explain the procedure to him.

5.5 The FIFA medical officer shall ascertain the pH value and the specific weight, using the last remaining drops of urine in the beaker.

5.6 After the urine sample has been poured into bottles "A" and "B", either the player himself or the FIFA medical officer (cf. par. 5.4.) shall close them tight, both of them first having checked that the bottles are in good and proper condition. The player shall ensure that no urine can leak out and compare the code numbers on both bottles, the bottle caps and the particulars on Form 0-3 once again. Form 0-3 shall then be signed by the player, the person accompanying him and the FIFA medical officer.

5.7 The FIFA medical officer shall then complete Form 0-4, containing the following information:

date, match, venue, match number, code number of the “A” and “B” specimens, pH value and specific weight of the urine specimens.

The “A” and “B” specimens of all the players tested and the yellow copy of Form 0-4 shall be delivered to the laboratory by courier or by the FIFA medical officer.

**Procedure if the stipulated urine volume of 75 ml is not obtained:**

5.8 The player shall select a polystyrene box as in par. 5.2. Without removing the red security ring he shall open bottle “A” only and select an interim sealing set (interim sealing device and numbered security tape). The player or the FIFA medical officer (cf. par. 5.4.) shall pour the urine into bottle “A” and seal it, using the interim sealing device before replacing the cap on the bottle.

Next, he shall place bottle “A” back in the polystyrene box, which also contains bottle “B”, and seal it with the security tape, the number of which is registered on Form 0-3. The player shall then return to the waiting room, keeping the polystyrene box containing his partial urine specimen in his possession.

As soon as the player is able to give a further urine specimen, he shall select a new, sealed and sterilised beaker, into which he shall then urinate under the supervision of the medical officer or his assistant.

The FIFA medical officer or the player (cf. par. 5.4) shall then pour the urine from bottle “A” into the beaker containing the freshly produced urine. If the urine volume is still below 75 ml, the process shall be repeated.

Once the urine volume of 75 ml has been obtained, the procedure shall be continued as from par. 5.4. to par. 5.8.

**6. Analysis of specimens and communication of results**

6.1 Analysis of the specimens shall be carried out in a laboratory recognised by the IOC (cf. par. 1.1).

6.2 The laboratory shall proceed with the analysis of specimen “A”, keeping specimen “B” in a refrigerator at the laboratory.

6.3 The head of the laboratory shall send the test results by fax or e-mail to the FIFA chief medical officer responsible, within 24 hours of receiving the specimen.

6.4 If the analysis of specimen “A” proves negative, FIFA shall inform the head of delegation of both teams and the relevant FIFA committees. The “B” specimen shall be disposed of 30 days after the announcement of the analysis result, so that it can no longer be used for additional testing.

6.5 If the analysis of specimen “A” proves positive, the FIFA chief medical officer responsible shall immediately inform the FIFA General Secretary of the communication from the laboratory and, if applicable, the relevant particulars on Form 0-1.

**7. Right to request an analysis of specimen “B”**

7.1 If the analysis of specimen “A” is confirmed as positive by the FIFA Doping Control Sub-Committee’s medical report, the FIFA General Secretary shall at once confidentially notify the chairmen of the Disciplinary Committee and the Sports Medical Committee and the national association of the player concerned, which shall have the right to request a second analysis using specimen “B”, within 24 hours of being notified.

7.2 If a second analysis is requested, FIFA shall communicate this request immediately to the head of the laboratory where the “B” specimen is being kept. An analysis of specimen “B” shall be carried out as soon as possible, but not later than within 48 hours of FIFA’s request, by personnel who were not directly involved with the analysis of specimen “A”.

7.3 A FIFA representative may be present when the bottle containing specimen “B” is opened. The association concerned shall have the right to have a representative present, in addition to the player concerned.

7.4 The results of the analysis of specimen “B” shall be sent immediately to the FIFA chief medical officer responsible, by fax or by e-mail.

7.5 If no request for a second test is made, the laboratory shall dispose of specimen “B” after 30 days have elapsed.

**8. Procedure if the analysis of specimen “B” proves positive**

8.1 If the analysis of specimen “B” proves positive, the case shall be submitted to the Disciplinary Committee, which based on the FIFA Doping Control Sub-Committee’s medical report, shall determine the degree of responsibility of the player and/or persons belonging to his national association. The Disciplinary Committee shall decide appropriate sanctions. 8.2 FIFA shall have the exclusive right to publish the test results and the consequences thereof.

**9. Doping test procedure for blood samples**

Blood tests were first carried out by FIFA medical officers at the FIFA World Cup Korea/ Japan 2002™ and are now an integral part of the FIFA Doping Control Regulations.

The Doping Control Sub-Committee shall decide whether blood and urine tests or only urine tests shall be carried out.

9.1 With reference to the Information on the Declaration of Agreement for Blood Tests, the team doctors agree to support the FIFA medical officer in explaining the blood sampling procedure to their players so that they understand the reasons for it and the need to comply.

9.2 With reference to par. 3.1 - 3.14, par. 4.1 - 4.4 and par. 5.1. - 5.7 of the FIFA Doping Control Regulations, FIFA shall carry out blood tests in addition to urine tests.

9.3 The FIFA Medical Officer is responsible for the blood sampling. He/she may not delegate the sampling procedure to his/her assistant unless they are physicians.

9.4 With reference to par. 3.4 of the FIFA Doping Control Regulations, blood samples shall be taken from those players who have been drawn to undergo urine tests for doping control.

9.5 The collection of blood samples from the players shall, in general, be carried out before the players produce a urine specimen.

9.6 A part of the doping control room shall be partitioned off to carry out the blood sampling procedure.

9.7 No less than 3 ml of blood shall be drawn from the player's vein, preferably from the inner part of the lower arm, whilst the player is sitting on a chair and resting his arm on a suitable support.

9.8 Blood sampling shall be carried out by applying a proficient (legitimate) intravenous injection which excludes any health risk, except the possible risk of local haematomas.

9.9 With reference to par. 5.2 of the FIFA Doping Control Regulations, the player shall select two polystyrene boxes with the same code numbers, one labelled in black for the urine samples and the second labelled in red for the blood sample.

9.10 At the beginning of the doping control procedure, the FIFA Medical Officer shall explain the urine and blood sampling procedures to the selected players with the help of the team doctors.

Declarations are required for

- medications that may affect the venepuncture procedure (particularly those that affect clotting) e.g. aspirin, warfarin, non-steroidal anti-inflammatory agents
  - any bleeding disorder which may have an effect on clotting time
- Prior to the blood samples being taken, the players shall be asked if they
- have understood the procedure and purpose of sampling
  - if players have taken medication which could affect clotting time, extra care shall be taken concerning haemostasis for these players.

9.11 FIFA Medical Officers are responsible for

- Hygiene and a sterile technique
- Handling of blood sampling equipment
- Handling of blood samples e.g. mixing anti-coagulants
- After-care for the players

The FIFA Medical Officer or the assistant shall wear sterile gloves during the procedure and only they and the players are allowed to handle the samples.

9.12 Players shall be given a choice of Beger Kits containing blood sample tubes, Vacutainer sleeve and needle. Players shall decide whether they or the FIFA Medical Officer shall seal the blood sample into the specially designed red labelled Beger Kit bottle, once the FIFA Medical Officer or his/her assistant has completed the procedure for taking blood. The FIFA Medical Officer shall then place the coded, sealed glass bottle containing the player's blood sample into the transport cooling bag.

9.13 All players shall be accompanied by an official team representative at all times, preferably the team doctor.

9.14 Blood samples shall be taken using Butterfly needles (Vacutainer Systems Blood Collection Set), following the usual clinical procedure for blood sampling. No less than 3 ml venepuncture tubes with a 2 (3) ml vacuum draw shall be used for collecting blood.

9.15 Disposal of partial blood samples:

This issue may arise when a player's vein collapses after a small amount of blood has been collected. The procedure shall be repeated on the other arm to obtain a sufficient volume of blood before packing it in the Beger Kit.

9.16 The blood samples shall be screened for blood doping such as EPO abuse using two parameters (haematocrit and reticulocyte %).

9.17 IOC accredited laboratories are able to detect blood doping substances like EPO and Darbepoetin in urine.

If this analytical method shows suspicious results in urine and blood, the case shall be declared positive.

If the results of the blood analysis are suspicious, further blood samples may be collected for further analysis.

9.18 In accordance with par. 6 of FIFA's Doping Control Regulations, the analyses for blood tests shall be carried out in IOC accredited laboratories.

The information on the results is similar to the handling of urine test results.

## **10. Information on the Declaration of Agreement for Blood Tests – cf. Appendix B**

*"Strict doping control – including blood testing – does not seem to violate the physical and mental integrity of the individual player. On the contrary, it can be seen as a necessary strategy to preserve football/soccer – sport in general – as an arena in which we can explore our possibilities and limitations as human beings."*  
(Sigmund Loland, 1993)

During the Olympic Games in Sydney and Salt Lake City and the 2002 FIFA World Cup Korea/Japan., over 1000 pre-competition blood samples were taken from athletes to detect erythropoietin (EPO) and darbepoetin (Aranesp) abuse.

Urine specimens were also taken at the same time in accordance with the relevant Doping Control Regulations.

Blood tests are now widely accepted as a technique to limit the use of performance-enhancing drugs, all of which may have serious physical and mental side-effects and contra-indications for athletes.

A well publicised and administered programme adds to the credibility of FIFA's competitions, gains support and acceptance from football/soccer players and eliminates doubts about the use of endogenous hormones such as EPO. FIFA therefore informed all team doctors accordingly at the Workshop in Tokyo on 28 February 2002.

All team physicians unanimously agreed to support any requisite blood tests during the 2002 FIFA World Cup Korea/JapanTM to identify the substances in question for the sake of the players' health, fair play and drug-free football.

Consequently, all players agreed to undergo blood tests.

Nevertheless, over the years there has been much discussion about the use of "invasive techniques" to take blood samples from athletes.

FIFA has always respected the principle of the players' physical and mental integrity.

However, the world of sport and different societies in all corners of the earth – regardless of cultural and religious backgrounds – have come to realise the risks of high-potential doping substances and methods. A consistent fight against doping therefore calls for consistent methods.

The so-called method-goal relation between respect for the athletes' integrity and the need to take blood samples for doping control through invasive methods has evolved in favour of a consistent fight against doping.

During the last Olympic Games and the FIFA World Cup Korea/JapanTM, blood sampling was generally well received by athletes and their coaches, managers and team doctors. Blood samples were taken from athletes from 55 countries and no-one objected on either cultural or religious grounds. The blood sample procedure was modelled on the urine specimen procedure and on medical blood sampling. Most athletes were familiar with both methods and were aware that blood sampling carried out by proficient (*lege artis*) intravenous collection does not incur any health risk except perhaps local haematomas.

FIFA still adheres to the policy of engaging only specially trained doping control physicians for doping tests.

All players are required to sign the Declaration of Agreement for Blood Sampling (Appendix B), which FIFA must receive prior to the tournament.

Team doctors are encouraged to accompany their players, as they are usually interested in the procedure, are able to reassure the players and are regarded as the ideal people to provide accurate feed-back to the rest of the team.

### **III. MATTERS NOT PROVIDED FOR**

1. Matters not provided for in these regulations shall be settled by final decision of the relevant organising committee.
2. If there is any discrepancy in the interpretation of the English, French, Spanish or German versions of these regulations, the English text shall be authoritative.
3. The regulations for doping tests at FIFA competitions and out of competition shall be implemented and construed according to Swiss law and the rules of the football-specific chamber of the Court of Arbitration for Sport (CAS).
4. Any dispute arising from or related to the present regulations will be settled in accordance with FIFA jurisdiction and, if necessary, by the football-specific chamber of CAS in Lausanne, Switzerland, in accordance with its regulations.