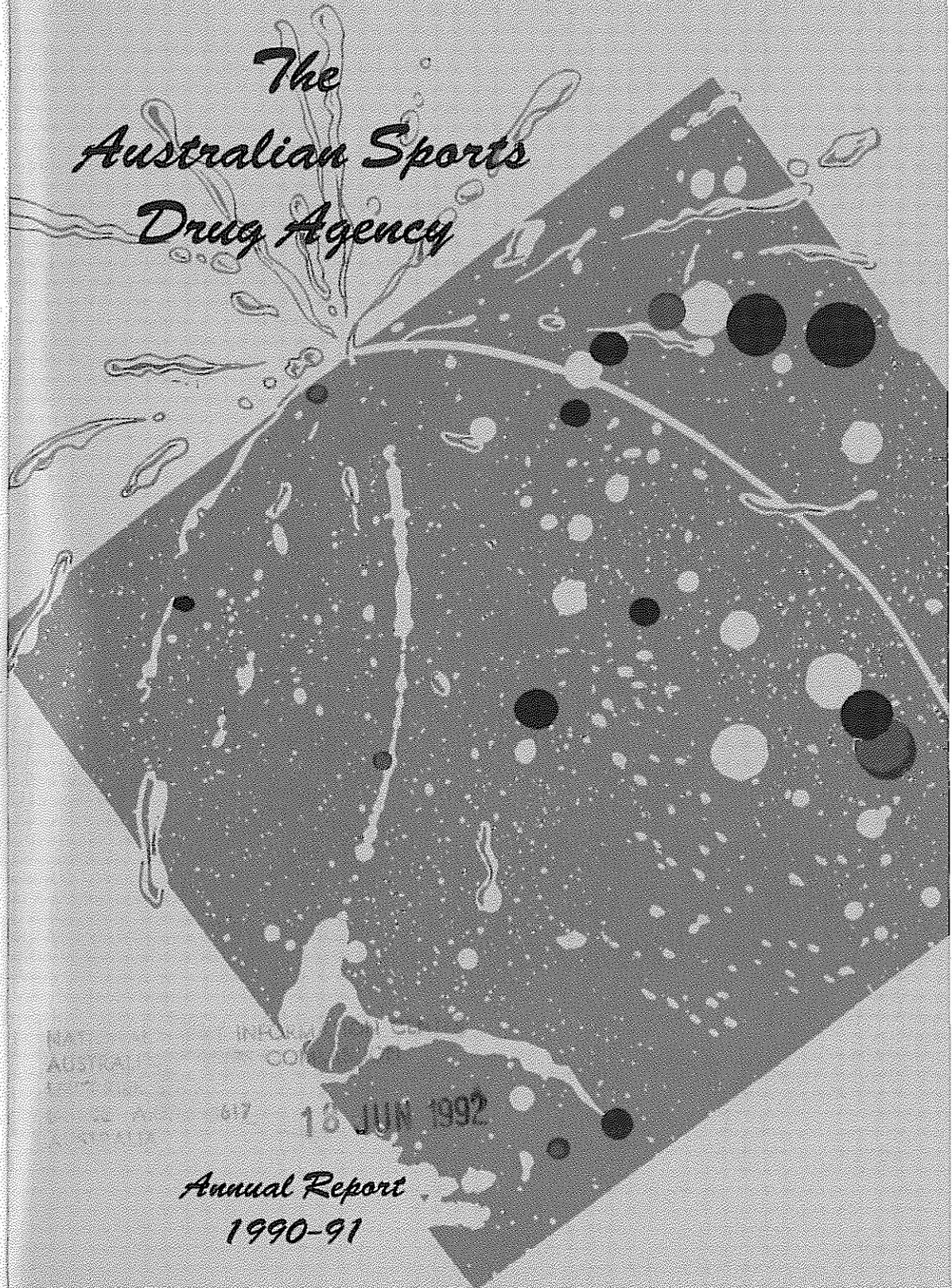




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# *The Australian Sports Drug Agency*



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*Annual Report  
1990-91*

# Australian Sports Drug Agency

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## Annual Report 1990-91

Australian Government Publishing Service  
Canberra



The Hon Ros Kelly MP  
Minister for the Arts, Sport, the Environment  
Tourism 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 1991. 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  
Chairperson  
Australian Sports Drug Agency



**“In the cold climate of anti-doping movement, you (ASDA)  
are a warm island I would like to follow.”**

Executive Group Chairman  
Institute of Sports Medicine  
Czechoslovakia



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# Introduction

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The Australian Sports Drug Agency was established under the *Australian Sports Drug Agency Act 1990* on 18 February 1991. The Agency operated as an interim organisation within the Arts, Sport, the Environment, Tourism and Territories portfolio from 1 July 1990 until 18 February 1991.

The mission of the Agency is to reduce the harm associated with drug use in sport in order to enhance the well-being of individuals and the value of sport to society. The Agency will achieve this mission 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 Agency consults with numerous clients in government and non-government sectors (associated with sport, health and education) both in the development and delivery of programs and services. In particular the Agency maintains a close liaison with: the Sport and Recreation Branch of the Department of the Arts, Sport, the Environment, Tourism and Territories; the Australian Sports Commission; the Health Advancement Division of the Department of Health, Housing and Community Services; the Confederation of Australian

Sport, and the Australian Olympic Committee. The Agency also provides policy advice to the Minister.

This report covers the performance of the Agency (including the interim Agency) for the financial year 1990-91.

## Objects, Functions and Powers

The objects, functions and powers of the Agency are set out in the *Australian Sports Drug Agency Act 1990*. The objects of the Agency 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 dangers 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 the drugs in sport internationally.

The functions of the Agency include the provision 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 Defaulting Competitors;
- 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 requirements to provide samples for testing;
- select the 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 an accredited laboratory;
- develop and implement educational 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 Australia's compliance with those international agreements and arrangements, to which Australia is a party, concerning the use of scheduled drugs and doping practices in sport;
- 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 the provision 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 devises 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 minister responsible for the Agency is the Minister for the Arts, Sport, the Environment, Tourism and Territories.

Pursuant to Section 18 of the *Australian Sports Drug Agency Act 1990* the Minister may, in writing, request the Agency to give to the Minister a written notice stating, in respect of each competitor specified in the request, whether the competitor's name has been entered on the Register. The Minister may include in the request, a further request that the Agency set out in the notice, in respect of each specified competitor whose name has been entered on the Register, the contents of the entry.

Pursuant to Section 68 of the *Australian Sports Drug Agency Act 1990* the Minister may give to the Agency written directions as to the performance of its functions and the





exercise of its powers. Samples collected by the Agency may only be used to determine whether competitors have been using scheduled drugs or doping practices.

The Minister did not exercise any statutory powers of direction during the financial year 1990-91.

## **The Board of the Agency**

The membership of the Agency board at 30 June 1991, together with their term of appointment is:

Professor Peter Baume Chairperson Professor of Community Medicine	18.2.91 to 17.2.94
Dr Ken Fitch AM Deputy Chairperson Sports Physician	18.2.91 to 17.2.92
Mr Stephen Haynes Member Chief Executive of the Agency	18.2.91 to 17.2.94
Miss Tricia Kavanagh Member Barrister-at-law	18.2.91 to 17.2.93
Rev. Brother Robert Wallace AM Member School Headmaster	18.2.91 to 17.2.93
Ms Jennifer Cheesman AM Member Head Coach Womens Basketball	1.6.91 to 17.2.93



## **The Staff of the Agency**

The Agency employed sixteen staff during 1990-91. The Chief Executive of the Agency is the sole, senior executive officer.

The contact officer for the Agency is Ms Kerri Morson, Manager, Corporate Operations.

4 Campion Street  
DEAKIN ACT 2600

PO Box 345  
CURTIN ACT 2605

Telephone: 281 1822  
Facsimile: 281 1226

The Agency staffing levels as at 30 June 1991 are shown at appendix VII.

## **Publications and Presentations**

The members and staff of the Agency presented or published a number of papers related to the issue of drugs in sport during 1990-91. These are shown in table 1.

## **Social Justice**

The Agency greatly values all aspects of social justice. The services provided by the Agency were accessible to all Australians. While, because of limited resources, many functions were prioritised, this was undertaken in a non-discriminatory manner. Through consultative processes the Agency facilitated comprehensive participation in policy development and program delivery.

The Agency employed a relatively small number of staff on a permanent basis. Appointments were made on the basis of non-discriminatory selection criteria having regard to Equal Employment Opportunity principles. No positions could be readily and responsibly identified as immediately or even preferably suitable for people from non-English speaking backgrounds.

The Agency initiated a range of strategies and activities with regard to social justice objectives. The Agency's concern for gender equity was reflected in the composition of both the Agency Board and the Agency.

A major comprehensive survey into usage of, and behaviours and attitudes of athletes coaches and the community at large towards drugs in sport was initiated. The subjects of this survey covered a broad spectrum of individuals. This survey permitted participation by many individuals in policy and decision making processes.

The Agency's education and information programs on drugs in sport were developed and implemented to varying degrees for a number of target groups such as high school students, parents, community organisations, elite sportspeople, sports administrators, medical practitioners, coaches and the media. The targeting of this wide range of individuals illustrates the Agency's concern with social justice, particularly the elements equity, access and participation.

The Agency liaised and consulted with community sporting groups who service disabled athletes, specific women's issues and masters sport.

A brochure detailing the Agency's drug testing procedures was prepared and translated into ten languages. Competitors who are selected to provide a sample for drug testing were entitled under the Australian Sports Drug Agency Regulations to the services of a translator throughout the drug sampling and testing process.

Specific needs assessments were undertaken prior to each educational initiative to ensure access, equity, equality, and participation elements of social justice were considered.

## **Freedom Of Information**

There were no requests made to the Australian Sports Drug Agency for information made under the Freedom of Information Act 1982 during 1990-91.



### **Industrial Democracy**

The staff of the Agency are employed under Section 56 of the Australian Sports Drug Agency Act. The terms and conditions of service and employment have been approved by the Department of Industrial Relations, the Public Service Commission and the Agency Board. An industrial democracy plan will be prepared during 1991-92.

### **Occupational Health And Safety**

The Agency has consulted with Comcare and will develop and implement an occupational health and safety policy in 1991-92 in consultation with any involved unions and any such persons as the Agency considers appropriate, pursuant to section 16 of the Occupational Health and Safety (Commonwealth Employment) Act 1991.



POLICE CITIZENS YOUTH CLUB  
AUSTRALIAN SPORTS DRUG AGENCY

ELITE ATHLETES PROGRAM



BLACKTOWN, NSW.



# Chapter Two

## Education and Research Program

### Program Objective

The Agency's objectives for education and research are to:

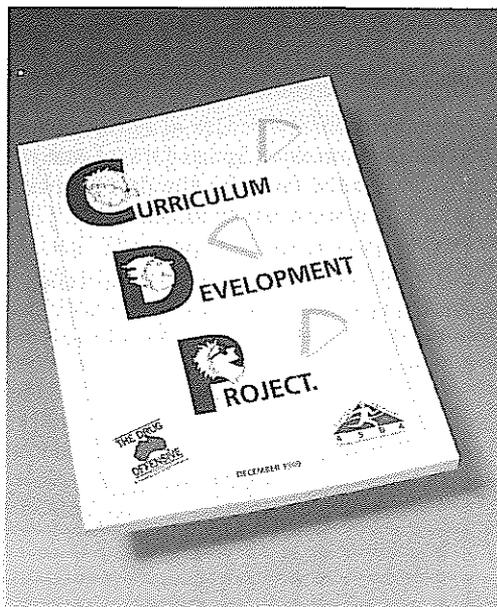
- integrate drug education into sports programs and structures by developing training programs, support services and resources;
- increase the level of knowledge of relevant target groups on the issues associated with drug use in sport by providing appropriate information; and
- increase the understanding of the drugs in sport issues by initiating or undertaking research projects.

### Curriculum Development Project (CDP)

The CDP was the major strategy undertaken during the year to integrate drug education into school and sport programs.

The curriculum development project (CDP) provided consultancy and training services to schools and sporting organisations. These services were supported by the development and dissemination of educational resource material.

A model for the development of drug education curriculum was trialled and evaluated with schools and sports organisations. The evaluation of the project showed that a process which included a student's needs assessment, teacher training and program writing support, allowed participants to design strategies which were



consistent with current approaches to drug education and the issue of drugs in sport.

The evaluation also indicated the need for resource material which compliments current drug education practice. Two such resources, a collection of educational activities and a video resource *Fools Gold*, are being produced as a result of the CDP.

The project also provided guidelines for education officers responsible for the professional development of drug education teachers.

### Schools Based CDP

The Agency in association with education departments in Queensland, New South Wales and the Australian Capital Territory has developed the schools based CDP.

A national reference group was established with key contacts from each State and Territory. To ensure that the CDP had an Australia-wide focus a report of the CDP was published and disseminated to key client groups including all education departments in Australia.

A number of recommendations were made in this report including:

- That the Australian Sports Drug Agency (ASDA) be the focus for the development of drugs in sport policy in Australia.
- That ASDA coordinate education strategies on drugs in sport in Australia through a process of consultation with Federal and State government and non-government agencies.

- That a national reference group representing the interests of relevant State and Territory organisations, be established to oversee any national program intended for implementation in the States and Territories.
- Any national drug education program intended for delivery through State or Territory organisations be implemented over a minimum period of two years.
- That the curriculum guidelines and resources developed during the Curriculum Development Program (CDP) be disseminated to all State and Territory Education Departments, the International Working Group responsible for the International Charter on drugs in sport and those countries who are signatories with Australia to Anti-Drug Agreements.
- That the training program developed in the CDP be incorporated into each inservice program conducted by States and Territories specifically for curriculum consultants in physical education, health and science.



- That the issue of drugs in sport be incorporated into existing curricula for physical education, health education and science.
- That ASDA facilitate the development of additional resource materials relevant to proposed curricula on physical education, health education and science conducted by State and Territory Education, Health and Sport Departments.
- That ASDA design and make available appropriate information services to assist curriculum consultants to support curriculum development initiatives in the area of drugs in sport.

### **Sports Based CDP**

#### ***Australian Rugby League (ARL)***

The ARL and the Agency planned and initiated several needs based drug education activities as part of the CDP. These included the preparation of a resource manual and training program for rugby league junior development officers in New South Wales and Queensland.

A drug education component was incorporated into the program for rugby league development camps. The New South Wales rugby league prepared and published a video resource *The Greatest Game, The Greatest Shame*.

#### ***Federation of Police and Citizens Youth Clubs (PCYC)***

The Federation of PCYCs in Sydney was the first group to participate in the CDP. This was a direct outcome of evidence presented to the Senate Standing Committee on Environment, Recreation and the Arts Inquiry into the use by Australian sportsmen and sportswomen of performance enhancing drugs (Senate Drugs in Sport Inquiry). A group of fourteen police officers and volunteer instructors from six PCYC clubs were involved. The outcome of this involvement between the Agency and the clubs was the participation of officers and instructors in training programs about the principles of sound drug education and

drugs in sport. A variety of club based educational activities were developed. An additional outcome was the integration of drug education into the PCYC camp program.

#### ***MLC Junior Sports Foundation***

The CDP was incorporated into the MLC camp program. Guidelines for the implementation of drug education were developed. Training of camp leaders will commence during 1991-92. The camp program focuses on elite junior athletes in each State and Territory.

#### ***ACT Sports Program***

A pilot drugs in sport awareness program for the ACT sporting community was initiated by the Agency on behalf of the ACT Office of Sport, Recreation and Racing. The Agency conducted a needs assessment prior to developing this program. A program was developed that addressed the factors influencing junior athletes to use both prohibited and social drugs. The program was packaged in the form of a resource kit which will be published during 1991-92. Each sporting organisation in the ACT will receive the kit. The Agency will conduct a series of training program workshops using the resource kit that targets key sports educators, including coaches. This model will be evaluated with a view to implementation on an Australia-wide basis.

The curriculum development project was recommended in the second report of the Senate Drugs in Sport Inquiry. The project and/or the Agency's educational programs were endorsed by a national conference for the Ministerial Council on Drug Strategy (MCDS) and the Sport and Recreation Ministers Council (SRMC). The need to implement educational strategies was incorporated into a number of key drug policies including the Australian Sports Commission's policy. This particular policy required all national sporting organisations who receive Government funding to support the Agency's education initiatives.



### Curriculum Development Project— Educational Resources

A number of print and video resources were designed or produced to support the implementation of drug education specific to drug use in sport.

A teacher training package and curriculum guidelines (for teachers developing drug education) was initiated. The training package will be used by education consultants who offer professional development opportunities to teachers of Health, Physical Education and Science. The curriculum guidelines will assist teachers developing drug education programs for secondary students.

A video resource *Fools Gold* which includes lesson ideas for teachers was prepared. The video comprises extracts from an episode of *A Country Practice*. The lesson plans that complement the video for teachers were developed by teachers in Queensland and Victoria.

The development of a resource *Taking Drugs and Taking Part* was initiated by a

working party comprising representatives from the Agency and the Health Education Unit University of Sydney. The working committee was established to determine the first phase of the development of the resource. An advisory group comprising representatives of physical education and health education units from every State and Territory Education Department was established. The purpose of the advisory group was to provide feedback and direction to the working committee, and to assist in the dissemination of the resource. This resource examines the sociological aspects of the drugs in sport issue and is aimed at senior secondary students.

A unit of work for junior science students was drafted and trialled by teachers in Victoria. A series of lessons addressing the physiological and ethical issues associated with drugs in sport and the involvement of science in the issue was completed. The preparation of student material for these lessons was initiated.



## **Information Services**

A number of strategies focusing on the provision of information were undertaken during the year to increase the level of knowledge of specific groups and various aspects of drugs in sport.

The provision of accurate and relevant information about drugs in sport for the Agency's target groups is essential for decision making at all levels. The Agency has become a focus for the provision of all types of information on the drugs in sport issue.

The Agency's information services were directed at a variety of target groups including elite athletes, medical practitioners, coaches, parents, teachers and students. The services included a (008) telephone 'hotline', a documentation bulletin of current journal articles, a variety of print material, information about drug testing, a newsclipping service, information mailouts for specific requests and the delivery of seminars. A list of resources produced by the Agency is shown in table 2. The Agency serviced approximately 800 requests for information excluding those received through the 'Hotline'.

### **Text for Coaches**

The Agency developed a close liaison with national sporting bodies that provide information about drugs in sport to their members. The Agency prepared the drugs in sport components for the National Coaching Accreditation Scheme texts. All accredited coaches in Australia have access to this information. A drugs in sport component was prepared for the Australian Sports Medicine Federation (ASMF) to be incorporated into the Sports Trainers Scheme training courses. The Agency also prepared a drugs in sport section for an ASMF booklet for veteran athletes.

### **Workshops for Elite Athletes**

A workshop program for elite athletes who hold Australian Institute of Sport

scholarships or attend Sports Development camps sponsored by their National sporting body was developed and implemented. The purpose of this workshop program was primarily to provide athletes who are subject to drug testing, with the pertinent information. This included information about those medications that contain prohibited substances. Those sports that were included in the workshops were: athletics, basketball, cycling, netball, rowing, rugby league, shooting, skiing, soccer, swimming, tennis, waterpolo and yachting.

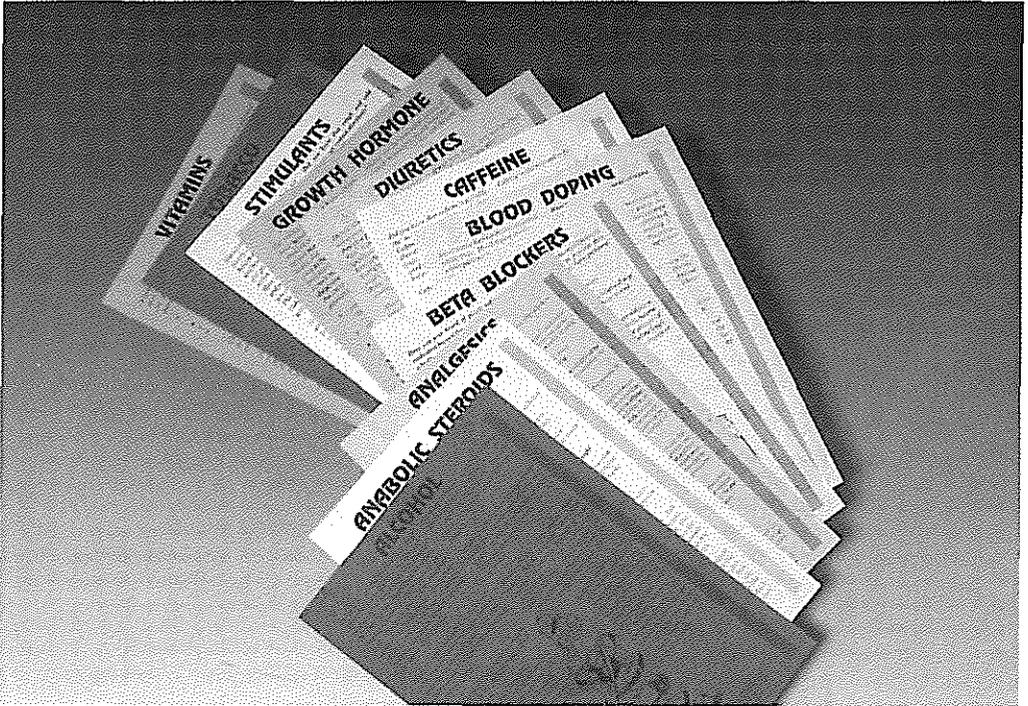
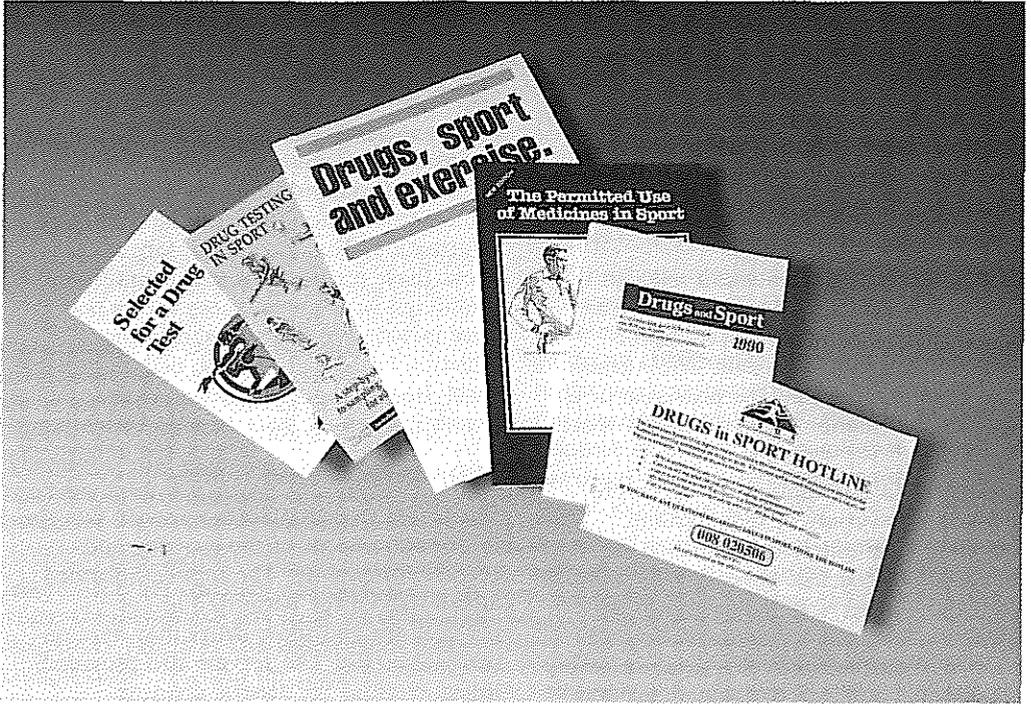
### **ASDA Drugs in Sport Hotline**

The Drugs in Sport Hotline service met the information needs of the sporting and general community. The service informed athletes about the permitted use of medications and those drugs that were on the banned list. The service also provided information to the general sporting community about a variety of drugs in sport issues. Information was provided to assist with school and college based assignments and projects. The Agency also established a liaison with experts in State-based drug information and counselling services to assist with a number of specific requests. A community services video was distributed to publicise the hotline service. The video had approximately 200 screenings on television. The Agency serviced 1226 calls during 1990-91. More than half these calls related to drug testing procedures and queries concerning the prohibited or permitted status of drugs and medications.

### **Drug Testing Resources**

Two major information drug testing resources were produced by the Agency in 1990-91. The first was a video that outlined the stages involved in the sample collection procedures. The second was a complementary pictorial guide to the sample collection procedures published in pamphlet form. This pamphlet was prepared in ten languages: Arabic; Chinese; French; German; Indonesian; Italian; Japanese; Russian; Spanish and Vietnamese.





## Documentation Bulletin

In conjunction with National Sports Information Centre (NSIC), a drug documentation bulletin was produced every two months. An annual bibliography, a compilation of the bulletins, was also published. The bulletin provides a list of current references on a range of drugs in sport issues. This information has been disseminated to more than 100 individuals or organisations. The provision of this service was evaluated. The evaluation research suggested that this service met the needs of the Agency clients.

## Drug Fact Sheets

A series of fact sheets targeting young people were produced to provide information on the possible harms associated with drug use in sport. The drugs addressed include: alcohol; analgesics; beta blockers; anabolic steroids; blood doping; growth hormone; diuretics; caffeine; vitamins; tobacco and stimulants.

## Newsclipping Service

Daily newsclippings and international newsclippings on drugs in sport and relevant health and sport issues were distributed to the Agency staff and key contacts. This service has developed the knowledge of individuals about current drugs in sport issues.

## Library

The Drug Documentation database was imported from the National Sport Information Centre and established in the office of the Agency. The database utilises the 'Info Select' software package. This database contains journal articles, books, conference papers, newspaper articles and audio visual material relating to Drugs in Sport. The database contains approximately 1500 entries.

The extent to which the level of knowledge of target groups has increased as a result of education and information based strategies will be evaluated at the end of each strategic planning cycle.

## Research Projects

The Agency initiated a number of research projects in order to increase the Agency's understanding about specific drugs in sport issues.

A series of projects undertaken in 1990-91 related to Recommendation 3 of the Interim Report of the Senate Drugs in Sport Inquiry. The Senate Committee recommended that the Agency:

- conduct a survey, based on the methodology of the 'Survey of Drug Abuse in Australian Sport', to help define the extent to which banned drugs are used by amateur and professional sportspeople at all levels, and of all ages and to determine the attitude of these groups towards performance enhancing drugs in order to see if there has been any change since the previous survey;
- carry out a survey of community attitudes to the use of drugs in sport and the attitudes and practices of non-competing sportspeople (administrators, coaches, sports scientists); and
- carry out a survey of the attitudes and practices of those individuals and organisations involved in the supply of performance enhancing drugs, particularly doctors, gymnasiums and health food outlets.

## Australian Bureau of Statistics—Proposed Drug Use Survey

The Agency commissioned a report by the Australian Bureau of Statistics (ABS) *Collecting Data on the Use of Drugs by Athletes*. The ABS advised that:

'A collection which attempts to measure drug use patterns among Australian athletes will be subject to a number of major methodological issues which could hamper its effectiveness.

Defining a population of interest is one problem. The Black Report's (Senate Drugs in Sport report) recommendation for a survey covering athletes at all ages and levels is clearly unworkable.



Restricting the collection to higher levels would make the collection practical from an operational perspective. Applying the definition to lists of athletes may be difficult, as sporting bodies would be required to invest considerable effort in providing only those names which meet the criteria for inclusion. There may be some reluctance to do so.

The subject matter of the questionnaire will be highly sensitive. Some of the questions would be asking for admissions of guilt from those who may be very famous athletes. As a consequence of self-interest, any estimates which are obtained on drug use are likely to be on the low side because of under-reporting. A thorough pilot testing program is required to find the most effective way of reducing the incidence of under-reporting.

From a cost perspective, the preferred option of an interviewer drop-off of the questionnaire will be an expensive one, as many athletes may not be clustered in the same neighbourhoods as those living in dormitories. Travel times and expenses are likely to be considerable. The alternative, a mail-based collection, will have a lower response rate. Given the self-interest bias, the non-responding population would be expected to have higher levels of drug use. Such an approach would be more strongly biased than an approach which has a higher response rate

In summary, the aim of obtaining accurate estimates of drug use patterns among Australian athletes may be difficult, if not impossible given the problems discussed above. Only a thorough program of testing can determine whether the collection of such estimates is possible, and whether there is bias associated with the estimates. The tests may reveal how strong the bias is, and thereby allow a determination of whether the expense of the collection can be justified by the quality of its results.'

The ABS specifically noted:

'The Black Report (Senate Drugs in Sport Report) recommended that the proposed survey be based on the methodology of the 1980/81 ASMF survey, and that the results from the proposed collection be compared to those obtained in the 1980/81 to identify changes in drug use patterns.

The first part of the recommendation, where it is suggested that the proposed survey be based on the ASMF survey, fails to appreciate the shortcomings of the 1980/81 survey. These shortcomings are important enough to invalidate the second part of the recommendation, namely that the proposed collection be compared to the ASMF survey to identify changes over time.

The major methodological shortcoming of the ASMF collection is the way the sample was obtained. Participation in the survey was voluntary, leading to an overall response rate of 28.6 per cent (4,064 returns from roughly 14,200 forms distributed). Given that the self-interest of an athlete who uses drugs for performance enhancement would make cooperation with such a survey less likely, the high non-response rate suggests that results would be biased towards a sample of athletes who do not take drugs (i.e. those who have nothing to hide). Population estimates for drug use would therefore likely be lower than the true figures.

Another shortcoming arose in how the forms were distributed. Forms were given to higher level athletes, with some distributed to lower level athletes to allow a more balanced point of view to be collected. Forms were usually given to competitors by state sporting bodies, either directly or through intermediaries such as local club secretaries. As the ASMF relied on the goodwill of sports officials to distribute forms, there was little direct control over the selection of athletes who received the forms, and there



was no opportunity for following-up individuals who did not respond. Also, there is no way of knowing what advice was provided by these officials to athletes as the forms were being handed to them. This means that there is no way of guessing how representative of the population of athletes the sample really was, and therefore how valid the estimates were.'

The Australian Bureau of Statistics also prepared a proposal for the methodological testing of a survey to identify the extent of drug use by athletes. The proposed options are currently being considered by the Agency.

### **Survey of Knowledge and Attitudes about Drug Use**

The Agency undertook a joint project with the Faculty of Medicine, University of Queensland. The project sought information from a target population about their knowledge levels of, and attitudes to, drugs in sport issues.

The target population included potential users (athletes), potential educators (doctors, coaches, parents, media) and decision makers (politicians, administrators). Data was collected utilising the 'focus group' method. This involved soliciting information and opinions from a number of groups, each group comprising three to six individuals. A trained facilitator co-ordinated each group session. A sample of ninety-six groups was interviewed. There were representatives from nineteen different sports including team and individual sports, Olympic and non-Olympic sports, 'professional' and 'amateur' sports. Elite and non-elite competitors were interviewed. The full list of participant sports is shown in table 3, and the number of groups in table 4.

The Agency identified four specific areas for group discussion. These were:

- knowledge of and attitude towards drug testing in sport;

- who use drugs in sport and why;
- attitudes towards education and the use of drugs in sport; and
- knowledge of drugs in sport.

To ensure consistency, drugs were classified into four groups. The prohibited drugs (those on the IOC list), prescribed/medicinal drugs, possible performance enhancing substances (e.g. vitamins and amino acids) and 'social' drugs (alcohol, tobacco and marijuana). All data was collected during 1990-91 and is currently being analysed.

### **Community Based Research**

The Agency commissioned a community based research project. The project was undertaken by Datacol.

The results were based on a telephone sample of 596 randomly-selected households. The survey, was designed to monitor public opinion about drug use in sport and the impact of the Agency's programs.

The results indicated that there was a high level of interest amongst the community about the use of drugs in sport and a keen following of the issue in the media. This interest was present across all ages and sexes, sports players and non-sport players.

The community was broadly aware of what constituted illegal drug use in the case of the more obvious drugs, such as steroids and growth hormones, but they were not so well informed about those drugs that are in common everyday use such as caffeine, codeine and other pain killers. It was suggested that there was a pressing need for education in the area of the use of everyday drugs in the context of sport, both for the general community and more importantly for sports people.

Education, of all the methods canvassed, was perceived as the most important means to the reduction of drug use in sport. The community rated the education of school children and sports people above all others. Drug testing, the rehabilitation and



counselling of drug users, the education of the general community and the prohibition of drugs were all considered relevant and important to the reduction of drug use in sport.

The community regarded athletes' drug use as an expression of the need to win. Pressure from coaches, the financial reward from winning and the perceived small chance of being caught were seen as factors contributing to drug use. The community did not regard an athlete's decision to use drugs as being attributable to pressure from the family or from the community at large. The concept of an athlete using drugs to 'do the best for Australia' was not seen as a motivating factor.

The community did not have a clear picture of the extent of drug use amongst sports people. One-third of the community had no idea as to the extent of drug use. Most of the remainder thought that drug use is limited to less than one-half of all athletes. The community judged the average rate of use to be 30 per cent of all athletes. This may be contrasted with the figure of 20 per cent given in the 1982 report into drug use in *Australian sport conducted by the Australian Sports Medicine Federation*.

Both the public perception and the estimates of the ASMF survey suggested a substantial use of drugs in sport.

When considering the change in drug use over recent times, the community was split evenly into three groups. Those who believed that drug use had been decreasing were as numerous as those who believed that drug use had been increasing. A similar proportion thought that drug use had remained about the same.

The measurement of both the extent and the change in drug use served to quantify the public perception of the problem and will serve in the future as a benchmark from which the effectiveness of anti-drug campaigns may be measured.

When a life ban was compared with a two-year ban, as a sanction for people

found using drugs in sport, the two-year ban was selected as the clear choice as the appropriate punishment. The overwhelming attitude was that counselling and or the rehabilitation of athletes should be undertaken. The release of a drug users name to the media was seen as being more appropriate than the release of the name to Parliament.

The Agency had achieved a 20 per cent recognition level within the community during the ten-month period since its inception. It is best known amongst those who play sport most frequently; suggesting that ASDA was having the greatest impact where it counted the most.

### **Caffeine Study**

The Agency funded (jointly with the Australian Sports Commission) a study to investigate the pharmacokinetics of caffeine ingestion and elimination. The study was undertaken by researchers from University of New England, Northern Rivers. Preliminary investigations commenced in 1990-91 and the results of the study should be available during 1991-92.

### **Marijuana Study**

The Agency undertook a literature review based research study about marijuana in sport. A report was prepared and distributed to key sporting organisations to assist them in developing a drugs in sport policy. The key finding from this project was that the major effect of marijuana was to reduce rather than enhance sports performance.



# Chapter Three

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## Drug Testing and Sampling Program

### Program Objective

The Agency objective for the drug testing and sampling program was to deter the use of prohibited drugs and practices by competitors by designing, implementing and maintaining a prescribed testing and sample collection program.

There were four components to the drug testing and sampling program: procedures and practices; the drug testing database; the domestic testing program and the international testing program.

### Procedures and Practices

During 1990–91 the Agency undertook an extensive review of the procedures and practices employed in the drug testing and sampling program. These revised procedures and practices were prescribed in the *Australian Sports Drug Agency Act 1990* and associated Regulations. They were developed with regard to privacy and security concerns and to conform with harmonised international procedures as documented in the International Anti-Doping Charter. A pictorial guide to the sampling procedure is shown on the opposite page.

### Drug Testing Database

The Agency established an extensive database to provide the necessary information for the implementation of the

testing and sampling program. The database has six key registers: the athletes register; the drug test register; the default register; the planning register; the client register; and the sample kit register.

#### *Athlete Register*

The Athlete Register contains contact details of athletes who are included in the out-of-competition testing program and the names of athletes who have been tested during competition.

#### *Drug Test Register*

The Drug Test Register contains all information regarding an athlete's drug test including: date of collection, sample number, State, method of selection and result.

#### *Default Register*

This Register maintains the record of defaulting competitors who have failed, without reasonable cause, to comply with a request by the Agency to provide a sample for testing, or returned a positive test result.

#### *Planning Register*

This Register lists a record of events and training camps from which the drug testing program is planned.

#### *Client Register*

The Client Register lists sporting organisations and their contact details.

#### *Sample Kit Register*

This Register contains a record of all sample collection kits and their security seal numbers. This Register permits the continued tracking of drug testing sample kits.



## Domestic Testing

The Agency conducted 2656 drug tests during 1990–91. Competitors from fifty-one sports were tested. Of the 2656 tests conducted 1581 were taken at sporting events and 1075 were taken out-of-competition. The Agency conducted 2008 tests as ‘public interest’.  
(See table 5)

In addition and on a user-pay basis, the Agency conducted drug testing programs for New South Wales Rugby League, Queensland Rugby League, Australian Football League and South Australian National Football League.

In total the Agency conducted 280 separate drug testing sessions.

The Agency registered seventy-one competitors who defaulted—thirteen of these refused to undertake a test and fifty-eight competitors tested positive for the presence of an IOC listed drug. Of these positive tests twenty-eight were for prohibited drugs and eight for restricted drugs. Twenty-two tests were the result of inadvertent use of medicines. The Default Register contains the names of eight international competitors. The results are summarised in tables 6, 7 and 8.

## International Testing

The Agency conducted or consulted on drug testing programs at international sports events held in Australia. These are shown in table 9. The expertise developed through the Agency’s drug testing and sampling program was clearly acknowledged by international organisations.

‘Thank you very much for the very fine and thorough drug test report from the Perth World Swimming Championships and your letter of Jan 21/91.

It was a pleasure working with you and your group and I would class your personnel as among the best that I have had the opportunity of being associated with in some twenty years of international doping control.’

Federation Internationale de Natation  
Amateur

A number of drug tests were conducted as part of the International Memorandum of Understanding between the United Kingdom, Canada and Australia (see chapter 4).

One well publicised positive test generated as part of this international agreement is testament to the effectiveness of such international cooperation.

*During 1990–91 twelve Australian athletes were tested by the Agency whilst competing overseas.*

The Agency initiated a literature review based research project to identify the optimal deterrent effect of a drug testing program. There was little documented research available. The best deterrent effect was identified as being one where the visibility of the drug testing program was maximised.

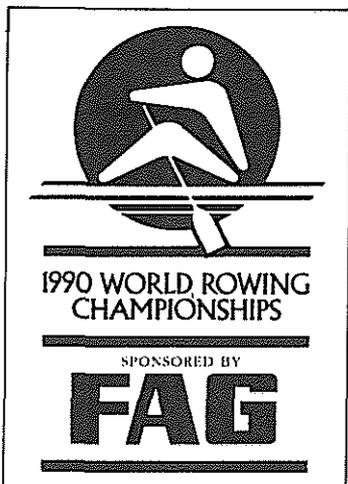
The extent of the deterrent effect of the program during 1990–91 was not directly assessed. The deterrent effect will be evaluated at the end of the first strategic plan cycle. However, a number of ‘case studies’ extracted from media reports and other sources during 1990–91 suggested that the program has already had a deterrent effect. The following examples supported this statement: . . .’

‘. . . the Australian Sports Drug Agency . . . demonstrates the effectiveness of an independent body. It also demonstrates its capacity to sort out the cheats from the genuine athletes . . .’

Senator Noel Crichton-Browne  
*Hansard 17 June 1991*



th WORLD  
*Swimming*  
CHAMPIONSHIPS  
Perth 1991



'We have a clean sport here in Australia as a result of the formation of the Australian Sports Drug Agency . . .'

Mr Sam Coffa—President Australian Weightlifting Federation

*Sydney Morning Herald* 11 April 1991

'Stringent testing by the Australian Sports Drug Agency . . . had made athletes very nervous about being caught . . .'

Dr Frank Pyke—Chief Executive Victoria Institute of Sport

*Herald Sun* 15 June

'We have always welcomed testing of our athletes and the ASDA program that is in place at the moment is the best thing to happen to all sports . . .'

Mr Mike Victor—Queensland Cyclists Association

*Sunday Mail* 16 June 1991

they step up the fight against drugs it certainly makes athletics more attractive.'

Daren Clarke, Australian Olympic Athlete

*Australian* 20 June 1991

'(Senator Baume) commends the Australian Sports Drug Agency for its strong and effective drug testing campaign . . .'

Senator Michael Baume

*Baume's Bulletin* July 1991

'the Australian Agency is said to be one of the best in the world . . .'

Chris Gerran—Medical writer

*The Bulletin* 16 July 1991

'In this country our methods (to effectively clean up our sports) have been wonderful . . .'

Gary Honey—Australian Olympian

*Sunday Herald* 2 December 1990

'With ASDA we have the best anti-drugs program in the world—and it will continue to get our full support . . .'

Mr Ray Godkin—President Australian Commonwealth Games Association

*Australian* 24 December 1990

'the Australian Sports Drug Agency . . . should be commended for ensuring that people who seek to cheat on their country and their competitors should not be allowed to get away with it. . . .'

Senator Michael Baume

*Hansard* 17 June 1991

'Athletes are almost sighing with relief that everyone is being tested . . .'

Dr Peter Harcourt—Medical Consultant Victorian Institute of Sport

*Herald* 15 June



# Chapter Four

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## Management and Corporate Services

### Program Objective

The Agency's objectives for the Management and Corporate Services program were:

- to facilitate the efficient and effective operations of the Agency by designing, implementing and monitoring appropriate plans, systems and practices;
- to develop a consistent approach to the drugs in sport issue by providing leadership and policy advice to international and Australian Government and non-government organisations.

### Strategic and Operational Plans

Drafts of the first Strategic and Operational Plans were prepared during 1990-91.

The strategic and operational plans were developed to enable the Agency to focus its activities over the next three years. The plans detailed the objectives, the major strategies and the major programs of the Agency as well as general approaches to financial and human resource management. The plans also addressed the evaluation requirements and in particular identified the performance information that will be used to assess the effectiveness of the strategies employed by the Agency.

The Agency developed the plans as a joint project with the Resource Management Improvement Branch of the Department of Finance. Each stage of development involved comprehensive consultation with

the Agency's client groups in the Government and non-Government sector, particularly in the areas of sport, health and education.

The first completed draft of the plan was made available to more than two hundred organisations for comment. Most importantly, all Agency personnel were intimately involved with the development of these plans.

The outcome of this consultative approach to the planning process was management practices which were firmly focussed on achieving results, while ensuring that planning, resourcing, implementation and evaluation processes remained intimately linked. Furthermore, the simultaneous development of the strategic and operational plans ensured strategic issues are clearly linked to operational issues and processes.

The joint venture between the Agency and the Department of Finance produced additional beneficial outputs including:

- a model for results-oriented management reforms in a small agency;
- a model of how strategic and operational issues may be linked; and
- a model of vertical and horizontal integration of management approaches and processes.

These models, and any lessons learnt during the development of the strategic and operational plans, will be publicised throughout the public service in a variety of forms.

The planning process resulted in several significant changes to the management practices and organisational structure of the Agency. The most important was the establishment of five programs which reflect the Agency's priorities: Education—Consultancy Training; Drug Testing and Sampling; Education Communication and Public Relations; Policy Planning and Research and Corporate Operations

## **Corporate Operations**

The operations and practices employed by the Agency were reviewed during 1991. Modifications were made to personnel, purchasing and accounting practices to ensure compliance with prescribed practices for Government statutory authorities. A central registry system was established to replace the existing filing system. 2057 transactions were posted into the general ledger of the accounting system during 1990-91.

Terms and conditions of employment were prepared and approved by the Department of Industrial Relations. They reflect those terms and conditions applicable to employees of the Australian Public Service.

## **Computer Services**

The Agency commissioned a review of existing computer services and future requirements. The review was undertaken by Technik Consultants. The review included an assessment of the computer requirements for maintaining the drug testing database, the preparation of resource materials, the financial management system, the library database and word processing.

## **New Agency Office**

The Minister for the Arts, Sport, the Environment, Tourism and Territories announced on 20 February 1991 that the Agency would occupy part of the new headquarters of the Confederation of

Australian Sport. The Agency commissioned the preparation of plans for an internal fitout in the new premises. This project was undertaken by Neil Renfree and Associates.

## **Internal Audit**

The Agency commissioned its auditors to undertake a comprehensive review of the financial management of the Agency. A computerised management system was established. Monthly financial reconciliation would be undertaken by the Agency's auditors as part of the Agency's financial management practices. An internal audit was also undertaken to review the Agency's compliance with the *Australian Sports Drug Agency Act 1990* and associated Regulations.

## **Board Secretariat**

A Secretariat was established to meet the needs of the Agency Board. The Board met on two occasions—18 February 1991 (the first day of operation of the Agency) and 14 June.

## **Memorandum of Understanding with the Australian Government Analytical Laboratory**

The Agency developed a Memorandum of Understanding with the Australian Government Analytical Laboratory to undertake 'public interest' and 'user-pay' drug testing in 1991-92 (see appendix V). This Memorandum is consistent with recommendation 23 of the *Audit report No. 21*—the Australian Government Analytical Laboratory.

## **Policy Development**

The Agency provided policy advice to the Australian Sports Commission, the Australian Olympic Committee, the Australian Commonwealth Games Association, national sports organisations, federal and state government departments and the International Working Group responsible for the development of the



International Olympic Anti-Doping Charter. The Agency was invited to participate in a forum discussing the issue of alcohol and drug use in the workplace. At the conference 'Reducing the Costs' held in April 1991, the Agency was represented on a panel which debated the strategy of drug testing in the workplace.

The Health Department of Western Australia hosted a workshop on anabolic steroids with the objective of developing recommendations for the Ministerial Council on Drug Strategy. The Agency was invited to present a discussion paper on strategies to address the use of anabolic steroids.

The Agency initiated the establishment of a joint policy committee of executive officers with the Australian Sports Commission and the Sport and Recreation Branch of DASETT. The terms of reference of this committee were developed to ensure that the independence of the Agency's drug testing operations was not compromised. The terms of reference are to:

- produce an environment that will be more conducive to achieving the objectives of the Commission and the Agency;
- coordinate the development of policy options related to drugs in sport within the confines of the respective legislations of the Commission and the Agency;
- consider matters related to drugs in sport and provide advice to the Minister and the boards of the Australian Sports Commission and the Australian Sports Drug Agency;
- examine and register the doping policies of national sporting organisations;
- coordinate the provision of assistance to national sporting organisations in the development, review and revision of their doping policies;
- exchange information on developments in drugs in sport and doping controls at state, national and international levels;

- assist in the development and implementation of complementary State legislation and State sporting organisations' doping policies; and
- coordinate the activities of ASDA and the ASC which relate to the implementation of policies on drugs in sport by sporting organisations.

The Agency established a joint policy committee with the New South Wales Department of Sport and Recreation and the New South Wales Directorate of Drugs and Alcohol. The desired outcome of this joint venture is to establish a model for harmonising policy development and program delivery between the Commonwealth and States and Territories.

### **International Drug Agreements**

The Agency provided policy advice to DASETT concerning the development of an international drug agreement between the United Kingdom, Canada and Australia (see Appendix IV). The Agency developed a number of operational Annexes to this Memorandum related to drug testing, education and program assessment. A number of drug tests were conducted under this agreement (see chapter 4). Information and education strategies were exchanged with the United Kingdom and Canada. A mutual assessment of each country's programs commenced during 1991 and will be finalised in 1991-92.

In consultation with DASETT preliminary discussions were held with New Zealand sporting authorities with a view to developing a bilateral anti-drug agreement. The Agency developed a drug testing contract during 1990-91 with the New Zealand Olympic and Commonwealth Games Association. 113 tests were conducted.

The Chief Executive of the Agency was appointed to the International Working Group on Drugs in Sport. This group is responsible for monitoring the International Anti-Doping Charter. The group comprises ten members. The Chief Executive represents the Oceania region.



The Deputy Chairman of the Agency continued as a member of the Medical Commission of the International Olympic Committee.

Under the international agreement with the United Kingdom and Canada, the Drug Testing Manager attended a workshop in London to harmonise drug testing procedures and training options for drug control officers. As part of the same agreement, and in concert with the Council of Europe, the Manager of the Education and Information Program attended a workshop in Vienna to harmonise education initiatives.

### **Interdepartmental Liaison**

The Agency established liaison with a number of Federal and State government departments to monitor the wider issues related to drugs in sport. This included liaison with the Department of the Arts, Sport, the Environment, Tourism and Territories, the Australian Sports Commission, the Department of Health, Housing and Community Services, the Australian Customs Service, the Australian Federal Police, State departments responsible for health, sport and education, and State institutes of sport.

### **Review Of Legislation**

The Agency reviewed the enabling Legislation. The Agency advised DASÉTT of a number of possible amendments to the Legislation including: Section 2; Section 12 (3) (b); Section 12 (3) (b) (iii); Section 12 (3) (b) (iv); Section 17; Section 70 and a new section related to tax exemption.

### **Internal Evaluation**

Part of the information services was evaluated during 1990-91.

### ***Drug Documentation Bulletin Evaluation***

The outcomes of this evaluation were:

- There was a need for more articles on drug education to be included in future bulletins.
- The majority of subscribers found the service easy to use.
- Half of the subscribers used the service between one and four times over a six-month period.

### ***Information Service Evaluation***

This evaluation focused on three resources provided by the Agency in response to the need, primarily by athletes for information about the prohibited or permitted status of drugs. The outcomes were that:

- The primary target groups had a greater knowledge of the Agency and the available information services than the general public.
- The most effective form of information dissemination was printed material.
- There was a positive impact of the information services on the knowledge levels of target groups.

### ***Staff Development and Training***

Agency staff attended the following development or training courses during 1990-91: Conflict Management; Strategic Planning; Preparation and Publication of Annual Reports; Managing Public Sector Resources; Career Development; Time Management; Word Processing and Computing and Graphic Design.



# Tables

**Table 1 List of Papers Presented or Published by the Agency 1990–1991**

<b>Paper</b>	<b>Authors</b>	<b>Conference/ Publication</b>	<b>Venue</b>	<b>Date</b>
<i>Drugs in Sport—An overview</i>	Ms M. Agnew	Sports Seminar University of Canberra	Canberra	October 90
<i>Fools Gold: An Australian Sports Drug Agency resource</i>	Ms N. Nicholson Ms M. Agnew	National Drug Educators Conference	Melbourne	October 90
<i>Drug Education guidelines and resources for the sporting minded</i>	Ms N. Nicholson Ms M. Agnew	National Drug Educators Conference	Melbourne	October 90
<i>Integrating Drug Education into Rugby League Programs</i>	Ms M. Agnew	National Conference— Rugby League	Darwin	October 90
<i>The Role of the Coach &amp; Sport Trainer in Reducing Drug Use in Sport</i>	Ms M. Agnew	Australian Sports Medicine Federation National Conference	Alice Springs	October 90
<i>The Coach's Role in Reducing Drug Use in Sport</i>	Ms M. Agnew	Australian Coaching Council Elite Coaches Seminar	Canberra	December 90
<i>Train the Trainers—Using National Development Officers as a Drug Education Medium</i>	Ms M. Agnew	Rugby League— National Devel. Officers Conference	Sydney	March 91
<i>Drugs in Sport—What does this mean?</i>	Ms M. Agnew	Australian Sports Trainers Association National Conference	Canberra	March 91
<i>Drug Use in Sport and the Australian Sport System</i>	Ms N. Nicholson	ACHPER Biennial Conference	Perth	January 91
<i>Drug Testing in the Workplace (panel)</i>	Ms N. Nicholson	National Conference— 'Reducing the Costs'	Melbourne	April 91
<i>Education and Information Against Doping</i>	Ms N. Nicholson	International Conference Council of Europe	Vienna	November 90



**Table 1 List of Papers Presented or Published by the Agency 1990–1991**

Paper	Authors	Conference/ Publication	Venue	Date
<i>Prevention Strategies for the Control of Drug Use in Sport</i>	Ms N. Nicholson	Anabolic Steroids Conference Ministerial Council on Drug Strategy	Perth	November 90
<i>Anabolic Steroids as Drugs of Dependence</i>	Dr K. Fitch	Anabolic Steroids Conference Ministerial Council on Drug Strategies	Perth	November 90
<i>Curriculum Development Project on Drugs in Sport—The use of program logic</i>	Ms N. Nicholson	National Evaluation Conference	Sydney	July 90
<i>Addicted to What—Will the real dopes stand up</i>	Mr S. Haynes	12th Meeting International Association of Forensic Sciences	Adelaide	October 90
<i>Doping</i>	Mr S. Haynes	Sports Medicine Conference Oceania National Olympic Committee	Canberra	May 91
<i>Doping Sport—Australia's Anti Doping Regime</i>	Ms N. Vance	Sports Medicine Conference Oceania National Olympic Committee	Canberra	May 91
<i>The ASDA Act, Regulations and drug testing procedures</i>	Ms N. Vance Mr N. Grimmond	ASDA/ASC Doping Seminar Series	Melbourne Sydney Port Adelaide	April 91
<i>The Australian Anti Doping Regime</i>	Miss T. Kavanagh	National Conference—Australia & New Zealand Sports Law Association	Melbourne	June 91
<i>Drugs in Sport</i>	Mr S. Haynes Ms M. Agnew	Drugs in Sport Chapter in text 'Towards Better Coaching'		
<i>Drugs in Sport—An Overview</i>	Ms M. Agnew	Drugs in Sport section in Sports Trainers Level II Manual		
<i>Doping</i>	Dr K. Fitch Mr S. Haynes	Drugs in Sport Chapter in text ' <i>Science and Medicine in Sport</i> '		
<i>Erythropoietin—A Review</i>	Mr P. Dowling	Sport Health 1990 8 30		
<i>Drugs in Sport—Overview</i>	Mr P. Dowling	Educare News 1990 No 22 15 (Catholic School Publication)		
<i>Drugs in Sport—Overview</i>	Mr P. Dowling	MLC Junior Sports Development Camp	Melbourne	November 90



## Table 2 List of ASDA Resources

- \* *Drug Testing in Sport*—Video
- \* *Drug Testing in Sport*—brochure
- \* *Hotline Flyer*
- \* Corporate brochure
- \* *Selected for a Drug Test*—brochure
- \* *Survey of Drug Use in Sport*—brochure
- \* *What the Papers Say*—8 page booklet
- \* *Drugs, Sport & Exercise*—10 page booklet
- \* *Sports Coach—Drugs in Sport issue*—magazine
- \* *Permitted Use of Medicines in Sport*—15 page booklet
- \* *MIMS Drugs in Sport 1990*—book
- \* *Corporate Newsletters*—'Playfair'
- \* Student Information Sheets—set of 11 sheets
- \* *Drug Documentation Annual Bibliography*
- \* *Drugs in Sport*—Teachers resource book
- \* Smoking & Exercise Performance—Resource kit
- \* Proceedings of 1989 Drugs in Sport Conference Wollongong
- \* Survey of Drug Use in Australian Sport 1982.

### Information Kit

- The Doping Game*—book
- Sports Coach—Drugs in Sport Issue*—magazine
- Survey of Drug Use in Sport*—brochure
- What the Papers Say*—booklet
- Drugs Sport and Exercise*—booklet
- Student Information Sheets
- Playfair* newsletters
- MIMS Drugs and Sport 1990*—order form
- The Permitted Use of Medicines in Sport
- ASDA Hotline flyer
- ASC Doping Policy
- Corporate brochure
- Drug Testing in Sport*—brochure
- Selected for a Drug Test*—brochure



**Table 3 List of Sports Represented in the Study**

Track and field	Australian football	Basketball
Cycling	Canoeing	Diving
Gymnastics	Netball	Power Lifters
Rowing	Rugby League	Rugby Union
Soccer	Swimming	Tennis
Squash	Triathlon	Waterpolo
Weightlifting		

**Table 4 Number of Groups Per 'Sporting Role'**

Sporting Role	Total Groups	Total Numbers
Administrators	6	42
Coaches	12	58
Competitors	46	251
Doctors	5	28
Media	5	9
Parents	6	29
Pharmacists	2	7
Physiotherapists	3	14
Politicians	2	5
Psychologists	2	7
Scientists	4	20
Trainers	3	13
	96	483



**Table 5 List of Tests Conducted**

Sport	Event	Tested at	
		Out of Competition	Total
Archery		6	6
Athletics	166	108	274
Australian Football	134	92	226
Badminton	4	1	5
Baseball		22	22
Basketball	4	33	37
Biathlon		1	1
BMX	11	12	23
Bobsleigh		1	1
Body Building	24		24
Boxing	25	8	33
Canoeing	14	12	26
Cricket		18	18
Cycling	222	38	260
Diving	21	10	31
Fencing		10	10
Golf		11	
Gymnastics		10	10
Hand Gliding		1	1
Hockey	15	21	36
Ice Sports	20	10	30
Judo	17	28	45
Karate		10	10
Korfball		3	3
Lacrosse	6	6	12
Modern Pentathlon		11	11
Netball		12	12
Orienteering		7	7
Powerlifting	148	26	174
Roller Skating	19	17	36
Rowing	77	40	117
Rugby League	274	196	470
Rugby Union		38	38
Sailboarding		1	1
Shooting	67	2	69
Skiing		9	9
Soccer		60	60
Softball		7	7
Squash	23	7	30



**Table 5 List of Tests Conducted**

<b>Sport</b>	<b>Event</b>	<b>Tested at Out of Competition</b>	<b>Total</b>
Surf Life Saving	21	4	25
Surfboarding		4	4
Swimming	148	69	217
Trampolining		3	3
Triathlon	21	4	25
Underwater Hockey		4	4
Volleyball	8	11	19
Waterpolo	28	23	51
Waterskiing		8	8
Weightlifting	53	37	90
Wrestling	11	4	15
Yachting		9	9
<b>TOTAL</b>	<b>1581</b>	<b>1075</b>	<b>2656</b>

**Table 6 Summary of Defaults**

<b>Sport</b>	<b>Date of Collection</b>	<b>Default</b>	<b>Substance</b>	<b>Class</b>	<b>Sanction</b>
Rugby League	1.7.90	Positive	THC	Cannabis	Counselled No Suspension
Rugby League	1.7.90	Positive	THC	Cannabis	Counselled No Suspension
Australian Football	13.7.90	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Rugby League	22.7.90	Positive	Pseudoephedrine Codeine	Stimulant Narcotic Analgesic	Inadvertent No Suspension
Rugby League	24.7.90	Positive	THC	Cannabis	Counselled No Suspension
Rugby League	24.7.90	Positive	THC	Cannabis	Counselled No Suspension
Rugby League	24.7.90	Positive	THC	Cannabis	Counselled No Suspension
Rugby League	24.7.90	Positive	THC	Cannabis	Counselled No Suspension



**Table 6 Summary of Defaults—continued**

Sport	Date of Collection	Default	Substance	Class	Sanction
Rugby League	24.7.90	Positive	THC	Cannabis	Counselled No Suspension
Rugby League	24.7.90	Positive	Cocaine	Stimulant	Suspended for Remainder of Season
Powerlifting	28.7.90	Positive	Methandienone	Anabolic Steroid	Suspended 3 Years
Powerlifting	28.7.90	Refusal	—	—	Suspended 3 Years
Powerlifting	29.7.90	Positive	Stanozolol	Anabolic Steroid	Suspended 3 Years
Powerlifting	29.7.90	Positive	Oxymetholone	Anabolic Steroid	Suspended 3 Years
			Oxandrolone	Anabolic Steroid	
Powerlifting	29.7.90	Positive	Phentermine Frusemide	Stimulant Diuretic	Warning No Suspension
Powerlifting	29.7.90	Refusal	—	—	Suspended 3 Years
Powerlifting	29.7.90	Refusal	—	—	Suspended 3 Years
Powerlifting	4.8.90	Refusal	—	—	Suspended 3 Years
Rugby League	12.8.90	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Rugby League	26.8.90	Positive	Pseudoephedrine Dihydrocodeine	Stimulant Narcotic Analgesic	Inadvertent No Suspension
Australian Football	1.9.90	Positive	Codeine	Narcotic Analgesic	Inadvertent No Suspension
Body Building	2.9.90	Positive	Stanozolol	Anabolic Steroid	Suspended 1 year
Body Building	2.9.90	Positive	Phentermine	Stimulant	Not banned
Rugby League	9.9.90	Positive	Pseudoephedrine	Stimulant	Inadvertent Club Fined No Suspension
Rugby League	24.9.90	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Body Building	11.10.90	Positive	Testosterone	Anabolic Steroid	Suspended 1 Year



**Table 6 Summary of Defaults—continued**

Sport	Date of Collection	Default	Substance	Class	Sanction
Body Building	11.10.90	Positive	Nandrolone	Anabolic Steroid	Suspended 1 Year
			<i>Testosterone</i>	<i>Anabolic Steroid</i>	
			Boldenone	Anabolic Steroid	
			Stanozolol	Anabolic Steroid	
			Mesterolone	Anabolic Steroid	
Body Building	11.10.90	Positive	Stanozolol	Anabolic Steroid	Suspended 1 Year
			<i>Boldenone</i>	<i>Anabolic Steroid</i>	
			Mesterolone	Anabolic Steroid	
			Testosterone	Anabolic Steroid	
			Nandrolone	Anabolic Steroid	
Body Building	11.10.90	Positive	Hydrochlorothiazide	Diuretic	Suspended 1 Year
			Methenolone	Anabolic Steroid	
			Testosterone	Anabolic Steroid	
Body Building	11.10.90	Positive	Nandrolone	Anabolic Steroid	Suspended 1 Year
			Mesterolone	Anabolic Steroid	
Powerlifting*	13.10.90	Positive	Boldenone	Anabolic Steroid	Suspended 3 Years
			Testosterone	<i>Anabolic Steroid</i>	
			Methenolone	Anabolic Steroid	
			Methandienone	Anabolic Steroid	
Powerlifting*	13.10.90	Positive	Testosterone	Anabolic Steroid	Suspended 3 Years
Powerlifting*	14.10.90	Positive	Methyltestosterone	Anabolic Steroid	Suspended 3 Years
			Amphetamine Ephedrine	Stimulant Stimulant	
Powerlifting*	14.10.90	Positive	Testosterone	Anabolic Steroid	Suspended 3 Years
Powerlifting*	14.10.90	Positive	Nandrolone	Anabolic Steroid	Suspended 3 Years
Powerlifting*	14.10.90	Positive	Testosterone	Anabolic Steroid	Suspended 3 Years



**Table 6 Summary of Defaults—continued**

Sport	Date of Collection	Default	Substance	Class	Sanction
Cycling	23.10.90	Positive	Pseudoephedrine	Stimulant	Inadvertent Reprimand Fined
Boxing	28.10.90	Positive	Pseudoephedrine	Stimulant	Inadvertent Suspended 3 Months
Powerlifting	2.12.90	Positive	Stanozolol	Anabolic Steroid	Suspended 3 Years
			Methyltestosterone	Anabolic Steroid	
Powerlifting	2.12.90	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Basketball	5.12.90	Positive	Chlorthalidone	Diuretic	Inadvertent No Suspension
Powerlifting	1.3.91	Refusal	—	—	Suspended 3 Years
Powerlifting	10.3.91	Positive	Nandrolone	Anabolic Steroid	Suspended 3 years
Powerlifting	10.3.91	Positive	Frusemide	Diuretic	Suspended 3 years
Cycling	16.3.91	Positive	Testosterone	Anabolic Steroid	Medical Condition No Suspension
Surf Life Saving	24.3.91	Positive	Prolintane	Stimulant	Inadvertent Suspended 1 Year
BMX	1.4.91	Positive	Prolintane	Stimulant	Inadvertent Suspended 6 months
Rugby League	28.4.91	Positive	Codeine Ephedrine	Narcotic Analgesic Stimulant	Inadvertent No Suspension
Powerlifting	1.5.91	Refusal	—	—	AIS Facility Pass Cancelled
Rugby League	4.5.91	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Cycling*	21.5.91	Positive	Codeine	Narcotic Analgesic	Inadvertent No Suspension
Boxing*	22.5.91	Positive	Frusemide	Diuretic	TBA
Hockey	22.5.91	Positive	Codeine	Narcotic Analgesic	Inadvertent Suspended for remainder of 1991



**Table 6 Summary of Defaults—continued**

Sport	Date of Collection	Default	Substance	Class	Sanction
Cycling	25.5.91	Positive	Stanozolol	Anabolic Steroid	Suspended 2 years
Rugby League	26.5.91	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Judo	30.5.91	Positive	Hydrochlorothiazide	Diuretic	TBA
Powerlifting	8.6.91	Refusal	—	—	Suspended 3 Years
Powerlifting	8.6.91	Positive	Hydrochlorothiazide	Diuretic	Suspended 3 Years
Powerlifting	8.6.91	Positive	Nandrolone	Anabolic Steroid	Suspended 3 Years
Rugby League	9.6.91	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Powerlifting	9.6.91	Positive	Nandrolone Boldenone	Anabolic Steroid	Suspended 3 Years
Athletics	12.6.91	Refusal	—	—	TBA
Powerlifting	15.6.91	Refusal	—	—	Suspended 3 Years
Powerlifting	15.6.91	Refusal	—	—	Suspended 3 Years
Powerlifting	15.6.91	Refusal	—	—	Suspended 3 Years
Powerlifting	15.6.91	Refusal	—	—	Suspended 3 Years
Powerlifting	15.6.91	Refusal	—	—	Suspended 3 Years
Cycling	15.6.91	Positive	Pseudoephedrine	Stimulant	Inadvertent Suspended 3 Months
Rugby League	16.6.91	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Rugby League	22.6.91	Positive	Pseudoephedrine	Stimulant	Inadvertent No Suspension
Rugby League	22.6.91	Positive	THC	Cannabis	Suspended 6 Matches

\* International Competitor



**Table 7—List of Defaults—by Sport**

Sport	Refusals	Prohibited	Restricted	Inadvertent	Total
Athletics	1				1
Australian Football				2	2
Basketball		—		1	1
BMX		1		1	1
Body Building		7			7
Boxing		1		1	2
Cycling		2		3	5
Hockey				1	1
Judo		1			1
Powerlifting	12	16		1	29
Rugby League	—	1	8	11	20
Surf Life Saving				1	1
	13	28	8	22	71

**Table 8 List of Substances Found in Positive Drug Tests—by Class of International Olympic Committee Listed Drugs****Stimulants**

- Amphetamine
- Cocaine
- Ephedrine
- Norpseudoephedrine
- Phentermine
- Prolintane
- Pseudoephedrine

**Narcotic Analgesics**

- Codeine

**Anabolic Steroids**

- Boldenone
- Dehydrochloromethyltestosterone
- Fluoxymesterolone
- Mesterolone
- Methenolone
- Methandienone
- Nandrolone



**Table 8 List of Substances Found in Positive Drug Tests—by Class of International Olympic Committee Listed Drugs—continued**

- Oxandrolone
- Oxymetholone
- Stanozolol
- Testosterone
- Diuretics**
  - Chlorthaldion
  - Frusemide
  - Hydrochlorothiazide
- Cannabis**
  - Tetrahydrocannabinol

**Table 9—International Sporting Events Held in Australia in Which Asda was Involved in Drug Testing**

Swimming	World Championships
Rowing	World Championships
Shooting	Oceania Championships
Multi Sport Event	Arafura Games
Squash, Womens	World Championships
Hockey, Womens	World Championships
Netball	World Championships
Ice Skating,	World Championships
Short Track	
Weightlifting	Moomba International
Cycling	Commonwealth Bank Classic
Cycling	Vic. Health Sun Tour



# Financial Statements

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Our ref:

## AUSTRALIAN SPORTS DRUG AGENCY AUDIT REPORT ON FINANCIAL STATEMENTS

I have audited the financial statements of the Australian Sports Drug Agency for the period ended 30 June 1991 in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. The statements comprise:

- operating statement;
- statement of financial position;
- statement of sources and applications of funds;
- certificate by the chairperson and the chief executive, and
- notes to and forming part of the financial statements.

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 Authority, and in my opinion:

- (i) the statements are based on proper accounts and records;
- (ii) the statements show fairly the financial transactions for the period ended 30 June 1991 and the state of affairs of the Authority at that date;
- (iii) the receipt, expenditure and investment of moneys, and the acquisition and disposal of assets, by the Authority during the period 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 Commonwealth Entities which require compliance with Statement of Accounting Concepts and applicable Accounting Standards.



R. W. Alfredson  
Executive Director  
Australian National Audit Office  
25 October 1991

F91/0392

25 October 1991

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

Dear Minister

AUSTRALIAN SPORTS DRUG AGENCY  
AUDIT REPORT ON FINANCIAL STATEMENTS

Enclosed is the audit report on the Australian Sports Drug Agency's financial statements for the period ended 30 June 1991, together with a copy of the financial statements.

Yours sincerely

A handwritten signature in cursive script, appearing to read "for R. W. Alfredson".

R. W. Alfredson  
for  
J. C. Taylor  
Auditor-General



# Financial Statements for the Period 18 February 1991 to 30 June 1991

## CERTIFICATE

In our opinion, the accompanying financial statements of the Australian Sports Drug Agency for the period 18 February 1991 to 30 June 1991 consisting of:

- Operating Statement
- Statement of Financial Position
- Statement of Sources and Applications of Funds, and
- Notes to and forming part of the Financial Statements

have been properly prepared in accordance with the Guidelines for Financial Statements of Commonwealth Entities issued by the Minister for Finance, and

- (i) show fairly the deficit of the Agency for the period 18 February 1991 to 30 June 1991
- (ii) show fairly the state of affairs of the agency as at 30 June 1991.



STEVE HAYNES  
Chief Executive

17 October 1991



PROFESSOR PETER BAUME  
Chairperson

17 October 1991



## Operating Statement for the Period 18 February 1991 to 30 June 1991

	Notes	\$	\$
<b>Cost of Services</b>			
Salaries and Wages	(1k)		235,560
Administrative Expenses	(2)		222,387
Laboratory Accreditation			314,255
Special Projects			31,617
Professional Fees			20,249
Provisions and Unfunded Charges	(3)		55,753
Bad Debts Written Off			546
Abnormal Item	(4)		35,330
<b>TOTAL COST OF SERVICES</b>			<b>915,697</b>
Sales and Analysis		77,136	
Other Revenue		39,044	116,180
<b>NET COST OF SERVICES</b>			<b>799,517</b>
Parliamentary Appropriations Received			650,000
<b>OPERATING RESULT</b>			<b>(149,517)</b>
<b>Outside Interests and Transfers</b>			
Accumulated operating results at beginning of period			—
<b>ACCUMULATED OPERATING RESULTS AT END OF PERIOD</b>			<b>(149,517)</b>

THE ACCOMPANYING NOTES FORM AN INTEGRAL PART OF THE FINANCIAL STATEMENTS



**Statement of Financial Position  
as at 30 June 1991**

	Notes	\$	\$
<i>Current Assets</i>			
Cash	(5)		63,933
Receivables	(6)		30,541
Investments	(7)		90,519
<b>TOTAL CURRENT ASSETS</b>			<b>184,993</b>
<i>Non-Current Assets</i>			
Property Plant & Equipment	(8)		79,869
<b>TOTAL NON-CURRENT ASSETS</b>			<b>79,869</b>
<b>TOTAL ASSETS</b>			<b>264,862</b>
<i>Current Liabilities</i>			
Creditors	(9)		174,243
Leases			3,626
Provisions	(3)		40,680
<b>TOTAL CURRENT LIABILITIES</b>			<b>218,549</b>
<i>Non-Current Liabilities</i>			
Leases			18,144
Provisions	(3)		3,677
<b>TOTAL NON-CURRENT LIABILITIES</b>			<b>21,821</b>
<b>TOTAL LIABILITIES</b>			<b>240,370</b>
<b>NET ASSETS</b>			<b>24,492</b>
<i>Equity</i>			
Capital	(11)		174,009
Accumulated Deficits			(149,517)
<b>TOTAL EQUITY</b>			<b>24,492</b>

THE ACCOMPANYING NOTES FORM AN INTEGRAL PART OF THE FINANCIAL  
STATEMENTS



## Statement of Sources and Applications of Funds for the Period 18 February 1991 to 30 June 1991

\$

### SOURCES OF FUNDS

#### Funds from Operations

#### Inflows of funds from operations

Sales & Analysis	77,136
Parliamentary Appropriations Received	650,000
Other Revenue	39,044

766,180

Less: Outflows of funds from operations

859,944

#### NET DEFICIENCY OF FUNDS FROM OPERATIONS

(93,764)

#### Capital Funds from Government

#### Assets received free of charge

174,009

#### Increase in Liabilities:

#### Current Liabilities

Creditors	174,243
Leases	3,626

#### Non-Current Liabilities

Leases	18,144
--------	--------

#### TOTAL SOURCES OF FUNDS

276,258

### APPLICATIONS OF FUNDS

#### Increase in Assets:

#### Current Assets

Cash	63,933
Receivables	30,541
Investments	90,519

#### Non-Current Assets

Property, Plant & Equipment	91,265
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#### TOTAL APPLICATIONS OF FUNDS

276,258

#### NOTE:

Reconciliation of operating result with funds from operations	(149,517)
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Operating result as per operating statement

Add: Provisions and unfunded charges	55,753
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Net Deficit of Funds from Operations

(93,764)



**NOTES TO AND FORMING  
PART OF THE FINANCIAL  
STATEMENTS FOR THE  
PERIOD 18 FEBRUARY 1991  
TO 30 JUNE 1991**

*Note 1: Statement of Significant Accounting Principles*

The principle 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**

(i) 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.

(ii) the legislation to establish the Australian Sports Drug Agency was enacted on 18 February 1991.

**(b) Capitalisation of Assets**

The Agency capitalises all individual asset purchases of \$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.

**(d) Investments**

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

**(e) Annual Leave**

The provision for annual leave is based on the value of actual entitlement at balance date and

include a leave loading component. This provision is included under current liabilities.

**(f) Long Service Leave**

Long Service Leave begins to accrue after five (5) years service. The Agency has four employees who had service prior to joining the Agency. The length of service is not known of two of these employees however the Agency is still awaiting details from their respective previous employers.

**(g) Income Tax**

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

**(h) Sponsorship**

Sponsorships are brought to account as an when received except where a contractual agreement existing with the sponsor.

**(i) Comparative Figures**

Comparative figures are not available at balance date as the Australian Sports Drug Agency commenced upon the Enactment of the Australian Sports Drug Agency Act 1990 on 18 February 1991.

**(j) Leases**

The Agency's leases are classified as finance leases whereby substantially 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 estimated useful lives. The lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.



- (k) **Salaries & Wages**  
Salaries and wages include an amount of \$5,400.00 paid to various institutions as employer superannuation contributions. The contributions were included as part of individual contracts with employees. The rate of contribution varied between contracts

*Note 2: Administrative Expenses*  
Administrative expenses for the period included the following:

	\$
Travelling Allowances and Expenses	65,763
Printing & Copying	21,698
Motor Vehicle Expenses	11,065
Building Rental, Maintenance & Services	24,621
Library Expenses	9,888
Lease Interest Expenses	2,474
Staff Development and Uniforms	17,360
Incidental & Other Expenses	69,518
	<u>222,387</u>

*Note 3: Provisions and Unfunded Charges*

	<i>Note</i>	<i>Opening Balance</i>	<i>Debits to Provision</i>	<i>Credits to Provision</i>	<i>Closing Balance</i>
<b>Non-Current Assets</b>					
Depreciation		\$	\$	\$	\$
Computer Equipment	(8)	0	0	7,078	7,078
Office Equipment	(8)	0	0	545	545
Motor Vehicles	(8)	0	0	175	175
		<u>0</u>	<u>0</u>	<u>7,798</u>	<u>7,798</u>
<b>Amortisation</b>					
Office Equipment under Lease	(8)	0	0	3,598	3,598
		<u>0</u>	<u>0</u>	<u>3,598</u>	<u>3,598</u>
<b>Current Liabilities</b>					
Annual Leave			0	0	40,680
			<u>0</u>	<u>0</u>	<u>40,680</u>
<b>TOTAL CURRENT LIABILITIES</b>					
			<u>0</u>	<u>0</u>	<u>40,680</u>
<b>Non-Current Liabilities</b>					
Long Service Leave			0	0	3,677
			<u>0</u>	<u>0</u>	<u>3,677</u>
<b>TOTAL NON CURRENT LIABILITIES</b>					
			<u>0</u>	<u>0</u>	<u>3,677</u>
<b>TOTAL PROVISIONS &amp; UNFUNDED CHARGES</b>					
			<u>0</u>	<u>0</u>	<u>55,753</u>



*Note 4: Abnormal Items*

As a result of a stocktake undertaken of fixed assets and in accordance with the Agency's policy (See Note 1[b]) of only capitalising assets greater than \$1,000.00, assets transferred were found to be overstated. They were subsequently written off and classified as an abnormal item in the Operating Statement. Total assets written off amounted to \$35,330.00.

*Note 5: Cash*

			\$
Cash at Bank			24,352
ASDA Sponsorship Account			39,581
			<u>63,933</u>

*Note 6: Receivables*

Trade Debtors			\$
			30,541
			<u>30,541</u>

*Note 7: Investments*

Deposit—V2 Common Fund			\$
			90,519
			<u>90,519</u>

*Note 8: Property, Plant & Equipment*

	Notes	\$	\$
Computer Equipment—at cost		53,960	
Less: Accumulated Depreciation	(3)	7,078	46,882
		<u>46,882</u>	
Motor Vehicles—at cost		2,134	
Less: Accumulated Depreciation	(3)	175	1,959
		<u>1,959</u>	
Office Equipment—at cost		10,501	
Less: Accumulated Depreciation	(3)	545	9,956
		<u>9,956</u>	
Office Equipment—Under Lease		24,670	
Less: Accumulated Amortisation	(3)	3,598	21,072
		<u>21,072</u>	
			<u>79,869</u>

*Note 9: Creditors*

Trade Creditors & Accruals			\$
			174,243
			<u>174,243</u>



*Note 10: Lease Commitments*

The four (4) year commitments in respect of the Agency's office equipment as at 30 June 1991 are:

	\$
Not later than 1 year	8,280
1 to 2 years	8,280
2 to 5 years	13,623
Later than 5 years	0
	<hr/>
Minimum Lease Payment	30,183
Less: Future Finance Charges	8,413
	<hr/>
<b>LEASE LIABILITY</b>	<b>21,770</b>
	<hr/> <hr/>

**Audit Fees**

No fee has been charged by the Australian National Audit Office (ANAO) for services provided for the period ended 30 June 1991. A notional audit fee of \$20,220.00 has been advised by the ANAO.

*Note 11: Capital*

Capital represents net assets transferred free of charge by the Australian Sport Commission following the enactment of the *Australian Sports Drug Agency Act 1990* on 18 February 1991. The net assets transferred amounted to \$174,009 and are represented as follows:

<b>Assets</b>	\$
Cash at Bank	32,090
Investments	183,913
Property Plant & Equipment	97,484
<b>Liabilities</b>	
Creditors & Accruals	(139,479)
	<hr/>
<b>NET ASSETS TRANSFERRED FREE OF CHARGE AT 18 FEBRUARY 1991</b>	<b>174,009</b>
	<hr/> <hr/>

*Note 12: Resources Received Free of Charge*

The following resources were received free of charge by the Agency and, except for "Assets received free of charge" (refer note 11), are not reflected in the financial statements:



# Appendix I

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## List of Laboratories Accredited by the International Olympic Committee as (at January 1991)

Location	Head of the Laboratory
Athens Greece	Dr J Kiburis, Ph.D.
Barcelona Spain	Professor Jordi Segura
Beijing People's Republic of China	Professor Dr Tong-Hui Zhou Professor Dr Zeyi Yang
Cologne F.R.G.	Professor Dr Manfred Donike
Helsinki Finland	Professor Kimmo Kuoppasalmi
Huddinge Sweden	Dr Ingemar Bjorkhem
Indianapolis U.S.A.	Dr Carlton Nordschow
Kreischa G.D.R.	Dr Claus Clausnitzer
Lisbon Portugal	Professor Lesseps Lourenco Reys
London England	Dr David Cowan
Los Angeles U.S.A.	Professor Don H Catlin
Madrid Spain	Dr Cecilia Rodriguez
Montreal Canada	Professor Robert Dugal
Moscow U.S.S.R.	Professor Vitaly Semenov
Oslo Norway	Dr Peter Hemmersbach
Paris France	Professor J P Lafarge

Prague  
The Czech and Slovak Federal  
Republic  
Rome  
Italy  
Seoul  
Korea  
Sydney  
Australia  
Tokyo  
Japan

Dr R Slechtowa

Dr F Rosati

Dr Jongsei Park

Dr R Kazlauskas

Dr Jun-Ichi Fukuda



# Appendix II

## International Olympic Committee

### LIST OF DOPING CLASSES AND METHODS—1990

#### 1 DOPING CLASSES

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

#### 2 DOPING METHODS

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

#### 3 CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

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

#### NOTE:

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

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 e.g.

*amfepramone*  
*amfetaminil*  
*amiphenazole*  
*amphetamine*  
*benzphetamine*  
*caffeine\**  
*cathine*  
*chlorphentermine*  
*clobenzorex*  
*clorprenaline*  
*cocaine*  
*cropropamide (component of "micoren")*  
*crothetamide (component of "micoren")*  
*dimetamfetamine*  
*ephedrine*  
*etafedrine*  
*ethamivan*  
*etilamfetamine*  
*fencamfamin*  
*fenetylline*  
*fenproporex*  
*furfenorex*  
*mefenorex*  
*methamphetamine*  
*methoxyphenamine*



*methylephedrine*  
*methylphenidate*  
*morazone*  
*nikethamide*  
*pemoline*  
*pentetrazol*  
*phendimetrazine*  
*phenmetrazine*  
*phentermine*  
*phenylpropanolamine*  
*pipradol*

*prolintane*  
*propylhexedrine*  
*pyrovalerone*

*strychnine* and related compounds

\*For caffeine the definition of a positive depends upon the following:

- if the concentration in urine exceeds 12 micrograms/ml

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 sports. 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, e.g. 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, FLU 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 in the aerosol form:

Bitolterol  
orcioprenaline  
rimiterol  
salbutamol  
terbutaline

#### **B. Narcotic analgesics e.g.**

*alphaprodine*  
*anileridine*  
*buprenorphine*  
*codeine*  
*dextromoramide*  
*dextropropoxyphen*  
*diamorphine (heroin)*  
*dihydrocodeine*  
*dipipanone*  
*ethoheptazine*  
*ethylmorphine*  
*levorphanol*  
*methadone*  
*morphine*  
*nalbuphine*  
*pentazocine*  
*pethidine*  
*phenazocine*  
*trimeperidine* and related compounds



The drugs belonging to this class, which are represented 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, include Anthranilic acid derivatives (such as Mefenamic acid, Floctafenine, 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 and its newer derivatives (such as Diflunisal) are not banned but cautions against some pharmaceutical preparations where Aspirin is often associated to a banned drug such as Codeine. 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. DIPHENOXYLATE IS ALSO PERMITTED.

### C. Anabolic Steroids e.g.

*bolasterone*  
*boldenone*  
*clostebol*  
*dehydrochlormethyltestosterone*  
*fluoxymesterone*  
*mesterolone*  
*metandiene*  
*metenolone*  
*methyltestosterone*  
*nandrolone*  
*norethandrolone*  
*oxandrolone*  
*oxymesterone*  
*oxymetholone*  
*stanozolol*  
*testosterone* and related compounds

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

This class of drugs includes chemicals which are related in structure and activity to the male hormone testosterone, which is also included in this banned class. They have been misused in sport, not only to attempt to increase muscle bulk, strength and power when used with increased food intake, but also in lower doses and normal food intake to attempt to improve competitiveness. Their use in teenagers who have not fully developed can result in stunting growth by affecting growth at the ends of the long bones. Their use can produce psychological changes, liver damage and adversely affect the cardio-vascular system. In males, their use can reduce testicular size and sperm production; in females, their use can



produce masculinisation, acne, development of male pattern hair growth and suppression of ovarian function and menstruation.

#### **D. Beta-blockers e.g.**

*acebutolol*  
*alprenolol*  
*atenolol*  
*labetalol*  
*metoprolol*  
*nadolol*  
*oxprenolol*  
*propranolol*  
*sotalol* and related compounds

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.

#### **E. Diuretics e.g.**

*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 sports 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 manipulation which are unacceptable on ethical grounds. Therefore, the IOC Medical Commission has decided to include diuretics on its list of banned classes of drugs.

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

#### **F. 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.

## 2 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.); acute haemolytic reaction with kidney damage if incorrectly typed blood is used; delayed transfusion reaction resulting in fever and jaundice; transmission of infectious diseases (viral hepatitis and AIDS), and 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 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, e.g. by probenecid and related compounds.

## 3 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:

- a) that procaine, xylocaine, carbocaine, etc. are used but not cocaine;
- b) only local or intra-articular injections may be administered;
- c) only when medically justified (i.e. 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 the Olympic Games by requiring a declaration by the team doctors, because it was known that corticosteroids were being used non-therapeutically by the oral, 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), inhalational therapy (asthma, allergic rhinitis) and local or intra-articular injections.

ANY TEAM DOCTOR WISHING TO  
ADMINISTER CORTICOSTEROIDS  
INTRA-ARTICULARLY OR LOCALLY  
TO A COMPETITOR MUST GIVE  
WRITTEN NOTIFICATION TO THE IOC  
MEDICAL COMMISSION.



# Appendix III

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## **Multilateral Agreement in Unification of Actions in Struggle Against Doping Use in Sports**

The Australian Sports Drug Agency  
The Bulgarian Union of Physical Culture and Sport  
The Czechoslovak Association of Physical Culture  
The National Olympic Committee for Germany  
The Sports Council of Great Britain  
The Italian National Olympic Committee  
The Korean Olympic Committee  
The Norwegian Confederation of Sports  
The Swedish Sports Confederation  
The United States Olympic Committee  
The Olympic Committee of USSR

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

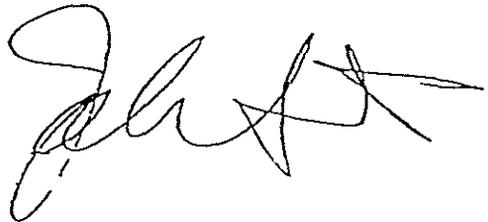
With the aim to secure equal conditions of competition at the international level and consolidate confidence among athletes the Parties agreed on the following:

- 1 To take practical measures to exclude the use of any doping substances and methods by their sportsmen, as forbidden by the IOC Medical Commission.
- 2 To implement measures to combat doping use in the context of multilateral cooperation on the basis of agreements between the national organisations of member countries in full compliance with the principles of the Olympic Antidoping Charter and under the auspices of the IOC Medical Commission.
- 3 To envisage the fulfillment of the following program in bilateral agreements:
  - mutual cross-testing of athletes at and out of competitions; details of which will be defined in each separate agreement.
  - To share of all doping control results among the participants and of sanctions taken against guilty athletes on an annual basis;
  - To support the establishment of consistent sanction among all the organisations responsible for conducting sport;
  - To develop joint educational and research programs in antidoping projects;
  - To mutually render assistance in promoting the highest possible quality laboratory capabilities among the participating nations;
  - To notify the relevant International Sports Federations, IOC Medical Commission and Coordinating Body of the work carried out in the context of this agreement;

- 4 To hold annual working meetings to review activity and consider improvement to the program to sum up working results, to select partners for bilateral cooperation for a period of at least two years, to consider proposals for new members joining the agreement, to agree upon the coordinating body for the next year.
- 5 To render all possible assistance to the IOC Medical Commission and International Sports Federations in carrying out effective doping control of athletes within and out of competitions.
- 6 To encourage other Nations to become active participants in this initiative.
- 7 The present agreement comes into effect January 1, 1990 and stays valid until December 31, 1992 and may be extended for the next four years. This document is subject to review and verification by the appropriate ultimate sports authority of each nation.



for the Australian Sports Drug Agency



for the Bulgarian Union of Physical Culture and Sport



for the Czechoslovak Association of Physical Culture

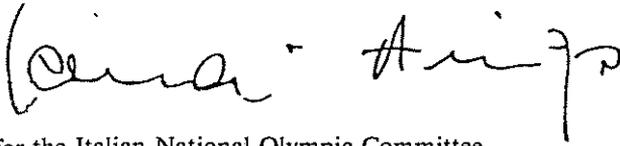


for the National Olympic Committee for Germany



for the Sports Council of Great Britain

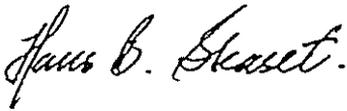




for the Italian National Olympic Committee



for the Korean Olympic Committee



for the Norwegian Confederation of Sports



for the Swedish Sports Confederation



for the United States Olympic Committee



for the Olympic Committee of USSR



# Appendix IV

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## **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**

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 co-operation 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 thereafter 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 co-operation and encouragement central to the promotion of this Memorandum, and to facilitate a co-ordinated 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.

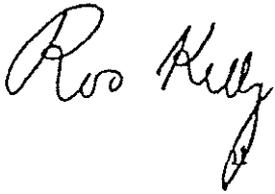
3.3 Each Party will by 30 June annually provide to the other Parties its proposed action plan for the following twelve months as per the proposed Operational Plan annexed to this Memorandum.

## 4. AMENDMENT AND DURATION OF MEMORANDUM

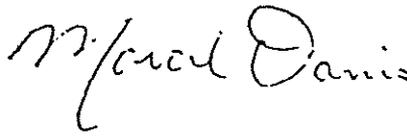
4.1 This Memorandum may be amended at any time by mutual consent of the Participating Parties.

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.

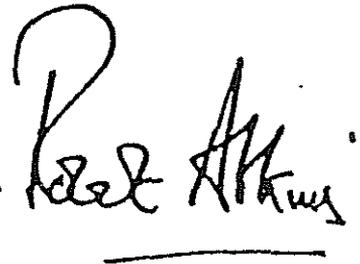




For the Government  
of Australia



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, 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 utilized 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 a 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. CO-ORDINATION

3.1 It is proposed that, subject to signature by representatives of the Participating Parties bringing the Memorandum into effect, the particulars 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 controls (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.



# Appendix V

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## **Memorandum of Understanding between the Australian Sports Drug Agency and the Australian Government Analytical Laboratory**

This memorandum sets out the understanding which has been reached between the Australian Government Analytical Laboratories of the Department of 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 service to be provided by AGAL to ASDA and to the fee to be provided by ASDA to AGAL in return for the satisfactory delivery of such services.

### 2. ANNEXES

2.1 All annexes to the Understanding 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 1991 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 \$950 000. 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 analysis is not included in this limitation, and will be an additional charge to ASDA on a cost recovery basis.

### 6. SERVICE LIMITATION

6.1 AGAL agrees that its role in sports drug testing is limited to the analysis of and reporting on of sports drug testing samples. 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 MOU.

6.2 Whenever workload commitments reach 80% 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 above 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, i.e. with ASDA having no involvement in the collection of samples, then AGAL will be free to set its own charges and to determine its own performance parameters. Any such tests conducted would not be counted in the up to 3,000 tests to be conducted during the period of this MOU. Subject to negotiation as to the number of such tests and the consequential administrative workload on ASDA, ASDA agrees to supply sample collection kits for such purposes in order that the statistical records of sports drug testing in Australia could be maintained.

## 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 International Olympic Committee 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 this 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 the 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. SUBCONTRACTING

10.1 Any subcontractual arrangement or agreement entered into by AGAL in respect of the provision of services under this agreement 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 first day of July 1991.



Signature



Signature

MR. S. HAYNES

DR C. J. DAHL

MR S. HAYNES  
Name & Designation

DR C. J. DAHL  
Name & Designation

Chief Executive

AUST GOVT ANALYST

Chief Executive  
For Australian  
Sports Drug Agency

AUST GOVT ANALYST  
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 analyses 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 advice and technical consultancy services.

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 timeframe, 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. Such liaison may consist of discussions, meetings, telephone and written communication.

#### **Component 1—Analyses 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 Sample submissions**

The submission rate and workload commitment is based on the analysis of up to 3000 samples during the year.

##### **b 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; the levels of reporting and, where applicable, action levels of reporting are those set by the IOC.

##### **c 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.

##### **d Liaison**

On matters relating to this Component liaison officers will be:

Dr R. Kazlauskas  
Principal Chemist  
AGAL NSW

Ms N. Vance  
Drug Testing Manager  
ASDA

#### **Component 2—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.

Under Component Two AGAL undertakes to provide a broadly based investigative service encompassing all areas of chemical testing of interest to ASDA. It is in IOC requirement that AGAL, as an officially accredited laboratory undertake research of a publishable nature. While focussed on method development it is intended to cover all aspects of laboratory based information.

The charges for services provided under this Component will be in accordance with the Schedule at Annex C.



In respect to Component Two, AGAL will allocate staff to provide requirements under this Component. Project priorities will be those established by IOC, ASDA and AGAL.

General management of research projects will be in accordance with current practice in AGAL.

Intellectual Property and Patent Rights arising from work conducted under Component Two of this Agreement 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.

### **Component 3—Advice and Technical Consultancy Services**

#### **Scope:**

The provision of advice and consulting services on technical matters in the field of chemistry.

AGAL undertakes to provide a professional advisory and consulting service in relevant fields of interest to ASDA.

## **ANNEX 'B'**

### **Basis of Payment**

In respect of services provided under this Understanding, AGAL will submit pro-rate 7-day monthly accounts to equal \$950 000 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. All payments due to AGAL shall be made within seven days of receipt from AGAL of a complete invoice.

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  
Attn: Chief Executive  
PO 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 pre-paid letter and shall be deemed to have been received when it would have been delivered in the ordinary course of the post.



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

Australian Government Analyst  
Attn: Business Manager  
Australian Government Analytical  
Laboratories  
PO Box 65  
BELCONNEN ACT 2616

## ANNEX 'C'

### SCHEDULE OF COSTS

Total costs for Components 1 and 2 for the 1991-92 year, based on an expected sample submission rate of up to 3000 samples per annum are shown below:

	\$
Salaries	434 716
Equipment	99 605
General Expenses	130 165
Administration Costs—Direct	111 889
—Indirect	93 324
Overseas Travel Costs	26 445
Research and Development Costs	52 890

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TOTAL OPERATING COSTS            949 034

#### Monthly Payment

AGAL will submit pro-rata 7-day accounts each month to the value of \$79 086 (to a total annual value of \$950 000).



# Appendix VI

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## **International Olympic Charter Against Doping in Sport—Model for a National Anti-Doping Program**

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 Co-ordination**

National co-ordination mechanisms should be established within each country to ensure that the rules, roles and practices of various agencies and sport organisations involved in anti-doping activities are harmonised and standardised both nationally and internationally. Leadership to such a co-ordination activity may come from the NOC, a sports confederation, government agency or specially constituted advisory body. The system of financial responsibilities, harmonisation and

supervision of all anti-doping activities, education programmes and the framework of sanctions and penalties, should be guided by a national co-ordination mechanism. The national co-ordination agency should ensure that no sample analysis other than that 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, sport, bodies and government.

### **4 Anti-doping programmes on Individual National Sport Federations**

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

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

### **10 Co-operation with Customs and Civil Authorities**

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



# Appendix VII

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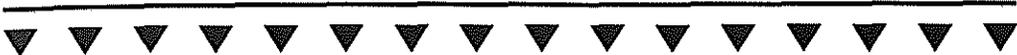
## Agency Staffing Levels at 30 June 1991

	Full Time	Part Time
Executive	1	
Drug Testing and Sampling	5	
Education and Research	5	2
Management and Corporate Services	3	
CES Trainee		1



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