

AUSTRALIAN SPORTS DRUG AGENCY

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NATIONAL SPORT INFORMATION CENTRE
AUSTRALIAN SPORTS COMMISSION
LEVERRIER STREET
BRUCE A.C.T. 2617
AUSTRALIA

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1992 - 1993
ANNUAL REPORT



**AUSTRALIAN SPORTS
DRUG AGENCY**

**ANNUAL REPORT
1992-93**

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*"A society's recreation is charged with
moral significance.*

*Sport — and a society that takes it
seriously — would be debased if it did not
strictly forbid things
that blur the distinction between
the triumph of character
and the triumph of chemistry."*

George Will

Don H. Catlin, M.D.
12415 Rochedale Lane
Los Angeles, Ca. 90049
213-472-1471

September 23, 1993
VIA TELEFAX
61-62-811226

Steve Haynes
Chief Executive
Australian Sports Drug Agency
P.O. Box 345
Curtin, ACT 2605
Australia

Dear Steve:

I am thoroughly delighted to learn that your fine Nation will host the games of 2000. Having experienced the thrill and excitement of being personally involved in '84 I can attest to a wonderful experience coming your way. It will be a marvellous experience. Hurrah for Sydney.

I am equally excited because your Agency and Lab will be able to play a major role in doping developments during this critical phase. I can't imagine a better person to shoulder that responsibility than you, and wish you wisdom and determination as you traverse the terrain.

Best regards,

Don H. Catlin, M.D.
Medical Commission
International Olympic Committee



The Hon. Ros Kelly MP
Minister for the Environment, Sport
and Territories
Parliament House
CANBERRA ACT 2600

My dear Minister

The Australian Sports Drug Agency is pleased to present its Annual Report for the year ended 30 June 1993. This report has been prepared pursuant to the requirement of Section 63(M) of the *Audit Act 1901* as required by Sections 54 and 63 of the *Australian Sports Drug Agency Act 1990*.

Yours sincerely

Professor Peter Baume AO
Chairperson
Australian Sports Drug Agency

1 November 1993

Australian Sports Drug Agency Action Plan

- * Advocate for the establishment of an international sports drug agency with the major role of implementing a worldwide, year-round drug testing program.
- * Conduct a workshop with leading Australian legal experts and advocate for an international system of arbitration and appeal aimed at reducing the risk of litigation in the civil courts resulting from positive drug tests.
- * Provide funding to the Australian Government Analytical Laboratories to *maintain its international drug testing accreditation and to carry out research into emerging problems including the detection of human growth hormone.*
- * Develop international anti-doping agreements with major international sports federations and key countries including those within the Council of Europe.
- * Finalise and publish research investigations concerning the effect of drug use on the value of sport and the effectiveness of the Australian Sports Drug Agency.
- * Develop and implement school-based education programs to address the growing concern related to the use of anabolic steroids by adolescents for reasons of performance or appearance enhancement.
- * Develop a coordinated national strategy on drugs in sport involving sport, health, education and law enforcement agencies in both the public and private sectors.
- * Establish State- and Territory-based sports drug units to educate and more greatly empower the sporting community to deal with the complex problem of *drugs in sport.*
- * Establish a national advisory council on drugs in sport. This is to be undertaken in close consultation with the sporting community including the Australian Olympic Committee, the Confederation of Australian Sport, the Australian Sports Medicine Federation and the Australian Commonwealth Games Association.
- * Upgrade the free-call Hotline telephone service to advise athletes and coaches and their doctors about the status of various drugs and medications. This will be achieved through corporate sponsorship.

This 10-point action plan, developed during 1993, summarises the key priorities of the Agency in the context of the 1993-94 Budget which was announced by the Federal Minister for Sport, the Honourable Ros Kelly, MP.



'ASDA will receive \$3 million in support, enabling it to continue its role as a world leader in eliminating the use of drugs in sport.

ASDA will also receive assistance this year to expand its education program I have been particularly impressed with what the ASDA has been able to achieve in such a short time through its testing and education programs the testing programs conducted on our elite athletes at events and out-of-competition have produced a significant deterrent effect. Whilst these testing programs are essential, the long-term solution to the drugs in sport problem will also rely on education programs and an international network of commitment and cooperation.'

*Hon. Ros Kelly, MP
Minister for the Environment, Sport and Territories*

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SUMMARY OF COMPLIANCE WITH REPORTING GUIDELINES

This summary is based on 'The guidelines for the content, preparation and presentation of Annual Reports by statutory authorities' (Senate Hansard 11 November 1982 — see Appendix 1) and 'Terms of Reference — Senate resolution of 14 December 1989' cited in Appendix 1 of 'Report on the examination of annual reports' No 1 of 1992.

Enabling Legislation	See page 14
Responsible Minister	See page 18
Power and Objects	See pages 16–17
Membership and Staff	See pages 19–21
Financial Statements	See page F1
Activities and Reports	See pages 14–79
Special Operational Issues	See pages 26–27
Subsidiaries	Not applicable

CHAPTER 1

INTRODUCTION

Sport is about participation, performance, competition and achievement. Above all, it is about building character and improving the health and well-being of the nation. Drugs to enhance physical performance undermine the essential values of all that sport is about. The Australian Sports Drug Agency is committed to reducing the harm associated with drug use in sport in order to enhance the well-being of individuals and the value of sport to society. This is the Agency's mission and it is being addressed through four corporate priorities:

- * to achieve an environment conducive to fulfilling the Agency's mission;
- * to increase the skills and knowledge of individuals in order to facilitate informed decision-making about the use of drugs;
- * to deter individuals from using drugs or prohibited practices; and
- * to advocate and enhance the development of a just and equitable national and international response to the drugs in sport issue.

The Australian Sports Drug Agency was established by the *Australian Sports Drug Agency Act 1990*. This Act was amended on 9 July 1992 when the *Australian Sports Drug Agency Amendment Act 1992* came into effect.

In its first two years of operation, from 18 February 1991, the Australian Sports Drug Agency has become a recognised leader in the anti-doping field. Its achievements range from the implementation of a highly effective drug testing program, to innovative approaches to drug education programs for sport, to completion of research initiatives and the provision of policy advice on a range of doping issues.

The year 1992-93 has been one of further growth as the Agency has improved the efficiency of its operation to ensure program delivery meets sporting community needs. The Agency is committed to supporting sport to deal with the problem of drug use to enhance performance, and focuses on meaningful consultation with those most affected — athletes, coaches, and sports administrators.

The issue is one that can be adequately addressed only by the sporting community itself, which must understand and respond to the problems of drug use in appropriate and practical ways. The Agency has implemented a range of formal and informal mechanisms to ensure the sporting community becomes more involved in the problem.

The Agency consults with government and non-government bodies from sport, health, education and law enforcement sectors, in particular with athletes (through the Athlete Advisory Groups), national sports organisations, the Australian Sports Commission (ASC), Australian Sports Medicine Federation (ASMF), Australian Olympic Committee, and the Departments of Environment, Sport and Territories, Health, Housing, Local Government and Community Services and Employment, Education and Training.

The Agency also advises the Minister for the Environment, Sport and Territories.

This report covers the activities of the Agency for the financial year 1992-93.

OBJECTS, FUNCTIONS AND POWERS

The objects, functions and powers of the Agency are set out in the *Australian Sports Drug Agency Act 1990*. Its objectives are to:

- * encourage the practice of sport free from the use of drugs in a manner consistent with protecting the health of competitors, the values of fair play and competition, and the rights of those who take part in sport;
- * encourage the development of programs to educate the sporting community and the community at large about the danger of using drugs in sport;
- * provide leadership in the development of a national strategy concerning drugs in sport;
- * encourage the establishment of a centralised drug sampling and testing program that exposes all competitors to drug sampling and testing at short notice in and out-of-competition;
- * encourage State and Territory governments, and national, State and Territory sporting organisations to adopt uniform drug sampling and testing procedures;
- * encourage the development and maintenance of sports drug testing laboratories accredited by the International Olympic Committee; and
- * promote and encourage the adoption of uniform drug sampling and testing procedures and educational programs relating to the use of drugs in sport internationally.

The functions of the Agency include provisions to:

- * maintain a schedule of substances and practices referred to in the International Olympic Committee List of Doping Classes and Methods;
- * establish and maintain a Register of Notifiable Events;
- * notify persons and bodies of entries to the Register;
- * disseminate information about the penalties likely to be imposed if competitors record positive test results or fail to comply with requests to provide samples for testing;
- * select competitors who are to be requested to provide samples for testing;

- * collect samples from competitors and arrange for the testing of samples by accredited laboratories and the secure transit of samples to accredited laboratories;
- * develop and implement education programs to discourage the use of drugs in sport;
- * consult with and provide information to government and non-government organisations and other persons within Australia and overseas;
- * take steps aimed at ensuring Australian compliance with international agreements and arrangements concerning the use of scheduled drugs and doping practices in sport to which Australia is a party;
- * undertake research, and arrange for research to be undertaken, into the use of drugs in sport; and
- * encourage the pursuit of optimal sports performance in an environment free from the use of drugs.

The powers of the Agency include provisions to:

- * enter into contracts;
- * acquire, hold and dispose of real and personal property;
- * occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Agency;
- * appoint agents and attorneys;
- * engage persons to perform services for the Agency;
- * accept gifts, grants, bequests and devices made to the Agency and act as trustee of money or other property vested in the Agency on trust; and
- * develop, maintain, distribute and publish information on procedures for, and developments concerning, the collection and testing of samples.

RESPONSIBLE MINISTER

The responsible Minister is the Minister for the Environment, Sport and Territories, the Hon. Ros Kelly, MP. The Minister has powers under the following sections of the Principal Act to:

- 20(1) appoint members to the Agency Board;
- 31 determine members' terms and conditions of appointment not otherwise provided for in the Act;
- 33(1) grant leave of absence to the Chairperson;
- 35(1) approve the Chief Executive engaging in paid employment outside the duties of the Chief Executive office;
- 37(1)(2)(3) and (4) appoint an acting Chairperson, Deputy Chairperson, Chief Executive and members;
- 36(1) and (2) terminate a member's appointment under certain circumstances;
- 48(1) and (2) approve the Agency's Strategic Plan;
- 49(2) approve variations to the Agency's Strategic Plan;
- 52(1) and (2) approve the Agency's annual operational plan; and
- 62(1) approve the Agency entering into contracts involving payment or the receipt of more than \$100 000, or into lease arrangements of land for ten years or more.

The Minister also has statutory powers under the following sections of the Principal Act to direct the Chairperson or Agency to:

- 18(1)(2) and (2A) provide the Minister with details of positive and negative test results;
- 21(2) convene a meeting of the Agency Board;
- 51(1) revise the Agency's annual operational plan if of the opinion that the plan is inconsistent with the Agency's Strategic Plan;
- 59(1) and (2) prepare estimates in a form, and for any period of time, determined by the Minister;

- 68(1) perform its functions or exercise its powers in accordance with a written direction; and
- 69 report to the Minister on the conduct of its activities.

The Minister exercised no statutory powers of direction during the financial year 1992–93.

MEMBERSHIP

Section 19(1) of the *Australian Sports Drug Agency Act 1990* provides for the Agency to consist of a Chairperson, a Deputy Chairperson, up to three other members who are appointed on a part-time basis, and a Chief Executive who is appointed on a full-time basis. All appointments to the Agency Board are made by the Minister. Terms of office are for periods of up to three years, and members are eligible for re-appointment.

In February 1993, the appointments of Br Wallace, Miss Kavanagh and Ms Cheesman expired. Br Wallace and Miss Kavanagh were re-appointed to the Agency Board for three-year terms. Ms Cheesman, for personal reasons, declined an offer of re-appointment to the Agency Board.

As at 30 June 1993, membership of the Agency Board and the periods of appointment were:

Chairperson	Prof Peter Baume, AO,	18.2.91–17.2.94
Deputy Chairperson	Dr Brian Corrigan, AM,	6.3.92–5.3.94
Chief Executive	Mr Steve Haynes	18.2.91–17.2.94
Members	Miss Tricia Kavanagh	18.2.93–17.2.96
	Br Bob Wallace, AM,	18.2.93–17.2.96

BOARD MEETINGS

Under section 21(1) of the *Australian Sports Drug Agency Act 1990*, the Agency Board is required to hold such meetings as are necessary for the efficient performance of the Agency's functions. During the 1992–93 financial year the Agency Board met in Canberra on three occasions: 24 July 1992, 22 October 1993, and 10 June 1993.

Major decisions and outcomes of the meetings included:

- * examination of the need for an expanded government-funded testing program;
- * an increased emphasis on out-of-competition testing;
- * selection of athletes for testing being based on an assessment of factors likely to encourage drug use in particular sports;
- * the Agency to consult with the Australian Sports Commission's Medical Advisory Panel on issues associated with the therapeutic use of banned substances;
- * the process of seeking the views of sports medicine professionals towards the therapeutic use of banned substances commence;
- * the Agency continue to advocate the adoption by international sporting organisations of uniform drug testing procedures and out-of-competition testing programs;
- * the Agency continue to expand its involvement in international anti-doping agreements;
- * establishment of Sports Drug Education Units in States and Territories as the Agency education program priority;
- * referral to the National Campaign Against Drug Abuse of concerns of the Agency Board over the use of anabolic steroids within gymnasia;
- * development of a drugs in sport policy for children and junior athletes to be developed by the Agency in consultation with sporting organisations and health and education agencies;
- * information on international anti-doping initiatives to be made available to athletes and national sporting organisations;
- * results of the Agency's annual athlete survey and athlete consultations to be circulated to athletes and national sporting organisations;
- * the Australian Government Analytical Laboratories research program funded by the Agency to be directed to projects designed to improve the accuracy and effectiveness of analytical detection of hormonal doping;

- * approaches to be made to the IOC, the AOC and government sources to conduct research associated with improving analytical techniques for the detection of hormone doping; and
- * the adoption of the Agency's Equal Employment Opportunity policy and flexible work practices designed to assist the Agency in meeting the child-care needs of Agency staff.

THE STAFF OF THE AGENCY

The Agency employed 31 staff members during 1992–93. The Chief Executive of the Agency was the sole senior executive officer.

Contact officer for the Agency is Ms Kerri Morson, Special Projects Officer.

PO Box 345 1 Phipps Place
CURTIN ACT 2605 DEAKIN ACT 2600

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The Agency establishment as at 30 June 1993 is shown in Appendix 2.

PUBLICATIONS AND PRESENTATIONS

Members and staff of the Agency presented or published during 1992–93 a number of papers related to the issue of drugs in sport. (See Table 1.)

SOCIAL JUSTICE

The Agency's social justice objective is concerned with the equitable distribution of opportunity, rights, power and resources, expressed in terms of participation, equality, access and equity. The Agency achieved this objective as a result of:

- * active participation by stakeholders in policy formulation and program delivery, including participation by athletes (including those with physical and intellectual disabilities), members of predominantly women's sport, and individuals involved in master sports;
- * active participation (which resulted in the established priorities of the Agency) in social research projects by athletes from a range of sports and competitive levels;
- * conducting client needs assessments as the initial stage of the development and implementation of programs, in particular, educational interventions;
- * producing drug testing information materials to meet the needs of people with non-English-speaking backgrounds;
- * a '008' Hotline service providing free access to information on a range of drugs in sport issues throughout Australia;
- * conducting workshops and presentations for athletes with physical and intellectual disabilities;
- * conducting drug testing primarily on elite athletes without discrimination of access and equity target groups;
- * conducting the drug testing procedures with regard to privacy and natural justice;
- * implementing the management practices of the Agency with high regard for industrial democracy, including access to part-time employment options for staff returning from maternity or paternity leave;
- * recruiting staff without discrimination, particularly EEO target groups; and
- * extending access to the Agency's information database and resources to all States and Territories, particularly through the Agency's regional staff.

The principles of gender equity have been implemented throughout the Agency at all levels of management and operations.

Equal Employment Opportunity

The Equal Employment Opportunity (Commonwealth Authorities) Act 1987 (EEO Act) requires Commonwealth authorities which employ 40 or more staff to develop and implement Equal Employment Opportunity (EEO) policies and programs.

There is no legislative requirement for the Agency to implement an EEO policy, as fewer than 40 staff are employed, but in accordance with the Agency's commitment to the principles of social justice, EEO principles and practices set down in the EEO Act have been adopted.

The Agency's EEO Plan, developed in consultation with Agency employees, has been implemented.

The following objectives have been implemented:

- * the Agency Board and Executive have endorsed the Plan;
- * all Agency employees were informed of the Board's endorsement of the Plan;
- * wording of all Agency job advertisements makes reference to the Agency's being an EEO employer;
- * all Agency members, including new employees, were provided with a copy of the Plan and the Agency continues to distribute information as it becomes available;
- * the Agency produces a range of resources, all free of stereotyping, sexism or culturally biased language;
- * all members of the Agency are involved in the development of policies and practices through mechanisms which include staff and program managers' meetings (modified management practice reflecting a team approach is underway to ensure opportunity for greater involvement of staff throughout the organisation);
- * no Agency employee to date has left the organisation, with the exception of female staff on maternity leave. All three who have taken maternity leave have chosen to return to part-time employment with the Agency;
- * policies and procedures are reviewed as issues, difficulties or complaints arise (no complaints have arisen);

- * a staff training program with adequate resources to allow for training needs identified by staff has been developed — employees attend a range of training and development courses that increase job-related skills; and
- * a self-directed induction program for new staff has been developed, and induction training programs are conducted, where appropriate.

Industrial Democracy

An industrial democracy plan was developed and incorporated within the strategic and operational plans of the Agency. The following strategies to promote industrial democracy were implemented:

- * active staff participation in and 'ownership' of development of the strategic and operational plans;
- * regular staff meetings and program meetings;
- * regular executive and program manager meetings;
- * establishment of a self-funding social club and committee;
- * development of terms and conditions of employment endorsed by all staff, the Department of Industrial Relations, DASET and the Agency Board;
- * *ensuring staff access to all records related to activities identified and implemented in the annual operational plan;*
- * *implementation of individual staff development and performance appraisal programs;*
- * provision of information update sessions to meet staff needs;
- * provision to staff of relevant information from Agency Board meetings;
- * establishment of a child-care policy committee; and
- * active participation by all staff in the development of an enterprise agreement which mirrors that of the Australian Public Service.

The assessment of industrial democracy objectives is an integral part of Agency evaluation plans.

Occupational Health and Safety

In accordance with the requirements of the *Occupational Health and Safety (Commonwealth Employment) Act 1991*, the Agency developed and implemented an Occupational Health and Safety (OH&S) policy and employer–employee agreement following a process of consultation with Agency employees, involved unions and Comcare.

The OH&S policy and agreement established consultative mechanisms through which Agency employees can raise occupational health and workplace safety matters for discussion. These mechanisms, while recognising the role of involved unions, focused primarily on staff consultations. All Agency employees endorsed the policy and agreement.

The objectives of the policy are to:

- * secure the health, safety and welfare at work of employees of the Australian Sports Drug Agency;
- * protect people at or near the workplaces of the Australian Sports Drug Agency from risks to their health and safety arising out of the activities of Agency employees at work;
- * ensure that expert advice is available on occupational health and safety matters affecting the Agency Board, Executive, employees and contractors;
- * promote for the Agency Board, Executive and employees a work environment adapted to their health and safety needs; and
- * foster a cooperative consultative approach between the Agency Board, Executive and employees on the health, safety and welfare of employees at work.

Freedom of Information

During 1992–93, no requests for information under the *Freedom of Information Act 1982* were made to the Agency.

SPECIAL OPERATIONAL ISSUES

Defence of litigation — Mr Martin Vinnicombe

Australian cyclist, Martin Vinnicombe, commenced legal action against the Agency in January 1992. The action was made in relation to the Agency's decision to enter Mr Vinnicombe's name on the Agency's Register of Notifiable Events.

The action continued throughout 1992–93, and in June 1993, litigation was settled with no admission as to liability on the Agency's part, and on terms satisfactory to the Agency.

Appeals from individuals who failed to comply with a request to undertake a test

Section 13(1) of the *Australian Sports Drug Agency Act 1990* states that:

where a competitor has failed to comply with a request to provide a sample, the Agency must:

- (a) give to the competitor a written notice stating:
 - (i) that the competitor has failed so to comply; and
 - (ii) that the competitor may, within the submission period, make submissions to the Agency to the effect that the competitor had reasonable cause for failing so to comply; and
 - (iii) the Agency's obligations under sections 14, 17 and 18; and
- (b) subject to subsection (2), decide whether the competitor had reasonable cause for failing so to comply.

In 1992–93, 22 competitors failed to comply with the request to undertake a drug test. Nine lodged an appeal under Section 13 of the Act, stating their reasons for failing to comply. The Chief Executive of the Agency upheld five appeals on the grounds that each of the individuals had retired from the sport prior to the request to undertake a test, and no longer met the definition of competitor set out in the Act. In regard to Section 13(4) of the *Australian Sports Drug Agency Act 1990*, none of the unsuccessful appellants requested that the Administrative Appeals Tribunal review the decision.

Audit report — Australian National Audit Office

The audit of the Agency's accounts and records of financial transactions and assets for the year ended 30 June 1992 was conducted by the Australian National Audit Office. The results were satisfactory, and an unqualified audit report was issued.

SUMMARY OF OUTCOMES FOR 1992-93

Drug Testing

- * The Agency conducted 2877 tests (compared to 2480 tests in 1991-92) on competitors from 60 sports. The names of 46 competitors were entered on the Register of Notifiable Events.
- * The overall incidence of positive drug tests for prohibited drugs was reduced to 0.2% and suggests a significant deterrent effect has been maintained.
- * The number of positive drug tests resulting from therapeutic and inadvertent drug use was 16. Three competitors tested positive for marijuana and 22 refused to undergo a drug test.
- * Over half (51.8%) of all tests were conducted on a short-notice, out-of-competition basis.
- * The response from a survey conducted by the Agency on 3000 athletes whose names are on the drug testing register confirms that a significant deterrent effect has been maintained. A majority (87%) of athletes support the need for the independent ASDA testing program. The awareness of athletes of the possibility of being subject to drug testing has increased from 59% in 1992 to 80% in 1993. Anecdotal evidence collected by the Agency from key Australian athletes and coaches further endorses the achievement of a significant deterrent effect.
- * The efficiency of the drug testing program was improved by implementing the recommendations from the Australian National Audit Office review of drug testing procedures, for example, improving the provision of up-to-date information obtained from national sporting organisations.
- * No changes were required to those entries previously made in the Register of Notifiable Events in relation to prohibited drug use.

Education

- * Ongoing evaluation conducted by ASDA showed that elite athletes and secondary target groups maintained a high level of knowledge with respect to specific drugs in sport issues. This was achieved through the continued implementation of information services including pamphlets, booklets, wallet cards, video tape materials and the provision of workshops, talks and a 'Hotline' telephone service.

- * Key organisations and individuals in the sporting and education communities implemented drug education programs, in concert with the Agency, through teacher in-service programs, State-based Drug Education Units and major umbrella organisations including the Australian Coaching Council and the Australian Sports Medicine Federation.

Policy and Research

- * The Agency maintained a leadership role in the area of drugs in sport. An increase in the fairness and systematic nature of the approach to the drugs in sport issue both nationally and internationally was achieved by:
 - providing significant input on a variety of drugs in sport issues to world forums including the World Health Organisation Program on Substance Abuse, the International Olympic Committee, the Council of Europe Anti-doping Convention Monitoring Group, and the International Working Group on Drugs in Sport;
 - providing expert advice and services for drug testing on behalf of various countries, international federations and regional events including the International Weightlifting Federation, FINA (international swimming), FISA (international rowing), the International Amateur Athletics Federation, UCI (international cycling), and the 1993 South-east Asian Games;
 - members of the Agency maintaining their appointments, or being appointed, to the International Working Group on Drugs in Sport, the International Olympic Committee Specialist Commission on Out-of-Competition Testing, the World Health Organisation Drugs and Sports Project and the Council of Europe Anti-doping Convention Monitoring Group;
 - maintaining its implementing role for multilateral agreements with the United Kingdom, Canada, Norway and New Zealand;
 - providing assistance to State governments and sporting organisations in the development of consistent legislation and/or drugs in sport policies on drug testing and education, and by establishing or maintaining State education units in New South Wales, South Australia, Victoria and the Australian Capital Territory;
 - undertaking social and evaluative research with ASDA's major stakeholders, primarily elite athletes and coaches, and assessing and responding to the needs and concerns of sporting organisations;

- the provision of legal advice on drug testing issues to sporting organisations and key professionals, including the preparation of a chapter on drugs in sport in the legal text 'Expert Evidence';
 - *maintaining liaison with key government and non-government organisations to develop effective anti-doping strategies, improve efficiency and effectiveness of program delivery, and avoid duplication of services (organisations consulted included: Department of the Environment, Sport and Territories; Australian Customs Service; Department of Employment, Education and Training; Department of Health, Housing, Local Government and Community Services; Australian Sports Commission; Australian Institute of Sport; Australian Coaching Council; the Australian Sports Medicine Federation; Confederation of Australian Sport; and the Australian Olympic Committee);*
 - initiating a major social research project to address the impact of drug use on the value of sport and initiating research into issues related to blood testing and the detection of human growth hormone; and
 - implementing a comprehensive approach to management planning including the review, development and implementation of strategic, operational and evaluation plans.
- * The Agency programs were developed and implemented with high regard for the principles and elements of social justice including access and equity. *The drug testing program was implemented with high regard for an individual's right to natural justice.*
 - * Participation in decision-making processes by the Agency's stakeholders was achieved through a variety of consultative processes, including State-based Athlete Advisory Groups, and workshops for sports organisations.
 - * A *Memorandum of Understanding for the provision of laboratory analytical services* was developed, implemented and monitored.

Executive

- * The internal operations of the Agency were more efficiently and effectively conducted due to modifications made to existing workplace systems. Recommendations from the Agency's internal audit and from the Australian National Audit Office annual audit were implemented. Program activities were achieved within budget and financial management practices were *optimised*.

- * A reduction in administrative operations was achieved through program review while ensuring that general support and administrative services met the needs of the Agency staff and Board members.
- * A mirror enterprise bargaining agreement, based on the public service agreement, was developed and ratified by the Industrial Relations Commission, and the development of its productivity component was initiated. It will focus on enhanced client orientation and an Agency team approach, including increased shared decision-making.

Social Justice

- * The Agency implemented social justice policies including access and equity, occupational health and safety, equal employment opportunity and industrial democracy.
- * Services provided by the Agency were made available to all Australians. Increased participation in decision-making was achieved through a variety of consultative processes.
- * Resources were distributed equitably although prioritisation of activities was necessary. It was conducted in a non-discriminatory manner.
- * The Agency undertook specific activities, particularly within the drug testing program, with high regard for an individual's right to natural justice.
- * The internal operations of the Agency were implemented with regard for industrial democracy.

OUTLOOK OF ACTIVITIES FOR 1993-94

The outlook of activities is summarised under programs areas.

Executive Program

The Executive Program will continue to develop the International Strategy by coordinating input from key stakeholders. A framework for action and implementation strategies will be prepared.

As part of the multilateral agreement with the United Kingdom, Canada and Norway, an international registry will be developed to assess the extent of anti-doping initiatives being implemented.

The development of the National Drugs in Sport Strategy will continue with the establishment of a working party consisting of experts in health promotion, policy development and sport. This working party will focus particularly on the development of a national policy on anabolic steroids which will be incorporated into the National Drugs in Sport Strategy.

Consultation with sport, health and education sectors at national and State levels will improve with the application of a systematic approach based on a communication plan. The implementation of additional State Drug Education Units (SDEUs) will be initiated by the Executive. Oversight of existing SDEUs will be a priority.

Agency evaluation required by the Portfolio Evaluation Plan will be conducted. Research data to assist the evaluation process and contribute to future direction will be collected.

Accounting and other corporate service systems will be improved to enhance Agency efficiency. This complements the requirements of an Agency productivity agreement which will be developed following industrial democracy principles.

Client orientation will be improved by management practices modified for a team approach. Changes associated with implementing the team approach will be facilitated by the Executive.

Policy and Research Program

The Policy and Research Program will continue to provide doping policy advice to national and State sport organisations to enable the sporting community better to understand drugs in sport issues and provide appropriate responses.

The deterrent effect of the drug testing program will be enhanced by facilitating analytical research, particularly the ability to detect the use of hormones for performance enhancement. This research will be conducted primarily by the Australian Government Analytical Laboratories (AGAL).

The issue of therapeutic use of banned medications will be a focus. The Policy and Research Program will consult with the sporting community, and particularly medical practitioners, to determine a range of appropriate options for sports dealing with this issue.

The Program will ensure the active participation of key stakeholders, including athletes and sports administrators, in policy formulation and implementation. The Athlete Advisory Group is one strategy to be used.

Legal issues relevant to sport and doping policies will be addressed through a legal workshop and presentations to national sports organisations.

Drug Testing Program

The event and out-of-competition testing program will be delivered effectively and efficiently. The level of deterrence achieved will be enhanced by an improved distribution plan to be further developed on the knowledge of those involved in sport.

A range of promotional activities that raise athlete awareness of the likelihood of testing will be implemented.

The training and ongoing professional development of drug control officials will be a priority.

The program will also monitor blood-testing developments and make recommendations on its design and implementation.

Education — Consultancy Program

The Consultancy Program will continue to work at State and national levels to achieve a comprehensive approach to education. In particular, through the SDEUs, sport will be involved in identifying drug use concerns and determining strategies which can be implemented by the community.

The program will focus on key target groups including athletes, coaches and sports administrators.

Ongoing support will be provided to the SDEU of New South Wales as it enters the second phase of its plan and extends its focus to include a greater range of sports and implement the drugs in sport policy developed by the NSW sports community.

The Victorian, South Australian and Australian Capital Territory SDEUs will assist their respective sporting communities to integrate education into existing structures and deal with such policy issues as the introduction of complementary legislation.

The program will assist the Australian Coaching Council and the Australian Sports Medicine Federation to integrate drug education into existing curriculum frameworks. Training course presenters and coaching coordinators will facilitate this process.

Educational needs of national sporting organisations will be addressed following a completed needs analysis, and will be developed through a workshop program.

Teacher in-service training will continue to be a priority. The mechanism for implementation will be provided by the National School Development in Health Education Project.

Education — Communications Program

The Communications Program will focus on the effective dissemination of communications strategies already developed. It will be linked to the test distribution plan to improve timely access to information for athletes.

The development of a drug testing information program, 'P Project', will be a priority, and includes training a network of presenters throughout Australia.

The program will also initiate the involvement of medical professionals in the educational interventions required by sport.

CHAPTER 2

POLICY AND RESEARCH PROGRAM

The Program objective is 'To facilitate a consistent and systematic approach to the drugs in sport issue through the provision of policy advice and research information'.

INTERNATIONAL INITIATIVES AND ACTIVITIES

Development of International Strategies

During 1992–93 a background paper was prepared as a basis for assessing the international drugs in sport situation and its impact on Australian athletes. The paper has confirmed that there is harm to Australian competitors due to implementation of non-uniform drug testing policies and programs between countries.

During 1993–94 the Agency will be working with sport to reduce this harm through the development of appropriate strategies.

The Agency provided advice to the Department of Environment, Sport and Territories (DEST) on its international anti-doping initiatives, and on a proposal by UNESCO to become involved in the drugs in sport issue.

International Anti-doping Agreements

The Agency was the statutory authority responsible for fulfilling Australia's obligations under the terms of a multilateral international anti-doping agreement between Australia, Canada, Norway and the United Kingdom, and a bilateral anti-doping agreement between Australia and New Zealand.

At a meeting of multilateral partners in July 1991, members agreed to complete self-assessments of the extent to which each country had developed and implemented the components of the International Olympic Charter Against Doping in Sport (Appendix 5). The Agency received 'self-assessments' from Norway and the United Kingdom in November 1992. Australia and Canada provided theirs in 1991–92.

A meeting of the four multilateral partners was held 6–8 November 1992 in Strasbourg, France (to coincide with the Council of Europe Anti-doping Convention meeting 9–10 November 1992). *The major outcomes of the meeting were:*

- * the purpose of the Reciprocal Testing Plan was clarified and the four countries agreed to a system;
- * that an International Registry of anti-doping programs and activities be established and that ASDA would coordinate this project;
- * ASDA agreed to review a number of papers identifying legal issues associated with doping, and to provide an overview of the legal concerns relating to the doping issue; and
- * that each of the four partners would summarise their current involvement with bodybuilding.

Development of the operational annexes to the bilateral agreement between Australia and New Zealand was delaying pending the establishment of the New Zealand Sports Drug Agency.

New Zealand indicated its intention to establish a government agency, based on the Australian legislative model, responsible for the conduct of drug testing and education programs. An officer of the Agency was invited in February 1993 to provide advice to the New Zealand Hillary Commission on the development of legislation to create the New Zealand Sports Drug Agency. The NZ legislation is expected to come into effect in July 1993.

In discussions with ASDA, the New Zealand Hillary Commission expressed interest in becoming more involved in international anti-doping agreements, including becoming an additional signatory to the multilateral anti-doping agreement. ASDA advised the Department of the Environment, Sport and Territories (DEST) of the New Zealand position. DEST has taken up the issue with the Department of Foreign Affairs and Trade.

In addition to these tests, the Agency conducted out-of-competition tests on athletes from Germany, Switzerland and Guam.

The Agency intends to examine the feasibility of entering into further anti-doping arrangements with anti-doping agencies in other countries. Preliminary discussions were held with officials from France, Austria and Germany.

International Registry Project

One of the agreed outcomes of the multilateral agreement was to conduct an international survey among all countries and International Sports Federations (ISFs) to assess the extent of anti-doping activity throughout the world. Arrangements for the project have been completed and it will be conducted during 1993—94. A preliminary assessment conducted by ASDA of anti-doping activities in the Asian and Oceania regions provided the groundwork for this project, which will be conducted by the Agency.

International Test Statistics

Historically, it is perhaps due to the limited effectiveness of the anti-doping activities of international sporting organisations that governments have become involved in anti-doping programs. In more recent times, however, a number of international federations have begun to implement potentially more effective programs, often using the services of such organisations as ASDA.

The following table shows the number of drug tests and the percentage of competition and out-of-competition tests conducted by countries during 1992.

Drug testing programs

Country	Total number of tests	Competition (%)	Out of competition (%)
Austria	647	90	10
Australia	2648	46	54
Belgium	1545	95	5
Canada	2347	45	55
Cyprus	16	N/A	N/A
Czech Republic	*199	73	27
Denmark	735	40	60
Finland	819	50	50
France	10,000	80	20
Hungary	750	62	38
Iceland	63	33	67
Italy	10,656	95	5
Lithuania	45	38	62
Luxembourg	60	98	2
Netherlands	** 547	N/A	N/A
New Zealand	424	40	60
Norway	1412	26	74
Romania	630	?	?
Sweden	2300	40	60
Switzerland	1612	88	12
United Kingdom	4167	82	18

N/A detailed breakdown of testing program figures not available.

* Czech Republic created in January 1993. These figures are for the period 1 January 1993 – 29 April 1993 only.

** This figure does not represent a complete record of testing conducted in the Netherlands. Testing is not coordinated under one body in the Netherlands, sporting organisations conduct their own testing. This has made it difficult for the Netherlands to monitor test numbers.

Review of the figures suggests that a number of countries conduct appropriate drug testing programs, particularly those where at least half the tests are 'out-of-competition'.

The Agency has been unable to obtain information about testing programs in such countries as the United States of America, the Commonwealth of Independent States, and China. It is hoped the International Registry project planned for 1993–94 will assist in the preparation of a complete picture of anti-doping activities, including drug testing programs, internationally.

Agreements with International Sporting Organisations

ASDA has been working closely with a number of International Sports Federations (ISFs) to assist their anti-doping work. Initiatives taken during 1992-93 include:

- * the International Amateur Athletics Federation and the International Rowing Federation approached ASDA to conduct, on their behalf, out-of-competition testing programs in Australia and the Asia-Oceania region;
- * the International Swimming Federation (FINA) acknowledged out-of-competition testing in its doping policy;
- * FINA requested ASDA's assistance in conducting testing in the region;
- * the International Cycling Federation (UCI) commenced a review of its doping policy to include considering introducing out-of-competition testing and increasing its sanctions for positive test results;
- * ASDA has agreed to conduct testing for UCI at the 1993 World Junior Cycling Championships to be held in Perth in September 1993. ASDA and UCI negotiated an agreement on sample collection procedures to be used which satisfies both ASDA's legislative requirements and UCI rules;
- * the International Weightlifting Federation (IWF) approached ASDA seeking its assistance in re-drafting IWF doping policy. It has been agreed the re-draft will address the implementation of a more substantial out-of-competition testing program; and
- * ASDA has agreed to conduct drug testing at the IWF World Championships to be held in Melbourne in November 1993.

ASDA has also provided advice to ISFs, national sporting organisations and organising committees of international events on Agency ability to conduct drug testing at international events held in Australia. ASDA is required to conduct testing in accordance with the provisions of the *Australian Sports Drug Agency Act 1990*. The Act provides suitable flexibility to enable the Agency to conduct ISF testing in accordance with ISF procedural requirements, while maintaining an appropriate standard of procedures.

Advice has been provided to sporting organisations for the following events:

- * Oceania Karate Championships, Liverpool, September 1992
- * Melbourne International Epee Challenge, Melbourne, October 1992
- * Women's World Grand Prix Volleyball, Sydney, June 1993

- * Australian (Modern) Pentathlon Open, Sydney, February 1993
- * Perth International Madison (cycling), Perth, March 1993
- * World Disabled Weightlifting Championships, Melbourne, April 1994
- * Arafura Games, Darwin, April 1993
- * Men's World Cup Hockey, Sydney, November 1994
- * World Masters Weightlifting Championships, Perth, September 1994
- * World Junior Ice Racing Championships, for event bid 1995
- * 2nd Lawn Bowls Championships for the Disabled, Adelaide, April 1993.

The action of national anti-doping agencies such as ASDA, in working with ISFs to deal more effectively with the drugs in sport issue, is being increasingly recognised and accepted. In particular, ISFs are recognising that out-of-competition testing programs can be more efficiently and effectively conducted through cooperation with national anti-doping agencies.

'FISA (the International Rowing Federation) would now like to look at the possibility of utilising nationally recognised anti-doping agencies such as yours. We feel that through you the testing would be more efficiently, more expertly and more inexpensively done.

In the future, we would like to use ASDA for testing out of Australia, notably in the Asian region.'

Mr John Boulton, Executive Director, FISA

International Forums and Meetings

The Agency represented Australia at the annual Council of Europe Anti-doping Convention Monitoring Group meeting held in June 1993. The Agency had been invited to attend as an observer. Officers from the Agency also attended meetings of the Council of Europe's Working Group on Technical Questions in November 1992 and Education Working Group in December 1992.

The Council of Europe has advised the Agency that it would like Australia to accede to the Anti-doping Convention, due to the contribution the Council believed Australia could make in advancing its anti-doping objectives in the Asia-Pacific region. The Agency informed the Council of Europe June 1993 meeting that the invitation would be welcomed and should be referred to the Minister for Foreign Affairs and Trade, the Hon. Senator Gareth Evans.

The Agency presented a paper in January 1993 at the International Cycling Union (UCI) Anti-doping Commission meeting in Italy. It was well received by the

Commission Executive and by UCI President, Mr Verbruggen.

The part that I consider most beneficial was their acceptance and acknowledgment of the role of the ASDA and the Australian Government in the fight against drugs, together with your modus operandi.

I am confident that the contacts now in place with your Agency and the International Federation (UCI) will lead to an expansion of future testing of athletes and in particular to the random testing situation.

On behalf of my international colleagues we pass on our gratitude for the foresight in bringing about this most advanced step which we have been trying to achieve for a long period.'

Ray Godkin, President, Australian Cycling Federation (ACF),
and Vice-President, International Amateur Cycling Federation
(FIAC)

The Agency followed up this session at a meeting in March 1993 with Mr Verbruggen and the Australian Cycling Federation President, Mr Godkin, in Sydney. Officials from New Caledonia, Vanuatu, Guam and New Zealand were also present.

The Agency continued to lobby internationally for a consistent approach to the drugs in sport issue through the Chief Executive's membership of the International Working Group on Drugs in Sport (IWG) and the International Olympic Specialist Committee on Out-of-competition Testing (SCOCT).

One of the aims of SCOCT has been to encourage the International Olympic Committee (IOC) and ISFs to take more responsibility in dealing with out-of-competition testing. One positive step was made following a combined meeting of the IOC and the Association of Summer Olympic International Federations (ASOIF) held in Lausanne on 21 June 1993. The IOC and ASOIF jointly announced they had decided to 'intensify the prevention of, education and fight against doping in sport'. More specifically, they agreed to:

- * accelerate unification of their anti-doping rules and procedures for competition and out-of-competition testing;
- * invite all ISFs to adopt as a basic document the list of banned classes and methods of doping established by the IOC Medical Commission, and to undertake the appropriate controls for each sport;
- * accelerate, in full collaboration with the ISFs, unification of the minimum

sanctions provided for by the IOC Medical Commission, and to ensure their application at both international and national levels;

- * invite each ISF to recognise the sanctions imposed by other ISFs;
- * use the laboratories accredited by IOC for all major international competitions and for out-of-competition testing;
- * develop cooperation between IOC, ISF, the National Olympic Committees, national sporting organisations and governmental and other organisations concerned in order to combat the trafficking of doping substances in sport;
- * set up a special financial assistance program for those ISFs that need help to intensify their anti-doping controls; and
- * provide that sports included in the Olympic program must be governed by ISFs which agree to comply with the above-mentioned principles.

This initiative is one of the most significant developments in international work against doping in sport. ASDA will be monitoring closely its implementation, particularly the implementation of special financial assistance to ISFs needing help to intensify their anti-doping testing programs. Clearly, the issue of resources has been identified by many ISFs as a factor limiting their ability to conduct out-of-competition testing programs.

Meetings with the German Anti-doping Commission

In July 1992 Agency officials travelled to Germany to conduct pre-event testing on members of the Australian Olympic team based in Europe. During the pre-event testing program, an Agency officer met with the Deutscher Sportbund Commission for Anti-Doping Control for discussions on the international issue of drugs in sport. The Deutscher Sportbund also provided additional resources to assist the Agency's testing officers in conducting its pre-event program.

World Health Organisation

The World Health Organisation (WHO) Programme on Substance Abuse has implemented a project 'Drugs and Sports', designed to develop a foundation for action to reduce problems associated with the use of drugs in sport.

The Deputy Chief Executive of the Agency was invited by WHO to become a member of the project's Advisory Committee, which met 7-11 June 1993 to review and modify the project proposal and develop a framework of action and schedule

for implementation.

The project is expected to develop a drug education model based on health promotion principles to target specific global regions which are economically disadvantaged.

International Visitors

The Agency received visitors from Germany, Canada, Norway, Sweden, New Zealand, Thailand and Austria. They were interested in discussing international strategies to reduce the problem of drugs in sport, and, in particular, reviewing the Agency's educational resources and exchanging information on testing program procedures. A number of them expressed interest in their countries entering international anti-doping agreements with Australia.

The following officials met with Agency representatives in Australia:

Dr Reinhard Schunke
Director of Youth and Sport
Sachsen-Anhalt
Germany

Ms Hawea Townsend
Program Manager
New Zealand Sports Drug Agency

Dr Andrew Pipe
Chairman
Canadian Centre for Drug-Free Sport

Dr Nakorn Chaturaporn
Director of Sports Science Centre
Sports Authority of Thailand

Dr Ulf Forsman
Swedish Sports Confederation

Professor Hans Holdhaus
Director
Austrian Institute for Sports
Medicine and Science

Mr Lars Gustavsson
Swedish Sports Confederation

Dr Heinz Jungwirth
Secretary-General
Austrian Olympic Committee

Mr Arne Fagerlie
Head of Sports Department
Norwegian Confederation of Sport

Dr Walter Pillwein
Secretary-General
Austrian Confederation of Sport

The Fourth Permanent World Conference on Anti-doping in Sport

The Chief Executive and the International Adviser were invited to chair and lead sessions at the Fourth Permanent Conference on Anti-doping in Sport, to be held in London in September 1993.

Sydney Olympics 2000 Bid

The Agency is a member of the Sydney Olympics 2000 Bid Health Care Committee. The Agency's role is to advise on the doping control program for the Games.

The Agency assisted in the development of the drug testing section of the Bid Document, and attended the IOC Enquiry Commission Health Care briefing.

It also provided cost estimates for the conduct of drug testing for the 2000 Olympic Games and Paralympic Games, and provided information on doping control for incorporation into media releases on the 2000 Olympics.

POLICY DEVELOPMENT WITHIN AUSTRALIA

National Coordination

One of the objectives of the Agency, as specified in the *Australian Sports Drug Agency Act 1990*, is to 'provide leadership' in the development of a national strategy on drugs in sport. The Agency developed an internal discussion paper on the need for such an approach, and identified government and non-government organisations within sport, education, health, law enforcement and drug education sectors with a role to play in strategy development.

The need for a national drugs in sport policy was also recognised in the National Drug Strategic Plan (NDSP) for 1992–1997 and the Commonwealth Drug Strategy, which set out how Commonwealth Government agencies would give effect to NDSP strategies. The NDSP is based on a harm-minimisation approach.

One of the key national objectives of NDSP is to reduce the rates of use of prohibited substances by sportspeople. The NDSP also identifies the Agency, together with the Commonwealth Department of Health, Housing, Local Government and Community Services (DHHLGCS), as responsible for coordinating the development of the national drugs in sport strategy.

The Agency was represented on the working parties that prepared both the NDSP and the Commonwealth Drug Strategy.

Developing the national drugs in sport strategy commenced in early 1993. The Agency initiated a process of consultation with the DHHLGCS Drugs of Dependence Branch. Preliminary discussions were held also with the Department of Employment, Education and Training on the coordination of drugs in sport education activities; with the Department of the Environment, Sport and Territories,

the Australian Sports Commission, the Australian Customs Service (ACS), and the Australian Bureau of Criminal Intelligence.

The process of coordinating strategy development will continue throughout 1993-94.

Anabolic Steroids Sub-Committee

The Anabolic Steroids Sub-Committee (ASSC) was established by the National Drug Strategy Committee (NDSC) to address growing concern about harm associated with anabolic steroid use. The Agency was invited to participate in ASSC along with DHHLGCS, ACS and State Police and Health Departments.

The ASSC terms of reference are to:

- * identify the issues necessary to develop a national policy on the misuse of anabolic steroids;
- * provide coordination of present and future strategies for dealing with their misuse; and
- * report to the NDSC and Ministerial Council on Drug Strategy on the progress of the ASSC.

ASSC met on 20 May 1993 and determined more information was required, better to understand the problem of anabolic steroid use in the wider community and appropriate interventions. A consultant's brief to conduct this research has been prepared.

Anabolic Steroids Schedules

In early 1993, ASDA carried out a survey of State and Territory legislative regulations relating to scheduling of anabolic steroids, follow-up to a similar 1991 review. The 1993 survey indicated few changes to the regulations in the intervening 18 months, and that substantial variance still exists between States and Territories in both the scheduling of anabolic steroids and the fines and penalties that exist for breaching them.

The diversity of approach to anabolic steroid scheduling is one of the issues being addressed by the Ministerial Council on Drug Strategy Anabolic Steroid Sub-Committee. ASDA has proposed that a system of uniform scheduling of anabolic steroids would assist in reducing the harm associated with their use.

Doping Policies

The Agency provided assistance to a variety of government and non-government sporting organisations wishing to address the drugs in sport issue. In advising on doping policies, the Agency encourages sporting organisations to adopt a comprehensive response to the issue.

The Agency emphasises the need to complement testing programs with information and education programs. It also encourages sporting organisations to consider how they wish to address issues like inadvertent and therapeutic use of banned drugs, the needs of special groups such as children and veterans, protecting the privacy of athletes subject to testing, observing natural justice, and legal issues.

The Agency continued to consult the Australian Sports Commission (ASC) concerning amendments to its doping policy to ensure that the policy, where applicable, complements and reflects the requirements of the Agency's testing program.

The Agency provided advice on various policy aspects to professional sporting organisations that contract it to conduct testing. They include the New South Wales Rugby League (NSWRL), Australian Football League, National Basketball League, National Soccer League and South Australian National Football League. In discussions with NSWRL, the Agency was advised that the modified NSWRL doping policy would be adopted as Australian Rugby League policy, and may be used as a *model for International Rugby League policy*.

Other organisations to seek policy development advice from the Agency include the Australian Olympic Committee, Australian Powerlifting Federation, Basketball Australia, NSW Academy of Sport, Triathlon Australia, Australian Confederation of Sport for the Disabled, Special Olympics Australia, Australian Deaf Sports Federation, and Australian Natural Bodybuilding Federation, and (through the ASC) the organising committees of the Australian Masters Games and the 1994 World Masters Games.

The Agency prepared doping policy guidelines to assist its discussions with sporting organisations seeking advice on or developing a doping policy. The guidelines identify issues that should be considered. These include testing needs, information and education requirements, legal considerations, and privacy aspects. The guidelines have been developed in consultation with solicitors and law academics.

Consultation with Stakeholders

The Agency is aware of the need to consult regularly with its stakeholders to provide relevant and practical policy advice. While the Agency has frequent

contact with a variety of individuals and organisations, there was an increase in formal and specific contacts during 1992-93.

Athlete Advisory Groups

Elite athletes are a key stakeholder group and the group most directly affected by the Agency's testing and information programs.

To increase their consultation, the Agency established Athlete Advisory Groups (AAGs), which provide elite athletes the opportunity to 'have their say' on the drugs in sport issue, and the Agency with valuable feedback on its activities and initiatives.

The AAGs include elite athletes from each State institute or academy of sport, the Australian Institute of Sport, and from professional sports leagues for which the Agency conducts testing. Approximately 55 athletes are currently involved. AAG meetings were held in each State capital and in Canberra between December 1992 and March 1993. Much information was exchanged, both AAG members and the Agency becoming better informed. The consultations highlighted athletes' interest and concerns. Discussions at the various AAG meetings revealed that athletes:

- * supported the idea of AAGs, and appreciated the opportunity to comment on Agency testing and education activities;
- * believe that they are not receiving enough information about the drugs in sport issue, such as information on testing procedures, athletes' rights and responsibilities in testing situations, banned and permitted drugs, and how individuals are selected for testing;
- * are interested in what is happening at the international level;
- * thought that Australia was taking the issue more seriously than many other nations;
- * thought the testing system in Australia was generally good, but were less happy with what they saw overseas;
- * wanted consistent testing procedures and sanctions at all levels;
- * pointed out several aspects of the testing process that could be improved;
- * were still concerned about the possibility and consequences of an inadvertent positive test result;
- * were concerned that athletes (of many nationalities) were travelling overseas or to country areas to avoid testing;
- * wanted more media exposure given to the fact that testing occurs and that the vast majority of tests are negative;
- * believed that awareness of the issue had increased, and the use of prohibited drugs decreased, in Australia in recent years;

- * wanted doctors, coaches and administrators to be more knowledgeable about the issue; and
- * were concerned about the issue of therapeutic use of banned drugs.

The Agency has responded to many of the concerns raised by the AAGs. It has acted to circulate more regular and frequent information to elite athletes on testing procedures, athletes' rights and responsibilities in testing situations, banned and permitted drugs, and international initiatives.

The Agency intends to convene AAG meetings every 6–12 months to ensure its continued access to the views of elite athletes. AAG members have been invited to continue direct comment to the Agency at any time.

National Sporting Organisations

In November 1992, in conjunction with the Australian Sports Commission, the Agency organised a Legal Workshop on Drugs in Sport for national sporting organisations (NSOs). Feedback from NSOs about the workshop indicated interest for further opportunities to discuss and investigate legal aspects of the drugs in sport issue, as well as in other aspects such as policy development and education.

In response to NSO comments, the Agency sought more detailed comments from NSOs of the 14 sports in which the Agency conducts the majority of its testing. These are athletics, Australian Rules football, basketball, canoeing, cycling, gymnastics, hockey, netball, powerlifting, rowing, rugby league, swimming, triathlon and weightlifting.

These consultations took the form of a needs assessment in which NSOs were asked to indicate areas of concern and/or interest they would like to see addressed by a workshop, and their interest in participating in a smaller interactive workshop to address common concerns. They were also asked to comment on the suitability of an interactive workshop.

There was general support for the concept. NSOs identified interest in workshops addressing such issues as the impact of complementary legislation, legal issues discussed at the November 1992 workshop (eg, authority to test, natural justice, privacy), appropriate information and education strategies, therapeutic and inadvertent use of banned substances, and international initiatives.

Results of the needs assessment led to the formulation of a draft workshop program to be circulated to relevant NSOs, with plans to conduct the workshop early in the 1993–94 financial year.

Drugs in Sport Legal Issues Workshop

In November 1992, the Australian Sports Commission (ASC) and the Agency held, for representatives of NSOs, a workshop that addressed drugs in sport legal issues. It was organised in response to concerns expressed by a number of sporting organisations about some legal challenges to drug test results and doping-related sanctions in Australia and overseas. NSOs were concerned about their exposure to similar legal challenges.

Speakers who addressed the workshop included Mr Hayden Opie (Senior Lecturer in Law, University of Melbourne), Mr Simon Rofe (Gadens Ridgeway, AOC Solicitor), Mr Brian Roe (Chairman, Athletics Australia Doping Committee) and Ms Marianne Robinson (Legal Expense Insurance).

One of the major issues addressed by the workshop was consideration of strategies NSOs should adopt to minimise the risk of successful litigation against the application of their doping policies. NSOs were advised that while it was impossible to stop athletes initiating litigation, it was possible to reduce the risk of being successfully challenged. Suggested actions NSOs might take include ensuring their constitutions and/or doping policies provide the authority to test and to impose sanctions, respecting natural justice through any hearing process, making available information on banned drugs and penalties for breaches of the policy to those affected by the policies, and providing education programs.

The content of the workshop was well received and generated significant interest in the subject. In response to a questionnaire seeking feedback, sports administrators identified a number of concerns and needs they wanted ASDA, the ASC and government to address. The most commonly expressed need was access to skilled legal advice to address issues raised during the workshop. In particular NSOs sought assistance in the following areas:

- * drafting constitutions and doping policies to provide the authority to test and impose sanctions;
- * accommodating groups with special needs (eg, children, veterans, athletes with disabilities);
- * examining existing doping policies to ensure they satisfy the legal requirements of natural justice;
- * negotiating with international sporting federations in relation to differences between the requirements of international doping policies and ASDA's testing procedures and ASC sanction requirements;

- * identifying the legal liability of sports administrators and sporting organisations; and
- * developing information and education strategies that satisfy duty-of-care obligations.

In response to these concerns, the Agency has drafted, in consultation with solicitors and law academics with an interest in drugs in sport, doping policy guidelines that outline the issues NSOs need to consider when developing policy. The guidelines cover such issues as authority to test, provision of natural justice, and handling claims of therapeutic and inadvertent use. They do not impose a policy response on the organisations, but rather encourage sporting organisations to clarify how they want to respond to a particular issue and then shape their doping policy to enable them to respond in that manner.

The Agency has also developed a range of information resources designed to assist sporting organisations inform their athletes about which drugs are banned, alternative medications that are permitted under the rules of sport, and testing procedures.

The Agency and ASC have also asked the Department of the Environment, Sport and Territories to examine whether sporting organisations may be eligible for some form of legal aid to assist them in meeting costs associated with defending any litigation.

Therapeutic Use

Some athletes suffer from medical conditions that require the use of drugs banned by their sporting organisations. The Agency has been contacted many times by athletes, doctors and sporting organisations so involved, seeking advice.

Few NSOs have in place a system to deal effectively with the situation. While they may believe that athletes should not, because of a medical condition, be precluded from competing, they may not allow for this in the doping policy. It is a complex issue, with any approach having multiple implications.

The Agency sought the views of experienced medical practitioners within the sporting community and the Australian Sports Medicine Federation's Drugs in Sport Sub-Committee on the issue, and how they would prefer it to be addressed. The process of consultation will continue through 1993-94. The Agency will examine their responses with a view to raising it with NSOs as a matter for their doping policies to address.

Special Interest Groups

Consistent with its commitment to social justice and access and equity, the Agency has sought to address the special needs of children and junior athletes, veterans and masters, and athletes with disabilities.

Children and Junior Athletes

The Agency has developed a drugs in sport policy for children and junior athletes to set out how it will develop and deliver education, testing and policy initiatives to meet the needs of under-18s.

The policy is intended to contribute to a reduction in drug-related harm to children and juniors. The Agency's primary policy objectives are to work with the sporting community to:

- * promote an environment conducive to healthy participation in sport by children and juniors;
- * increase the awareness and level of knowledge of children and juniors about drugs in sport;
- * provide children and juniors with the information and skills necessary to understand and deal with situations associated with drug use in sport;
- * protect the rights of children and juniors during the sample collection and testing processes; and
- * encourage sporting organisations to adopt a fair and equitable response when children or juniors record positive test results or fail to comply with a request to provide a sample.

Strategies implemented to give effect to the policy include:

- * encouraging sporting organisations to incorporate preventive drug education initiatives in their drug testing policies;
- * consulting with elite athletes under 18 years of age, under-18s generally, and parents and coaches, to identify their education and information needs, and, in consultation with these groups, developing education initiatives designed to address their needs;
- * facilitating a coordinated and consistent approach to drug education through the development of drugs in sport education initiatives in consultation with relevant government and non-government agencies;

- * conducting testing on only those children (ie, under-15s) and juniors (15-17 years) who are identified by their national sporting organisation as being of national or international standard in open age or junior competition, or who are competing in national or international standard open and junior sporting events;
- * *protecting the rights and entitlements of children and juniors throughout the sample collection process;*
- * encouraging children and juniors to advise a parent or guardian of any request to provide a sample;
- * providing appropriate information resources to children and juniors requested to undergo a drug test;
- * encouraging children and juniors to have a representative present to oversee the sample collection process, and to advise a parent or guardian *of any positive test result or failure to comply;*
- * while acknowledging the need for sanctions as a deterrent, requesting sporting organisations to consider the adoption of less severe sanctions for children and juniors, due to the level of maturity and legal status of persons under 18 years of age;
- * encouraging sporting organisations to include counselling as a key part of any sanction imposed on a child or junior athlete for a drug-related offence; and
- * encouraging sporting organisations to recognise and provide for the special needs of children and juniors in their drug testing policies.

The policy was developed following consultation with a range of government and non-government sporting, health and education agencies. It was endorsed by the Agency Board in June 1993.

Veteran and Master Sport

The Agency is aware that, in many cases, veteran and master athletes have different and specific needs to those of most elite athletes, as far as drug use in sport is concerned.

The Agency sought the views of international and national veterans and masters sporting organisations on the use of drugs within veterans' sport.

Organisations include Masters Swimming International, the World Association of Veteran Athletes, the World Masters Cross-Country Ski Association, AUSSI Masters Swimming, the Australian Rugby Golden Oldies and the Australian Association of Veteran Athletic Clubs.

According to veterans' sporting organisations, many veteran athletes are on some form of medication for legitimate medical reasons, not for the purpose of performance enhancement. Further, veteran and master sport is commonly believed to have a different emphasis to that of elite competition, the focus being more on taking part and remaining active than on winning.

However, veteran sporting bodies are also aware that some veteran athletes are win-motivated, and that prohibited drug use may be part of that motivation. Masters Swimming International and the World Association of Veteran Athletes already conduct testing at major events.

The Agency has taken these views into consideration when dealing with veteran athletes and masters sporting organisations.

To date, Agency policy is not to conduct testing in veteran and master sporting events unless specifically requested to do so by the sporting organisation concerned.

The Agency, together with the ASC, has been involved in the development of suitable policies for the Australian Masters Games and the 1994 World Masters Games, to be held in Brisbane in 1994. During 1993-94, the Agency will continue to work with the ASC to help the events organising committees develop suitable doping policies.

Athletes with Disabilities

The Agency continued to work with sporting organisations for athletes with disabilities to assist them develop responses to drug use in sport suitable to their specific needs.

Transplant athletes often need to take drugs classified as banned drugs under IOC doping classes and methods to cater for the transplanted organ, so provision for such usage is needed in the relevant doping policies. The need to allow for notification of test selection and test results to a third party in cases involving athletes with intellectual disabilities, and, in the case of deaf athletes, telephone notification for out-of-competition testing, has also been recognised by the Agency. The Agency is also aware that the physical condition of some athletes with a disability has practical implications for the sample collection procedure.

The Australian Confederation of Sport for the Disabled (ACSD) finalised the development of its policy in consultation with ASDA. The Agency also worked with such other organisations as the Special Olympics and Australian Deaf Sports Federation on policy development.

The Agency has provided its drug control officials with additional and specific information to assist in the efficient collection of samples from athletes with disabilities. There have been modifications to sample collection procedures to allow for the requirements of these athletes. Proposed amendments to the ASDA Act and Regulations will allow modifications to the notification and sample collection procedures. These amendments are expected to come into effect in the latter part of 1993.

Sporting organisations for athletes with disabilities have also been provided with relevant drugs in sport information.

Blood Testing

There is increased conjecture within the sporting community over the need to introduce blood testing as a means of detecting substances currently undetectable by urine analysis.

Moves for blood testing to be introduced internationally appear to be gaining momentum. The IOC has announced its intention to conduct blood testing on a trial basis at the 1994 Winter Olympics in Lillehammer, Norway. The International Ski Federation has also introduced blood testing as a supplement to urine testing, and the International Amateur Athletic Federation has indicated it intends to do likewise. Other international sporting bodies may soon follow suit.

A research paper prepared by the Agency in early 1993 provided an overview of developments in blood testing. It included discussion of the major arguments for and against, technical issues, the views of Australian athletes, and an initial assessment of the implications for ASDA should blood testing become standard procedure. The Agency will continue to gather subject information throughout 1993-94.

LEGISLATION

The *Australian Sports Drug Agency Act 1990* was amended on 9 July 1992 when the *Australian Sports Drug Agency Amendment Act 1992* came into effect.

The major effects of the amendments were:

- * an expansion of the definition of 'competitor' to enable the Agency to test a wider range of athletes both within and outside Australia;
- * to allow the Agency to recognise the results of international sporting federations (ISFs) and other anti-doping agencies, provided the sample collection and testing procedures of these organisations met the minimum standards set by the IOC;
- * to allow the Agency to notify ISFs of the A sample result, an amendment to enable ASDA to satisfy the requirements of ISF doping policies when conducting testing on behalf of those ISFs;
- * to allow ASDA to vary its sample collection and testing procedures so that it could comply with the procedural requirements of ISF doping policies, provided the sample collection and testing procedures met the minimum standards set by the IOC, an amendment necessary to enable the Agency to conduct testing on behalf of ISFs at international events held in Australia;
- * to allow the Agency to enter into contracts with overseas sporting organisations to conduct testing both within and outside Australia, an amendment necessary to enable response to requests from overseas sporting organisations in the Asia-Pacific region that ASDA conduct out-of-competition testing programs in the region and testing at competitions such as the South-east Asia Games;
- * to prevent minor variations from prescribed sample collection procedures invalidating test results (the Agency will invalidate test results only if variations to procedures cast doubt on the reliability of a test result); and
- * to provide athletes with the right to seek a review of an Agency decision that a positive test result has been recorded.

Regulations

The Agency provided advice to the Department of the Environment, Sport and Territories (DEST) and the Attorney-General's Department on its requirements for amendments to ASDA Regulations to reflect the operational needs of Agency drug control officials and competitors, and to ensure that the Regulations comply with the requirements of the ASDA Act (as amended).

Complementary Legislation

Commonwealth and State and Territory Ministers responsible for sport have agreed on the need to introduce complementary drug testing legislation at State and Territory levels. Ministers have noted the introduction of the ASDA Act empowered the Agency to test national and international standard athletes, and have agreed there is a need to extend Agency capacity to conduct drug testing of elite athletes competing at State level.

During 1992-93 the Agency consulted with DEST and State and Territory departments responsible for sport, on aspects of complementary legislation. The Agency's comments focus on making States and Territories aware of the operational requirements and limitations of its testing program. It has sought their cooperation not to draft legislative provisions that will impose additional obligations on, or requirements that conflict with the existing operational procedures of, its testing program.

Advice on aspects of complementary legislation was provided to State departments responsible for sport in the Australian Capital Territory, New South Wales, Queensland, South Australia and Western Australia.

Advice to the Australian Capital Territory included advice on the ACT Sports (Drug Testing) Bill introduced in the ACT Legislative Assembly on 17 June 1993. Agency comments related to the practical application of a testing program in the ACT legislation.

DEST has advised that an amendment to the ASDA Act must be made to enable athletes tested under the provisions of State and Territory legislation to access the Commonwealth Administrative Appeal Tribunal and Federal Court review mechanisms provided under the Act. DEST has requested the amendment be included in the legislative program for the 1993 Budget Settings.

RESEARCH

Caffeine Study

A research project investigating the pharmaco-kinetics of caffeine continued throughout 1992-93. The project was due for completion in July 1992, but unforeseen delays were experienced by researchers at the University of New England.

An interim report was provided by them in January 1993. Preliminary results suggest that:

- * there are differences in the urinary elimination of caffeine after exercise is performed, compared with no exercise; and
- * subjects given the dose of 8 mg/kg bodyweight produced urine concentrations that were in excess of the IOC doping level of 12mg/mL.

The researchers have still to complete analysis of metabolite data and gather additional data from non-athletes. Delays were experienced in locating subjects for the final part of the study, as well as technical difficulties with research equipment. A final report is expected in August 1993.

Prostate Cancer

In January 1993, a research project to investigate the feasibility of conducting a major study on the connection between anabolic steroid use and prostatic cancer was commenced. It is being conducted by the Cancer Epidemiology Research Unit of the New South Wales Cancer Council.

The feasibility of two complementary studies to evaluate possible risks of long-term use of anabolic steroids is being considered. The first is a case-control study of all cases of prostate cancer in men aged less than 50 years, in NSW over the last 20 years, to determine whether anabolic steroid use is reported in these cases. The second study is to consider a cohort of bodybuilders retrospectively and examine the incidence of prostate cancer and mortality from prostate cancer. To date, research indicates that generating a cohort of bodybuilders from records of bodybuilding organisations would be extremely difficult. The feasibility study is therefore concentrating on the case-control approach.

At this stage, the study has identified approximately 50 cases at five major NSW hospitals. Requests are before the hospitals ethics committees to allow access to hospital records to determine whether anabolic steroid use was reported in these cases of prostate cancer.

If access is granted, it will be possible to determine whether anabolic steroid use is reported in a significant number of cases, and whether a larger investigative study is warranted.

Synthetic hormones and hormonal doping

The Agency commissioned a strategy paper on methods of detecting the use of synthetic hormones as doping agents in sport.

The research findings indicate that while it is theoretically possible for drug companies to include tracer substances with manufactured hormones, a great deal of research and development is required before this can happen. Drug companies are presently unwilling to undertake this process.

The main alternative to adulteration of manufactured hormones is to develop analysis of blood samples from athletes as a means of detection.

The main conclusion is that an organised strategy and campaign are needed to convince drug companies of the merit of undertaking the necessary research and development to ensure their products are not misused.

The report findings are being reviewed by the Agency. Meanwhile, the Australian Government Analytical Laboratories (AGAL) have been approached by ASDA, as part of the research component of the 1993–94 Memorandum of Understanding between AGAL and the Agency, to examine the feasibility of coordinating research on the analytical detection of hormones among the Clinical Laboratories Against Doping (C-LADA) group of IOC laboratories.

Annual questionnaires

ASDA has conducted two major surveys of elite athletes to ascertain their views on the Agency's testing and education activities and on general drugs in sport issues.

The first survey was conducted March–May 1992, and sought information on the extent to which the drug testing program had produced a deterrent effect, the level of knowledge of elite athletes about drug procedures, and the level of use by athletes of specific information sources.

All athletes on the public interest drug testing register, 3124 in total, were sent a questionnaire. A response rate of approximately 47% was achieved, somewhat below expectations, but, it being an Olympic year, many athletes were overseas and unable to respond.

Survey data was collated and analysed July–September 1992. The key findings were:

- * 60% of athletes were aware they were subject to out-of-competition testing by ASDA;
- * 46% thought it was likely they would be tested at a sporting event;
- * 40% thought it was likely they would be tested at a competition;
- * 87% believed the ASDA drug testing program is likely to deter Australian athletes from using drugs;
- * nearly two-thirds were aware of ASDA information resources; and
- * knowledge levels of drug testing procedures were reasonable, although directly proportional to the amount of testing in those sports in which athletes were involved.

In April 1993, the survey was repeated with a number of modifications to the research methodology. A sample of 1200 elite athletes was selected from the register and a follow-up conducted with non-respondents. A response rate of approximately 65% was achieved. The survey questionnaire addressed a broader range of drugs in sport issues as well as those directly concerned with evaluating ASDA programs. Survey data was collated and analysed during May–June 1993.

The key findings of the 1993 study were:

- * 80% of athletes surveyed were aware of being subject to out-of-competition testing by ASDA, a significantly higher percentage than in 1992;
- * 51% thought it likely they would be tested at a sporting event, while 43.5% thought it likely they would be tested out-of-competition — figures that closely approximate the 1992 results;
- * 83% believed the ASDA drug testing program was likely to deter Australian athletes from using prohibited substances, reflecting the 1992 result;
- * the athletes were quite well informed on correct drug sampling procedures, the exceptions being where the majority of athletes *wrongly* believed there are major differences in collection procedures between event and out-of-competition testing, and that ASDA is the body which imposes sanctions on athletes who test positive to banned substances;
- * elite athlete awareness of ASDA information resources (eg, ASDA Drugs in Sport Hotline, *Permitted Use of Medicines* booklet) had increased between 1992 and 1993, while actual usage of the services had decreased;
- * athletes were generally supportive of the approach adopted by ASDA in working with and consulting the sporting community;

- * testing of under-18 national level athletes was approved of by the majority of respondents; and
- * only 30% commented on the way overseas countries have responded to the drugs in sport issue, the majority of these indicating a belief that overseas countries were making a poor effort, and there was a need to improve overseas procedures and policies.

Value of Sport

Part of the Agency's mission is to enhance the value of sport to Australian society. While there are general notions of the values that sporting activity can engender, there has been no substantial research on its specific values and how drug use affects these values.

In November 1992, Dr Stephen Mugford was commissioned by the Agency to undertake, in collaboration with members of the Agency's research staff, a study on the value of sport.

The project was conceived in two parts: firstly, qualitative research to ascertain the real values of elite athletes, coaches and others in the sporting community, and what accounts of their actions and moral reasoning they offer to justify attitudes and behaviour; and, secondly, more traditional, quantitative research of the wider sporting community.

The qualitative research consisted of a series of interviews and focus group discussions with a range of individuals from the sporting community (ie, current and former competitors, administrators, decision-makers and coaches). The interviews dealt with a range of issues including the qualities of an ideal sports person, what makes good competition, and personal beliefs about drug use and drug testing in sport. The interviews were completed over two months in December 1992 and January 1993. From them it was possible to identify a number of key 'stories' that dealt with values of sport and the use of drugs.

The second half of the study commenced with the development of a questionnaire based on the use of different 'scenarios'. This involved constructing fictional stories that incorporated the key elements of actual cases, as told at interview stage. The stories were then tested and piloted among approximately 50 respondents. The piloting revealed which 'stories' reflect common dilemmas and, in the range of answers, commonly held 'solutions' to them. Scenarios that worked the best eliciting a range of responses were then incorporated into a final questionnaire to be used to obtain numerical assessments of different views within the sporting community.

A sample of people from all levels and positions within the sporting community (eg, local area competitors, Australian representatives, coaches at all levels, politicians, bureaucrats) was then developed and surveying them commenced in June 1993. The final report is expected in September 1993.

AGAL Research Program

Under the terms of the Memorandum of Understanding between ASDA and AGAL, the Agency provides funding to assist AGAL conduct research projects. A committee of representatives from both bodies monitored the research component of the Memorandum.

The following projects were undertaken by AGAL in 1992-93 with the assistance of ASDA funding.

Meaningful levels of pseudoephedrine

Pseudoephedrine is one of the main substances involved in inadvertent doping cases. Currently, it is not possible to distinguish between athletes who have taken this or other related compounds (eg, ephedrine, norpseudoephedrine) for doping reasons, and those using them for a genuine medical purpose.

This research project was conceived in two parts, the first to investigate excretion factors of the drug, including time taken to eliminate the substances from the body and the accompanying urine levels of associated metabolites, and the second to investigate the effect of pseudoephedrine on athletic performance.

A lengthy review process of the initial AGAL research proposal meant the research did not commence until early 1993. The first half of the project has been completed. The second is due for completion by the end of September 1993, with a final report expected in October.

In vivo behaviour of drugs

A number of substances that require research in both analytical methods and determination of their excretion profiles have been added to the IOC list of banned substances. The aim is to include these substances in existing screening procedures and avoid the extra cost involved in separate screens. Under consideration in this study are mesocarb, clenbuterol, buprenorphine and trenbolone.

The research shows that both buprenorphine and mesocarb can be detected by the existing procedure for screening diuretics. Clenbuterol can be detected

using the general steroid screen, but only for a short time. Trenbolone is proving more difficult to incorporate into existing screens, and further investigation is proceeding with immunoassay screening procedures using commercial kits.

AGAL is engaged in other research projects, which, while not directly funded by ASDA, are of interest to the Agency. They include:

Analysis of peptide hormones

This is continuing work commenced in 1992 and measures luteinising hormone (LH) and human chorionic gonadotrophin (HCG). The work is part of a larger project and in collaboration with the London IOC-accredited laboratory.

Reaccreditation and proficiency studies

AGAL completed its IOC reaccreditation studies in January 1993. A proficiency study was also completed in December 1992.

C-LADA collaboration

AGAL continued to participate in C-LADA (Laboratories Against Doping) research activities. C-LADA is a working group within the International Federation of Clinical Chemists and is made up of members from eight IOC laboratories.

The group has reviewed all its work to date on the measurement of testosterone to epitestosterone ratios (T/E ratios). Conclusions are that laboratories can measure the T/E ratio with precision and that intralaboratory variations remain small, although interlaboratory reproducibility is poor. Further experiments are planned for 1993-94.

This year Dr Kazlauskas from AGAL was admitted as a full member of C-LADA.

CHAPTER 3

DRUG TESTING PROGRAM

The Program objective is 'To deter the use of prohibited drugs and practices by competitors by designing, implementing and maintaining a prescribed testing and sample collection program'.

The 1992-93 year was one of further consolidation of the testing program with a total of 2877 tests conducted. The rationale for the distribution of tests was refined to maximise program effectiveness. Promotion of testing activities was increased in recognition of the important link between visibility of testing and level of deterrence.

DRUG TESTING MANAGEMENT SYSTEM

Drug testing procedures audit

The Agency undertook to implement recommendations of the Australian National Audit Office following the 1992 audit of drug testing procedures. These included activities relating to:

- * the development of a consolidated procedures manual;
- * completion of a detailed costing analysis of contract pricing; and
- * facilitation of a Protective Security Risk review.

Testing programs

The activities of the drug testing program are concentrated in two major areas – the public interest program funded by the Commonwealth Government, and a user-pays testing program covering professional sports and international testing agreements.

All analysis was completed by laboratories accredited by the International Olympic Committee in accordance with their listing of banned substances and doping methods. The Australian Government Analytical Laboratories was responsible for analysis of all samples collected within Australia.

Network of sample collection officers

The Australia-wide network of officers employed to conduct sample collection comprised two full-time, three part-time and 17 casual drug control officials. In addition, 167 trained chaperones assisted the collection process.

A support training program was introduced with the inaugural Drug Control Officials workshop conducted in September and a comprehensive Chaperone Accreditation System established. Thirteen workshops were conducted at various centres throughout Australia with a total of 167 chaperones achieving accreditation. These training initiatives have supported the implementation of standardised procedures in the sample collection process.

Public Interest Testing Program

A total of 2134 tests was conducted under the public interest program. The increase from the established program of 2000 tests allowed for adequate coverage of Australia's Olympic athletes prior to the Barcelona Games and balanced any shortfall in test numbers from the previous year.

The public interest program exposed to drug testing competitors from 54 sports. Considerable emphasis was placed on sports determined to be at greater risk of drug use. These included powerlifting, athletics, weightlifting and cycling. The Agency maintained emphasis on out-of-competition testing with an increase to 58% of total tests. Of Australia's elite competitors registered with the Agency, 3346 are exposed to year-round testing through this program.

To increase visibility of the testing program and enhance its deterrent effect, the number of testing sessions was increased to 457. In addition, messages promoting the Agency's drug testing program and Hotline service were placed in event programs and a number of national association newsletters.

Results of an athlete survey indicate the Agency is presently achieving a deterrence rate of 83% among elite athletes.

Professional sports

Agreements appointing the Agency to conduct testing on behalf of the major professional sporting leagues were renewed. These user-pays programs covered the NSW Rugby League, Australian Football League, National Basketball League, National Soccer League and Queensland Rugby League. A total of 253 tests was conducted with pre-season testing at training sessions with 362 completed following competition games.

International Testing Program

International events held in Australia

In efforts to promote equitable treatment for Australian competitors in the international arena, the Agency provided drug testing services at many international sporting events hosted by Australian organisations (see Table 7).

Testing programs for other countries

Under the Government multilateral agreement, the Agency conducted on behalf of the United Kingdom tests on British athletes training in Australia.

Testing program with International Sporting Federations

International Weightlifting Federation (IWF) The Agency undertook testing on behalf of the IWF at the Oceania Weightlifting Championships in Nauru. Agreement has also been reached securing the Agency's services for the World Weightlifting Championships to be hosted by Australia in Melbourne in November 1993.

International Amateur Athletic Federation (IAAF) The Agency worked with IAAF representatives to conduct testing at the IAAF Permit Meet in Melbourne. The IAAF also appointed the Agency to conduct a limited number of out-of-competition tests on their behalf.

South African Rugby Football Union (SARFU) The Agency assisted SARFU in implementing a testing program for the Australian and New Zealand Rugby Union tours of South Africa in September. Testing equipment and advice on sample collection procedures were provided in addition to organising the analysis of 48 samples at the IOC-accredited laboratory in Sydney.

Register of Notifiable Events

The Agency registered 53 entries on the Register of Notifiable Events. Twenty-two entries resulted from competitors refusing to undertake testing, and 32 from competitors testing positive for the presence of an IOC-listed drug. Twenty-two cases were determined to result from inadvertent use of medications, five from prohibited drugs, and four from the use of restricted substances. In addition, one positive result for a prohibited substance was recorded for an international athlete.

CHAPTER 4

EDUCATION PROGRAM

The objectives of the education programs are to integrate drug education into sports programs and structures by developing training programs, support services and resources, and to increase the level of knowledge of relevant target groups on the issues associated with drug use in sport by providing appropriate information.

These objectives were pursued through the Consultancy Program and the Communications Program.

The educational philosophy and approach of the Agency emanated from the Ottawa Charter for Health Promotion (see Appendix 12). This charter was developed in 1987 by international experts in health promotion. The approach focuses on the effects of the drug, the user and, most importantly, the environment in which the drug is used. The education programs continue to implement an approach based on community action and action research principles (see Appendices 13 and 14).

SCHOOL-BASED EDUCATION PROGRAMS

Teacher In-service Training

Teacher in-service workshops aimed at integrating drug education into schools were conducted using *Drugs in Sport — An In-service Manual for Teachers and Consultants*, a manual providing guidelines and strategies to assist teachers and consultants to implement effective education programs.

Teacher Resources

The demand for teacher resources has remained constant, and as a result they have been updated for reprinting.

The Agency's other major schools resources are:

Super Athletes

This resource was designed for the science curriculum. It comprises a series of lessons addressing physiological and ethical issues associated with science, technology and drugs in sport.

Drugs in Sport Isn't Just About Steroids

This resource is a collection of activities designed to give ideas to teachers wishing to incorporate drugs in sport into the curriculum. They cover a wide variety of issues associated with drugs in sport. Teachers can choose whichever are most appropriate to their classes.

Drugs in Sport — An In-service Manual

This manual was designed to assist teachers and consultants to implement effective education programs.

Fools Gold

This resource, produced in 1990–91, was also distributed and used in education programs. It is a complete package of lessons based on an episode of the television series 'A Country Practice', which dealt with drug use in sport, and aims to reinforce the attributes of fair play and good sportsmanship while developing skills and increasing knowledge. The kit contains a teacher's booklet, support materials and a video tape.

School development in health education

Discussions with teachers and advisers from the education and health sectors resulted in the Agency working with the School Development in Health Education (SDHE) Project to determine the best way to extend the Agency's Teacher In-service Program.

SDHE is unusual as it is a national network with cooperation from the community through to teachers and government departments. It has been successful in establishing supportive school environments enabling teachers to design drugs in sport education relevant to their classroom situations.

Pre-service teacher education

ASDA has been working with the University of Canberra to investigate the feasibility of a pilot project incorporating drugs in sport education into pre-service training for teachers.

SPORTS-BASED EDUCATION PROGRAM

Sports Drug Education Units

The NSW Sports Drug Education Unit was a pilot project initiated by ASDA and the NSW Government.

An external evaluation determined that the first stage of the project has successfully increased target group knowledge and awareness of drugs in sport through education initiatives that include workshops for coaches, athletes and administrators, production of printed resources, printed media, and improved communication networks.

Representatives of the sporting community also helped to develop policy.

Based on the success of the pilot project, new State-based units have been established in the Australian Capital Territory, South Australia, and Victoria. Their aim is to work with sporting communities to help each identify its main concerns in drugs in sport and appropriate methods of dealing with these concerns. Sport is directing the process, and the initiatives implemented will be relevant to each community's needs.

A series of workshops aimed at raising awareness and providing information has been implemented as part of a needs analysis to identify the main issues in each State. Steering groups of representatives from the respective sporting communities have been formed to support SDEU project officers by setting and monitoring the direction of drug education initiatives.

Community Awareness Education Project

The Community Awareness Education Project was a pilot project initiated by ASDA and ACT Office of Sport and Recreation. It resulted in the development of a resource kit, *Drugs in Sport – Let's Start at the Beginning*, designed to assist sport administrators responsible for educating coaches of junior athletes.

The workshop resource kit, developed in consultation with the junior sporting community, is designed to explore ways to deal within junior sport with factors that may influence drug use. A number of workshops were conducted to train coach coordinators and sports development officers in its use.

Its development was officially endorsed at a media launch by the Federal Minister for the Environment, Sport and Territories, the Hon. Ros Kelly, and the ACT Minister for Health, Sport and Industrial Relations, the Hon. Wayne Berry.

National Sporting Organisations (NSOs)

A series of seminars and discussions aimed at raising drugs in sport awareness was conducted with sports executive directors and coaches. As a result, NSOs expressed a need for information and education about a variety of issues. Further consultation revealed that NSOs were interested in discussing in small group settings issues surrounding education, policy and legal issues. A number of workshops are being planned in conjunction with the policy and research program of the Agency.

Australian Coaching Council (ACC)

Agency research identified the coaching community as a key group in drugs in sport education. To assess and determine the needs of coaches, in respect of drugs in sport, the Agency has worked closely with ACC. Development of a coach education manual has been initiated, and information sessions have been presented at ACC workshops for course designers, State coaching coordinators, national coaching directors and coaches.

Liaison with ACC has also led to involvement with the Australian Sports Medicine Federation (ASMF) to identify and address drug education needs of sports trainers. The Agency has facilitated discussions between ACC and ASMF to develop jointly a drugs in sport resource.

INFORMATION SERVICES

ASDA's information resources and broader educational programs are developed using a process of consultation with target groups, eg, athletes, coaches, and medical professionals. This consultation, from the ideas phase through to completion, identifies specific information and education needs including appropriate layout, style of language and delivery.

The focus of ASDA's information development during 1992-93 was materials for the elite sporting community, in particular, athletes. Several information resources were developed in response to athletes identifying needs for information on inadvertent doping, including information pertaining to drug testing, athletes' rights and responsibilities, and medications permitted for use. These are described below.

One 1993-94 priority is the implementation and distribution of information resources to ensure elite athletes, Australia-wide, have access to the materials.

Wallet Card

The Wallet Card is designed as a quick and easy reference on permitted over-the-counter medications used to treat common complaints including asthma, pain and inflammation, nausea, colds and allergies. Two cards were produced in 1992–93, as changes to the IOC banned list in March 1993 rendered the initial card out of date. The wallet card has been distributed to all athletes on ASDA's drug testing register, and those at all elite sports institutes and academies. The Agency is ensuring that national sporting organisations have sufficient cards to distribute to all elite athletes, and to June 1993, 10 256 were distributed.

Drugs in Sport Handbook (DISH)

The development of the Drugs in Sport Handbook was completed during 1992–93. It was written to provide athletes with information about the drugs used in sport, drug testing procedures and legal issues affecting the athlete. The book also contains lists of medications, both prescription and non-prescription, that may be used by athletes. Distribution to elite athletes will follow the same guidelines as used for the wallet card, and 20 000 handbooks were printed.

The Drugs in Sport Handbook and the Wallet Card were developed in consultation with athletes, coaches, and medical professionals. As both resources are aimed at *all athletes, a wide variety of specific target groups was consulted, including* representatives of athletes with disabilities, women, athletes from non-English speaking backgrounds, veteran athletes, and children.

The 'If in doubt check it out' Poster

The poster is designed to act as a reminder to medical professionals and athletes to check whether a medication is permitted. Approximately 22 000 posters were distributed to medical professionals Australia-wide, including pharmacists, physiotherapists and doctors. An evaluation of the poster has been carried out with pharmacists and physiotherapists to measure its impact and message, and for feedback on appropriate education strategies. A separate evaluation of doctors will be carried out through work being done with the Australian Sports Medicine Federation. Results of the evaluation are still to be collected.

The Infopac

Development of two Infopacs was completed during 1992–93, one aimed at Years 7–9 students, the other at Years 10–12. Both include a series of fact sheets in loose-leaf format to assist students explore the drugs in sport issue. During

February–May 1993, 754 requests for Infopacs were received.

All the Agency's resources are disseminated on request to the international drugs in sport community. Countries party to international anti-doping agreements with the Australian Government receive copies of Agency-produced educational materials upon availability.

The Drugs in Sport Hotline

The Hotline Service is the Agency's 008 service. It continues to provide elite athletes, coaches and medical professionals with information on permitted medications. The hotline service is now answered personally from Monday to Friday, 9 am–5 pm. The Agency believes this is an improvement on the previous service directed through an answering machine. The change was due to athlete feedback and has resulted in a dramatic increase in calls. During 1992–93 nearly 1000 calls were received, the majority being from athletes and medical professionals.

The Sports Monthly Update

The Sports Monthly Update provides a monthly listing of drugs in sport references that have been added to the International SPORT database during the previous month. The update is delivered to many of the Agency's key contacts including sports physicians, IOC-accredited laboratories and international organisations.

The Media Monitoring Service

Media monitoring ensures that the Agency and key contacts are kept up-to-date with information on current drugs in sport issues from a variety of media sources. Some 1514 items were collected and distributed in 1992–93.

Requests for Information

The Agency processed 964 requests for related drugs in sport information during 1992–93, the majority from secondary students, tertiary students and other drug and alcohol authorities.

Promotion of Services

The Agency's information services and resources were promoted actively during 1992-93, mainly to the sporting community.

CHAPTER 5

EXECUTIVE-CORPORATE OPERATIONS

The objective of the Executive-Corporate Operations Program is 'To facilitate the operations of Agency programs by designing, implementing and maintaining efficient and appropriate systems and practices'.

FINANCE

Internal Audit

Internal audit services were again conducted by the Agency's accountants, Bates & Pickering. Further minor improvements to practices and procedures were recommended and have been addressed.

External Audit

The audit of the Agency's accounts and records of financial transactions and assets for the year ended 30 June 1992 was conducted by the Australian National Audit Office. The results of the audit were satisfactory and an unqualified audit report was issued.

Financial and Accounting Operations

The financial administration procedures were reviewed and an improved accounting system was approved. The upgraded system will provide management *with a much-improved information system. Close monitoring of progress against estimates was maintained through the year. Ministerial approval of the estimates of receipts and expenditure was obtained and updated on four occasions during the year, consistent with Section 59 of the ASDA Act.*

Approximately 3500 accounting transactions were processed during 1992-93. In 1992-93 a part-time administrative officer to implement a computerised payroll system and maintain personnel procedures was appointed. This action has resulted in improved efficiency and accuracy over the previous manual system.

Purchasing Operations

As part of an ongoing process to improve administrative procedures and practices, the purchasing system has been modified. This has resulted in enhanced record-keeping and monitoring of Agency accounts, and a more streamlined system for payment of invoices.

With Agency growth during the year, purchasing procedures were further improved by access to the Department of Administrative Services period contract service. Exemption from sales tax obligations was also approved in May 1992.

Compensation Claim

Four compensation claims were made during the year, two being workplace injuries and two resulting from minor motor vehicle accidents while employees were on their way to work. Measures have been taken to reduce the possibility of the workplace injuries being repeated.

All claims have been accepted by Comcare. A total of 33 work days was lost as a result of employee injuries.

MEMORANDUM OF UNDERSTANDING WITH AUSTRALIAN GOVERNMENT ANALYTICAL LABORATORIES

The Agency developed a Memorandum of Understanding with the Australian Government Analytical Laboratories to undertake 'public interest' and 'user-pay' drug testing in 1992-93 (see Appendix 16).

Through the efforts of the Agency staff involved, improved value-for-money is reflected in the new agreement.

SECURITY

The Australian Security Intelligence Organisation in January 1993 prepared a report providing recommendations to assist ASDA identify and manage its security risks.

As a result of this review ASDA has implemented security strategies which involve staff awareness, reallocation of building keys to designated staff only, and tighter security to drug testing records.

SENIOR OFFICER PERFORMANCE PAY

The Agency employed five officers at Senior Officer level during 1992-93. In consultative processes with the Executive, draft performance appraisal contracts which will be finalised early in 1993-94 were developed. The issue of Senior Officer performance pay will be taken up within the context of the Agency enterprise agreement.

STAFF DEVELOPMENT TRAINING GUARANTEE SCHEME

The Agency met its obligations under the Training Guarantee Scheme. Under this Scheme, 1.5% of the Agency's salary expenditure had to be expended on training. The Agency achieved this obligation through training courses including development of middle management, professional and technical training, financial resource management and program evaluation.

RECRUITMENT

The Agency recruited nine additional staff members during 1992-93. A staffing overview is shown in Table 8, and the organisation chart in Appendix 2. The Agency employed a systematic process of recruitment that assessed clearly the need for the position in relation to the Strategic and Operational Plans. A skills audit of each new position was also undertaken prior to the interview process.

Recruitment guidelines were identified as necessary for the Agency, as no formal guidelines existed. A manual outlining recruitment processes is presently in draft form, yet to be finalised. It is envisaged that the manual will be completed by September 1993, with staff in-service held during October.

PERSONAL REFERENCE MANUAL

A Personal Reference Manual was developed, designed to introduce new members of staff to the Agency, and for use as a first point of reference. It outlines Agency programs, systems, practices and philosophies, and where further information can be obtained. An Induction Manual was developed in conjunction with it, to reinforce some information new to staff members while reducing possible 'information overload' of the induction period.

OFFICE SERVICES

Staff of the Corporate Operations Program supplied Agency clerical and administrative support including typing, photocopying, accounting, superannuation returns, invoicing, receipt and despatch of mail, registry and personnel. Policy changes relevant to support service provision were evaluated and, as a result, minor modifications implemented. A review among corporate operations personnel resulted in a redistribution of duties to improve efficiency.

A more effective and cost-efficient system of despatch of mail, freight and supplies has been implemented.

STATE DRUG EDUCATION UNITS (SDEUs)

The Executive assisted with the establishment of the South Australian, Victorian, and Australian Capital Territory SDEUs. This included recruitment processes, planning implementation, putting in place administrative systems, and assisting SDEU project officers to process their administrative requirements.

SOCIAL JUSTICE

As forecast in the 1990-91 Annual Report, plans were produced to formalise the Agency's position on Equal Employment Opportunity and Occupational Health and Safety. Commitment to industrial democracy was also enhanced through the implementation of regular consultation mechanisms (see Chapter 1).

RECORDS MANAGEMENT

A database was established in November 1991 to assist records management. During 1992-93 266 files were created and entered on the computerised registry system.

COMPUTER SERVICES

The Agency's information technology needs are serviced by Technik Consultants. During 1991-92 the drug testing and records management databases were developed. Preparation of resource materials expanded significantly during the year, leading to the acquisition of a further computer used primarily for inhouse publishing.

Two additional PCs and one lap-top computer were purchased to allow all Program Managers access to a computer. The computer networking system was upgraded and the Word for Windows word processing system introduced.

The final stage of the computer system upgrade will include purchase of four additional computers, and updating the database package.

ACCOMMODATION

Additional office space was acquired in 1992-93 to accommodate additional staff employed as well as the drug control requirements set out in the *Australian Sports Drug Agency Act 1990*.

A five-year lease for the existing and additional premises was prepared by the Agency's solicitors, Freehill, Hollingdale and Page, and signed on 1 March 1992.

Fitout for the new offices was completed in December 1992.

ENTERPRISE AGREEMENT

During 1992-93 the Agency developed an agreement 'Improving Productivity, Jobs and Pay in ASDA: 1993-94'. The Agreement was ratified by the Industrial Relations Commission on 19 May 1993. It mirrors the Australian Public Service Agreement, and will operate until 4 December 1994.

Staff of the Agency did not receive back pay, and the Executive is taking up the issue of retrospectivity on behalf of the staff.

Purpose of Agreement

- (a) This Agreement sets out the framework for achieving ongoing improvements in productivity and efficiency and the enhanced performance of ASDA with the benefits shared by staff, the Agency and its clients.
- (b) The Agreement is central to parties at the Agency level taking greater responsibility for measures designed to improve productivity, efficiency and flexibility, building upon the structural reforms secured through award restructuring.

Objectives

The shared objectives of the parties are to -

- (a) improve productivity and efficiency;
- (b) promote better jobs and secure employment;
- (c) develop and pursue changes on a co-operative continuing basis by using a consultative approach;
- (d) facilitate greater decentralisation and flexibility under Agency agreements;
- (e) maintain essential standards of employment conditions such as hours of work, public holidays, recreation, sick and long service leave, parental leave and redeployment and redundancy arrangements;

- (f) ensure that the gains from improved productivity and changes in the workplace culture are shared by staff, the Agency and its clients; and
- (g) provide certainty, stability and equity in relation to pay and conditions arrangements for the period of the Agreement by maintaining awards complemented by appropriate certified agreements.

MINISTERIAL AND DEPARTMENTAL LIAISON

Close liaison was maintained with the Office of the Minister for the Environment, Sport and Territories. Nineteen submissions and letters were prepared for the Minister during 1992-93.

Liaison occurred on a wide variety of issues with the Department of the Arts, Sport, the Environment and Territories, and contacts were developed with other Commonwealth departments including Finance, Attorney-General's, Administrative Services, and Foreign Affairs and Trade.

LEGAL SERVICES

The Agency's legal services were provided by the solicitors Freehill, Hollingdale and Page. During the year advice was provided in respect of litigation by Mr Martin Vinnicombe (see Special Operational Issues).

CHILD CARE

Flexible work practice endorsed by the Agency Board has been implemented. Two employees, previously full-time, have returned from maternity leave to take up the option of permanent part-time employment.

The general policy of the Agency allows for employees to negotiate work hours to accommodate family commitments.

BOARD SECRETARIAT

The Agency provided secretariat services to the Board including the preparation of Agenda papers, recording of minutes, and travel and accommodation arrangements.

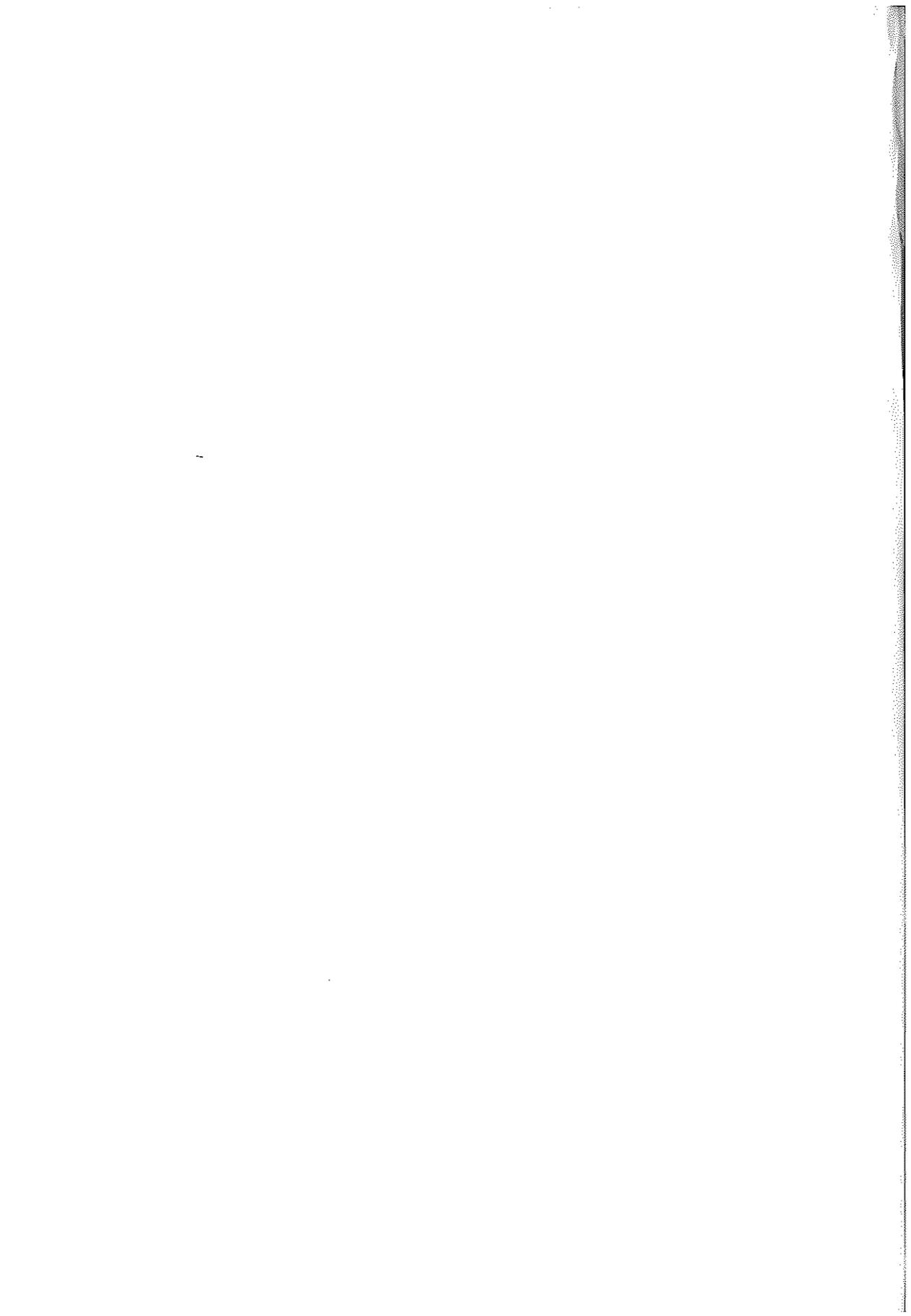
INCOME-GENERATING ACTIVITIES

The Agency maximised the impact of Government funding by implementing cost recovery and income-generating activities, summarised in the following table.

Domestic drug testing services	'Professional' sports
Drug testing services	International events in Australia
Drug testing services	Major events overseas
Drug testing services	Consultancies with International Federations and other countries
Educational resources	
Sponsorship	

USER-PAY DRUG TESTING TARGETS

The Agency developed targets for reducing the proportion of Government-funded drug tests to total tests (see Table 9).





Auditor-General

F93/118

26 November 1993

The Honourable the Minister for the
Environment, Sport and Territories
Parliament House
CANBERRA ACT 2600

Dear Minister

**Australian Sports Drug Agency
Audit Report on Financial Statements
Year Ended 30 June 1993**

Sub-section 63(1) of the Australian Sports Drug Agency Act 1990 (the Act) declares the Agency to be a public authority to which Division 3 of Part XI of the Audit Act 1901 applies.

Pursuant to sub-section 63M(2) of the Audit Act, the financial statements of the Australian Sports Drug Agency for the year ended 30 June 1993 have been inspected and audited. The Agency's financial statements and the audit report issued thereon are attached.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'J.C. Taylor', followed by a horizontal line.

For J.C. Taylor
Auditor-General
CANBERRA



our ref;

AUSTRALIAN SPORTS DRUG AGENCY INDEPENDENT AUDIT REPORT

To the Minister for the Environment, Sport and Territories

Scope

I have audited the financial statements of the Australian Sports Drug Agency for the year ended 30 June 1993. The statements comprise:

- . Certificate by the Chairperson and Chief Executive
- . Operating Statement
- . Statement of Financial Position
- . Statement of Cash Flows, and
- . Notes to and forming part of the Financial Statements.

The Agency's Board is responsible for the preparation and presentation of the financial statements and the information contained therein. I have conducted an independent audit of the financial statements in order to express an opinion on them to the Minister for the Environment, Sport and Territories.

The audit has been conducted in accordance with Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards, to provide reasonable assurance as to whether the financial statements are free of material misstatement. Audit procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial statements are presented fairly in accordance with Australian accounting concepts and standards and statutory requirements so as to present a view which is consistent with my understanding of the Agency's financial position, the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In accordance with Section 63 of the Australian Sports Drug Agency Act 1990, I now report that the statements are in agreement with the accounts and records of the Agency and in my opinion:

- (i) the statements are based on proper accounts and records;
- (ii) the statements show fairly in accordance with Statements of Accounting Concepts and applicable Accounting Standards the financial transactions and cash flows for the year ended 30 June 1993 and the state of affairs of the Agency as at that date;
- (iii) the receipt, expenditure and investment of moneys, and the acquisition and disposal of assets, by the Agency during the year have been in accordance with the Australian Sports Drug Agency Act 1990; and
- (iv) the statements are in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities.



David C. McKean
Executive Director
Australian National Audit Office

CANBERRA

26 November 1993

AUSTRALIAN SPORTS DRUG AGENCY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 1993

In our opinion, the accompanying financial statements of the Australian Sports Drug Agency, consisting of:

- * Operating Statement
- * Statement of Financial Position
- * Statement of Cash Flows, and
- * Notes to and forming part of the Financial Statements

which have been made out in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities,

- i) show fairly the operating result of the Agency for the year ended 30 June 1993
- ii) show fairly the financial position of the Agency as at 30 June 1993, and
- iii) show fairly the cash flows of the Agency during the financial year.

Signed in accordance with a resolution of the Board.



STEVE HAYNES
Chief Executive



PROFESSOR PETER BAUME
Chairperson

26 November 1993

26 November 1993

AUSTRALIAN SPORTS DRUG AGENCY
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 1993

	Notes	1993 \$	1992 \$
COST OF SERVICES			
Operating expenses			
Salaries and Related Expenses		1,190,286	853,017
Administrative Expenses	2	820,692	505,745
Laboratory Accreditation		785,954	845,248
Special Projects		—	18,053
Professional Fees	3	312,397	154,039
Fitout Expenses		—	77,231
Provisions and Unfunded Charges	4	133,268	123,086
Bad Debts Written Off		—	700
		_____	_____
Total operating expenses		3,242,597	2,577,119
		_____	_____
Operating revenues from independent sources			
Sales and Analysis		244,680	240,676
Other Revenue	5	22,924	31,149
		_____	_____
Total operating revenues from independent sources		267,604	271,825
		_____	_____
Net cost of services		(2,974,993)	(2,305,294)
		_____	_____
REVENUE FROM GOVERNMENT			
Parliamentary appropriations received		3,234,000	2,396,000
		_____	_____
Total revenue from Government		3,234,000	2,396,000
		_____	_____
Operating result		259,007	90,706
Accumulated operating results at beginning of financial year		(58,811)	(149,517)
		_____	_____
Accumulated operating results at end of financial year		200,196	(58,811)
		_____	_____

THE ACCOMPANYING NOTES FORM AN INTEGRAL PART OF THE FINANCIAL STATEMENTS

AUSTRALIAN SPORTS DRUG AGENCY

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 1993

	Notes	1993 \$	1992 \$
CURRENT ASSETS			
Cash	6	424,323	95,253
Receivables	7	37,944	19,459
Inventories	8	25,711	22,645
Other	9	2,893	3,071
		<hr/>	<hr/>
Total current assets		490,871	140,428
		<hr/>	<hr/>
NON-CURRENT ASSETS			
Property plant and equipment	10	259,466	211,477
		<hr/>	<hr/>
Total non-current assets		259,466	211,477
		<hr/>	<hr/>
Total assets		750,337	351,905
		<hr/>	<hr/>
CURRENT LIABILITIES			
Creditors	11	156,907	87,804
Leases	12	6,625	5,494
Provisions	4	138,433	96,077
		<hr/>	<hr/>
Total current liabilities		301,965	189,375
		<hr/>	<hr/>
NON-CURRENT LIABILITIES			
Leases	12	5,094	11,719
Provisions	4	69,073	35,613
		<hr/>	<hr/>
Total non-current liabilities		74,167	47,332
		<hr/>	<hr/>
Total liabilities		376,132	236,707
		<hr/>	<hr/>
Net assets		374,205	115,198
		<hr/>	<hr/>
EQUITY			
Capital	13	174,009	174,009
Accumulated operating results		200,196	(58,811)
		<hr/>	<hr/>
Total equity		374,205	115,198
		<hr/>	<hr/>

THE ACCOMPANYING NOTES FORM AN INTEGRAL PART OF THE FINANCIAL STATEMENTS

AUSTRALIAN SPORTS DRUG AGENCY

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 1993

	Notes	1993 \$	1992 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Inflows:			
Cash Flows from Government - Parliamentary Appropriations		3,234,000	2,396,000
Sales and Analysis		227,564	250,723
Interest Received		9,519	20,517
Other Revenue		9,530	15,100
		<hr/>	<hr/>
		3,480,613	2,682,340
		<hr/>	<hr/>
Outflows:			
Salaries and Related Expenses		1,175,673	849,139
Administrative Expenses		822,545	532,477
Laboratory Accreditation		750,854	950,000
Special Projects		—	37,235
Professional Fees		291,536	116,732
Fitout Expenses		—	77,231
		<hr/>	<hr/>
		3,040,608	2,562,814
		<hr/>	<hr/>
Net cash used by operating activities	17	440,005	119,526
		<hr/>	<hr/>
CASH FLOWS FROM INVESTING ACTIVITIES			
Outflows:			
Payments for Purchase of Plant and Equipment		28,985	34,139
Office Furniture, Fixtures and Equipment		76,457	136,693
		<hr/>	<hr/>
		105,442	170,832
		<hr/>	<hr/>
Net cash used in investing activities		(105,442)	(170,832)
		<hr/>	<hr/>

THE ACCOMPANYING NOTES FORM AN INTEGRAL PART OF THE FINANCIAL STATEMENTS

AUSTRALIAN SPORTS DRUG AGENCY

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 1993

	<u>Notes</u>	<u>1993</u> \$	<u>1992</u> \$
CASH FLOWS FROM FINANCING ACTIVITIES			
Outflows:			
Repayments of Lease Liabilities		5,493	4,557
		<hr/>	<hr/>
Net cash used in financing activities		(5,493)	(4,557)
		<hr/>	<hr/>
Net increase/(decrease) in cash held		329,070	(55,863)
		<hr/>	<hr/>
Cash at beginning of the reporting period	6	95,253	151,116
		<hr/>	<hr/>
Cash at the end of reporting period	6	424,323	95,253
		<hr/>	<hr/>

THE ACCOMPANYING NOTES FORM AN INTEGRAL PART OF THE FINANCIAL STATEMENTS

AUSTRALIAN SPORTS DRUG AGENCY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1993

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted by the Australian Sports Drug Agency are stated to assist in a general understanding of these financial statements. These policies have been consistently applied by the Agency except as otherwise indicated.

(a) **Basis of Accounting**

The financial statements have been prepared on the basis of historical cost and do not reflect current valuation of non-current assets, except as otherwise stated.

(b) **Capitalisation of Assets**

The Agency capitalises all individual asset purchases of one thousand dollars (\$1,000) or more.

(c) **Depreciation**

Assets are depreciated over their anticipated useful lives using the reducing balance method, with depreciation commencing from the date of acquisition. Gains and losses on disposal of property, plant and equipment, are taken into account in determining the operating result.

(d) **Investments**

The Agency banks with the Australian and New Zealand Banking Group Limited. Funds not immediately required are invested by way of short term call account.

(e) **Annual Leave and Long Service Leave**

For long service leave, the provision is based on a period of ten years eligible service with Commonwealth or State Governments or Statutory Authorities, and the accrual begins from commencement of the sixth year of service. The provision comprises current and non-current portions, the current provision being the amount expected to be paid within the next twelve months.

The provision for annual leave is based on the value of actual entitlement at balance date and includes a leave loading component. This provision is included under current liabilities.

(f) **Income Tax**

The Agency is exempt from taxation, consequently no provision for income tax is required.

(g) **Sponsorship**

Sponsorships are brought to account as and when received except where an agreement exists with the sponsor.

AUSTRALIAN SPORTS DRUG AGENCY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1993

(h) **Leases**

The Agency's leases are classified as finance leases whereby all the risks and benefits incidental to the ownership of the asset are transferred to the Agency. These leases are capitalised recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual value. The leased assets are amortised over their useful lives. The lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period. Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(i) **Comparative Information**

Certain comparative information has been amended to conform with the method of presentation adopted in the current years financial statements.

(j) **Inventories**

All inventories are stated at the lower of cost and net realisable value.

NOTE 2: ADMINISTRATIVE EXPENSES

The following items were charged as Administrative expenses for the period:

	1993 \$	1992 \$
Advertising	51,880	—
Travelling Allowances and Board Expenses	134,620	104,299
Printing and Copying	103,314	47,837
Motor Vehicle Expenses	28,124	45,653
Building Rental, Maintenance and Services	265,999	117,141
Library and Production Expenses, Memberships and Subscriptions	20,754	21,113
Lease Interest Expenses	2,786	3,723
Staff Development and Uniforms	21,783	13,698
Telephone	39,310	33,560
Insurance	10,578	10,527
Postage, Freight and Packing	49,167	47,085
Computer Expenses	6,145	14,562
Fringe Benefits Tax	4,682	1,959
General and Sundry Expenses	81,550	44,588
	<hr/>	<hr/>
	820,692	505,745
	<hr/>	<hr/>

NOTE 3: PROFESSIONAL FEES

Accounting	16,610	27,910
Audit Fee	55,240	3,376
Legal Fees	240,547	122,753
	<hr/>	<hr/>
	312,397	154,039
	<hr/>	<hr/>

AUSTRALIAN SPORTS DRUG AGENCY

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1993**

NOTE 4: PROVISIONS AND UNFUNDED CHARGES

	Opening Balance \$	Net Change to Provision \$	Closing Balance \$
NON-CURRENT ASSETS			
Depreciation:			
Computer Equipment	29,599	25,352	54,951
Office Equipment	7,186	25,933	33,119
	<hr/>	<hr/>	<hr/>
	36,785	51,285	88,070
	<hr/>	<hr/>	<hr/>
Amortisation:			
Office Equipment under Lease	9,765	6,167	15,932
	<hr/>	<hr/>	<hr/>
	9,765	6,167	15,932
	<hr/>	<hr/>	<hr/>
CURRENT LIABILITIES			
Annual Leave	96,077	42,356	138,433
	<hr/>	<hr/>	<hr/>
	96,077	42,356	138,433
	<hr/>	<hr/>	<hr/>
NON-CURRENT LIABILITIES			
Long Service Leave	35,613	33,460	69,073
	<hr/>	<hr/>	<hr/>
	35,613	33,460	69,073
	<hr/>	<hr/>	<hr/>
TOTAL PROVISIONS AND UNFUNDED CHARGES	<hr/> 178,240 <hr/>	<hr/> 133,268 <hr/>	<hr/> 311,508 <hr/>

AUSTRALIAN SPORTS DRUG AGENCY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1993

	1993	1992
	\$	\$
<u>NOTE 5: OTHER REVENUE</u>		
Interest Received	13,394	17,899
Sponsorship	2,250	13,250
Other	7,280	—
	<hr/>	<hr/>
	22,924	31,149
	<hr/>	<hr/>
<u>NOTE 6: CASH</u>		
Cash at Bank	200,561	6,915
Less: Unpresented Cheques	(123,985)	(8,009)
Investment Account	347,677	96,207
Cash on Hand	70	140
	<hr/>	<hr/>
	424,323	95,253
	<hr/>	<hr/>
<u>NOTE 7: RECEIVABLES</u>		
Trade Debtors	37,944	19,459
	<hr/>	<hr/>
<u>NOTE 8: INVENTORIES</u>		
Finished Goods - Publications Stock	25,711	22,645
	<hr/>	<hr/>
<u>NOTE 9: OTHER ASSETS</u>		
Prepayments	2,893	3,071
	<hr/>	<hr/>

AUSTRALIAN SPORTS DRUG AGENCY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1993

	1993	1992
	\$	\$

NOTE 10: PROPERTY, PLANT AND EQUIPMENT

Computer Equipment - at Cost	117,083	88,099
Less: Accumulated Depreciation	54,951	29,599
	<hr/>	<hr/>
	62,132	58,500
	<hr/>	<hr/>
Office Equipment, Furniture and Fixtures - at Cost	221,715	145,258
Less: Accumulated Depreciation	33,119	7,186
	<hr/>	<hr/>
	188,596	138,072
	<hr/>	<hr/>
Office Equipment - Under Lease	24,670	24,670
Less: Accumulated Amortisation	15,932	9,765
	<hr/>	<hr/>
	8,738	14,905
	<hr/>	<hr/>
	259,466	211,477
	<hr/>	<hr/>

NOTE 11: CREDITORS

Trade Creditors	156,907	87,804
	<hr/>	<hr/>

NOTE 12: COMMITMENTS

The finance lease commitments in respect of the Agency's office equipment as at 30 June 1993 are:

	1993	1992
	\$	\$
	<hr/>	<hr/>
Not later than 1 year	8,280	8,280
1 to 2 years	5,344	8,280
2 to 5 years	—	5,344
Later than 5 years	—	—
	<hr/>	<hr/>
Minimum Lease Payment	13,624	21,904
Less: Future Finance Charges	1,905	4,691
	<hr/>	<hr/>
LEASE LIABILITY	11,719	17,213
	<hr/>	<hr/>

AUSTRALIAN SPORTS DRUG AGENCY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1993

	1993 \$	1992 \$
Current	6,625	5,494
Non-Current	5,094	11,719
	11,719	17,213

b) The non-cancellable operating lease commitments contracted for by the Agency but not capitalised in the accounts for the lease of office accommodation are:

	1993 \$	1992 \$
Not later than 1 year	182,816	114,078
1 to 2 years	182,816	114,078
2 to 5 years	278,724	285,195
Later than 5 years	—	—
	644,356	513,351

The lease is for five (5) years to 1 January 1997.

(c) Other Major Commitments

The Agency has entered into contracts with sporting bodies for the carrying out of drug tests.

	1993 \$	1992 \$
Not later than 1 year	56,070	54,610

NOTE 13: CAPITAL

Upon the enactment of the Australian Sports Drug Agency Act 1990 on the 18 February 1991, the Australian Sports Drug Agency became a separate entity to the Australian Sports Commission. Consequently, the Commission transferred net assets amounting to \$174,009 to the Agency free of charge.

NOTE 14: CONTINGENT LIABILITIES

The legal action mentioned last year in relation to an athletes defence of a positive drug test has now been concluded. No further action is expected and the matter is now closed. The athletes name is to remain on the register.

AUSTRALIAN SPORTS DRUG AGENCY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1993

NOTE 15: AUDITORS REMUNERATION

The Agency was notified of an estimated fee of \$37,180 for the audit of the Agency for the year ended 30 June 1993 by the Australian National Audit Office (ANAO). A total of \$21,436 was paid by the Agency for the Audit of the 1991-92 financial statements.

The Agency has paid \$12,500 of the estimated fee for the year prior to 30 June 1993 with the balance accrued as a creditor in these accounts.

NOTE 16: REMUNERATION OF EXECUTIVES

No Executive received remuneration in excess of \$100,000 for the year ended 30 June 1993.

NOTE 17: RECONCILIATION OF NET CASH USED IN OPERATING ACTIVITIES TO OPERATING RESULT

	1993	1992
	\$	\$
Operating Result	259,007	90,706
Long Service Leave	33,460	31,936
Provision for Annual Leave	42,356	55,397
Depreciation	51,285	33,544
Amortisation	6,167	6,167
Increase in Debtors	(18,485)	11,082
Loss on Disposal of Fixed Assets	—	2,149
Increase in Creditors	69,103	(86,439)
Increase in Inventories	(3,066)	(22,645)
Decrease in Prepayments	178	(3,071)
Bad Debt Written Off	—	700
	<hr/>	<hr/>
Net cash used in operating activities	440,005	119,526
	<hr/>	<hr/>

NOTE 18: SEGMENT REPORTING

The Agency operates in the sporting sector where it promotes the practice of drug free sport. The Agency primarily operates throughout Australia, however as sport is international, it is at times required to perform limited functions in other countries, where Australians may be competing.

NOTE 19: ECONOMIC DEPENDENCY

The Agency receives predominantly all of its funding from Government Appropriations with user-pay being increased progressively in the future but only to a limited extent.

AUSTRALIAN SPORTS DRUG AGENCY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1993

NOTE 20: SUPERANNUATION COMMITMENTS

Employees of the Agency contribute to the Commonwealth run Superannuation Schemes as does the Agency itself as required under the Superannuation Guarantee Act. Benefits provided under the schemes are payable upon retirement, death or disability, with employer benefits dependant upon employee contributions to the fund.

NOTE 21: RESEARCH AND DEVELOPMENT

Research and Development costs are incurred by the Australian Government Analytical Laboratories on behalf of the Agency. All such costs are expensed by the Agency during the financial year.

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TABLE 1

Agency papers and presentations, 1992-93

Paper/Publication Presentations	Author/s	Conference	Venue	Date
Presentations				
Drugs in Sport	Julie Kempnich	ASDA Workshop	Canberra	Sep 92
Let's Start at the Beginning (ASDA Workshops x 2)	Leonie Johnson			May 93
Drugs in Sport	Julie Kempnich	ASDA Launch	Canberra	May 93
Let's Start at the Beginning (Launch)				
Drugs in Sport	Leonie Johnson	Health Promotion	Perth	Feb 93
An Action Research Approach (Poster and Summary)	Julie Kempnich	Conference		
Drugs in Sport	Leonie Johnson	National Coaching	Canberra	June 93
The Coach's Role		Directors' Workshop		
Australian Coaching Council (ACC) Course Designers Presentation	Julie Kempnich Leonie Johnson	ACC Course Designers' Workshop	Canberra	Feb 93
ACC State Coaching Coordinators	Julie Kempnich Leonie Johnson	ACC State Coaching Coordinators' Workshop	Canberra	Mar 93
Implementing teacher drugs in sport resources in the classroom	Margaret Agnew Julie Kempnich	ACHPER Conference	Perth	Aug 92
Strategies for implementing drugs in sport education in the classroom	Leonie Johnson Julie Kempnich	ACHPER Conference	Melbourne	Nov 92
Doping in sport and the Australian anti-doping regime	Nicki Vance	International Cycling Union (UCI) Executive Board and Anti-doping Commission	Brugnera, Italy	Jan 93

Guidelines for drug education	Natalie Nicholson	Council of Europe Anti-doping Convention Monitoring Group Education Working Party Meeting	Vienna	Oct 92
Guidelines for drug education	Natalie Nicholson	International Working Group Meeting	Los Angeles	Jan 93
Drug testing procedures	Diana Readshaw	ACF Junior Cycling Development Camp	Canberra	Jan 93
Drug testing procedures	Diana Readshaw	Athletics Cross-country Junior Development Camp	Canberra	Jan 93
Drug testing procedures	Diana Readshaw	Athletics Forum Sugar Games	Canberra	Jan 93
Drug testing procedures	Diana Readshaw	AIS Athlete Induction	Canberra	Feb 93
Drug testing procedures	Diana Readshaw	Senior Women's Cycling Presentation	Canberra	Mar 93
Drug testing procedures	John Watson	NSP Volleyball Presentation	Canberra	Apr 93
Introduction to ASDA	Diana Readshaw	Sports Administration Students	Canberra	Apr 93
Drug testing procedures	Diana Readshaw	Softball Presentation	Canberra	May 93
Drug testing procedures	Diana Readshaw	Water-ski Racing National Team	Canberra	Jun 93
Drug testing procedures	David Packwood	Women's Soccer	Canberra	Feb 93
Drug testing procedures	David Packwood	Junior Weightlifting Development Squad	Canberra	Jan 93

Drugs in Sport — An Overview	Diana Readshaw Margaret Agnew	University of Canberra Special Studies in Sports Medicine — Drugs in Sport	Canberra	Nov 92 (4 present- ations)
Organisation and Policy in Sport	Diana Readshaw other ASDA staff	University of Canberra Organisation and Policy in Sport	Canberra	Nov 92
Drug testing/inadvertent doping	Diana Readshaw Margaret Agnew	Illawarra Academy of Sport	Wollongong	Nov 92
Drug testing procedures	Diana Readshaw	AIS Rugby Union	Canberra	Oct 92
Drug testing procedures	Diana Readshaw	ACT Ice Skating	Canberra	Oct 92
Drug testing procedures	Diana Readshaw	ACT Academy of Sport Men's Hockey Team	Canberra	Oct 92
Alcohol, marijuana and inadvertent doping	Diana Readshaw	NSWRL Talented Athletes' Program	Sydney	Sep 92
Drug testing procedures	Diana Readshaw	ACT Academy of Sport Men's Basketball Team	Canberra	Sep 92
Values clarification	Diana Readshaw Julie Kempnich	DCO Workshop	Canberra	Sep 92
Drug testing procedures	Diana Readshaw	ACT Academy of Sport Women's Basketball Team	Canberra	Sep 92
Presentation skills	Diana Readshaw	DCO Workshop	Canberra	Sep 92
Responsibility of managers in regard to drug testing	Graeme Turnbull	Australian Cycling Federation	Sydney	Jun 93
The case for decriminalisation of steroids	Margaret Agnew	National Strength and Conditioning Association	Gold Coast	Dec 92
Drugs in sport	Bill McBride	Brisbane Bears	Brisbane	May 93

Drug testing procedures	Graeme Turnbull	NSW Disabled, Intensive Training Weekend	Sydney	Jun 93
Drug testing procedures	David Myer	WA Roller Skating Association	Perth	June 93
Drugs in sport	David Myer	WA Athlete Group	Perth	May 93
Drug testing procedures	Jan Cameron	NZ Swimming Camp	Canberra	May 93
Drugs in sport	Kate Flakemore	Tasmanian Police Department	Hobart	May 93
Drug testing procedures	Anne Doring	Athletes with Disabilities		May 93
Drug testing procedures	Graeme Turnbull	NSW Water Skiing Coaching Seminar	Sydney	May 93
Drug testing procedures	Jenny Kennedy	Drugs in Sport Workshop, NT		Nov 92
Papers/Publications				
The ASDA Act: A Legal Basis for Testing	Stephen Richards	ANZSLA Newsletter	Vol 2, No 4	1992
Drugs in Australian Sport	Steve Haynes Stephen Richards	Expert Evidence, Law Book Company		1993
Drugs in Sport: Performance Before Health?	Natalie Nicholson Tony Wynd	Sports Network	Vol 10, No 3 pp. 14-15	Sep 92
Drugs in Sport: Performance Before Health?	Natalie Nicholson Tony Wynd	Sports Health	Vol 10, No 3 pp. 29-31	Sep 92
Drugs in Sport: Performance Before Health?	Natalie Nicholson Tony Wynd	Sports Coach	Vol 16, No 1 pp. 19-22	Jan-Mar 93

High Quality, Effective, Efficient Doping Control	Nicki Vance	Shape the Spirit - Olympic 2000 Bid Newsletter	Jun 93
Drug Education for Athletes	Suzanne McDonald	Athletics Victoria Newsletter	Jun 93
Is this Medication Permitted in Sport?	Diana Readshaw	Pharmacy Guild State Newsletter (all States and Territories)	Mar 93
Is this Medication Permitted in Sport?	Diana Readshaw	Pharmacy Review	Jun 93
Education — A Key to Avoiding Inadvertent Doping	Margaret Agnew	Australian Pharmacist	Feb 93
Drugs and Cycling — Editorial	Margaret Agnew Linda Barron	Vic Cycle	Apr 93
Canadian GP Wears Many Hats	Steve Haynes	Australian Doctor Weekly	Oct 92

TABLE 2

Drug testing statistics 1992-93

Sport	Event 1992-93	Out-of-competition 1992-93	Total
Archery	5	3	8
Athletics	140	196	336
Australian Football	82	66	148
Autocycle	6	1	7
Badminton		7	7
Baseball		7	7
Basketball	51	64	115
Biathlon		2	2
BMX Racing	4	18	22
Bobsleigh		4	4
Bowls	5		5
Boxing	12	14	26
Canoeing	39	47	86
Cricket	12	2	14
Cycling	209	133	342
Diving	5	6	11
Equestrian		1	1
Fencing	12	3	15
Gymnastics	4	11	15
Hockey	12	20	32
Ice Hockey		1	1
Ice Skating		8	8
Ice Speed Skating	15	7	22
Judo	10	37	47
Karate	11	21	32
Lacrosse		7	7
Luge		2	2
Modern Pentathlon	14	14	28
Netball	8	8	16
Orienteering	4	6	10
Powerlifting	93	117	210
Roller-skating	16	8	24
Rowing	34	75	109
Rugby League	205	135	340
Rugby Union	31	52	83
Shooting	7	8	15
Skiing		17	17
Soccer	33	47	80
Softball	3	3	6
Squash	3	7	10
Surf Life Saving	23	14	37
Swimming	61	107	168
Synchro Swimming		3	3
Table Tennis		2	2
Tae Kwon Do	10		10
Tennis		5	5
Triathlon	54	33	87
Volleyball	6	10	16
Water Polo	21	38	59
Water-skiing	4	4	8
Weightlifting	66	74	140
Wrestling	10	7	17
Yachting		8	8
Z-Rugby Union	37		37
Z-Weightlifting	9	1	10
Total	1386	1491	2877

TABLE 3

Drug testing statistics by State and sex 1992-93

State	Total tests	Tests on males	Tests on females	% of tests on males	% of tests on females	% of tests by State
Vic	687	568	119	82.7	17.3	24.9
NSW	818	653	165	79.8	20.2	30
Qld	377	302	75	80.1	19.9	13.6
WA	226	161	65	71.3	28.7	8.2
SA	259	202	57	77.9	22.1	9.4
ACT	237	165	72	69.6	30.4	8.6
Tas	71	51	20	71.8	28.2	2.9
NT	89	65	24	73.0	27.0	3.2
Total	2764	2167	597	78.4	21.6	100

NOTE:

113 tests conducted are not recorded in this table. This can be contributed to Z-Weightlifting, Z-Rugby Union and South Africa Rugby Union Tour.

Percentage of tests conducted out-of-competition

Total testing: 51.8% of tests were conducted out-of-competition
 Public Interest: 58.0% of public interest tests were conducted out-of-competition

TABLE 4

Summary of defaults

Sport	Date	Default	Substance	Class	Sanction
Rugby League	31/7/92	Positive	Cannabis	Cannabis	5 competition match suspension
Rugby League	31/7/92	Positive	Pseudoephedrine	Stimulant	Caution
Rugby League	31/7/92	Positive	Pseudoephedrine	Stimulant	Caution
Australian Football	1/8/92	Positive	Methoxyphenamine	Stimulant	Caution
Rugby League	14/8/92	Positive	Pseudoephedrine	Stimulant	Caution Inadvertent use
Rugby League	16/8/92	Positive	Pseudoephedrine	Stimulant	Caution
Rugby League	16/8/92	Positive	Pseudoephedrine	Stimulant	Caution
Wrestling	24/8/92	Failure to comply	N/A	Failure to comply	Not registered with NSO at time of request
Powerlifting	26/8/92	Failure to comply	N/A	Failure to comply	Life suspension
Basketball	29/8/92	Positive	Pseudoephedrine	Stimulant	Caution
Cycling	10/9/92	Failure to comply	N/A	Failure to comply	No sanction — confirmed athlete retired
Wrestling	10/9/92	Failure to comply	N/A	Failure to comply	Not registered with NSO at time of request
Rugby League	13/9/92	Positive	Pseudoephedrine	Stimulant	Caution
Powerlifting	13/10/92	Positive	Stanozolol	Anabolic Steroid	Suspended 3 years
Cycling	21/10/92	Positive	Testosterone	Anabolic Steroid	Outcome pending
Powerlifting	27/10/92	Failure to comply	N/A	Failure to comply	Suspended 3 years
Weightlifting	14/11/92	Positive	Pseudoephedrine	Stimulant	Inadvertent - no penalty
Athletics	1/12/92	Positive	Canrenone	Diuretic	Legitimate medical use
Soccer	4/12/92	Positive	Codeine	Narcotic	Warning
Powerlifting	5/12/92	Failure to comply	N/A	Failure to comply	Suspended 3 years
Australian Football	8/1/93	Positive	Probenecid	Masking agent	Therapeutic use
Soccer	9/1/93	Positive	Pseudoephedrine	Stimulant	Caution
Powerlifting	20/1/93	Failure to comply	N/A	Failure to comply	Refusal of future membership
Weightlifting	25/1/93	Failure to comply	N/A	Failure to comply	Non-member
Powerlifting	27/1/93	Failure to comply	N/A	Failure to comply	Not registered with NSO at time of request
Powerlifting	15/2/93	Failure to comply	N/A	Failure to comply	Suspended 3 years
Soccer	21/2/93	Positive	Pseudoephedrine	Stimulant	Caution

Sport	Date	Default	Substance	Class	Sanction
Powerlifting	23/3/93	Failure to comply	N/A	Failure to comply	Suspended 3 years
Powerlifting	24/3/93	Failure to comply	N/A	Failure to comply	Suspended 3 years
Roller-skating	27/3/93	Failure to comply	N/A	Failure to comply	Not registered with NSO at time of request
Rugby League	27/3/93	Positive	Marijuana	Cannabis	5 competition match suspension
Cycling	30/3/93	Positive	Pseudoephedrine	Stimulant	Disqualified from event
Australian Football	3/4/93	Positive	Pseudoephedrine	Stimulant	Inadvertent use
Rowing	4/4/93	Positive	Pseudoephedrine Methoxyphenamine	Stimulant Stimulant	Suspended 3 months
Weightlifting	5/4/93	Failure to comply	N/A	Failure to comply	Suspended 2 years
Gymnastics	8/4/93	Positive	Nandrolone	Anabolic Steroid	Suspended 2 years
Athletics	12/4/93	Positive	Methandienone	Anabolic Steroid	Legal challenge
Rugby League	28/4/93	Positive	Pseudoephedrine	Stimulant	Caution
Rugby League	28/4/93	Positive	Pseudoephedrine	Stimulant	Caution
Lawn Bowls (disabled)	24/4/93	Positive	Pseudoephedrine	Stimulant	Nothing
Water-polo	24/4/93	Positive	Pseudoephedrine	Stimulant	No report yet
Rugby League	24/4/93	Positive	Cannabis	Cannabis	8 competition match suspension
Rugby Union	25/4/93	Positive	Pseudoephedrine	Stimulant	Inadvertent
Powerlifting	5/5/93	Failure to comply	N/A	Failure to comply	No longer registered
Swimming	5/5/93	Failure to comply	N/A	Failure to comply	Retired - no sanction
Rugby League	8/5/93	Positive	Pseudoephedrine	Stimulant	Caution
Powerlifting	1/5/93	Failure to comply	N/A	Failure to comply	No longer registered
Athletics	4/6/93	Failure to comply	N/A	Failure to comply	Suspended 4 years
Soccer	24/6/93	Failure to comply	N/A	Failure to comply	ASDA have not yet been advised
Rugby League	30/6/93	Positive	Pseudoephedrine	Stimulant	ASDA have not yet been advised

TABLE 5

Summary of defaults by sport

Sport	Refusals	Prohibited	Restricted	Inadvertent	TOTAL
Rugby League			4	10	14
Australian Football		1		11	3
Wrestling	2				2
Powerlifting	10	1			11
Basketball				1	1
Cycling	1	1		1	3
Weightlifting	2			1	3
Athletics	1	2			3
Soccer	1			3	4
Roller Skating	1				1
Rowing				1	1
Gymnastics		1			1
Karate	1				1
Ice Hockey	1				1
Lawn Bowls				1	1
Water Polo				1	1
Rugby Union				1	1
Swimming	2				2
Total	22	6	4	22	54

NOTE:

A positive finding for a prohibited substance was recorded for an international cyclist.

TABLE 6

Summary of substances found in positive drug tests

Stimulants	Pseudoephedrine Methoxyphenamine
Anabolic Steroids	Stanozolol Nandrolone Methandienone Testosterone
Diuretics	Canrenone
Masking Agents	Probenecid
Narcotic Analgesic	Codeine (prior to removal of substance from IOC Banned List)

TABLE 7

International sporting events held in Australia and tested by ASDA

Athletics	IAAF NEC Classic
Autocycle	International Six-Day Enduro
Canoeing	World Marathon Canoe Championships
Cycling	Vic-Health Herald Sun Tour Mazda Alpine Classic Commonwealth Bank Cycle Classic
Lawn Bowls	World Disabled Lawn Bowls Championships
Modern Pentathlon	Australian Pentathlon Open
Powerlifting	World Masters and Juniors Powerlifting Championships
Rugby League	Australia v Great Britain
Rugby Union	Australia v New Zealand Super Tens
Triathlon	Fosters Iron Man
Weightlifting	Barcelona Challenge

TABLE 8

Agency staffing levels

Staffing Overview

Total number of employees at 30 June 1993

Level	Full Time	Part Time	Gender	Location
Trainee	2		F	Canberra
ASO 2	1		F	Canberra
ASO 3	2 1 1 1		F M M M	Canberra Canberra Melbourne Sydney
ASO 4	1	3	F F	Canberra Canberra
ASO 5	5 2		F M	Canberra Canberra
ASO 6	2 4	1	M F	Canberra Canberra
SO C	1		F	Canberra
SO B	1 1		F M	Canberra Canberra
SO A	1		F	Canberra
Statutory Office Holder – Level II	1		M	Canberra
TOTAL	27	4		

Officers of the Agency are engaged under the *Australian Sports Drug Agency Act 1990*, and not under the *Public Service Act 1992*.

TABLE 9

Five-year targets for user-pays drug testing services

Year	Government funded tests	User-pays tests (ASDA)	User-pay tests (AGAL)	Total tests conducted	User-pays target as %
1991-92*	1866	817	322	3005	33
1992-93*	2134	743		2877	35
1993-94	2500	1000	700	4200	40
1994-95	2500	1200	1000	4500	45
1995-96	2500	1300	1200	5000	50

* 1991-92 and 1992-93 figures are actuals, later figures are projected.

Guidelines for the content, preparation and presentation of annual reports by statutory authorities (Senate Hansard, 11 November 1982)

Introduction

These guidelines are intended to cover generally the annual reporting requirements for statutory authorities (incorporate or unincorporated authorities established by or pursuant to a law of the Commonwealth or of the ACT) and are subject to refinement in the light of experience.

Reports of small unincorporated authorities and office holders within the public account may continue to be included in the related departmental reports where it is practical to do so.

The guidelines do not, of course, override statutory requirements imposed by the legislation on individual authorities, but to the extent that they require a higher standard than does the legislation, they should be followed by all such authorities.

All authorities are to provide annual reports as soon as possible after the end of their financial year, if possible in time for the estimates debate in the Budget Sittings. At the very latest reports should be submitted within six months (unless a shorter period is provided in the legislation of an individual authority). An explanation will be submitted to Parliament if the deadline has to be extended in exceptional cases (the new deadline is to be mentioned in the explanation). Ministers will ensure that reports are tabled within fifteen sitting days of receipt.

Where there is a requirement for a form of financial statements to be approved by the Minister for Finance, authorities should commence negotiations with the Department of Finance early enough to allow issues to be resolved without delaying the annual report. Authorities also need to bear in mind the need for reasonable time to be allowed for completion of auditing of the financial statement within the six month deadline.

Report Contents

Reports should be the means of providing a wide dissemination of information on authorities, with special attention being given to making available material that might not otherwise be made public as a matter of course.

Application of these guidelines to those authorities engaged in commercial competition with the private sector is subject to the need to protect commercially sensitive material.

The following information is to be provided in future annual reports:

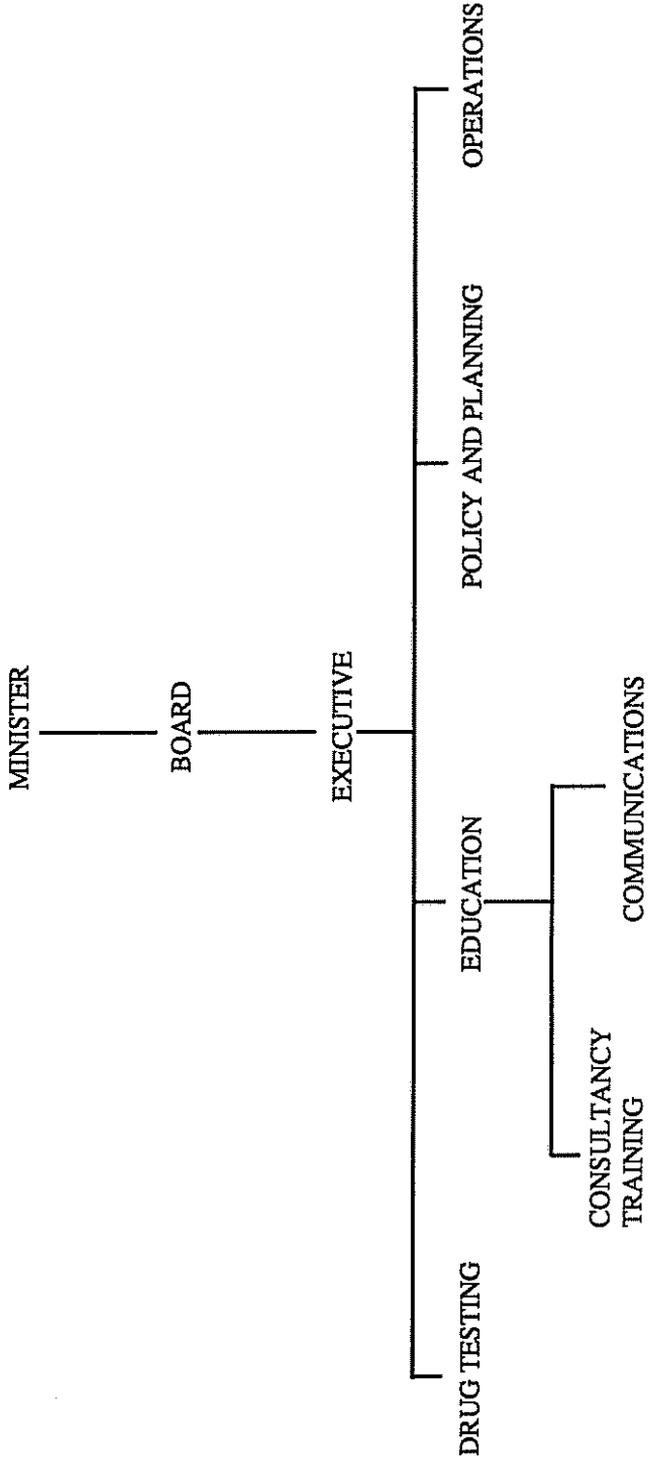
- (i) ***Enabling Legislation:*** A clear statement of the legislation (if any) under which the organisation operates.
- (ii) ***Responsible Minister:*** To be shown. A description of any statutory powers of direction which the Minister has over the authority and details of the exercise of any such powers, subject to the need to protect confidential information, to be included.
- (iii) ***Powers, Functions and Objects:*** To be detailed.
- (iv) ***Membership and Staff:*** A list of the members of the body and their terms of appointment, together with a listing of senior executive staff and a statement of the total number of staff employed by the organisation. In addition, the basis for staffing of the organisations should be identified. The address and phone number of the information officer should also be included.
- (v) ***Financial Statements:*** All Government bodies should provide statements which adequately disclose financial aspects of their activities. For example, where the form of a body's financial statements is approved by the Minister for Finance, the approved form must, of course, be followed; where an unincorporated body has no specific financial responsibilities and no financial reporting requirement exists, it might be appropriate to disclose departmental receipts and expenditures relevant to its operations, while avoiding unnecessary duplication of the information contained in the annual Financial Statements prepared by the Minister for Finance. The requirement for adequate disclosure

will extend to bodies incorporated under companies legislation if the Commonwealth is sole owner or shareholder; this will not affect the need to satisfy the reporting requirements under company law. The Department of Finance and the Auditor-General's Office are preparing guidelines which will assist Commonwealth undertakings in preparing financial statements; an exposure draft entitled 'Proposed Guidelines for the Form and Standard of Financial Statements of Commonwealth Undertakings' was issued in August 1980. The Exposure Draft has been considered by the relevant Parliamentary Committees.

- (vi) *Activities and Reports:* A description of the principal programs and activities of the body noting objectives and reviewing achievements. Information on interaction with other authorities, departments and State and international bodies should be provided as should a list of publications during the reporting period.
- (vii) *Operational Problems:* A description of the major problems which have arisen in the body's activities, including details of requisite Government action to overcome such problems eg, the amendment of the enabling Act.
- (viii) *Subsidiaries:* Details of subsidiary companies formed, or interest acquired in existing companies, are to be provided. It is desirable practice to include the annual report of such subsidiaries as are controlled by the parent authority with the report of that authority where this is feasible.

(*Senate Hansard*, Vol.S.96, 11 November 1982, pp 2261-2)

Establishment chart of the Australian Sports Drug Agency



Memorandum of Understanding between the Governments of Australia, Canada and the United Kingdom concerning the reciprocal development and enforcement of measures against anti-doping (1990)

This Memorandum of Understanding (MOU) is based upon a conviction among the Governments of Australia, Canada and the United Kingdom (hereinafter referred to as the 'Participating Parties') that international cooperation aimed at combating unethical doping in sport should derive from a spirit of mutual trust and shared values between nations.

The Memorandum is based fundamentally on the principles enunciated in the International Olympic Charter Against Doping in Sport and its operational annexes.

The Memorandum commits the Participating Parties to draw up, and hereafter implement, a realistic programme of action in respect of:

- i. mutual exchange of information and experience;
- ii. mutual assessment of programme achievement; and
- iii. creating and maintaining an effective coordination.

1. Mutual Exchange

1.1 The Parties will, subject to their respective applicable laws and policies, participate in a programme of free and continuous exchange of information on a range of relevant anti-doping subjects including:

- development of education programmes;
- the content of, and outputs from, research projects;
- issues affecting the protection of individual rights and freedom of information; and
- the structure and approach adopted by Participating Parties to administer anti-doping policies, including appropriate investigative arrangements.

1.2 The Parties will engage in exchanges of expertise, as appropriate, to facilitate mutual learning.

1.3 The Parties will review annually the content, scope and quality of the exchange programme, and modify and develop the programme to the extent allowable by available resources.

2. Mutual Assessment

2.1 The Participating Parties will, subject to their respective applicable laws and policies, implement a programme of mutual assessment in conformity with the principles set out in the International Olympic Charter Against Doping in Sport and its operational annexes. Each Party's programme will be periodically evaluated against a common normative standard covering the elements specified in the Monitoring and Evaluation Instrument to be adopted as an annex to the International Olympic Charter.

2.2 The evaluation's purpose will be to reinforce positively the spirit of mutual cooperation and encouragement central to the promotion of this Memorandum, and to facilitate a coordinated advance in the anti-doping programmes administered by Participating Parties.

2.3 The process for mutual assessment and evaluation will rely upon self-completion by each Party of a standard document indicating the extent of development of its domestic anti-doping programmes. The programme elements to be evaluated are those identified in the Model for a National Anti-Doping Programme of the International Olympic Charter Against Doping in Sport.

2.4 Participating Parties will, in particular, assess the extent to which the testing system implemented by each Party satisfies or exceeds the minimum procedural standards set by the International Olympic Charter Against Doping in Sport, and such operational testing objectives as are set by Participating Parties from time to time.

2.5 Participating Parties will draw up a joint action plan, as per the proposed Operational Plan annexed to this Memorandum, to be reviewed annually, aimed at facilitating the testing of athletes from any country party to this Memorandum by any Participating Party in conformity with the provisions of the drug-testing programme applicable in that latter country.

3. Coordinating Mechanism and Operational Plan

3.1 Participating Parties will establish a procedure for recording the results of all elements of this self-assessment exercise annually and for free access by Participating Parties to this information.

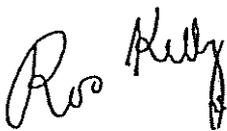
3.2 Each Participating Party will nominate an implementing authority which is responsible for the coordination and implementation of this Memorandum. A Participating Party may at any time, following notice in writing to the other Participating Parties, nominate a new implementing authority.

3.3 Each Party will by 30 June annually provide to the other Parties its proposed action plan for the following twelve months as per the proposed Operational Plan annexed to this Memorandum.

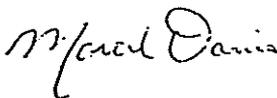
4. Amendment and Duration of Memorandum

4.1 This Memorandum will be amended at any time by mutual consent of the Participating Parties.

4.2 This Memorandum will become effective upon signature by representatives of the Participating Parties and will continue for a period of five years. A Participating Party may terminate this Memorandum at any time by giving six months advance notice in writing to the other Participating Parties.



*For the Government
of Australia*



*For the Government
of Canada*



*For the Government
of the United Kingdom*

Proposed Operational Plan for the Implementation of the Trilateral Memorandum of Understanding Against Doping in Sport between Australia, Canada, and the United Kingdom

The following document presents a proposed Operational Plan for the accompanying Memorandum of Understanding between the Governments of Australia, Canada and the United Kingdom concerning the Reciprocal Development and Enforcement of Measures against Doping in Sport.

1. Mutual Exchange

1.1 The Mutual Exchange Initiative is the fundamental element of this Memorandum. The following principles will guide this initiative:

- that the exchange of information and dialogue on anti-doping information among Participating Parties be on a continuous and ongoing basis;
- that an annual formal review of the Exchange Initiative be conducted to both review the previous year's progress and to position the upcoming year; and
- that the Assessment element of the Memorandum be used to identify specific programmes or issues for the Exchange Initiative.

1.2 The following four Anti-Doping Programme areas, subject to the applicable laws and policies of the respective Participating Party, will form the basis for the Exchange Initiative:

i. Operations and Structure:

- infrastructures for the delivery of national anti-doping programmes.

ii. Education/Promotion:

- anti-doping campaign.

iii. Appeals and Legal Issues:

- appeals, arbitration;
- human rights; and
- legal issues.

iv. Research:

- detection methodology;
- identification of new doping substances; and
- effects of long-term doping practices.

1.3 These programme areas are to be expanded upon and subsequently prioritised for an action plan in the Exchange Initiative.

2. Mutual Assessment

2.1 The Mutual Assessment Initiative will be based upon the framework provided in the International Olympic Charter Against Doping in Sport Annex — A Model for a National Anti-Doping Programme.

2.2 Specifically, the four steps in the Assessment Initiative will be:

- i. Refinement of the Model National Anti-Doping Programme — Monitoring and Evaluation Instrument.
- ii. Completion by each Party of its own national anti-doping programmes using the Monitoring and Evaluation Instrument.
- iii. Mutual Exchange and Assessment of the Self-Completed Monitoring and Evaluation Documents among all Parties. The mutual exchange of the self-completed assessment will generate projects

and programmes for the Exchange Initiative. This activity is to include both the exchange of documentation and direct visitation, subject to available resources.

- iv. Testing or doping control represents one of the more sensitive and complex areas of the Mutual Assessment Initiative. The following principles and first steps will guide the specific terms of any testing component of the Assessment Initiative:

— that athletes will be tested within the system utilised by each Party, meeting at a minimum the procedural standards and the laboratory accreditation as established in the International Olympic Charter Against Doping in Sport;

— that each Party will conduct doping controls (testing) on athletes from other countries upon request and at the expense of the official implementing authority of the requesting nation; and

— that an athlete from a country which is party to this Memorandum, who is training for an extensive period in another country, will become subject to testing under the provisions of the drug testing programme of the country in which he or she is training and at the expense of the host nation.

3 Coordination

3.1 It is proposed that, subject to signature by representatives of the Participating Parties bringing the Memorandum into effect, the participants of the doping controls (testing) between Parties will be agreed to by January 31, 1991. The operations of both the National Anti-Doping Programme self-evaluations and the doping control (testing) should commence shortly thereafter following the exchange of proposed action plans for the twelve-month period.

3.2 Any Party to this Memorandum may approach the others for a meeting of sports officials to be held to develop and agree to amendments to the content of future Operational Plans, share knowledge and plan for strategic directions in future years.

3.3 A meeting of representatives of the Participating Parties will be convened, if necessary, as appropriate to assess progress of the Operational Plan, suggest refinements and prepare a joint report to the signatories of the Memorandum.

Self-assessment guidelines for a national anti-doping program

Operational Plan for Self-assessment

National Anti-doping Policy

1. Is there a published national anti-doping policy in Australia?
2. Through what process was this policy developed, ratified and distributed?
3. What agency is responsible for issuing this policy?
4. Which agencies and/or associations are subject to the regulation of this policy?
5. Through which agency/authority and process is compliance with this policy assured?

National Coordination

1. What agency/agencies are responsible for the coordination and delivery of anti-doping in Australia?
2. Through what process was the agency established and authorised to manage the national anti-doping programs?
3. Indicate the fundamental anti-doping roles of government agencies, the national sports confederation, individual national sporting organisations and major games associations.
4. What are the responsibilities of the national coordinating agency, and those associations listed in Q3, in the design, delivery and monitoring/evaluation of the following anti-doping elements?

Experts Advisory Group

1. Is there a standing committee and/or an ad hoc committee of experts in anti-doping in Australia?
2. Who is responsible for establishing and providing direction, funding and a secretariat for the committee?
3. To whom does this committee report, and at what frequency?

Anti-doping programs of national sporting organisations

1. Are national sporting organisations required to complete anti-doping plans?
2. Who receives and reviews these national sporting organisation anti-doping plans and programs?
3. How and when are these plans reviewed, approved and funded?
4. How is non-compliance with either submission of an anti-doping plan or ineffective implementation dealt with? And by whom?

Accredited laboratories

1. Does Australia have an IOC-accredited laboratory?
2. What was the date of the original accreditation?
3. Where is the doping laboratory situated?
4. Who maintains the contractual agreement with the laboratory?
5. What is the mandate for the laboratory in terms of services provided?

Doping controls

1. Is there an annual plan or strategy for doping controls in Australia?
2. Who prepared the plan, and how is it prepared?
3. What was the profile for drug testing in Australia during 1990-91?
4. Please attach a copy of your standard operating procedures for drug testing.
5. Please attach documentation outlining the training, deployment and funding of Australia's doping control officers.
6. How many positive tests did Australia's drug testing program identify during 1990-91, and on which substances?
7. Is the full IOC list of drugs used on all occasions?

Due process mechanisms

1. Outline the due process mechanisms within your anti-doping program which provide for protest, appeal or arbitration opportunities to challenge a doping infraction.
2. Does Australia have a formal investigative mechanism for doping-related sanctions?

Education programs

1. Is there a national anti-doping education campaign or program in Australia?
2. Who designs, implements and funds this campaign?
3. What relationship does the anti-doping education campaign have with boards of education, civil authorities, other government agencies, and other substance abuse-prevention or rehabilitation programs?
4. What are the basic target groups, themes/messages, products and resources of the anti-doping education campaign?

Research capacity

1. Does Australia have a published plan or strategy for research in anti-doping?
2. What types of research work have been conducted or are projected to be conducted in Australia (medical, scientific, sociological, etc) in the anti-doping area?
3. How is anti-doping research conducted in Australia (contract research, in conjunction with accredited laboratory, call for proposals, etc)?
4. Is ASDA engaged in any international joint research initiatives in anti-doping?
5. What topics specific to anti-doping research (ASDA) are considered to be the highest priority?
6. Has ASDA conducted any recent surveys on the extent of doping practices in elite and recreational sport in Australia?

Cooperation with Customs and civil authorities

1. Does ASDA have a formal program of liaison and cooperation between sport and civil authorities in Australia on anti-doping?
2. Has Australia generated any documentation or materials to address the challenge of coordination between the national anti-doping agency, the sporting community and the civil authorities?

International activities

1. Does Australia/ASDA have a formal/published policy on cooperation in anti-doping with foreign nations?
2. Does Australia/ASDA have any formal agreements with other nations on anti-doping?
3. Which agencies in Australia are responsible for negotiating international anti-doping agreements?

International Olympic Charter Against Doping in Sport — model for a national anti-doping program (1989)

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 harmonisation.

2. *National Coordination*

National coordination mechanisms should be established within each country to ensure that the rules, roles and practices of various agencies and sport organisations involved in anti-doping activities are harmonised and standardised both nationally and internationally. Leadership to such a coordination activity may come from the NOC, a sports confederation, government agency or specially constituted advisory body. The system of financial responsibilities, harmonisation and supervision of all anti-doping activities, education programmes and the framework of sanctions and penalties, should be guided by a national coordination mechanism. The national coordination agency should ensure that no sample analysis other than that organised 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 organisations 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, sporting organisations 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 coordinating 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 organisation (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 him/her review and appeal mechanisms. Doping infractions should be investigated to determine the possible involvement of others beyond the athlete him/herself (eg, 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 emphasising the ethical dimensions of the anti-doping campaign.

9. *Research Capacity*

New doping models 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. *Cooperation with Customs and Civil Authorities*

Cooperation should be established between those responsible for the national anti-doping programme of a nation, competent professional bodies, and civil authorities. Criminalisation 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.

Arrangement between the Government of Australia and the Government of New Zealand concerning the reciprocal development and enforcement of measures against doping in sport (1992)

This Arrangement between the Governments of Australia and New Zealand (hereinafter referred to as the "Participating Parties") reflects the desire of both Participating Parties to take active steps against doping in sport in order to secure equal conditions of competition and consolidate confidence among athletes.

The Participating Parties consider that doping in sport poses a threat to the future of sport, damages the health of individual athletes and is contrary to the ethics of sport. Both Participating Parties are totally opposed to doping in sport and fully endorse the principles and practices laid out in the International Olympic Charter Against Doping in Sport.

The Participating Parties share the view that the problem of doping in sport can successfully be resolved through coordinated efforts between nations and, in recognition of the value of using the cultural, historic and economic ties that have been established between Australia and New Zealand, have reached the following understandings:

1. The Participating Parties will:
 - a. take practical action to eradicate the utilisation by persons participating in sports of any doping classes and methods which are forbidden by the Medical Commission of the International Olympic Committee; and
 - b. support the development of bilateral measures to combat doping in sport by encouraging their national sporting organisations to enter into bilateral anti-doping arrangements which endorse and comply with the International Olympic Charter Against Doping in Sport.
2. Each Participating Party will nominate an implementing authority which is responsible for the implementation of this arrangement. A Participating Party may at any time, following notice in writing to the other Participating Party, nominate a new implementing authority.
3. The implementing authorities will, subject to applicable laws, regulations of international federations and any other relevant policies, aim to fulfil the following goals and objectives:
 - a. mutual cross-testing of athletes both in and out of competition (such testing is to be either at the request and expense of the implementing authority of the athlete's country of permanent residence or, where the laws of a Participating Party permit, its implementing authority may test the other nation's athletes without advance notification to the athlete or the implementing authority of the athlete's country of permanent residence);
 - b. regular exchange between implementing authorities of the results of doping tests and of sanctions imposed on athletes who record positive test results;
 - c. development of a joint programme of exchange of expertise and information on a range of relevant subjects including:
 - (i) education and promotion;
 - (ii) research into doping in sport;
 - (iii) protection of individual rights and civil liberties; and
 - (iv) structure and approach adopted for the administration of anti-doping policies.
 - d. establishment of consistent sanctions among organisations responsible for conducting and organising sports (either Participating Party may reserve the right to apply its standards of penalties

to ban visiting athletes from participation in competitive sport irrespective of the standards that apply in the athlete's country of permanent residence); and

- e. ensuring that collection and testing of samples will be carried out by a sports drug testing laboratory accredited by the International Olympic Committee.

4. The Participating Parties will arrange working meetings at reasonable intervals and by mutual arrangement for the purpose of reviewing the effectiveness of the measures taken under this Arrangement.

5. This Arrangement may be amended at any time by mutual consent of the Participating Parties.

6. This Arrangement will become effective upon signature by representatives of the Participating Parties and will continue for a period of five years. Either Participating Party may terminate this Arrangement at any time by giving six months advance notice in writing to the other Participating Party.



*For the Government
of Australia*



*For the Government
of New Zealand*

APPENDIX 7

Types of harm caused by drug use

INTRINSIC
(harm attributable to the drug)

DIRECT HARM
(harm to user)

<ul style="list-style-type: none"> • Psychological disorders • Heart disease • Dehydration • Loss of coordination • Infertility 	<ul style="list-style-type: none"> • The effects of passive smoking on sports performance • Masculinisation of female foetus caused by steroid use of the mother
<ul style="list-style-type: none"> • Life ban from sport • HIV infection from steroid injection • Death from drink-driving 	<ul style="list-style-type: none"> • Withdrawal of sponsorship from sport due to participant's use of drugs • Inconvenience of drug testing for athletes who do not use drugs

INDIRECT HARM
(harm to others)

EXTRINSIC
(harm attributable to the use of the drug but not inherent in the drug itself)

- DIRECT** Harm caused directly to the user of the drug
- INDIRECT** Harm caused to someone other than the user of the drug
- INTRINSIC** Harm resulting from the effect of a drug
- EXTRINSIC** Harm resulting from actions related to drug use

Harm to the user of the drug is *direct* harm. *Direct* harm to an individual who used anabolic steroids could include psychological disorders and infertility. These are *direct* harms and also *intrinsic* harms: effects of the drug itself. *Direct* harm to an anabolic steroid user could also include a life ban from sport or a loss of respect and friendship from his/her sporting peers. These are also *direct* harms; however, in this case they are *extrinsic* harms — related to drug use (but not an effect of the drug itself).

Indirect harm is harm caused to someone other than the user of the drug. If a steroid user continued using the drug during pregnancy, the resulting effect on the developing foetus would be an *indirect* harm. This indirect harm is also an *intrinsic* harm as it is a physical effect of the drug itself. An anabolic steroid user who is caught may result in his club or team losing sponsorship or being subject to drug testing on a regular basis. These are also *indirect* harms; however, in this case they are *extrinsic* harms because they are the result of reactions toward the drug use, not effects of the drug itself.

List of doping classes and methods of doping — International Olympic Committee Medical Commission**17 March 1993****I DOPING CLASSES**

- A. Stimulants
- B. Narcotics
- C. Anabolic Agents
- D. Diuretics
- E. 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
- E. Beta-blockers

NOTE:

The doping definition of the IOC Medical Commission is based on the banning of pharmacological class of agents. The definition has the advantage that also new drugs, some of which may be especially designed for doping purposes, are banned.

The term "and related substances" describes drugs that are related to the class by their pharmacological actions and/or chemical structure.

The following list represents examples of the different dope classes to illustrate the doping definition. Unless indicated all substances belonging to the banned classes may not be used for medical treatment, even if they are not listed as examples. If substances of the banned classes are detected in the laboratory the IOC Medical Commission will act. It should be noted that the presence of the drug in the urine constitutes an offence, irrespective of the route of administration.

Examples and Explanations

I DOPING CLASSES

A. Stimulants, eg

amfepramone	amfetaminil	amineptine
amiphenazole	amphetamine	bensphetamine
caffeine *	cathine	chlorphentermine
clobenzorex	clorprenaline	cocaine
cropropamide (component of "micoran")		
crothetamide (component of "micoran")		
dimatamfetamine	ephedrine	etafedrine
ethamivan	etilamfetamine	fencamfamin
fanatylline	fenproporex	furfenorex
mefenorex	mesocarbe	methamphetamine
methoxyphenamine	methylephedrine	methylphenidate
morazone	nikethamide	pernoline
pentetrazol	phendimetrazine	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 per millilitre.

Stimulants comprise various types of drugs which increase alertness, reduce fatigue and may increase competitiveness and hostility. Their use can also produce loss of judgement, which may lead to accidents to others in some sport. Amphetamine and related compounds have the most notorious reputation in producing problems in sport. Some deaths of sportsmen have resulted even when normal doses have been used under conditions of maximum physical activity. There is no medical justification for the use of 'amphetamines' in sport.

One group of stimulants is the sympathomimetic amines of which ephedrine is an example. In high doses, this type of compound produces mental stimulation and increased blood flow. Adverse effects include elevated blood pressure and headache, increased and irregular heart beat, anxiety and tremor. In lower doses, they, eg, ephedrine, pseudoephedrine, phenylpropanolamine, norpseudoephedrine, are often present in cold and hay fever preparations which can be purchased in pharmacies and sometimes from other retail outlets without the need of a medical prescription.

THUS NO PRODUCT FOR USE IN COLDS, FLUE OR HAY FEVER PURCHASED BY A COMPETITOR OR GIVEN TO HIM/HER SHOULD BE USED WITHOUT FIRST CHECKING WITH A DOCTOR OR PHARMACIST THAT THE PRODUCT DOES NOT CONTAIN A DRUG OF THE BANNED STIMULANTS CLASS.

Beta2 agonists

The choice of medication in the treatment of asthma and respiratory ailments has posed many problems. Some years ago, ephedrine and related substances were administered quite frequently. However, these substances are prohibited because they are classed in the category of "sympathomimetic amines" and therefore considered as stimulants.

The use of only the following Beta2 agonists is permitted by inhalation:

salbutamol
terbutaline

ANY TEAM DOCTOR WISHING TO ADMINISTER THESE BETA2 AGONISTS BY INHALATION TO A COMPETITOR MUST GIVE WRITTEN NOTIFICATION TO THE IOC MEDICAL COMMISSION

B. Narcotic analgesics eg,

alphaprodine
dextromoramide
dihydrocodeine
ethylmorphine
morphine
pethidine

anileridine
dextropropoxyphen
dipipanone
levorphanol
nalbuphine
phenazocine

buprenorphine
diamorphine (heroin)
ethoheptasine
methadone
pentasocine
trimeperidine

and related compounds

The drugs belonging to this class, which are presented by morphine and its chemical and pharmacological analogues, act fairly specifically as analgesics for the management of moderate to severe pain. This description however by no means implies that their clinical effect is limited to the relief of trivial disabilities. Most of these drugs have major side effects, including dose-related respiratory depression, and carry a high risk of physical and psychological dependence. There exists evidence indicating that narcotic analgesics have been and are abused in sports, and therefore the IOC Medical Commission has issued and maintained a ban on their use during the Olympic Games. The ban is also justified by international restrictions affecting the movement of these compounds and is in line with the regulations and recommendations of the World Health Organisation regarding narcotics.

Furthermore, it is felt that the treatment of slight to moderate pain can be effective using drugs – other than the narcotics – which have analgesic, anti-inflammatory and antipyretic actions. Such alternatives, which have been successfully used for the treatment of sports injuries, including Anthranilic acid derivatives (such as Mefenamic acid, Fluctafenine, Glafenine, etc), Phenylalkanoic acid derivatives (such as Diclofenac, Ibuprofen, Ketoprofen, Naproxen, etc) and compounds such as Indomethacin and Sulindac. The Medical Commission also reminds athletes and team doctors that Aspirin is often associated to a banned drug. The same precautions hold for cough and cold preparations which often contain drugs of the banned classes.

NOTE: DEXTROMETHORPHAN AND PHOLCODINE ARE NOT BANNED AND MAY BE USED AS ANTI-TUSSIVES. DIPHINOXYLATE IS ALSO PERMITTED.

C. Anabolic Agents

1. Androgenic anabolic steroids, eg,

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

2. Other anabolic agents, eg,

Beta2 agonists, eg
clenbuterol

and related substances

The anabolic androgenic steroid (AAS) class includes testosterone and substances that are related in structure and activity to it. They have been misused by the sports world both to increase muscle strength and bulk, and to promote aggressiveness. The use of ASS is associated with adverse effects on the liver, skin, cardiovascular and endocrine systems. They can promote the growth of tumours and induce psychiatric syndromes. In males AAS decrease the size of the testes and diminish sperm production. Females experience masculinization, loss of breast tissue and diminished menstruation. The use of AAS by teenagers can stunt growth.

- * The presence of a testosterone (T) to epitestosterone (E) ratio greater than six (6) to one (1) in the urine of a competitor constitutes an offence unless there is evidence that this ratio is due to a physiological or pathological condition.

The IOC Medical Commission, while pleased that the testing programme is decreasing the use of anabolic steroids, is nevertheless concerned that some athletes are attempting to cheat by administering testosterone, testosterone precursors and epitestosterone. Accordingly, the IOC Medical Commission recommends giving consideration to a medical examination together with endocrine tests and longitudinal studies to evaluate the possibility that testosterone or any other endogenous steroid has been administered.

In order to assist in this evaluation the IOC accredited laboratories shall report every case to the proper authorities in accordance with the following criteria:

- A. negative, if the ratio is less than 6; or
- B. T/E greater than 6 and not greater than 10; or
- C. T/E greater than 10.

In the case of B the IOC Medical Commission recommends that further tests be conducted before considering the result as positive or negative. Such investigations may include:

- review of previous tests
- endocrinological investigations
- unannounced testing over several months.

D. Diuretics, eg,

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

and related compounds

Diuretics have important therapeutic indications for the elimination of fluids from the tissues in certain pathological conditions. However, strict medical control is required.

Diuretics are sometimes misused by competitors for two main reasons, namely: to reduce weight quickly in sports where weight categories are involved and to reduce the concentration of drugs in urine by producing a more rapid excretion of urine to attempt to minimise detection of drug misuse. Rapid reduction of weight in sport cannot be justified medically. Health risks are involved in such misuse because of serious side-effects which might occur.

Furthermore, deliberate attempts to reduce weight artificially in order to compete in lower weight classes or to dilute urine constitute clear manipulations which are unacceptable on ethical grounds. Therefore, the IOC Medical Commission has decided to include diuretics on its list of banned classes of drugs.

NB For sports involving weight classes, the IOC Medical Commission reserves the right to obtain urine samples from the competitor at the time of the weigh-in.

E. Peptide hormones and analogues

Chorionic Gonadotrophin (HCG - human chorionic gonadotrophin): it is well known that the administration to males of Human Chorionic Gonadotrophin (HCG) and other compounds with related activity leads to an increased rate of production of endogenous androgenic steroids and is considered equivalent to the exogenous administration of testosterone.

Corticotrophin (ACTH): Corticotrophin has been misused to increase the blood levels of endogenous corticosteroids notably to obtain the euphoric effect of corticosteroids. The application of Corticotrophin is considered to be equivalent to the oral, intra-muscular or intravenous application of corticosteroids (See section III. D.)

Growth hormone (hGH, somatotrophin): the misuse of growth hormone in sport is deemed to be unethical and dangerous because of various adverse effects, for example, allergic reactions, diabetogenic effects, and acromegaly when applied in high doses.

All the respective releasing factors of the above-mentioned substances are also banned.

Erythropoietin (EPO): is the glucoprotein hormone produced in human kidney which regulates, apparently by a feed-back mechanism, the rate of synthesis of erythrocyte.

II DOPING METHODS

A. Blood doping

Blood transfusion is the intravenous administration of red blood cells or related blood products that contain red blood cells. Such products can be obtained from blood drawn from the same (autologous) or from a different (non-autologous) individual. The most common indications for red blood transfusion in conventional medical practice are acute blood loss and severe anaemia.

Blood doping is the administration of blood or related red blood products to an athlete other than for legitimate medical treatment. This procedure may be preceded by withdrawal of blood from the athlete who continues to train in this blood depleted state.

These procedures contravene the ethics of medicine and of sport. There are also risks involved in the transfusion of blood and related blood products. These include the development of allergic reactions (rash, fever etc) and acute haemolytic reaction with kidney damage if incorrectly typed blood is used, as well as delayed transfusion reaction resulting in fever and jaundice, transmission of infectious diseases (viral hepatitis and AIDS), overload of the circulation and metabolic shock.

Therefore the practice of blood doping in sport is banned by the IOC Medical Commission.

The IOC Medical Commission bans Erythropoietin as a method of doping (see section I. Doping Classes, F-Peptide hormones and analogues).

B. Pharmacological, chemical and physical manipulation

The IOC Medical Commission bans the use of substances and of methods which alter the integrity and validity of urine samples used in doping controls. Examples of banned methods are catheterisation, urine substitution and/or tampering, inhibition of renal excretion, eg, by probenecid and related compounds, and epitestosterone application**.

** If the epitestosterone concentration is greater than 150 ng/mL, the laboratories should notify the appropriate authorities. The IOC Medical Commission recommends that further investigations be conducted.

III CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

A. Alcohol

Alcohol is not prohibited. However, breath or blood alcohol levels may be determined at the request of an International Federation.

B. Marijuana

Marijuana is not prohibited. However, tests may be carried out at the request of an International Federation.

C. Local anaesthetics

Injectable local anaesthetics are permitted under the following conditions:

1. that procaine, xylocaine, carbocaine, etc, are used but not cocaine;
2. only local or intra-articular injections may be administered; and
3. only when medically justified (ie, the details including diagnosis, dose and route of administration must be submitted immediately in writing to the IOC Medical Commission).

D. Corticosteroids

The naturally occurring and synthetic corticosteroids are mainly used as anti-inflammatory drugs which also relieve pain. They influence circulating concentrations of natural corticosteroids in the body. They produce euphoria and side-effects such that their medical use, except when used topically, require medical control.

Since 1975, the IOC Medical Commission has attempted to restrict their use during competitions by requiring a declaration by doctors, because it was known that corticosteroids were being used non-therapeutically by the oral, rectal, intramuscular and even the intravenous route in some sports. However, the problem was not solved by these restrictions and therefore stronger measures designed not to interfere with the appropriate medical use of these compounds became necessary.

The use of corticosteroids is banned except for topical use (aural, ophthalmological and dermatological), inhalation therapy (asthma, allergic rhinitis) and local or intra-articular injections.

ANY TEAM DOCTOR WISHING TO ADMINISTER CORTICOSTEROIDS BY LOCAL OR INTRA-ARTICULAR INJECTION, OR BY INHALATION, TO A COMPETITOR MUST GIVE WRITTEN NOTIFICATION TO THE IOC MEDICAL COMMISSION.

E. Beta-blockers, eg,

acebutolol	alprenolol	etenolol
labetalol	metoprolol	nadolol
oxyprenolol	propranolol	sotalol

and related substances

The IOC Medical Commission has reviewed the therapeutic indications for the use of beta-blocking drugs and noted that there is now a wide range of effective alternative preparations available in order to control hypertension, cardiac arrhythmias, angina pectoris and migraine. Due to the continued misuse of beta-blockers in some sports where physical activity is of no or little importance, the IOC Medical Commission reserves the right to test those sports which it deems appropriate. These are unlikely to include endurance events which necessitate prolonged periods of high cardiac output and large stores of metabolic substrates in which beta-blockers would severely decrease performance capacity.

NOTE: Tests for beta-blockers are performed at the request of an International Federation (eg, archery, shooting, biathlon, modern pentathlon, bobsleigh, diving, luge, ski jumping, etc) and at the discretion of the IOC Medical Commission.

Summary of IOC doping classes and methods

The IOC prohibits six classes of doping agents:

- Stimulants
- Narcotic analgesics
- Anabolic steroids
- Beta-blockers
- Diuretics
- Peptide hormones and analogues

It also prohibits certain doping methods including:

- Blood doping
- Pharmacological, chemical and physical manipulation of a urine sample

In addition the IOC lists classes of drugs subject to certain restrictions. They are as follows:

- Alcohol
- Marijuana
- Local anaesthetics
- Corticosteroids

Stimulants

This group of drugs comprises a broad range of sympathomimetic amines (including amphetamine and related compounds and the ephedrines) as well as caffeine and cocaine.

Amphetamines produce their effect mainly by the indirect release of adrenalin and noradrenalin from the adrenal medulla. They have been used in the treatment of obesity, chronic fatigue, depression, narcolepsy and hyperkinesia. Their use in sport is to mask fatigue, maintain or improve alertness and possibly to contribute to competitiveness and aggression.

Side-effects of these stimulants include anxiety, tachycardia, cardiac arrhythmias, insomnia, and hypertension. Because judgement is impaired, athletes may exercise despite the presence of significantly increased blood lactate levels. Psychological and physical dependence can develop with long-term use. Amphetamine abuse leading to death is well recognised and has been attributed to hyperthermia, heatstroke, hypertensive crisis or arrhythmia with myocardial infarction.

Ephedrine was formerly used for the treatment of asthma, respiratory tract and sinus congestion, allergic conditions and nocturnal enuresis. Its mode of action is the same as for the amphetamines, but with fewer central effects. The side-effects are similar. The use of ephedrine is now considered obsolete but pseudoephedrine, phenylpropranolamine and other derivatives are still widely used as decongestants.

Beta2 agonists are now widely used and are effective in the treatment of asthma. The IOC has provided a list of those Beta2 agonists which are permitted in aerosol form only. The list includes terbutaline and salbutamol. Fenoterol however is banned because it is metabolised to p-hydroxyamphetamine.

Caffeine is a methyl xanthine derivative and is a constituent of coffee, tea, cola drinks, chocolate and many analgesic and migraine preparations. It is known to assist in reducing fatigue, has diuretic properties, stimulates cardiac and skeletal muscle and relaxes smooth muscle. Work output in endurance events can be increased via a glycogen sparing effect, whereby free fatty acids are mobilised from triglycerides and used as substrates for energy.

Side-effects of caffeine include tremor, palpitations, anxiety, headache, irritability, diuresis and gastrointestinal symptoms. Caffeine is banned by the IOC because of its stimulant effects, but a level of caffeine of more than 12 milligrams per litre must be obtained in the urine to be deemed positive.

Narcotic Analgesics

This group of drugs includes derivatives of the Asian poppy, the opiates, and their related compounds, including morphine. It now excludes codeine which is permitted for therapeutic use.

They reduce moderate to severe pain and they are known for their capacity to produce physical and psychological dependence. They have major side-effects including respiratory depression, which may be fatal. They are banned because of their ergogenic effect (masking pain and increasing euphoria) and because the World Health Organisation has recommended restriction of the use and movement of these drugs internationally.

Alternatives to narcotic analgesics include non-steroidal anti-inflammatory medications, which also have analgesic properties.

Pholcodine and dextromethorphan are not banned and may be used as anti-tussives. Diphenoxylate is permitted for the management of diarrhoea.

Anabolic Steroids

Anabolic steroids include those chemicals which are related in structure and activity to the male sex hormone testosterone.

Testosterone produces secondary sex characteristics in men and affects the development of the skin, hair, voice and sex organs as well as increased growth of bone and muscle during puberty. Synthetic analogues of testosterone attempt to maximise the anabolic properties of testosterone whilst minimising the androgenic side-effects.

Athletes using anabolic steroids are alleged to recover more quickly from hard training sessions and can therefore train at a higher intensity and more often than those individuals who are not using them. Athletes who rely on strength and power in their performances are the ones who appear to benefit most from them.

Recent research has revealed that chronic use of anabolic steroids can result in the suppression of endogenous production of testosterone. This in turn is accompanied by reduced levels of the urinary androgens androsterone and etiocholanolone. Estimation of these steroids is described as 'steroid profiling' and can be utilised to refute a denial by an athlete that he has never used anabolic steroids or possibly to target such athletes for future testing when out of competition.

Beta-blockers

Beta-blockers block the effect mediated through adrenergic beta receptors. They are used to treat hypertension, angina, cardiac arrhythmias, migraine, anxiety, thyrotoxicosis and glaucoma.

Beta-blockers usually produce little or no effect in sprint events, weightlifting or isometric exercise. During submaximal exercise in healthy subjects, however, beta-blockers can decrease heart rate, systolic blood pressure and cardiac output and increase the arteriovenous oxygen difference. Endurance events necessitate prolonged periods of high cardiac output and depend on the availability of metabolic substrates. *Beta-blockers therefore interfere with performance in those events via the beta-blockage of glycogenolysis, lipolysis and gluconeogenesis.*

Beta-blockers have been used in shooting sports to control tremor and to reduce the heart rate to permit shots to be fired between heart beats. As there is now a wide range of effective alternative preparations available to control hypertension, angina, migraine and arrhythmias, the IOC has banned all beta-blockers because of their misuse in some sports where physical activity is of little or no importance.

Diuretics

These drugs promote water and electrolyte (particularly sodium) loss from the body by action at various sites in the kidney. The medical indications for their use include hypertension, congestive cardiac failure and some renal conditions (including renal failure). Side-effects include electrolyte depletion (*hyponatraemia, hypokalaemia*) and dehydration. *Diuretics are used by athletes to reduce weight quickly in sports where weight restrictions apply and to dilute the concentration of banned substances in urine in an attempt to evade detection.*

Severe fluid and electrolyte loss is accompanied by a grave risk of cardiac arrhythmia. Moreover, the manipulation of bodyweight by dehydration is deemed unethical and in sports involving weight divisions or classes, athletes may be required to provide urine samples at the time of the weigh-in.

Peptide Hormones and Analogues

hGH, or somatotropin, is produced by the anterior lobe of the pituitary gland and its release is regulated by two other hormones, growth hormone releasing hormone (GHRH) and somatostatin (SS).

hGH is an anabolic agent in that it promotes amino acid transport and protein synthesis, increases lean bodyweight and cellular growth, accelerates linear bone growth and promotes lipolysis. It has a diabetogenic effect by inducing hyperglycaemia from hepatic glycogen stores and by blocking glucose uptake into peripheral tissues such as muscle. hGH administered to hGH-deficient children normalises their decreased number of muscle cells.

Secretion of hGH in normal people is triggered by hypoglycaemia, amino acid infusion (notably L-arginine, histidine and phenylalanine), slow wave sleep, stress and exercise.

Excess hGH production is responsible for gigantism and acromegaly (pre-dating and post-dating epiphyseal closure respectively). In these clinical situations the articular cartilage hypertrophies and then degenerates while muscle strengthens and then weakens.

hGH was originally isolated from pituitary glands of cadavers. However, discovery of the slow virus responsible for Kreutzfeldt-Jacob disease encouraged the development of hGH production by recombinant techniques, using bacterium *escherichia coli*.

Human chorionic gonadotrophin (hCG) is a hormone produced in pregnancy which promotes foetal growth. It is known that the administration of this substance and others with similar effects increases the rate of production of androgenic steroids in males and is considered equivalent to the exogenous administration of testosterone. The use of these substances is therefore banned.

Erythropoietin is a recent addition to the list of banned substances. It is a polypeptide hormone produced in the kidney, which stimulates red blood cell production in response to stimuli such as blood loss, altitude and hypoxia. Although at present there is no definitive test for its use as a doping agent, artificial elevation of red blood cell concentration constitutes doping, as there are theoretical benefits to endurance performance. It has been reported that misuse of erythropoietin may have been responsible for the deaths of some professional cyclists in the past.

Blood Doping

Blood doping is an ergogenic procedure wherein normovolaemic erythrocythaemia (an increased concentration of red blood cells) is induced by way of reinfusion of the athlete's own blood (autologous infusion) or by transfusing cross-matched blood from another donor (heterologous infusion). The result is an increased oxygen-carrying capacity of the blood so that during peak exercise, the delivery of oxygen to the skeletal muscle is enhanced and maximal oxygen uptake and endurance capacity are improved.

In medical practice the most common indications for red blood cell transfusion are acute blood loss and severe anaemia.

There are also the risks of blood transfusion side-effects (including allergic rashes and fevers and acute haemolysis) with the inherent risk to the kidneys. Transmission of viruses such as hepatitis B and HIV are also possible. Blood doping may also induce a hyperviscosity syndrome, leading to intravascular clotting, heart failure and death.

Techniques to detect blood doping are being researched at the present time.

Pharmacological, Chemical and Physical Manipulation

The IOC bans the use of substances and methods which alter the integrity and validity of urine samples in doping control. Banned methods include the use of catheters to substitute urine and the use of agents such as probenecid to diminish the renal secretions of banned substances ingested or otherwise administered.

Clenbuterol

The use of clenbuterol as a doping agent became apparent during 1991-92. Several athletes tested positive for clenbuterol, causing some concern in the sporting world due to uncertainty as to its status as a banned or permitted substance.

The IOC clarified the status of clenbuterol. The IOC has confirmed that the use of clenbuterol is banned and the presence of clenbuterol in the urine constitutes an offence. The ban is based on two points:

1. Clenbuterol is an extremely potent Beta2 agonist that is used to treat asthma. However, clenbuterol is not one of the five Beta2 agonists that are permitted for use by the aerosol route of administration. (Refer to doping class A of the IOC List of Doping Classes and Methods, May 1992.)
2. Clenbuterol is also an anabolic agent. It may promote muscle growth and alters body composition in the direction of increased muscle mass and decreased fat. Accordingly it is considered to be related to doping class C: Androgenic Anabolic Steroid.

The term '...and related substances' describes drugs that are related to their respective class by their pharmacological actions and/or their chemical structure.

It appeared that athletes believed they could beat the drug testing system by using this substance which did not clearly appear in the IOC Doping List. However, the IOC practice of including '...and related substances' meant that this possible loophole did not exist.

Source: IOC July 1992

APPENDIX 11

Dope control laboratories accredited by the International Olympic Committee

Location	Head of the Laboratory	Address
Athens Grece Greece		OAKA Doping Control Laboratory The Olympic Athletic Center of Athens 'Spiros Louis' 37 Kifissias Ave 15123 Maroussi Fax: (30 11) 683 4021 Tel: (30 11) 686 8549
Barcelona Espagne Spain	Dr Jordi Segura	Institut Municipal d'Investigacio Medica Departament de Farmacologia i Toxicologia P Maritim s/n 08003 BARCELONA Tel: (34 3) 300 75 62 Fax: (34 3) 485 49 52
Beijing Republique Populaire de Chine People's Republic of China	Prof Dr Zeyi Yang Vice Director	Doping Control Laboratory National Research Institute of Sports Medicine 1st Anding Road Anwai BEIJING 100029 Tel: (861) 491 2131 Fax: (861) 491 2136
Cologne Allemagne Germany	Prof Dr Manfred Donike	Institute of Biochemistry Deutsche Sporthochschule Carl-Diem-Weg 6 5000 Koln 41 Tel: (49 221) 497 1313 Fax: (49 221) 497 3236 Telex: (051) 933 521 'Ref: BOX: DM4: DONIKE'
Gand/Ghant Belgique Belgium	Prof M Debackere	Laboratorium voor farmacologie en toxicologie van de huisdieren Universiteit Gent Casinoplein 24 B-9000 GENT Tel: (32 91) 233 765 Fax: (32 91) 332 234

Location	Head of the Laboratory	Address
Helsinki Finlande Finland	Prof Kimmo Kuoppasalmi	United Laboratories Ltd PO Box 70 00511 HELSINKI 51 Tel: (358 0) 506 051 Fax: (358 0) 506 05410 Telex: 122834 YKLAB SF
Huddinge Suede Sweden	Dr Ingemar Bjorkhem	Department of Clinical Chemistry Karolinska Institutet Kliniskt farmakologiska laboratoriet Huddinge Sjukhus 141 86 HUDDINGE Tel: (46 8) 746 1000 Fax: (46 8) 746 8821 Telex: 11342 HSVXL
Indianapolis Etats-Unis USA	Prof Dr Carlton Nordschow	Department of Pathology School of Medicine Indiana University Medical Centre 926 West Michigan Street INDIANAPOLIS INDIANA 46223 Tel: (1 317) 274 4806 Fax: (1 317) 274 3223
Lausanne Suisse Switzerland	Dr Laurent Rivier	Unite d'analyse de dopage Institut universitaire de medicine legale Rue de Bugnon 21 1005 Lausanne Tel: (41 21) 313 2190 Fax: (41 21) 313 2191
Lisbon Portugal	Prof Lesseps Lourenco Reys	Laboratorio de analises do doping e bioquimica Direccoa-gen dos desportos Estadio Universitario Av Professor Egas Moniz 1600 LISBOA Tel: (35 1) 760 245 Fax: (35 1) 160 2604 Telex: 43447 FISPOR P

Location	Head of the Laboratory	Address
London Angleterre England	Dr David Cowan	Drug Control and Teaching Centre London University King's College Manresa Road London SW 3 6LX Tel: (44 71) 351 2488 Fax: (44 71) 351 2591 Telex: c/o IAAF London
Los Angeles Etats-Unis USA	Prof Don H Catlin	UCLA Olympic Analytical Laboratory UCLA School of Medicine 2122 Granville Avenue LOS ANGELES, California 90025 Tel: (1 310) 825 2635 Fax: (1 310) 206 9077 Telex: 025 910 342 7597
Madrid Espagne Spain	Dr Cecilia Rodriguez	Laboratorio Investigacion Bio-quimica y control anti-doping Consejo Superior de Deportes c/Greco, s/n Ciudad Universitaria 28040 MADRID Tel: (34 1) 589 6889, 589 6890 Fax: (34 1) 543 7290
Montreal Canada	Prof Robert Dugal <i>Director</i> Prof Robert Masse <i>Associate Director</i>	INRS-Sante Institut National de la Recherche Scientifique Universite de Quebec 245 Blvd Hymus POINTE-CLAIRE Quebec H9R Tel: (1 514) 630 8800 Fax: (1 514) 630 8850 Telex: 051 31623
Moscow Republique de Russie Republic of Russia	Dr Vitaly Semenov	Moscow Dope Control Laboratory Anti-Doping Centre Elizavetinskyi projezd, 10 103064 MOSCOW Tel: (7095) 261 8012 Fax: (7095) 248 0814
Oslo Norvege Norway	Prof Dr Nils Norman	Hormone Laboratory Sections for Doping Analysis Aker Hospital N-0514 OSLO 5 Tel: (47 2) 89 4708, 22 0545 Fax: (47 2) 15 8796

Location	Head of the Laboratory	Address
Paris France	Dr J P Lafarge	Laboratoire anti-dopage 143 Avenue Roger Salengro 92290 CHATENY-MALABRY Tel: (33 1) 466 028 69 Fax: (33 1) 466 030 17
Prague La Republique Federale Tcheque et Slovaque The Czech and Sloval Federal Republic	Dr R Slechtowa	Institute of Sports Medicine and Dope Control Laboratory Spartakindnstadion 160 17 PRAGUE 6 Brevnoa Tel: (42 2) 352 325 Fax: (42 2) 377 430 Telex: 122650 CSTV
Rome Italie Italy	Prof Gusavo Tuccimei	Federazione Medico-Sportive Italiana Palazzo Delle Federazioni Via Tiziano 70 Tel: (39 6) 80 3011 Fax: (39 6) 368 58 206 Telex: 621610 CONFSI
Seoul Coree Korea	Dr Jongsei Park <i>Director</i>	Doping Control Centre Korea Institute of Science and Technology PO Box 131 Cheongryang SEOUL Tel: (82 2) 969 2871 Fax: (82 2) 968 2109 Telex: KISTROK K27380
Sydney Australie Australia	Dr R Kazlauskas	Australian Government Analytical Laboratories 1 Suakin Street PYMBLE NSW 2073 Tel: (61 2) 449 0111 Fax: (61 2) 449 1653 Telex: (071) AA61906 AUSCI
Tokyo Japon Japan	Dr Jun-Ichi Fukuda	Mitsubishi-Yuka Bio-Clinical Laboratories Inc Dope control laboratory 3-30-1 Shimura, Itabashi-ku TOKYO 174 Japan Tel: (81 3) 5994 22351 Fax: (81 3) 5994 2922

Advice received from the IOC Medical Commission dated 18 March 1993 notified the Australian Sports Drug Agency that four IOC-accredited laboratories did not meet the necessary standards in the reaccreditation procedures.

The laboratories were:

Athens
Copenhagen
Prague
Seoul

The IOC Medical Commission are currently in the process of implementing the necessary corrective procedures to ensure that these laboratories will soon be fully operational once again.

The Ottawa Charter for Health Promotion (1985)

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organises work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment — particularly in areas of technology, work, energy production and urbanisation — is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen Community Action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and *destinies*.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required

through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organisation of health services, which refocusses on the total needs of the individual as a whole person.

Moving into the Future

Health is created and lived by people within the settings of their everyday life; where they can learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Commitment to Health Promotion

The participants in this conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- to acknowledge people as the main resource, to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with people themselves; and
- to recognise health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The conference urges all concerned to join them in their commitment to a strong public health alliance.

Call for International Action

The Conference calls on the World Health Organisation and other international organisations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, non-governmental and voluntary organisations, governments, the World Health Organisation and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health for All by the year 2000 will become a reality.

Community development of drugs in sport programs — the role of professionals

Debates focusing on the economic and social costs of health are by no means a new topic of contention; however, the concept of health promotion is a relatively new movement that has gradually gathered momentum during the 1980s.

Health promotion recognises the whole population in considering the diverse range of factors that influence the overall well-being of individuals and communities. (Such factors could include communication channels, social networks and supports, education, policy and legislation, and access and equity issues.) It adopts a collectivist ideology in that it aims to employ community participation in identifying problems, in decision-making processes and in finding solutions to the problems.

By acknowledging that people and their environment are interdependent, the concept of health promotion has paved the way to reorientate the traditional health model, which focuses on ill-health, disease and illness, to a multidimensional perspective that focuses on ways of enhancing well-being. *The World Health Organisation (WHO) says that 'health promotion is the process of enabling people to increase control over, and to improve, their health. It presents a mediating strategy between people and their environments, synthesising personal choice and social responsibility in health to create a healthier future'.*

When viewed from this perspective, the health promotion movement has implications for a wide range of issues, including drugs in sport, that affect many systems at all levels of the community.

By adopting a health promotion philosophy and taking into account the lessons learned from years of experience in mainstream drug education, opportunities are created to develop new approaches and strategies to deal with issues surrounding drugs in sport.

Community development describes principles that have evolved from the health promotion movement. These strategies form some of the fundamental elements of both the WHO Health For All Strategy and the Ottawa Charter for Health Promotion (see Appendix 12). Their wide acceptance has led to indiscriminate use of the word 'community' and, as a new professionalism and a new paradigm of health have emerged, a number of interpretations have evolved.

Probably one of the most difficult dilemmas for many health promotion workers involves issues related to the ownership of programs and projects. An essential

component for successful community development is for communities to retain ownership of the issues that they identify. In addition, the solutions to the problems need to be achieved through strategies that are not alien to them. Inherent in community participation is the need to develop new skills (organisation, research, planning, negotiation) and maybe even to take on a new role; sometimes lay people may not have the experience or the information to enable them to address their identified problems. This is relevant to sports communities addressing the drugs in sport issue.

As these new issues arise it is easy to lose track of whose needs are actually being addressed, particularly when the professional may have the experience to know 'what works'. It may be easier for the professional to 'take over' once the local people have identified their needs. There is a fine line between getting people together to encourage their involvement and input and in actually influencing the way they become involved. A popular slogan which aptly reflects this dilemma is 'professionals on *tap* not on *top*'.

Citizen control	
Delegated power	<i>Degrees of citizen power</i>
Partnership	
Placation	
Consultation	<i>Degrees of tokenism</i>
Informing	
Therapy	
Manipulation	<i>Non-participation</i>

Put in a different way, it is easy to fall into the trap of 'doing community development' by presenting interventions, which professionals identify as being advantageous to the well-being of communities, under the guise of the community approach. This approach can be very powerful in reinforcing the dichotomies that can be attributed partly to the upsurge of the human services industry over the last 30 years. Firstly there are the professionals who have the knowledge, information and often the means at their fingertips. They frequently work to time lines, to agendas set by people in authority and from a bureaucratic perspective. The second group are the community members who know themselves and who definitely understand their own life circumstances better than anyone else. Unfortunately, it is often not recognised that these people frequently know more than they are given credit for.

An important component of community development considers the predisposing, reinforcing and enabling factors that influence the well-being of individuals and communities. It involves working with community members to explore ways to reduce the constraints, placed upon communities, which inhibit change processes. It also relies upon constant evaluation, reflection and reassessment of the original aims and objectives.

What is the role of the professional?

Professionals have an important role to play in community development initiatives. Reorientation of attitudes about professionalism are required so that the focus is on being effective as opposed to maintaining professional status (power) by controlling the information that is disseminated to the community.

This new role necessitates the demystification of 'professionalism' and the associated jargon, by raising critical awareness, giving away knowledge, and by promoting opportunities for people in the community to develop new skills. It requires cooperation between professionals in facilitating community groups to implement their own programs and to establish the networks and infrastructures in the community that enable programs to become self-sustaining. It is not about establishing co-dependent relationships.

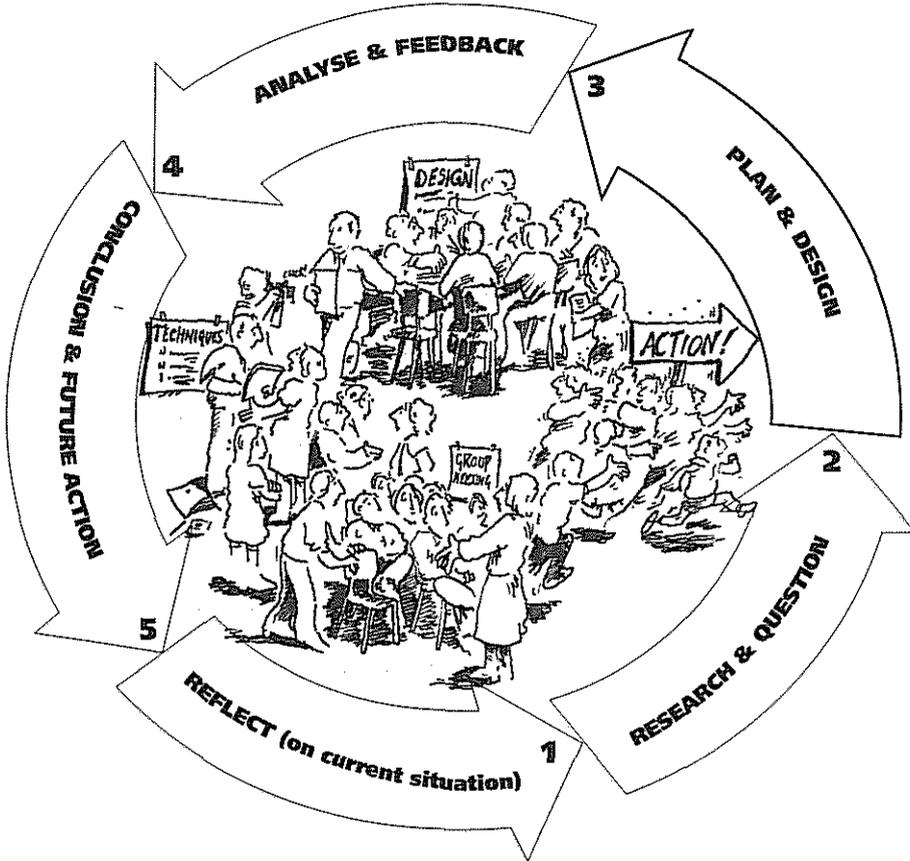
In a drugs in sport context, no longer is it the sole responsibility of the professional to solve the problem of drug misuse. Agencies such as the Australian Sports Drug Agency should facilitate sporting communities to use effectively knowledge, skills and resources to address the needs and problems that they have identified.

As a result, the community becomes the expert, and professionals and agencies work in collaboration with the community to develop a harm-reduction approach that involves all affected groups at all levels of programming and the decision-making process. It is not until our framework is reorientated from focusing on a service delivery model to a community development model that the drugs in sport issue will be owned by and responsive to the needs of the sporting community.

If reducing the harm associated with drug use in sport is to be achieved it is essential that professionals work 'with' and not 'for' the sporting community.

An outline of the process of action research

A continuous process of reflection, action, questioning, drawing conclusions and evaluating options



1. REFLECT (on current situation)

- What is happening at present and why?
- Is there a 'problem'?
- Are there things that we would like to change?

2. RESEARCH AND QUESTION

- What do others think?
- How can we find out?
- Who wants to be involved?
- Who needs to know or understand? (eg stakeholders).

3. PLAN AND DESIGN

- What are we doing and why?
- How can we make sure this is right?
- Are all groups included and participating?
- How could we do this more effectively?
- What else do we need to find out?

4. ANALYSE AND FEEDBACK

- Is this what we set out to do?
- Do we now have a clearer understanding?
- What do target groups think?
- Did we get it right?

5. CONCLUSION AND FUTURE ACTION

- Are we doing what we said we would?
- What would we change next time?
- Where should we go from here?
- What do we need to do to put this into practice?

**Selected key papers on drugs in sport issues
(from ASDA Sports Bulletin)**

Corcoran, JP; Longo, ED. Psychological treatment of anabolic-androgenic steroid-dependent individuals. *Journal of substance abuse treatment*. 9, 3, 1992, 229-235

Ljungqvist, A. Health risks of steroid use. *Drugs in competitive athletics: proceedings of the First International Symposium*. Blackwell Scientific Publications, 91-95

Haynes, S. Sport, drugs and ethics. *Sport Health (Canberra, Aust)* 10, 4, Dec 1992, 41-43

Duopasalmi, K; Aldercreutz, H. Interaction between catabolic and anabolic steroid hormones in muscular exercise. In *Exercise endocrinology*, edited by K Fotherby and SB Pol.

Badia, R; De La Torre, R, Segura, J. Erythropoietin: potential abuse in sport and possible methods for its detection. *Biologia et clinica hematologica* 14, 3, 1992 177-184

Rickert, VI, Pawlak-Morello, C; Sheppard, V; Jay, MS. Human growth hormone: a new substance of abuse among adolescents? *Clinical paediatrics (Denville, NJ)*, 31, 12, 1992 723-726

Celotti, F, Negri Cesi, P; Anabolic steroids: a review of their effects on the muscles, of their possible mechanisms of action and of their use in athletics. *Journal of steroid biochemistry and molecular biology (Elmsford, NY)* 43, 5 1992, 469-477

Pedoe, DST; Blood doping. *Clinical hemorheology (Elmsford, NY)*, 12, 4, 1992, 505-509

Kickman, AT, Cowan, DA; Peptide hormones and sport: misuse and detection. *British medical bulletin (London)*, 48, 3, 1992 496-517

Beckett, AH, Clenbuterol and sport (letter) *Lancet (London)*, 340, 8828, 1992, 1165

Bahrke, MS; Wright, JE; Strauss, RH; Catlin, DH. Psychological moods and subjectively perceived behavioural and somatic changes accompanying anabolic-androgenic steroid use. *American journal of sports medicine (Waltham, Mass)*, 20, 6, Nov/Dec 1992, 717-724

Yates, WR; Perry, P; Murray, S; Aggression and hostility in anabolic steroid users. *Biological psychiatry (New York)*, 31, 12, 15 June 1992, 1232-1234

Terney, R; McLain, LG; The use of anabolic steroids in high school students. *AJDC: American journal of diseases of children (Chicago, Ill)*, 144, 1, 1990, 99-103

Bradley, CA; Sodeman, TM; Human growth hormone: its use and abuse. *Clinics in laboratory medicine (Philadelphia, Pa)*, 10, 3, 1990, 473-477

Spalding, BJ. Black-market biotechnology: athletes abuse EPO and hGH. *Biotechnology (New York)*, 9, 11, 1991, 1050:1052-1053

Memorandum of Understanding between the Australian Government Analytical Laboratories and the Australian Sports Drug Agency (1993-94)

1. Preamble

This memorandum sets out the Understanding which has been reached between the Australian Government Analytical Laboratories of the Department of the Arts and Administrative Services (hereinafter referred to as "AGAL") and the Australian Sports Drug Agency (hereinafter referred to as "ASDA") as to the services and level of services to be provided by ASDA to AGAL in return for the satisfactory *delivery of such services.*

2. Annexes

- 2.1 All annexes to the Memorandum of Understanding (MOU) as specified below are to be read with and form part of the Understanding and the whole will constitute the agreement between the parties.

ANNEX A: Scope of Services

ANNEX B: Basis of Payment

ANNEX C: Schedule of Costs

3. Commencement

- 3.1 The Understanding will commence from 1 July 1993 and will supersede all documents or written agreements in respect of the subject matter thereof.

4. Duration

- 4.1 AGAL will perform the services within a period of 1 year from the date of the commencement of the Understanding.

5. Financial Limitation

- 5.1 The financial limitation of the Understanding is as set out at Annex C. AGAL will not expend or incur expenditure in excess of this amount for the provision of services in Annex A. The cost of transporting

samples to AGAL for analyses is not included in this limitation, and will be an additional charge borne by ASDA.

6. Service Limitation

- 6.1 AGAL agrees that its role in sports drug testing is limited to the analysis of samples, reporting on of results of sports drug tests, and undertaking research on drugs in sport issues. AGAL recognises that ASDA has a role under the ASDA Act to liaise with competitors, sporting organisations, the Australian Sports Commission, media representatives and so on in connection with sports drug testing and drugs in sport. Except with the approval of ASDA, AGAL agrees not to communicate details of its responsibilities in connection with sports drug testing except as provided for in this Understanding.
- 6.2 Whenever workload commitments reach 80 per cent of the levels specified in Annex A, AGAL will immediately notify ASDA of this fact. ASDA accepts no liability for any additional service performed by AGAL over and about that required to be done by the Understanding, unless a prior specific amendment to the Understanding is issued by ASDA authorising AGAL to do such work.
- 6.3 AGAL is the only laboratory in Australia accredited by the International Olympic Committee (IOC). AGAL will be recognised by ASDA as its sole agency in Australia for the provision of analytical services.
- 6.4 Should AGAL negotiate contracts for analysis of samples outside the terms of this MOU (ie with ASDA having no involvement in the collection of samples), AGAL will impose a minimum charge of \$260 per test for full-screen analyses and \$170 per test for half-screen analyses. When conducting testing for clients other than ASDA, AGAL will be free to determine its own performance parameters.
- 6.5 AGAL will provide statistical details to ASDA of all sports drug tests undertaken outside the terms of this MOU, including tests conducted for overseas clients.

7. Standard of Performance

- 7.1 AGAL will provide personnel or agents with the experience, skills and qualifications necessary to perform the services. AGAL will diligently, efficiently, and in conformity with sound professional practices perform

the services within the specified duration and financial limitation to the satisfaction of ASDA.

7.2 AGAL will maintain accreditation by the IOC as a sports drug testing laboratory throughout the period of this MOU. Should AGAL lose accreditation, ASDA will be free to cancel the MOU, including any payments proposed under the MOU, for the remainder of the period during which it would have been in force and to begin using another laboratory for analysis of samples collected for sports drug testing.

7.3 As agreed, ASDA reserves the right to undertake an independent efficiency audit of AGAL procedures and practices relating to sports drug testing while the MOU remains in force.

8. Confidentiality

8.1 AGAL and its personnel and agents shall not, without the prior written approval of ASDA, disclose other than to ASDA any information acquired in connection with performing these services or release other than to ASDA any material created in connection with performing these services.

9. Conflict of Interest

9.1 If AGAL becomes aware that any of its personnel or agents have a direct or indirect interest in the result of any part of the services performed, AGAL shall immediately inform ASDA in writing. AGAL will not, unless directed by ASDA, authorise such a person or agent to continue to be engaged in the performance of those services.

10. Sub-contracting

10.1 Any sub-contractual arrangement or agreement entered into by AGAL in respect of the provision of services under the Understanding may only be entered into with the prior knowledge and approval of ASDA.

11. Variation of Understanding

11.1 Alterations to the Understanding will be made in writing and signed for and on behalf of the parties to the Understanding. Any such variation to the Understanding will be formalised before the limitations specified in Clauses 4 and 5 above are exceeded and shall form part of the Understanding.

SIGNED, in duplicate, this 16TH day of JULY 1993



Signature



Signature

S. HAYNES CHIEF EXECUTIVE
Name and Designation

For
Australian Sports Drug Agency

C. DAHL AUST. GOVT. ANALYST
Name and Designation

For
Australian Government
Analytical Laboratories

ANNEX A — SCOPE OF SERVICE

The services and level of service required by ASDA as described below comprise three distinct components:

- *Component One* relates to analysis and related work performed in connection with samples submitted by ASDA.
- *Component Two* relates to analytical method research, development and validation.
- *Component Three* relates to maintaining IOC accreditation, including related proficiency studies.

Services shall be delivered in a manner consistent with AGAL's major performance objective, namely, to provide clients with the services and facilities required at an agreed standard and quality, within an agreed time frame, and at a cost which is both competitive and sufficient to cover the cost of delivery of those services.

For the duration of the MOU, regular liaison will be maintained between AGAL and ASDA. The priorities of activities in support of this Understanding will be established and monitored jointly by representatives of ASDA and AGAL. Meetings of ASDA and AGAL representatives will be held on a regular basis for this purpose.

Component One — Sample Analysis and Related Work

Scope:

The analysis of samples, or facilitation of analysis of samples by a third party, in order to determine their chemical characteristics and the provision of reports on their composition or compliance with relevant legislation, prescribed standards or specifications.

Under this Understanding the management of the analytical program will be governed by the following parameters:

- a) *Guaranteed sample submission by ASDA*

The submission rate and workload commitment is based on the analysis of a minimum of 2734 samples being provided by ASDA during the year.

This minimum guarantee comprises 1352 "full-screen" tests and 1382 'out-of-competition' tests.

The full-screen samples will be analysed for diuretics, anabolic steroids, stimulants, narcotic analgesics, beta-blockers (in specified sports), cannabis (in specified sports) and peptide hormones, as required, at a cost of \$260 per sample.

The out-of-competition samples will be analysed for diuretics, masking agents and anabolic agents, as required, at a cost of \$170 per sample.

ASDA will advise AGAL of the category of analysis at the time of submission of the sample.

All samples will be identified at the time of submission as either public interest tests or professional service tests.

b) *Additional samples submitted by ASDA*

From time to time, ASDA may advise AGAL of its intention to collect samples for testing in addition to those identified as a minimum guarantee (ie in addition to the 2734 samples identified in (a) above).

ASDA may request AGAL to analyse these samples as either 'full-screen' or 'out-of-competition' tests. ASDA will provide AGAL with as much notice as possible of its intention to collect additional samples.

Samples will be analysed for substances as described in (a) above. The cost of analysis for additional tests will normally be \$260 for full-screen samples and \$170 for out-of-competition samples. However, if the volume of additional samples is sufficient, ASDA may negotiate a lower per test analysis cost for samples provided. It will be for AGAL to determine whether the volume of additional samples is sufficient to justify a lower analysis cost being passed on to ASDA.

ASDA will advise AGAL of the category of analysis at the time of submission of the sample.

All samples will be identified at the time of submission as either public interest tests or professional service tests.

c) *Reporting of results*

Results will be reported (in the first instance) by facsimile as soon as they become available and will contain such details as ASDA requires.

d) *Turnaround time*

Turnaround time, that is, elapsed time between receipt of sample in the laboratory and issue of an analytical report, will be ten working days. Any request by ASDA for shorter turnaround time will be undertaken by negotiation.

e) *Analysis of samples not collected by ASDA*

AGAL can negotiate contracts for analysis of samples outside the terms of this MOU (ie with ASDA having no involvement in the collection of samples). When conducting testing for clients other than ASDA, AGAL will be free to determine its own performance parameters.

ASDA acknowledges that it is the intention of the New Zealand Sports Drug Agency to contract AGAL to analyse 350 samples during 1993-94. ASDA also acknowledges that AGAL has indicated that other international sporting organisations will contract AGAL to analyse a minimum of 75 during 1993-94.

f) *Cost of analysis of samples not collected by ASDA*

Should AGAL negotiate contracts for analysis of samples outside the terms of this MOU (ie with ASDA having no involvement in the collection of samples), AGAL will impose a minimum charge of \$260 per test for full-screen analyses and \$170 per test for half-screen analyses.

g) *Liaison*

Representatives of ASDA and AGAL will meet on a regular basis to monitor test numbers, review progress of the ASDA drug testing program, and discuss improved work practices. Where possible meetings will be held or discussions take place on at least a monthly basis.

On matters relating to this component liaison officers will be:

Dr Ray Kazlauskas
Principal Chemist
AGAL NSW

Mrs Linda Barron
Drug Testing Manager
ASDA ACT

Component Two — Method Research, Development and Validation

Scope:

The development and validation of new or improved methods of analysis of a contemporary scientific standard and the assessment of new instrumentation and techniques in areas of analytical research ASDA has identified as priorities.

Under Component Two AGAL undertakes to provide a broadly based investigative service encompassing areas of chemical testing identified by ASDA as its research priorities.

Projects funded by ASDA under Component Two will be limited to those projects specifically identified by ASDA as research priorities under the terms of the Understanding.

ASDA has identified the conduct of research into hormonal doping as its top research priority. Research on hormonal doping is to include seeking the views of the C-LADA group on this issue and preparation of a position paper by the C-LADA group which outlines a research protocol designed to determine normal hormonal levels expected for normal training and competition, and develop appropriate analytical methods suitable for use by IOC laboratories.

AGAL will prepare and submit for agreement with ASDA, within two months of the commencement of this Understanding, a proposal setting out the arrangements for convening a meeting of the C-LADA group at which the group will consider the issue of hormonal doping. The proposal should include details of meeting dates and venue, meeting agenda, an indication of the preparedness of the C-LADA group to investigate the issue of hormonal doping, and the resource requirements necessary to stage the meeting.

It is intended that at the proposed meeting, the C-LADA group be asked to prepare a position paper which identifies the work it believes should be undertaken in relation to hormonal doping, the time frame for completion, the expected outcomes, and the resource requirements for each stage of the work.

Stages of the research identified by the C-LADA position paper to be conducted by AGAL are to be completed within the resource budget identified by ASDA prior to the commencement of work.

General management of the research project will be in accordance with current practice in AGAL and progress reports will be provided every three months or as requested. In addition, representatives of ASDA and AGAL will meet as necessary to discuss research progress.

Intellectual Property and Patent Rights arising from work conducted under Component Two of this Understanding shall be vested in the Commonwealth. Neither party shall disclose information acquired in connection with these services to bodies external to the Commonwealth except with the written approval of the other party.

Outcomes of research will be reported in the ASDA Annual Report as part of evaluation requirements.

Component Three — IOC Accreditation and Related Proficiency Studies

Scope:

The compliance with IOC requirements for accreditation, including conduct of related proficiency studies.

It is an IOC requirement that AGAL, as an officially accredited laboratory, undertake research of a publishable nature. Method development for new substances prescribed by the IOC will take precedence in the projects undertaken.

During the financial year one person from AGAL will work in another IOC-accredited laboratory for approximately one month for training and to undertake collaborative research projects.

AGAL will prepare and submit for agreement with ASDA, within two months of the commencement of this Understanding, a plan indicating the expected outcomes and the resource requirements to maintain accreditation.

Progress reports will be provided to ASDA every three months or as requested.

It is also an IOC requirement that AGAL conduct proficiency studies on an annual basis. AGAL expects to participate in up to three proficiency studies each year together with an accreditation program in order to maintain the required high standard.

AGAL will provide ASDA with reports on the outcomes of any proficiency studies it is required to conduct. The reports will include any comments the IOC makes in relation to AGAL's accreditation status.

The accreditation projects and proficiency studies are to be completed within the resource limits included at Annex C.

ANNEX B — BASIS OF PAYMENT

In respect of services provided under this Understanding, AGAL will submit twelve prorata monthly accounts of \$35453.33 to equal \$425440. This sum will cover the cost of analysis for the public interest program. Each monthly account will be accompanied by a detailed statement of work completed in that month. Each statement will show the services provided under each category of service as agreed.

Analytical services provided for ASDA's professional testing program will be invoiced separately on a monthly basis. A detailed statement of the work completed in that month will accompany the invoice.

The charges are to be at the rate of \$170 for each out of competition screen and \$260 per full screen as indicated at Annex C. All payments due to AGAL shall be made within fourteen days of receipt from AGAL of a complete invoice.

ASDA and AGAL will maintain separate records of the number of samples analysed. These records will be compared in the course of regular meetings between representatives of ASDA and AGAL.

AGAL will keep proper and detailed accounts and records in relation to costs incurred pursuant to the Understanding and in this regard will maintain all timebooks, payroll records, receipts, vouchers and other documents relevant to the preparation of the accounts. AGAL will provide adequate facilities for audit and inspection by ASDA of those documents and will keep those documents available for inspection for a period of two years from the date of expiration of the Understanding.

Claims for Payment

Claims by AGAL for payment under this Understanding are, unless otherwise notified in writing by ASDA to AGAL, to be sent to:

Australian Sports Drug Agency
Attention: Chief Executive
P O Box 345
CURTIN ACT 2605

Notices

Any notice or other communication under or in relation to the Understanding shall be deemed to have been duly given if it is in writing and posted in a prepaid letter and shall be deemed to have been received when it would have been delivered in the ordinary course of the post.

Notices or communication to AGAL from ASDA shall unless otherwise notified in writing to ASDA by AGAL be addressed to AGAL at:

Australian Government Analyst
Attention: Business Manager
Australian Government Analytical Laboratories
P O Box 65
BELCONNEN ACT 2616

ANNEX C —SCHEDULE OF COSTS

Costs for Components 1, 2 and 3 for the 1993–94 year are as follow:

Component 1

	\$
Public Interest Program	
910 Full screen @ \$260 per sample	236600
1090 Out of Competition screen @ \$170 per sample	185300
Administrative Charge	3540
Professional Testing Program	
442 Full screen @ \$260 per sample	114920
292 Out of Competition screen @ \$170 per sample	49640
Total	590000

Component 2

Research, development and validation on hormonal doping*	To be determined
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Component 3

IOC accreditation and related proficiency studies	40000
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* Hormonal doping project — ASDA to meet costs associated with organising meeting of the C-LADA group while it is in Australia in October 1993 specifically to address the hormone doping issue. Funds to be provided to cover accommodation, incidentals, venue hire costs and so on. The cost of the hormone doping research project to be reviewed following C-LADA meeting and assessment on level of financial assistance to be provided by ASDA made at that time.

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